THE

New York State Journal of Medicine.

The Official Organ of The New York State Medical Association.

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AMERICAN MEDICAL ASSOCIATION.

Next Annual Meeting at Atlantic City, N. J., June 7-10, 1904.

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Second Vice-President—Isadore Dyer, Louisiana. *Third Vice-President*—C. Lester Hall, Missouri.
Fourth Vice-President—George F. Jenkins, Iowa.
Secretary-Editor—Geo. H. Simmons, 103 Dearborn Ave., Chicago, Ill. *Treosurer*—Henry P. Newman, 101 Dearborn Ave., Chicago, Ill.

THE NEW YORK STATE MEDICAL ASSOCIATION.

Next Annual Meeting ot New York, October 18-21, 1904.

President—William Harvey Thornton, 572 Niagara Street, Buffalo.
Vice-President—Charles S. Payne, Liberty.
Vice-Presidents Ex-Officio—J. Orley Stranahan, Rome. Everard D. Ferguson, Troy.
Josiah William Morris, Jamestown. Julius C. Bierwirth, Brooklyn.
Secretary—Guy Davenport Lombard, 12-16 East 31st St., New York. *Treosurer*—Frederick A. Baldwin, 129 West 77th St., New York.
Counsel—James Taylor Lewis, Esq., 180 Broadway, New York.

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Delegates to the Annual Meeting of the Americon Medicol Association, June, 1904.

E. ELIOT HARRIS, New York. Joseph D. Bryant, New York. Joseph W. Grosvenor, Buffalo. Elias Lester, Seneca Falls.

(For list of other officers, see lost poges of reoding matter.)

Members of the American Medical Association who are members of The New York State Medical Association:

December 1st,	953
Increase,	18
Total January 1st, 1904	971

Members of The New York State Medical Association:

December 1st,	1,698
Increase,	6
Total January 1st, 1904	1,704

The New York State Journal of Medicine.

Published Monthly by The New York State Medical Association.

COMMITTEE ON PUBLICATION:
CHARLES E. DENISON, M.D., Chairman.
Charles G. Childs, Jr., M.D.
W. Travis Gibb, M.D.
Thomas F. Reilly, M.D.

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PROPER COMMERCIALISM IN MEDICINE.

In an editorial entitled, "Medicine as a Business," which appeared in a recent number of the *Wisconsin Medical Recorder,* and which our readers will find on another page, attention is forcibly called to the fact that physicians as a class must in the future be more business-like in their methods of dealing with the public than has heretofore been the case, if they are to be fairly successful from a worldly point of view, and able to support their families and themselves in reasonable comfort, making proper provision for their old age and for those dependent on them.

While we hope that physicians, individually and as a class, will continue always to make the welfare of their fellow-beings the chief object of their professional life, and that they will never willingly place in advance of this the desire to make money, we do hope that better business methods in professional circles will soon be recognized as necessary and proper.

Those engaged in commercial pursuits rightly consider that a business is only properly conducted when it pays its expenses and leaves a reasonable profit to those who have invested their capital in it; hence physicians, individually and collectively, must come to recognize the lack of wisdom in freely giving their time to individuals, institutions and communities who are able to pay for such services, but who are unwilling at the present time, for some reason or other, to do so.

Physicians in estimating the money value of their services should take into consideration the daily and yearly cost of living, to which must be added the interest on the money invested in their education, plus the value of the experience gained year by year in the practice of their profession, and the moral and legal responsibilities involved in the services rendered.

Too much stress cannot be laid on the importance of keeping proper accounts and rendering bills to all patients at short and regular intervals, and the sooner these things are generally recognized by the members of the profession the better it will be for all concerned.

ELIGIBILITY OF MEMBERS

Of The New York State Medical Association as Representatives of the House of Delegates of The American Medical Association.

It is possibly not generally understood that members of the State Association who are members of the American Medical Association cannot represent our organization in the House of Delegates of the American Medical Association, nor be elected to such office, unless they have been members of said American Medical Association for at least two years prior to the date of their election.

This, however, is in accordance with the by-laws of the American Medical Association and is clearly stated in Section 5, Chapter III., of the Constitution and By-laws, which says, "No one shall serve as a member of the House of Delegates, who has not been a member of the American Medical Association for at least two years."

The especial force of this is appreciable when we consider that there are members of our Association who regularly subscribe for and receive the JOURNAL of the American Medical Association, paying therefor $5 per annum, and are still not members of the A. M. A. There is no extra expense attendant upon becoming a member, above that embodied in the subscription to the JOURNAL; it involves only the extra trouble, which, to say the least, is slight, of filling out a blank application for membership and forwarding same to the secretary of The New York State Medical Association, for his signature.

The secretary will take great pleasure in doing

this and also in forwarding the same to Chicago at once after certifying.

Let us again urge those of our members, who have the cause of the Association at heart, to become members of The American Medical Association, for in this way only can they voice their sentiments in the national body and lend their aid to the attainment of the highest and best for our profession.

LECTURES ON PRINCIPLES OF CONDUCT ADAPTED TO MEDICAL STUDENTS AND PHYSICIANS.

Dr. J. W. S. Gouley, who has recently passed the fiftieth anniversary of his connection with Bellevue Hospital, has, at the invitation of the Board of Trustees of Bellevue and Allied Hospitals, been delivering this winter a course of ten lectures on the Principles of Conduct Adapted to Medical Students and Physicians, to the House Staff and their medical friends at Bellevue.

Of the five lectures already given, special mention may be made of those on "The Cultivation of the Tactile, Olfactive and Gustative Senses," and on "The Early Cultivation of the Senses Essential to the Proper Conduct of the Study and the Practice of Medicine;" subjects not only of great scientific interest to physicians, but of decided practical value to the younger members of the profession.

We congratulate the doctor most heartily, both on the subject and on his manner of delivering these lectures, and anticipate with much pleasure the last half of the series, feeling sure that the interest already shown by those privileged to hear them will insure a large attendance at the ones yet to come.

"MEDICAL DIRECTORY" CORRECTIONS.

Dr. J. R. Sturtevant, of Theresa, N. Y., in a letter to the Publication Committee, offers some good suggestions in the methods of securing corrections in the *Medical Directory*. "Let each (member) paste onto the inside of front cover of his 1903 *Directory* a sheet of blank paper, and during the year, until August 1st (we prefer June 1st), record thereon any needed corrections which come under his observation, record the death or removal of any physician or the advent of any new one in his town or any town near him where there is not a resident member of the Association. If each member will send in the list which he has thus recorded I am very sure that the value of the *Directory* will be thereby greatly enhanced."

November 27, 1903.

Dr. C. E. Denison, The New York State Medical Association, 64 Madison Avenue, New York.

Dear Doctor—I mail you to-day exchange copy of our "Register of Physicians," and I trust it may reach you safely. Your Register reached me some two or three days ago, and I must compliment you, not only upon its appearance, but upon the general make-up of the book as well. Very truly yours,

"LA UNION MEDICA."

The secretary of The New York State Medical Association believes that it will be of interest to the members of the Association to be acquainted with the fact that there is published in San Salvador a medical paper, entitled *La Union Medica,* which is the official organ of the Society of Medicine of Salvador.

This paper has since its primary issue been forwarded to the State Association. It is a journal which reflects credit upon its publication committee, and renders evident the progressive attitude which prevails in medical circles throughout the world.

It is issued monthly and is now in its seventh number. The reading matter occupies about twelve pages, advertisements about four pages. The contributions are, many of them, original, and some copied from the better contemporary literature. There is also a regular department of prescriptions, which are calculated to be of service, particularly to those physicians who have to contend with tropical conditions.

Its advertising prices do not seem exorbitant compared with those in the States, the charge for an entire page being $8, half page, $5.

The profession at large is to be congratulated upon the fact of the issuance of a regular monthly paper, which represents and is the official organ of a medical society.

A LEGAL DEFINITION OF THE TERM, THE PRACTICE OF MEDICINE.

All who have had experience in the courts with illegal practitioners have learned that the entire question of uprooting quackery depends upon the acceptance by juries, judges and the public, of a proper definition of the expression, *the practice of medicine.* The Eddyites, osteopaths, and the rest, have secured their vogue solely on the ground that they have no drugs, and hence did not practice medicine. Such a definition is, of course, rank absurdity to us, and it behooves us now to avoid this misconception in the future, and to agree upon definitions which will be accepted by legislators, jurists and the public generally. The National Confederation of State Medical Examining Boards appointed a committee to formulate such definitions, and after careful consideration presents its report, which is published in the latest issue of the *Pennsylvania Medical Journal.* The State controls the regulation of the practice of medicine, and decides whether the graduates of reputable medical colleges shall be licensed or not to practice medicine. The committee says practicing medicine is treating diseases, deformities and injuries. Nothing could be more concise and indisputable. Establish this simple and incontrovertible position, and there can be no quibble or doubt. A legal *practicer* of medicine, therefore, is any one licensed to assume, directly or indirectly, the responsibilities, by offering or granting services, for the treatment of diseases, deformities and injuries.—*Amer. Med.*

AN OLD FRIEND IN NEW ROLES.

Ergot has long been one of the standard drugs, with whose use every medical practitioner was familiar at least in his obstetrical work. In recent years, however, the efficacy of the drug has been proven in a number of conditions and it would seem that it may be considered by the next generation of physicians as one of the most important substances in our therapeutic armamentarium.

At the recent meeting of the New York State Medical Association the employment of ergot was once more discussed in regard to its effect in alcoholism and in drug addictions of various kinds. A number of conservative observers have used ergot by hypodermic injection especially in alcoholic cases and have found it to give very satisfactory results. Surgeons especially did not hesitate to say that in surgical cases complicated by alcoholism no drug was equal to ergot in quieting the patient, preventing delirious complications, and restoring the individual to a restful condition.

The report of the experiences at Bellevue Hospital in New York seems to prove that ergot is of benefit even in the most advanced alcoholic conditions and under circumstances in which ordinarily there would appear to be very little hope of a favorable issue in the case. Dr. Alexander Lambert has found that in the so-called wet brain of alcoholics, an almost inevitably fatal condition, ergot given hypodermically proves life saving in a great many cases. Where formerly he was satisfied to save two or three out of thirty or forty patients, using all of the ordinarily recommended remedies, he now has but two or three deaths from this condition during his term of service.

This is, however, not the only purely medical field in which ergot has attracted attention in recent years. In cases of chronic malarial poisoning ergot has been found more satisfactory than even quinine for the prevention of the more serious symptoms. It has been found that when surgical operations are performed upon those who have previously suffered from severe malaria it is not unusual to have symptoms of malarial fever occur a few days after the operation. The disturbance of circulation incident to the operation seems to allow the escape of malarial parasites from the spleen where they had been stored. In these patients it has been found that the use of ergot for some time before an operation and shortly after it, inhibits and often prevents the development of malarial symptoms. In other cases of chronic malaria an end can be put to the recurrence of so-called attacks of dumb ague by means of ergot.

In chronic diarrhea ergot has also been found a very useful drug. Its special field appears to be the serous or seromucous diarrheas of adults in which nervous conditions are the most important etiological factors. The vasomotor paresis which develops in these cases and permits the free outflow of serum from the dilated blood vessels of the intestinal wall is prevented by the toning up of these blood vessels consequent upon the effect of ergot. In bacterial diarrheas, especially at the beginning, the outflow of serum is of itself a protective effort on nature's part to assist in the throwing off of the offending micro-organisms and this protective mechanism must not be interfered with. After a time the diarrhea seems to continue as the result of the formation of a bad habit of relaxation on the part of the intestinal vessels and then ergot has a distinct field of usefulness.

It is not unlikely that in the serous conditions incident to other diseases ergot may prove to be a most important agent. Edema of the lungs still continues to be an extremely fatal disease, in spite of all therapeutic efforts. Since ergot has proved so beneficial for edema of the brain, its use here would seem to be especially indicated and, as a matter of fact, some cases have been reported in which recovery has taken place in what would otherwise have proved to be fatal pulmonary edema. In dysentery, at times, the outflow of serum from the blood vessels proves a culture medium for the rapid multiplication of the micro-organisms present in the intestine. Under these circumstances the use of ergot would seem to be indicated.

In all these cases the drug should be used up to its full physiological effect. With regard to alcoholism especially subcutaneous injections of half a dram of a fluid extract of ergot containing 12½ per cent. of the drug should be employed. This should be repeated as often as is necessary, or until there is a definite improvement in the patient's condition. As was very well said by several of the participants in the discussion at the New York State Medical Association meeting to have due success in the use of ergot the ordinary ideas with regard to the dosage of the drug must be revolutionized. To give small amounts is to invite failure, while so far the use of larger doses have produced no serious effects and it would seem that none need be feared. Further investigation of the uses of ergot in these and allied conditions may make the drug one of the most useful in the Pharmacopœia.—*Medical News.*

A resolution which was at once a signal of danger and a protection to the profession was put before the American Medical Association by James M. Keller at St. Paul. It was as follows: "Resolved, That in all fractures of the femur there necessarily results more or less deformity."—*Kentucky Med. Bulletin.*

HEALTH COMMISSIONER.

Dr. Thomas Darlington has been appointed President of the Board of Health of New York City. We congratulate the new Commissioner and wish him a successful administration.

Association News.

COUNTY ASSOCIATION MEETINGS FOR JANUARY.

Rensselaer County, Tuesday, January 5th.
Cortland County, Wednesday, January 6th.
Allegany County, Tuesday, January 12th.
Kings County, Tuesday, January 12th.
Niagara County, Tuesday, January 12th.
Wyoming County, Tuesday, January 12th.
Warren County, Wednesday, January 13th.
New York County, Monday, January 18th.
Chautauqua County, Tuesday, January 19th.
Orange County, Wednesday, January 20th.
Rockland County, Wednesday, January 20th.
Columbia County, Tuesday, January 26th.
Lewis County, Tuesday, January 26th.
Monroe County, Tuesday, January 26th.
Westchester County, Thursday, January 28th.

Kings County Association.—The regular monthly meeting of this Association was held at 315 Washington street, Brooklyn, on Tuesday, December 8th. An interesting paper was read by Dr. Jonathan Wright, on "The Shifting Aspects of the Tuberculosis Question," a discussion upon which followed by Dr. Hubert Arrowsmith. Dr. L. Grant Baldwin showed a multiple fibroid of the uterus removed from a patient 53 years old. The following nominations were made for the ensuing year: For president, Dr. George H. Treadwell; for vice-president, Dr. Arthur C. Brush; for recording secretary, Dr. Frank C. Raynor; for corresponding secretary, Dr. George F. Maddock; for treasurer, Dr. Edward H. Squibb.

Frank C. Raynor,
Recording Secretary.

* * *

Monroe County Association.—The regular meeting of this Association was held at 74 South Fitzhugh street, Rochester, on Thursday, November 24th. In the absence of the president, the vice-president, Dr. E. Mott Moore, called the meeting to order. Interesting papers were read by Dr. C. V. C. Comfort on "Diagnosis of Pneumonia," and by Dr. Frederick H. Goddard, on "The Treatment of Pneumonia." Both papers were freely discussed by all the members present.

The Committee reported favorably on the Genesee Valley Club as the meeting place of the Fourth District Branch, next June. The next meeting will be the last Tuesday in January.

J. Clement Davis, Secretary.

* * *

New York County Association.—The regular meeting was held at the Academy of Medicine, Monday evening, December 21st.

Dr. Frederick Holme Wiggin presented several pathological specimens. The first one was of an extensively diseased kidney, caused by infection, following a cystitis, and which had been removed by operation from a girl 18 years of age, who had, previous to coming under the writer's notice, been operated upon for pyosapinx, following childbirth, the bladder probably having been infected at this time. The patient complained of pain in the right upper quadrant of the abdomen and in the lumbar region. The ureters were catheterized, and urine containing pus was obtained from both kidneys, by far the largest amount, however, coming from the right one. In order to further determine the functional capacities of the kidneys, methylene blue was administered hypodermatically. This coloring agent was excreted in two hours and five minutes by the left, but not at all in that time by the right kidney. The leucocytes rose from 9,000 to 25,000, and a diagnosis of pyelonephritis was made, but at this time the patient refused operation. The patient continued for over one month to run a very high temperature, accompanied by constant pain. When she finally gave her consent the right kidney was removed. For the first twenty-four hours following the operation the patient required most constant attention, her pulse running from 120-150, respirations 25-40, and her temperature was 102 F. During the first twenty-four hours she passed 13 ounces of urine, during the second 23, and during the third 30 ounces, after which time her temperature, pulse and respirations gradually approached normal, and on the tenth day after the operation were as follows: Temperature, 98.2; respirations, 20; pulse, 84. The wound healed by primary union.

The next specimen was that of a cecum removed from a girl 15 years of age, who had been suffering from an attack of appendicitis, which had lasted nine days prior to her coming under the writer's observation. This attack had manifested itself by symptoms of great severity, which had later partially subsided. The course of the symptoms had made the family physician doubtful as to the necessity of an operation, until an intra-abdominal tumor in the cecal region could be distinctly felt. When the abdomen was opened, an abscess was found in the cecal region, the walls of which were not attached to the parietal peritoneum. This abscess, when opened, was found to contain about ten ounces of most offensive pus. As the cecum, as well as the appendix, half of which had sluffed off, was found in a gangrenous condition, the cecum was resected, and an end to end anastomosis was made between the ileum and the ascending colon. The patient was reported to have done well for about fifteen hours, when intestinal paresis manifested itself, and she died about eight hours later. Unfortunately no autopsy was allowed. The third specimen was that of an appendix, showing an acute inflammatory process in its tip, which was long, and turned upward, and had given rise to inflammation of the mesentery. The infection had extended to the pyloric end of the stomach, which accounted for the unusual location of the pain, which was localized over

the gall-bladder. To make the diagnosis still more difficult, the patient, while still under observation, had an attack of jaundice which lasted three days. Operation revealed a healthy gall-bladder and an inflamed appendix.

The fourth specimen was that of a larynx, which had been removed for an epithelioma. As the man was a foreigner, few details of the case could be obtained beyond the fact that he was 52 years of age, that the diseased condition had lasted about eight months, and that he had previously had a tracheotomy performed. As the patient was unable to take any nourishment on account of the tumor, which was pressing on the esophagus, an operation was undertaken. With the patient in the Trendelenburg posture, the operation presented few technical difficulties. For a time after the operation all went reasonably well, but the kidneys, failing to perform their functions, the patient died forty-eight hours later. The autopsy showed tubercular ulceration and peribronchitis of both upper lobes, recent miliary tuberculosis of the lower left lobe, enormous emphysema of the whole right lung, brown atrophy of the heart, fatty liver and chronic diffuse nephritis.

"A Review of Some Statistics of Insanity."—Dr. William Mabon presented a paper with this title.

Dr. Joseph Collins, in discussing it, pointed out that, in all probability, the supposed differences in the frequency and type of mania and melancholia were apparent rather than real, being due to differences in classification. Continuing, the speaker declared that we had no cause to congratulate ourselves on our progress in the care of the insane, for the statistics just presented showed that, at the present time there was one insane person for every three hundred of the population. There was not an asylum for the insane in this whole country which possessed facilities for any proper treatment of the acutely insane, except the Shepard Asylum in Baltimore. Yet this was the crying need, and not fine buildings and good laboratories only.

At the request of the president, Dr. Collins touched briefly on the differentiation between insanity and delirium due to other causes. He said the subject was a difficult and broad one so long as one recognized the existence of *delirium grave*. Personally, he had never seen a pure example of this kind of delirium, and this experience was by no means exceptional. It was well known that certain forms of delirium occurred with many of the acute infectious diseases. The general treatment of delirium should be stimulating; nourishing and stimulating enemata should be given, and, if need be, also saline infusions. Sleep must be secured, and hyperpyrexia would demand interference.

Dr. Alexander Lambert said that Dr. Collins was evidently not aware that there was a psychopathic ward in operation in the New York Infirmary for Women and Children.

The scientific study of insanity had received a severe check when the Legislature had refused to give adequate maintenance to the State Pathological Institute, an institution which was doing true scientific work at a cost, including the maintenance of the New York City offices of the Commission in Lunacy, of $32,000. Worst of all, the death-blow to this enterprise had been given by three members of our own profession, gentlemen from other States. He could not agree with Dr. Collins that our State had not made great advances in the care of the insane, but it certainly had not in the proper *treatment* of the acute stage of insanity.

Dr. Mabon, in closing, said that the insane were scientifically treated in the MacLean Hospital, and in a number of the State hospitals in our own State. An effort was made to separate the acute from the chronic insane, and scientifically treat the former in a separate department.

OGDEN C. LUDLOW, Secretary.

* * *

Orange County Association.—The regular monthly meeting of this Association was held at Middletown, Wednesday, December 16, 1903, at 2 P.M. The membership was fairly well represented from various parts of the county.

Dr. Purdy, of this city, presided and opened the meeting with a report of cases. Dr. M. C. Conner gave a very interesting history of a case of syphilitic osteomyelitis of the tibia, operated upon with excellent result. The members present discussed syphilitic cases in general and attention was especially called to the fact that such cases were altogether too prevalent. It was the opinion of all present that the general public ought to be educated as to the dangers of infection in this particular. Many other cases of the same disease were given by those present. Gonorrhea, an allied and by far too frequent disease, was then discussed, and likewise measures for its prevention and cure were talked over.

The time was so fully occupied by the subject above stated that the general discussion on "Fractures and Dislocations of the Upper Extremities" was laid over until the next meeting.

At the business session following the scientific meeting the minutes of the previous meeting were approved as read, and communications from several of the State officials were read by the secretary. Among them was one from Dr. E. H. Wiggin, of New York, urging the members to solicit new members and explaining in detail the many advantages to be found as a member of the New York State Medical Association. Dr. David H. Sprague, of Central Valley, applied for membership through Dr. H. E. Wise, of Turner. He was elected by a unanimous vote. There being no further business before the meeting, adjournment was made until the third Wednesday in January, at which time the annual meeting and election of officers for the ensuing year will occur.

CHARLES IRA REDFIELD, Secretary.

ADDITIONAL LIST OF MEMBERS OF THE NEW YORK STATE MEDICAL ASSOCIATION.

FIRST DISTRICT BRANCH.

Montgomery County.—Charles M. Klock, St. Johnsville.

FOURTH DISTRICT BRANCH.

Livingston County.—Walter E. Gregory, Dansville.

Niagara County.—Andrew L. Gagnon, Lockport.

FIFTH DISTRICT BRANCH.

New York County.—William Wesley Carter, New York; Ernst H. F. Pirkner, New York; Joseph Archibald Robertson, New York; Albert Ferree Witmer, New York.

Orange County.—David H. Sprague, Central Valley.

Ulster County.—Frederick Austin Hunt, Napanoch.

NEW MEMBERS IN THE AMERICAN MEDICAL ASSOCIATION.

William Seaman Bainbridge, New York.
Thomas L. Bennett, New York.
Andrew Jackson Butler, Unadilla.
William Irby Cocke, Port Washington.
John Williams Coe, New York.
Walter J. Corcoran, Brooklyn.
John Cotton, Burnt Hills.
Frank A. Helwig, Akron.
Theron Wendell Kilmer, New York.
William Eyre Lambert, New York.
Leon Louria, Brooklyn.
Edward Meany, Ithaca.
James M. O'Neill, Buffalo.
Joseph A. Sanders, Clifton Springs.
William H. Shepard, Brooklyn.
Frederick M. Townsend, New York.
Irving P. Truman, Hornellsville.
George W. York, Buffalo.

PERSONALS.

Dr. Luther C. Payne was married on November 24th to Miss Millie Louise Sarles, at Liberty, N. Y.

Dr. Willy Meyer, New York, has been appointed consulting surgeon to the New York Skin and Cancer Hospital.

Dr. William Seaman Bainbridge, New York, has received the appointment of attending surgeon to the New York Skin and Cancer Hospital.

Dr. Charles E. Quimby has been appointed by the President of the Association chairman of the Committee on the Codification of the By-Laws, and Dr. Charles A. Wall has been appointed to take the place of Dr. J. W. S. Gouley, resigned.

Dr. Arthur L. Sherrill, of New York City, married Alice L. Tilton, of Laconia, N. H., at Lakewood, N. J., December 15, 1903.

CHANGES OF ADDRESS.

NEW YORK CITY.

Dr. Thomas L. Bennett, removed to 1 West 89th street, New York.

Dr. Percy Bryant, removed to 52 Midwood street, Brooklyn, from Borough of Manhattan.

Dr. William Sohier Bryant, removed to 48 West 40th street, New York.

Dr. Lyman A. Cheney, removed to 290 Broadway, New York.

Dr. William S. Conover, removed to 2376 Seventh avenue, New York.

Dr. Robert Chalmers Davis, removed to 107 West 72d street, New York.

Dr. Edgar Dinkelspiel, removed to 114 West 78th street, New York.

Dr. William G. Eckstein, removed to 2609 Broadway, New York.

Dr. Isador C. Eisenberg, removed to 1281 Madison avenue, New York.

Dr. Sherman Knevals Foote, removed to 207 West 103d street, New York.

Dr. Edward J. Gilleran, 16 Clinton avenue, Jamaica, from Borough of Manhattan.

Dr. George Tremont Hunter, removed to 19 East 46th street, New York.

Dr. Monta W. Jamison, removed to 408 Manhattan avenue, New York.

Dr. Walter Barry Jennings, removed to 144 Lexington avenue, New York.

Dr. Tobias Jurim, removed to 61 West 115th street, New York.

Dr. Albert E. Koonz, removed to 109 East 19th street, New York.

Dr. Medwin Leale, removed to 107 West 74th street, New York.

Dr. Frank H. Loucks, removed to 117 East 116th street, New York.

Dr. Otto Maier, removed to 212 East 18th street, New York.

Dr. J. W. Draper Maury, removed to 264 West 57th street, New York.

Dr. George Emil Neuhaus, removed to 158 West 95th street, New York.

Dr. Henry Salem Pascal, removed to 254 West 52d street, New York.

Dr. G. A. De Santos Saxe, removed to 294 West 92d street, New York.

Dr. Milton A. Shlenker, removed to 22 West 75th street, New York.

Dr. Samuel Wesley Smith, removed to 72 Madison avenue, New York.

Dr. Stephen Smith, removed to 3 West 92d street, New York.

Dr. Myles J. Tierney, removed to 143 West 74th street, New York.

Dr. Ralph Waldo, removed to 59 West 54th street, New York.

Dr. J. J. Walsh, removed to 110 West 74th street, New York.

Dr. Z. Swift Webb, removed to 145 West 45th street, New York.

Dr. M. Louis Weil, removed to 1370 Lexington avenue, New York.

Dr. Albert Ferree Witmer, removed to 64 West 56th street, New York.

Dr. John W. Woods, removed to 309 West 33d street, New York.

NEW YORK STATE.

Dr. Saleni Armstrong-Hopkins, removed to Ludlowville from Tyre, N. Y.

Dr. Robert E. Doran, removed to Willard from Sonyea, N. Y.

Dr. Henry Levin, removed to 1847 Madison avenue, New York, from Liberty, N. Y.

Dr. William Edward Swan, removed to 63 West 52d street, New York, from Saratoga Springs, N. Y.

Dr. Henry D. White, removed to 179 Eighth avenue, Brooklyn, from Hopewell Junction.

Dr. William Alanson White, removed to Washington, D. C., from Binghamton, N. Y.

Dr. William A. White, who until recently has been a member of the Broome County Medical Association, and who has now removed to Washington, D. C., to fill the position of superintendent of the Government Hospital for the Insane, has, upon application, been unanimously elected to non-resident membership in the Association.

OBITUARY.

Dr. Edward Fridenberg died suddenly of apoplexy at his residence in New York City on Wednesday, December 9th. Dr. Fridenberg was a graduate of the College of Physicians and Surgeons, Columbia University, Class of 1878. He was a member of the American and New York State Medical Associations, American Laryngological, Rhinological and Otological Society, American Otological Society, Academy of Medicine, Medical Society of the County of New York, New York Ophthalmological Society, New York Otological Society. He was also Ophthalmic and Aural Surgeon to the German Hospital.

The following minute was adopted by the Alumni Association of Mount Sinai Hospital:

"Our honored president and companion, Dr. Edward Fridenberg, has passed from among us in the fulness of life and activity. We recall with pride the fame he had achieved in the practice of his profession, and the esteem in which he was held by his patients. We recall his unusual kindness, his generous courtesy, his sweet companionship, his broad fairmindedness, his remarkable breadth of character, his great love of humanity, and above all, his great love for children. His culture and his love of the beautiful dominated his life and thought. His qualities made his life an example which we shall always cherish.

"A copy of this shall be sent to the family and to each of the New York City medical papers.

"Samuel M. Brickner, M.D.
"Edwin Sternberger, M.D.
"William H. Luckett, M.D."

FRANCIS WESLEY HIGGINS, M.D.

Dr. Francis Wesley Higgins dropped dead in his office December 18, 1903, at 10 A. M., after having made his usual morning professional calls. He was taken without warning, save experiencing a few tinges of pain in the region of the heart, some minutes before his loyal and manly spirit took its flight.

Dr. Higgins was the son of a Methodist minister, and was born in Plymouth, Chenango County, N. Y., February 7, 1857. After he was 14 years of age he supported himself by farm work, clerking and teaching country schools until prepared to practice medicine. He was educated at the public schools, at Cazenovia Seminary and Colgate Academy, Hamilton, where he displayed marked ability. Before his graduation he was for two years principal of the McGrawville Academy.

He studied medicine with Dr. H. C. Hendrick, at McGrawville. It was fortunate for Dr. Higgins to be associated with so genial and thorough a physician as Dr. Hendrick, whose influence and counsel helped to fashion his life. He also attended medical lectures at Michigan University, Ann Arbor, and the medical department of the University of the City of New York. He was graduated from the latter institution in 1881, and began the practice of medicine in that same year with the late Dr. Judson C. Nelson, of Truxton. For four and a half years he remained in Truxton, and then moved to Chemung, Chemung County, where he practiced for a year and a half,

and in the spring of 1887 came to Cortland, which has since been his home.

On November 26, 1879, Dr. Higgins was married to Miss Kittie M. Smith, of McGrawville, N. Y. Four children were born to them—R. Paul, now a medical student in Johns Hopkins, Baltimore, Md.; Max S., a student at Cornell University; George H. and Winifred, who are students at home.

He prepared himself for special work in diseases of the eye, ear, nose and throat by spending some time in post-graduate schools and hospitals in New York, Philadelphia and London.

Dr. Higgins was a member of the Cortland County Medical Society, and was for several years its secretary, and was also its president. He was a member of the New York State Medical Association, and at the time of his death President of the Third District Branch and a member of the Committee on Arrangements. He was a member of the American Medical Association, Medical Society of the State of New York, and the Medical Association of Central New York.

He was sought for in council outside his own city. He was philanthropic in his work, bringing to the Cortland Hospital its first patient. He had been one of the surgical staff since the hospital was organized, and was fully prepared in surgery, being the pioneer abdominal surgeon of the county. He was a most careful and conscientious student of the science of medicine, and his loss will be greatly felt in the community in which he lived and worked.

He was at one time President of the village, being elected in 1895 on a reform ticket. He was one of the organizers of the Cortland Science Club, and for the first two years its president, and from the start has been one of its Advisory Board.

The funeral of Dr. F. W. Higgins, which was held in the First Methodist Church, at 2.30 o'clock, Monday, December 21st, was one of the largest ever held in Cortland. No one was present through curiosity. Every one came as a friend to pay the last tribute to a loving friend, a faithful physician and a thoroughly wholesouled Christian man. The large concourse not only packed the auditorium to the doors, but filled the corridors, the overflow even extending down into the Sunday-school room. Some idea of the number present may be obtained from the fact that it took nearly an hour for the friends to view the remains and pass out. He was laid away in Cortland Rural Cemetery, at the going down of the sun.

The following memorials were adopted at the meetings of the county medical organizations, and testify to his worth as a physician, as a man, as a friend:

Frank D. Reese.

MEMORIALS.

At a meeting of the Cortland County Medical Association, held at the York Hotel Friday evening, the following memorial tribute was adopted:

A great sorrow has fallen upon the medical profession of Cortland County, in the sudden death of Dr. F. W. Higgins.

In order that we may pay a slight measure of justice to his memory, we, the members of the Cortland County Medical Association, put upon record our high and unqualified appreciation of his worth as a man, his ability and attainments as a physician, and his loyalty as a member of this society of which he was one of the founders. His energy and progressive scientific spirit were an inspiration to those of us who were intimately associated with him. His activity in the community and his deep interest in all public affairs, were some of his estimable characteristics. We could not help feeling that he was ambitious, but always from a desire for higher attainments and not from a mercenary motive.

"For even as we knew him, smiling still,
Somewhere, beyond all earthly ache or ill,
He waits, with the old welcome. Just as when
We met him smiling, we will meet again."

We, the members of the Cortland County Medical Association now convened, do sincerely condole with his afflicted wife and children, upon whom this great sorrow has so unexpectedly fallen, and we offer them our heartfelt sympathy.

Because of the respect in which we hold the memory of Dr. Higgins, this memorial shall be recorded in the secretary's book of the Association, a copy of it sent to the bereaved family, and also printed in the city papers.

Frank D. Reese,
Philip M. Neary,
Frank S. Jennings,
Committee.

H. S. Braman, Secretary.

The Cortland County Medical Society has adopted the following memorial tribute for the late Dr. F. W. Higgins:

Whereas, The Supreme Ruler of the Universe has received from earthly life Dr. Francis Wesley Higgins, an honored member of the Cortland County Medical Society, taking him from his labors, his friends and family, while still in the prime of his years, and in the midst of a most useful career, that this sad event brings to each of us the sense of a personal loss, the rupture of ties made very close by professional and friendly association, therefore, be it

Resolved, That in the death of Dr. Higgins is sustained the loss of one of the most useful, energetic, intelligent, and capable members of the Cortland County Medical Society; That while his demise brings desolation and sorrow to his

home and family, and the community mourn for him as one who was, but is not; comfort cometh in the possession of loving memories to those who came close to him in life or profited by his skill and service.

Resolved, That the sympathy of this society be extended to the bereaved family of our deceased associate, remembering that while his death brings desolation and sorrow to his home, there remain loving memories in the hearts of his friends and those of the community that knew him well.

Resolved, That a copy of these resolutions be sent to the family of Dr. Higgins, and also that they be engrossed in the records of the society.

"The shadows on the dial fall,
But who can tell how soon a cloud
May end them all and life as well."

The end of an earthly career has come. It came with startling sadness. Life ceased at its meridian. Patient years of toil and study had built for him a place in the heart and confidence of the community and of his fellow-workers in his chosen profession. He had energy plus. Work to him was akin to recreation. But the inevitable came. He is gone and we mourn for him.

HENRY T. DANA,
EMORY A. DIDAMA,
PAUL T. CARPENTER.
For the Society.

LEGAL NOTES.

Malpractice Defense--Prosecution of Clairvoyants.

Quite an important feature in the defense of malpractice suits has developed during the last week, showing how careless the members become in keeping track of the events connected with the defense of malpractice suits, and necessary for members to know. One of our members from Oneida County sent his application to a member of the Association as secretary who has not been secretary for two years, with the result that his application was delayed in the transit through the various mails, and his application did not reach the Council until just in time to get the answer in, with nothing to spare; forty-eight hours more would have rendered his defense extremely difficult. Attention is called to this matter that the members may know that they must make application and send the papers which have been served upon them to the secretary of the State Medical Association forthwith, the moment they are served, together with their application for defense, if they wish it. To know who the secretary of the Association is needs but an examination of the JOURNAL, which comes each month, which will furnish him the name and address of that officer. The case referred to was brought by an attorney at Utica, on behalf of Mrs. Mary Smith, to recover the sum of $3,000 by reason of the alleged bad treatment of the plaintiff's broken radius. It appears from the Doctor's statement that the greatest care was taken, and that just as union was about to become strong the plaintiff went to another doctor with the result finally that an action was brought. Members of the profession should remember how cautious they should be in referring to the acts of a brother practitioner, for the slightest criticism whether it has any bearing upon the case or not, oftentimes raises in the mind of the irresponsible and unscrupulous litigant the question if he cannot recover.

A firm of attorneys in Nassau street have begun an action against one of the members of New York County, in the Supreme Court on behalf of the husband for $5,000 for loss of services and the consortium of his wife, and on behalf of the wife in the City Court for $2,000 for injuries by reason of the doctor's negligence. In this case there is not only the question of negligence, but the question is raised as to whether or not a doctor can go on a brief vacation and leave his patients in the hands of a reputable and responsible brother practitioner; this claim is urged by the plaintiffs' attorney against the doctor.

Two very important convictions for the illegal practice of medicine were secured the first week in December, which resulted in $100 fine in each case, against a drug store at the corner of West 57th street and Tenth avenue, managed by a man by the name of Wilhelm Schmitt, who was found to be giving medicines for the commission of unlawful abortion, and who was plying his trade in connection with a neighboring midwife, Helen Opp, who lives around the corner from the drug store. The presiding Judge, McKean, in imposing sentence denounced the pair in unmeasured terms.

On December 11th one Marcella Bryan, formerly of East 42d street, a clairvoyant, was brought on for trial before the Special Sessions Bench for furnishing abortive agents, and as a result of her trial she was sentenced to six months in the penitentiary; this is the longest term of imprisonment without an alternative fine ever imposed in any medical case, as far as the Counsel has been able to discover.

Francesco Toscano, an Italian, of East 112th street, was arrested for a second offense, and on December 14th, pleaded guilty and asked to have his date of sentence postponed until the 29th inst. This man has a sign exposed, "Toscano Medical Institute," and also has in his window a small sign of a physician by the name of Pervis A. Spain, who is licensed to practice in this country, but whose office is in Brooklyn; information has been received that the defendant secures the use of the sign at $12 a month, with the understanding that the doctor will assist him if he is caught practicing medicine. Dr. Spain succeeded in getting the defendant off on one occasion, but when he came forward on this last case he failed utterly.

FEELING FOR THE CORD ABOUT THE NECK.

Schultze maintains after reviewing the conditions present after the birth of the head, that feeling for the cord about the neck of the child is liable to add another element to the possibility of infection, and is unnecessary at best, as the cord does not need loosening after the head is born. Even if the cord does not become lax and it is necessary to cut it, there is time enough for this procedure after the shoulders have been delivered.

THE LAW AGAINST CRIMINAL ABORTION.

That professional abortionists exist, thrive and prosper in this city is the fault largely of you physicians. This may not be a very pleasant thing to say, but I take it that you did not invite me here to-night simply to say pleasant nothings. When I say it is your fault that abortionists openly do business here, I mean that you can put a stop to it if you will. Let me illustrate what is meant by a reference to the legal profession. Up to a few years ago our profession in this city had in its ranks numbers of men who habitually embezzled money collected for their clients. A number of these men were thieves. Others were only color blind; that is, they didn't know the difference between the color of their money and their clients' money. Recently the better class of lawyers organized and a "grievance committee" was appointed. The duty of this committee is to listen to complaints against attorneys and to take action where they are found to be guilty of unprofessional conduct. This committee has disbarred from practice, in the short period of time in which it has been at work, fourteen attorneys, and there are prosecutions pending against ten others. In addition, quite a number of quacks in the profession have fled the State to escape prosecution. And best of all, a healthy and wholesome sentiment has been created. An attorney who might feel inclined to act dishonestly now knows that if he does so there is a body of men who will make it their special business to drive him from the profession. He knows that what was before the business of everybody—business always unattended to—is now the special business of a few. Shysters in the profession who are driven out of other States are not now coming to Colorado. What the attorneys have accomplished and are now accomplishing in their profession, you can accomplish in yours. If you will appoint a grievance committee and it will act fearlessly, the criminal abortionist will soon leave Denver for other pastures. This committee would see that these advertisements read to-night shall cease. The law is ample on this subject. This committee would furnish information to the prosecuting officers and aid them in procuring convictions. Such a committee could easily prevent cases being dismissed without trial. Having back of it the influence of the hundreds of good physicians in this city, your committee would be a great power for good. One member of the medical profession said here to-night that the physicians *did not feel called on to act as policemen.* The legal profession has found that such a position is a mistake. Every profession needs its policemen, and that is exactly what the members of our legal grievance committee are. *Until the medical profession appoints its police force and puts it to work, I submit that you have no right to complain that you have in your ranke quacks and abortionists.*—Hawkins, in *Colorado Medical Journal.*

THE DUTY THE COUNTY MEDICAL ASSOCIATION OWES TO THE PUBLIC.

The local medical society ought to know all about the doings of its local board of health, about its community water supply, the sewerage system, the sanitation of its school houses. It ought to lend its influence toward making clean, beautiful streets, regulating various nuisances, smoke, unnecessary noises, etc. The local society ought to have something actively to say and do about the grossly immoral advertising and the nauseating patent medicine notices that appear in the local papers.—*Iowa Medical Journal.*

THE THEORY OF MEDICAL ORGANIZATIONS.

It is unfortunate that the theory of medical organization is not understood by all practitioners. Many look upon organization as a selfish means to a selfish end and based wholly upon the narrow limitations of selfish aggrandizement. It is only another example of little men seeing only little things. To view a broad horizon one must needs be elevated. It is the elevation which is lacking in the critics of organization. With the growth of fraternalism in every other quarter it seems not only judicious, but expedient, that medical men profit by "the getting together" now so marked in the social movements of the day. Physicians lead segregated lives, and for this reason they become intensely self-centered, and in some instances dominated by marked self-assertions, which are nothing more nor less than selfishness ripe in the pod. Association with their fellows will show them that possibly they may be mistaken in some of their beliefs, and that for this reason several viewers from several viewpoints are more apt to give a true interpretation than one narrow view from a limited point of observation. Such associations give culture; this is the experience of all scientific, literary and other associations. In fact, it is through such organizations that all advancements are announced, discussed and promulgated, and physicians must know that the accumulated medical knowledge of to-day has been made possible by the thoroughness of organization in societies, associations, etc., through whose channels such knowledge has been disseminated.—*The Medical Fortnightly.*

News Items.

MEDICINE AS A BUSINESS.

A report from London tells of the remarkable increase of suicide among British physicians. The reason given is that a physician who, a few years ago, had a professional income of $2,000, can today count on only one-half that amount. There are two chief causes for this depreciation in income, first the improved health of the country at large and the diminishing death rate; second, the increase of medical graduates from the universities, in excess of the demand.

A French medical journal says, that according to the official census there has been in France in one year an increase of nearly 11 per cent. of medical practitioners, and fears that at that rate the schools will soon run short of diplomas. In Germany, we are told, they are talking of systematic warfare against quacks, there being not less than 100,000 illegal practitioners in the country, while regular physicians are too often content to work for fees which in this country a self-respecting bootblack would scorn.

In the United States, The Americal Medical Association was told by Dr. Frank Billings, its president, that there has been an increase of 25 per cent. in medical graduates and of 100 per cent. in matriculates. A remarkable showing in the most civilized parts of the world!

At the same time the medical profession is constantly undermining its own existence, teaching a better understanding of the laws of health and life, forcing people to adopt sanitary improvements, creating the new science of preventive medicine. On the one side we cut down the collective income of the profession, on the other we admit in ever increasing proportions participants to the meager feast.

No wonder, the French editor complains, that medicine no longer nourishes its man, that the average income of doctors in our country is scarcely $1,000, about that of a good carpenter. It sounds like mockery then, to hear in addresses to medical societies and preferably to graduating classes the wail over the invasion of the profession by commercialism and the admonition to the young man, to uphold the lofty spirit of altruism and banish the unholy commercial spirit.

But the commercial spirit is abroad and rules every department of life, ordinary business, law, justice, education, art, literature, even the pulpit. Why should it be kept out of medicine? In every field of human activity it is considered proper to bend every effort toward the attainment of the highest reward in position, wealth and power. The present age measures success by such standard, it counts as its captains of industry the men who achieve it. This may be gross materialism, there are higher aims and loftier ideals, but who has the right to say, that all mankind is going wrong and following false gods and that a view of life which has gradually developed by logical evolution, not in isolated communities, but in the whole civilized world, is a departure from truth? Whosoever put himself in opposition to the spirit of the age, has been crushed by it. Individuals, groups of men, whole nations are wiped out relentlessly in the onward rush of human movement, if standing in the way. Physicians cannot stop it.

Medicine at the present day is a business; it is a business struggling against heavy odds; all the refinement of modern business methods must be called to aid, in order to make a success in it. If old ideas do not harmonize with the new demand, old ideas will have to go by the board; if the commercial spirit is necessary, let it come in freely, make the best of it, and acknowledge it as a necessity.—*Wisconsin Medical Recorder.*

NEW FORDHAM HOSPITAL.

The Board of Trustees of Bellevue and Allied Hospitals have formed plans for a new hospital for that section of the Bronx between 172d street and the city boundary. It is proposed to acquire four acres at the junction of Crotona avenue and the Southern Boulevard.

LITERATURE AND MEDICINE.

The doctor should be an all-around man. It is not enough to be learned in medicine, for the knowledge of the physician has this quality that distinguishes it from the knowledge of all other professional men, except, perhaps, the soldier, or the navigator, that it must be readily available; and no man can have the necessary suppleness of intellect whose mind is muscle-bound, as it were, by a too limited application to one line of thought. Therefore, it is desirable that the medical man should indulge, at least moderately, in the recreation that produces the greatest intellectual broadening, which is literature. It is scarcely necessary to refer to the singular ability, in medicine, of literary doctors, Charcot, Marion Sims, our own Mitchell and a host of others, of the added influence that accrues to an attractive literary style, of which nearly all the classics are examples. But there is no reason why, in reading general literature, a man should not add to his medical information. Clinical histories of the most charming and accurate nature are observed in the autobiographies and memoirs of the last century, and some of the cases described, of undoubted authenticity, are both rare and instructive. Take, for example, the remarkable cure of Pepys, whose lithotomy wound reopened after many years, the excellent description of cirrhosis of the liver in Fielding's "Journal of a Voyage to Lisbon," the curious histories of poisonings and sickness often accompanied by the autopsy records, in Saint Simon's memoirs, or the cases recorded in romances, undoubtedly obtained from good authorities. The works of the great realists, De Foe,

Smollett, Balzac, Zola and a hundred others abound in such reports. "Reading makes a full man," and the physician who has filled his mind with the understanding of the masters of literature will be better able to handle the human side of his patients; if he has studied the subtleties of their observation, he will be better able to cope with the mysteries of diagnosis. Medicine, any more than statecraft, will never be an exact science, and the greatest physician, therefore, will not be the men of mere technical training, but those who add to this knowledge of the human character that is only acquired by the study of its highest production.—*Philadelphia Medical Journal.*

At the annual election of officers of the New York Academy of Medicine held Thursday evening, December 17th, Dr. W. Gilman Thompson was elected vice-president; Dr. John H. Huddleston, recording secretary; Dr. Charles Stedman Bull, corresponding secretary, and Dr. Wisner R. Townsend, member of the committee on admissions.

THE ENNO SANDER PRIZE.

The essayist securing first place will receive a gold medal of the value of $100. The essayist securing second place will receive a life membership in the Association, of the value of $50. Subject of the competition for 1904: The Relation of the Medical Department to the Health of Armies.

Conditions of the Competition.—1. Competition is open to all persons eligible to active or associate membership in the Association of Military Surgeons of the United States.

2. The prize will be awarded upon the recommendation of a Board of Award selected by the Executive Committee. The Board will determine upon the essay to which the prize shall be awarded, and will also recommend such of the other papers submitted as it may see fit for honorable mention, the author of the first of which shall receive a life membership in the Association.

3. In fixing the precedence of the essays submitted, the Board will take into consideration—primarily—originality, comprehensiveness and the practicability and utility of the opinions advanced, and—secondarily—literary character.

4. Essays will consist of not less than 10,000, nor more than 12,000 words, exclusive of tables.

5. Each competitor will send three typewritten copies of his essay in a sealed envelope to the secretary of the Association, so as to reach that officer *at least one month before the next ensuing annual meeting,* in the present case on or before September 10, 1904.

6. The essay shall contain nothing to indicate the identity of the author. Each one, however, will be authenticated by a nom de plume, a copy of which shall, at the same time as the essay, be transmitted to the secretary in a sealed envelope together with the author's name, rank and address.

7. The envelope containing the name of the successful competitor will be publicly opened at the next succeeding annual meeting of the Association, and the prize thereupon awarded.

8. The successful essay becomes the property of the Association of Military Surgeons of the United States, and will appear in its publications.

Board of Award, 1904.—Lieutenant-Colonel John Shaw Billings, U. S. Army; Brevet Brigadier-General George Ryerson Fowler, New York, Surgeon Henry Gustav Beyer, U. S. Army.

John Cropper Wise, president; James Evelyn Pilcher, secretary, Carlisle, Pa.

THE EDWARD N. GIBBS MEMORIAL PRIZE, ONE THOUSAND DOLLARS.

Subject—The Etiology, Pathology and Treatment of the Diseases of the Kidney.

The New York Academy of Medicine announces that the sum of $1,000 will be awarded to the author of the best essay in competition for the above-mentioned prize.

The subject of the essay, as stated, shall be, "The Etiology, Pathology and Treatment of the Diseases of the Kidney."

Essays must be presented on or before October 1, 1904.

Each essay must be in English, typewritten, designated by a motto, or device, and accompanied by a sealed envelope, bearing the same motto, or device, which shall contain the name and address of the author.

No envelope will be opened except that which accompanies the successful essay.

The Academy reserves the right, according to the direction of the donors, not to award the prize if no essay shall be deemed worthy of it.

The Academy will return the unsuccessful essays, if claimed by their respective authors, or by authorized agents, within six months.

An essay must show originality in order to obtain the prize. The competition is open to the members of the regular medical profession of the United States.

The original of the successful essay shall be the property of the Academy, and, according to the deed of gift, will be published in its Transactions.

The essays shall be transmitted to the Committee of the Trustees of the New York Academy of Medicine on the Edward N. Gibbs Memorial Prize. R. F. Weir, M.D., president; John H. Huddleston, M.D., recording secretary. The trustees: A. Jacobi, M.D., chairman; Arthur M. Jacobus, M.D., secretary.

Book Reviews.

International Clinics: A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology Rhinology, Larynology, Hygiene, and Other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession Throughout the World. Edited by A. O. J. Kelly, M.D., Philadelphia. Volume III, thirteenth series. Philadelphia: J. B. Lippincott Company, 1903.

Members of The New York State Medical Association who were present at the annual meeting held in October last will recall with pleasure the address delivered by Dr. John H. Musser, of Philadelphia, on "Cholecystitis and Cholelithiasis." The leading article in the present volume of "International Clinics," an elaboration of the same subject by this author, is a very valuable contribution to our knowledge of these subjects. The affections of the gall-bladder and gall-ducts and the diagnosis of the several morbid conditions are discussed at length with clearness and precision. The importance of blood examination in these cases is dwelt upon. Regarding treatment, he says: "We have now accurate knowledge of the effects of treatment. * * * Is it worth while waiting for medicinal treatment in primary cases? How many get well in this manner and how many experience temporary cure, even if they get relief? Finally, do surgical measures in acute primary affections prevent secondary states? It seems too soon to answer the latter question. My personal experience supports the knife as the best cure in cholecystitis." In other words, it would seem that the surgeon should be called upon to operate in a case of cholecystitis as early in the course of the disease as appendicitis. The present reviewer, who, with many others, has obtained remarkably successful results from the use of phosphate of soda in these cases, is surprised that no mention of this drug is made in the medicinal treatment outlined by the author.

"The Causation, Symptoms and Diagnosis of Gall-Stones," by R. D. Rudolph, of Toronto, is a well-written paper and is instructive to a degree, and the same may be said of that on "The Diagnosis and Medical Treatment of Cholelithiasis and Cholecystitis," by C. R. Stockton, of Buffalo. The latter expresses the opinion that "the majority of patients can be greatly benefited by appropriate medical treatment, and many will recover by medical treatment alone."

"Biliary Cirrhosis of the Liver, With and Without Cholelithiasis," is the title of a paper by F. P. Weber, London. The author relates many illustrative cases and gives necropsy findings.

"The Value of Indications for Surgical Intervention in Cholelithiasis," by F. Lejars, of Paris, and "The Surgical and Post-Operative Treatment of Chronic Gall-Stone Disease," by John B. Deaver, of Philadelphia, fittingly bring the symposium to a close. Regarded collectively, the contributions by the various authors constitute what is probably the best exposition of present-day opinion on gall-bladder affections that has yet appeared.

"The Treatment of Pneumonia," by D. W. Finlay, of Aberdeen, is a timely paper from a recognized authority on the subject. It perhaps will be a surprise to many that he does not favor the use of digitalis in pneumonia, in spite of its popularity in these cases. To the writer of this review it is a pleasure to note that he strongly advocates the cold bath or cold pack in cases in which hyperpyrexia is marked, a procedure which would appear to be exactly as rational in this disease as in typhoid fever.

"The Medical Treatment of Gastric Cancer," by Albert Robin, of Paris, sums up the matter in two sentences: (1) To lessen the patients' suffering, and (2) to feed them and prolong their lives as much as possible. Many valuable hints are given in the accomplishment of these two objects. Achilles Rose, of New York, is well known for his advocacy of the use of carbonic acid gas in alimentary affections, and his paper on "Carbonic Acid Treatment in Rectal Diseases" is a further plea for the more extensive employment of the remedy.

A. Chantemesse, of Paris, contributes a paper on "The Serum Treatment of Typhoid Fever," in which he contends that the use of the antityphoid serum materially lessens the death rate from this disease. Up to the present time he has treated 507 patients in his wards with the remedy, the mortality being less than 6 per cent. The average death rate from typhoid in all the Paris hospitals, exclusive of that with which he is connected, during the same period, was 19.3 per cent.

A very long paper, showing the results of study of more than 3,000 cases of malarial fever, is that entitled "Malarial Infections: Their Parasitology, Symptomatology, Diagnosis and Treatment," by C. F. Craig, Assistant Surgeon, United States Army. It is profusely illustrated by temperature charts, and in every way is a valuable and interesting contribution.

Among other contributors to this volume are J. S. Fowler, of Edinburgh, who has written on "Leukemia"; F. J. Poynton, of London, on "Clinical Evidences of Myocardial Damage in Rheumatic Fever," whose paper is illustrated by several plates in color; J. A. Bodine, New York, on "Cocain Anesthesia," with illustrative case—"Operation for Varicocele," a further example of this author's well-known brilliant operative work under cocain anesthesia; J. A. Lewis, of Georgetown, Ky., on "General Anesthesia"; Lucas Championnière, of Paris, on "Asepsis and Antisepsis"; W. L. Rodman, of Philadelphia, on "Gastrostomy; Concussion of the Brain," a surgical clinic; W. T. Belfield, of Chicago, on "Intrascrotal Tumors," and C. E. Schwartz, of Paris, on "The Modern Treatment of Varicose Veins." Many of these papers deserve a more extended notice than the space at the disposal of the reviewer will permit. If the reader is not already a subscriber to "International Clinics" he is advised to send in his subscription without delay if he would keep pace with the advances in medical science, which nowhere obtain more prompt or more extensive exposition than in this valuable publication.

Clinical Treatise on the Pathology and Therapy of Disorders of Metabolism and Nutrition. By Prof. Carl von Noorden, Physician-in-Chief of the City Hospital, Frankfort A.-M. Authorized American edition translated under the direction of B. Reed, M.D. New York: E. B. Treat & Co., 1903.

Under this title appears the fourth in the series of Prof. Carl von Noorden's monographs upon diseases of metabolism and nutrition. The reviews of the preceding volumes have appeared in previous numbers of The New York State Journal of Medicine.

This volume considers almost exclusively acid auto-intoxications, giving us much of the theory of the locations in which the acetone bodies are formed. Dr. von Noorden seems to believe that the latest researches indicate conclusively that acetone is a synthetic product, derived from certain bodies which contain a few carbon atoms and which may be derived from different sources.

Contained in chapters 5 and 6 of this monograph, which are headed respectfully "Diabetic Acidosis" and "Therapeutic Considerations," are many points which may be of practical value in the intelligent treatment of diabetic conditions and which will well repay perusal by physicians dealing with this, at all times serious and many times perplexing, condition.

As a whole the book, which is of only 80 pages and can be read through within an hour, gives us the impression of a careful consideration of what is latest in investigations relative to acid intoxications, plus the marked individuality of the author.

Hale's Epitome of Anatomy. A Manual for Students and Physicians. By Henry E. Hale, A.M., M.D., Assistant Demonstrator of Anatomy, College of Physicians and Surgeons (Columbia University), New York. In one 12mo volume of 384 pages, with 71 illustrations. Cloth, $1 net. Philadelphia and New York: Lea Bros. & Co., publishers, 1903.

A complete outline of human anatomy is given in a convenient little volume, every detail of the entire subject into which a large book would enter, so that the student gets a correct perspective. The book is well illustrated and renders the reading of the text clearer. The editor has made a new arrangement in placing all questions at the end of each chapter, thus preserving the continuity of the text.

Lessons on the Eye. For the Use of Undergraduate Students. By Frank L. Henderson, M.D., Ophthalmic Surgeon to St. Mary's Infirmary and the Christian Orphan's Home; Consulting Oculist to the St. Louis City Hospital, the Wabash Railway and to the Terminal Railway Association; Member of the American Medical Association; Member of the Missouri State Medical Association; Member of the St. Louis Medical Society, and Trustee of the St. Louis Medical Library Association. Third edition. Published by P. Blakiston's Sons & Co., Philadelphia.

An excellent little volume, divided into twenty-eight lessons for the undergraduate. Enough is given to clearly define the diseases of the eye, learning from more exhaustive treatises the details and expansion required by the specialist. No attempt has been made to give the minute anatomy, or diseases that can be diagnosed by the ophthalmoscope only.

A Text-Book of Obstetrics. By Barton Cooke Hirst, M.D., Professor of Obstetrics in the University of Pennsylvania; Gynecologist to the Howard, the Orthopedic and the Philadelphia Hospital. Fourth edition, revised and enlarged, with 746 illustrations. W. B. Saunders & Co., Philadelphia, New York and London, 1903.

In this edition the author has given the latest research in obstetrics. The book is divided in seven parts—Pregnancy, The Physiology and Management of Labor and of the Puerperium, The Mechanism of Labor, The Pathology of Labor, Pathology of the Puerperium, Obstetrical Operations, and, lastly, The New-born Infant. The various methods of treatment are described and illustrated carefully and minutely. It is a practical volume, as the subjects are treated from a clinical standpoint. It is needed by the less experienced observer and is well adapted to the uses of the practicing physician.

Modern Surgery: General and Operative. By John Chalmers Da Costa, M.D., Professor of the Principles of Surgery and Clinical Surgery in the Jefferson Medical College, Philadelphia. Handsome octavo volume of 1,099 pages, with over 700 illustrations, some in colors. Philadelphia, London, New York: W. B. Saunders & Co., 1903. Cloth, $5 net; sheep or half morocco, $6 net. Fourth edition, greatly enlarged and entirely reset.

This work presents in a concise form the fundamental principles and the accepted methods of modern surgery, all obsolete and unessential methods having been replaced by the new and essential ones. The authors' extensive experience as a teacher is evident throughout the work, his statements being exceptionally clear and to the point.

The progress of surgery in every department is one of the most notable phenomena of the present day. So many improvements, discoveries and observations have been made since the appearance of the last edition of this work, that the author found it necessary to entirely rewrite it. In this, the fourth edition of the book, evidence is shown of great and careful revision, and considerable new matter has been added, which greatly increases the practical value of the book. There have also been added over 200 new and excellent illustrations. On account of the large amount of new matter added, a larger type page has been adopted, which renders the book less cumbersome. The book will be found to express the latest advances in the art and science of surgery, and should be highly recommended.

Findley's Gynecological Diagnosis. The Diagnosis of Diseases of Women. A Treatise for Students and Practitioners. By Palmer Findley, M.D., Instructor in Obstetrics and Gynecology in Rush Medical College, in Affiliation with the University of Chicago. In one octavo volume of 494 pages, richly illustrated with 210 engravings and 45 full-page plates in colors and monochrome. Price, cloth, $4.20 net; leather, $5.50 net. Lea Bros. & Co., Philadelphia and New York.

The intention of the author to write a book on the diagnosis of the diseases of women, adapted to the needs of students and practicers, has been well carried out, and, as he well says, a work of this character could do no greater service than to emphasize the importance of an early diagnosis in carcinoma of the uterus and to point out the methods of making such a diagnosis. No departure from the normal menstrual flow should be regarded as trivial in advanced years of life. We are not to be content with the supposition that it is a phenomenon of the change of life. Too many lives have been sacrificed by such inferences. It is the family physician, not the specialist, who first sees these cases, and it is to him we must look for the early recognition of the danger, if not for a positive diagnosis. The practitioner must be firm in his demand for a local examination. Ignorance, sloth, prejudice and false modesty are to be discountenanced. The text is fully and beautifully illustrated, and will be a valuable addition to the library of those possessing it.

The Practice of Obstetrics. By I. Clifton Edgar, Professor of Obstetrics and Clinical Midwifry in the Cornell University Medical College; Attending Obstetrician to the New York Maternity Hospital. Cloth, 1,111 pages, with 1,221 illustrations, many in colors. P. Blakiston's Son & Co., Philadelphia, 1903.

The publication during the past year of so many good works on obstetrics has done much to revive interest in this most ancient branch of medicine, sidetracked as it has lately been by all the brilliant work lavished on its sister subject, gynecology. That American obstetricians have taken such an important part in this is particularly gratifying, and it is with pleasure and a great deal of pride that we note the appearance of our New York colleagues latest work. Based upon a rich and varied obstetrical experience, extending over years of teaching and practice, the author has evidently collected his material as he went, and the accuracy and detail with which he lays it before the reader, amply illustrated, is one of the book's most valuable and praiseworthy features. Many of the illustrations, taken from his private collection, are new, and greatly enhance the value of the text.

The classification carried out is simple, and the work divided into ten parts, namely: I, Physiology of the Female Genital Organs; II, Physiological Pregnancy; III, Pathological Pregnancy; IV, Physiological Labor; V, Pathological Labor; VI, Physiological Puerperium; VII, Pathological Puerperium; VIII, The Physiology of the Newly Born; IX, The Pathology of the Newly Born; X, Obstetric Surgery. A separate section on Anatomy has been omitted, and the Anatomy of the Pelvis and its contents are included in parts II and IV. An appendix is devoted to history records. Considerable space is devoted to abdominal palpation, which, by an original manner of illustrating, is so simplified that it should be of great service to the student. Antenatal Pathology is taken up at

greater length than is usual in a work on obstetrics, and is treated in a most interesting manner. The author prefers ether to chloroform as an anesthetic, and we are glad to see an authority state his conversion. His advice on spinal anesthesia—keep away from it—we hope will be followed. The sections on Posture, Manual and Instrumental Dilatation are especially good.

There are some errors of omission which should hardly have occurred in so voluminous a work, and under extraction of the after-coming head we find no mention of Deventer's method, a most valuable procedure, which we are afraid is only too seldom used in this country. All in all, it is a great addition to the science and art of midwifery and one of the most valuable reference works on the subject it has been our pleasure to see. In conclusion, we would again urge upon the publishers the advisability of getting those large works out in two or more volumes, instead of the cumbersome one-volume affair to which they seem so partial.

A Handbook of the Diseases of the Eye and Their Treatment. By Henry R. Swanzy, A.M., M.D., Surgeon to the Royal Victoria Eye and Ear Hospital, and Ophthalmic Surgeon to the Adelaide Hospital, Dublin; ex-President of the Opthalmological Society of the United Kingdom. Eighth edition, revised, with 168 illustrations. Philadelphia: P. Blakiston's Son & Co. Price, $2.50.

As a modern treatise on diseases of the eye, it is systematic, thorough and practical in every detail. It is reliable, and shows the author's original research in a small compass, yet concisely and clearly written. In order to bring the work up to date, the author, in this edition, has introduced much new matter. The work has been brought up to date and is exhaustive and complete.

A Manual of Hygiene and Sanitation. By Seneca Egbert, A.M., M.D., Professor of Hygiene and Dean of the Medico-Chirurgical College of Philadelphia; Member of the Academy of Natural Sciences of Philadelphia; Member of the American Medical Association, etc. Third edition, enlarged and thoroughly revised. Lea Bros. & Co., Philadelphia. Price, $2.

An exceedingly useful book in plain language, covering the entire field of hygiene, well arranged and concisely written. It is valuable and instructive for the busy physician as a text-book of reference, being thoroughly practical and complete in every detail. It will tell you what to do and how to do it. The illustrations amplify the text, and have been well selected. It is well written, with a clear, easily readable text.

Physician's Pocket Account Book. By J. J. Taylor, M.D. Published by the Medical Council, 4105 Walnut street, Philadelphia, Pa. Price in leather binding, $1; extra books to fit cover, 50 cents.

This compact little book is of a size which can easily be carried in the pocket, and its arrangement is so simple that a physician can at a glance tell the exact state of each account. It contains in all 200 pages, divided into useful headings, and is also provided with pencil and pocket for additional notes.

Medical News Visiting List, 1904. Thirty patients per week. Philadelphia and New York: Lea Bros. & Co., 706-708 Sansom street, Philadelphia.

This book, which is now in its eighteenth year, shows the result of careful study and gradual development. It contains 150 pages for memorandum, accounts, etc., as well as a number of tables, all of which have been revised and brought up to date. Supplied with a pencil and of a size easily carried, it will undoubtedly prove an addition to a physician's outfit.

The Physician's Visiting List (Lindsay & Blakiston's) for 1904. Fifty-third year of its publicaton. Philadelphia: P. Blakiston's Son & Co. (successors to Lindsay & Blakiston), 1012 Walnut street. Plain binding, 75 cents; leather cover with pencil, $1.

Philadelphia Hospital Reports. Vol. V, 1902. Edited by Herman B. Allyn, M.D. Philadelphia: Printed by Maurice H. Power, 1903.

Fifteenth Edition of the Official Register and Directory of the Physicians and Surgeons in the State of California. Revised and published by the Medical Society of the State of California, November 15, 1903.

A Non-Surgical Treatise of Diseases of the Prostate Gland and Adnexa. By George Whitfield Overall, A.B., M.D., formerly Professor of Physiology in the Memphis Medical College. Chicago: Marsh & Grant Company, printers.

Blood Pressure in Surgery: An Experimental and Clinical Research. The Cartwright Prize Essay for 1903. By George W. Crile, Professor of Clinical Surgery, Western Reserve Medical College; Visiting Surgeon St. Alexis Hospital; Associate Surgeon Lakeside Hospital, Cleveland. J. B. Lippincott Company, Philadelphia and London, 1903.

Compend of the Diseases of the Ear, Nose and Throat. By John Johnson Kyle, B.S., M.D., Lecturer on Otology, Rhinology and Laryngology, and Assistant to the Chair of Surgical Pathology in the Medical School of Indiana; Oculist and Aurist to St. Vincent's Hospital and City Dispensary; Aurist and Laryngologist to City Hospital, Indianapolis; Oculist and Aurist to U. S. Pension Bureau; Member of the American Medical Association, the American Academy of Ophthalmology and Otolaryngology, etc.; Late Major and Surgeon U. S. Vol. Eighty-five illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut street, 1903. Price 80 cents net.

Nineteenth Annual Report of the Bureau of Animal Industry for the Year 1902. U. S. Department of Agriculture, Washington. Government Printing Office, 1903.

Clinical Pathology of the Blood. A Treatise on the General Principles and Special Application of Hematology. By James Ewing, A.M., M.D., Professor of Pathology in Cornell University Medical College, New York City. Second edition, revised and enlarged. Illustrated with 43 engravings and 11 colored plates drawn by the author. New York and Philadelphia: Lea Bros. & Co., 1903.

PROGNOSIS OF ALBUMINURIC RETINITIS.

Out of 22 cases of pregnancy retinitis of which I have notes, 41 per cent. or two-fifths are known to have lived for two years or more after the retinitis, while of 41 cases of renal retinitis not due to pregnancy only 22 per cent., or barely one-fifth, lived for more than two years. The majority of cases of pregnancy retinitis do not occur until after several pregnancies, but when it occurs during the first pregnancy subsequent pregnancies may occur with no return of the renal or eye symptoms.—*Nettleship, in British Medical Journal.*

Original Articles.

KUMYSS OF THE KIRGHIS STEPPES.[1]

BY E. F. BRUSH, M.D.,
Mount Vernon, N. Y.

WITHIN the confines of the most ancient of the world's civilized continents, in fact, the cradle room of the human race, and within that territory where "Imperial Russia" has been advancing her sway, steadily and insidiously since the time of Peter the Great, between Semipalatinsky, the Mohammedan City, and Amolinsk, the seat of government of the Siberian Province, and the rich and fertile Khanate of Khokand, lie the vast and dreary deserts of the "Great" and "Little" Hordes of Kirghis. And there dwell the Nomads, who are the original Kumyss makers.

The deserts of Siberia are known as "Steppes," and these Steppes of Asiatic Russia are "vast tracts of slightly undulating, treeless, virgin land, with a soil ranging in quality from a rich, black, oily, vegetable earth covering almost boundless plains, to an unfertile, sandy, desolate waste."[2] In this region the sky is generally clear, unlike our Canadian and other northern regions of America, where the sky is gray and gloomy during the winter months. On the Steppes the air is generally dry and described by Carrick as purely "Continental."

The Kirghis inhabiting this land are indifferent Mohammedans. They have no settled priests (mullahs), and few can read or write. The men give all their attention to the horses, and the women do all the other work. The men are constitutionally lazy, but in the saddle are indefatigable. They wear immense leathern baggy breeches, coarse shirts with wide collar, and over this a dressing gown. Their heads are covered with an embroidered skull-cap, over which they wear an oddly shaped sheepskin hood with the wool inside. The women dress the same as the men, except that instead of the skull-cap and sheepskin hood their heads and necks are swathed in loose folds of white cotton cloth so as to make both a bib and a turban.

The Kirghis speak a language which is one of the purest dialects of the Tartar. They are generally short of stature, with round, swarthy faces, insignificant noses and small, sharp, black eyes with the tightly drawn eyelids which we see in all the Mongol tribes.

According to Eugene Schuyler, who visited them in 1877, there were about one and a half million of these people inhabiting the Siberian Steppes at that time. They are not an agricultural people, but purely pastoral, with flocks and herds, consisting of horses, sheep, camels and sometimes cattle. During the summer they live in a circular tent made of felt, stretched over a light wooden frame, called a Kabitka. The frame of this tent is easily taken apart and put together, and so light as to form a load for a single camel. As these people wander constantly during the summer, finding pastures for their flocks and herds, this Kabitka can be put up and ready for occupancy in about ten minutes. On one side of the Kabitka is a door covered by a flap of felt, and the fire is built in the middle, while a hole in the top of the tent allows the smoke to escape. The interior of this habitation is decorated with pieces of ribbon of various colors used to fasten down the felt, and around the sides are placed and hung all their valuable goods, consisting of carpets, silk mattresses, clothes and silver-mounted saddles and bridles, the "Kumyss" bag, made of the skin from a horse's thigh and leg, standing prominently near the entrance.

The Kirghis winter village homes are called "Aul," and usually consists of a little group of underground hovels, surrounded by manure heaps, entered by crooked passages, where children, colts, calves and lambs all dwell together. Travelers describe these winter quarters as "cozy and warm, however dark and filthy."

The Kirghis raise no grain and, consequently, bread is an unknown food with them. During the intensely cold winter their main food is meat of the emaciated sheep and the horses that die during the winter, so that these people come out of their winter "Aul's" in a condition of extreme emaciation.

From Eugene Schuyler's book entitled "Turkestan," I quote the following: "We met a number of Kirghis families who were going from their winter to their summer quarters, seeking pasturage for their cattle, long caravans of horses and camels laden with piles of felt, and household utensils, on the top of which sat a woman, perhaps with an infant in a cradle before her."

Orenberg was made the threshold of Russian entry into the great Siberian territory. The Ural River is the boundary between Russia proper and the Siberian Steppes. On the west of the river the Cossacks live, and on the east dwell the wandering tribes of the dreary Steppes, known as the Kirghis.

Russia, endeavoring to make her advance into this vast region as pacific and complete as possible, employed scientific men to study the people, their habits and surroundings. It was about the middle of the eighteenth century that Russia began her advance into the then little-known Steppes, where the Nomad Kirghis, the Kumyss-makers, wandered with their herds. It was in this century that the Empress Catherine II sent Peter Simon Pallas, who at that time was the most eminent traveler and naturalist, into the land inhabited by the Kirghis, Calmucks and other Tartar tribes. Upon his return to St. Petersburg, about the year 1780, he published the result of his observations in three volumes, and

[1]Read before the Westchester County Association, September 24, 1903.

[2]"Koumiss," Geo. L. Carrick. Blackwood & Sons, London, 1891.

it is from this publication that we get the first official reports relating to Kumyss, which attracted considerable attention at that time.

But antedating the works of Pallas, Father de Robiaquis gives a description of the manufacture of Kumyss by the Tartars in the thirteenth century. Also the great Venetian traveler, Marco Pollo, writing in the same century a few years later, alludes to Kumyss as made and used by the wandering tribes of the Siberian Steppes.

But it is really to the enterprise and desire of the Russian Government during their conquest of Siberia that is due the credit of bringing the subject of Kumyss before the scientific world.

Dr. John Grieve, a Scotchman and a surgeon in the Russian service, wrote a communication to the Royal Society of Edinburgh in 1784, entitled, "An Account of the Method of Making a Wine by the Tartars, Called Kumyss."

But coming down to our own time and to the practical knowledge of the subject—in the year 1840, Dr. W. Dahl was commissioned by the Russian Government to proceed to the Kirghis Steppes and study the habits of the people of the desert and their alleged freedom from consumption. His observations were confined to the people inhabiting the neighborhood of Orenberg. Having his report at hand I will quote the following from his thesis:

"Peculiar as is the taste of Kumyss, one soon becomes accustomed to it, especially if one tastes it for the first time when thirsty, or after violent exercise. It is then the most pleasant and refreshing of all drinks. The odor of Kumyss is offensive to some persons; but, if it is tasted under the circumstances just mentioned, no one will ever abandon it for any other sort of drink whatever. It is very refreshing and hunger-stilling, without being surfeiting. It only allays hunger without destroying the appetite, so that one can pass a long time without other food, and can also, while taking Kumyss, eat just as much as at other times. Kumyss, too, has one very peculiar property which is difficult to explain, but which is confirmed by repeated experience: It is never surfeiting. One can, without any fear, drink as much as he will—an inconceivable amount—and yet always feel light and well. If one were to drink half the quantity of water, beer, or anything else, especially during the burning heat when one is forced to be on horseback, one would feel heavy, overfull and weary. But every cup of Kumyss gives new courage and strength. An intoxication such as is produced by wine or beer never takes place after drinking Kumyss, in whatever quantities you may; the result is a scarcely noticeable exhilaration, and this only when it is taken in very considerable quantities, or, in delicate persons, when it produces an inclination to a refreshing sleep. . . . Kumyss is, among the Nomads, the drink of all children, from the suckling upward, the refreshment of the old and sick, the nourishment and greatest luxury of every one. The secondary effect of Kumyss shows itself in less than a week in a good nourishment of the whole body, and increase in strength and spirits, and a general feeling of health. The respiration is easier, the voice is freer, the complexion brighter; the faces which have become pallid and pinched in winter are scarcely to be recognized in spring, so suddenly is the transformation to a healthy appearance. It is, however, very doubtful whether any other nourishment, after such long fasting, hunger and short provisions as the Nomads endure during the whole of the winter, would be suitable to their weakened frames or be able to restore them so quickly. After violent fatigues and hunger, borne nobly for weeks, the Kirghis are careful to avoid excess of solid food, but indulge without fear in bags of Kumyss.

"The diseases in which Kumyss is beneficial are those where the body must be well nourished without loading the digestive organs. It seems, too, that Kumyss is especially useful in chronic affections of the chest, not only in disease of the lungs, but also of the bronchia and larynx. I will not assert that it can cure consumption and phthisis, but it suits these conditions better than any other nourishment, and may, even when the tendency is pretty well advanced, prevent the disease, especially if the cure can be kept up all summer, or, if not prevent, at least delay it for some time. It is certain among the Kirghis consumption and phthisis are very rare, much rarer than elsewhere; so, too, pneumonia, senile asthma, and dropsy of the chest. Of tubercular, pituitose, and other phthisis, I have seen no example among the Kirghis."

Another agent of the Russian Government who was sent to the Steppes beyond the district of Orenberg, especially to make observations on the manufacture and use of Kumyss, was Dr. Neftel, lately a resident of New York City. His mission was undertaken in 1857; that is, seventeen years after Dr. Dahl had made his report. I quote the following from Dr. Neftel's reports. He confirms the observations of his predecessor, and says:

"Scrofulosis and rachitis are quite unknown among them (the Kirghis); and what is still more remarkable, I had opportunity to observe not one single case of lung-tuberculosis, although I sought for such cases with the greatest attention."

To avoid repetition, let me cite one case given by Dr. Neftel.

"The patient, 25 years old, had always lived at St. Petersburg. Her physician there, a distinguished diagnostician, found tubercular infiltrations in both superior lobes of the lungs. During two years she coughed continually, with a muco-purulent expectoration often tinged with blood, and she became very emaciated. All other physicians consulted by the patient confirmed this diagnosis. During her first pregnancy the appearance of tuberculosis moderated, and the general condition improved; but immediately after confinement, all the previous symptoms appeared

with greater violence. The presence of cavities was clearly demonstrated, and a hectic fever set in. In this condition, the patient, by my advice, left the city, passed the whole summer in the Steppe in a Kibitka, and was methodically treated with Kumyss. Her general condition gradually improved and when she returned to the city in the autumn she found herself nearly as before the pregnancy. The ensuing spring she again commenced the Kumyss treatment, and I have lately received, here at Wurzburg, a letter from her husband, in which he informs me that his wife is completely cured, and even coughs no longer."

These reports from Drs. Dahl and Neftel directed the attention of medical men to the district around Orenberg and to the Kumyss made in that region. One year following the reports by Dr. Neftel Dr. Postnikoff established a Kumyss-cure house in Ssamara, Eastern Russia, and a little later Dr. Tchurbutalof built an establishment for the manufacture and use of Kumyss, forty-five miles from Ssamara. About the same time Dr. Stahlberg started a Kumyss-cure, established at Moscow. These two establishments created an almost world-wide reputation for Kumyss, and so successful were they that the Russian Government itself built a hospital for the exclusive use of Kumyss for her own soldiers in the district of Kazen. These establishments have been most successful, and I believe are still in existence, as are now hundreds of other such cure-houses throughout Europe, only these recent establishments are making cow-milk Kumyss instead of the milk of the mares from the Steppes.

The first article relating to Kumyss appearing in our American literature was published in the *New York Medical Record,* May, 1876, entitled "Kumyss—Russian Milk Wine, Its Preparation and Use," by Adelheid Lukanin, M.D., Novgorod, Russia.

Dr. Lukanin says, after describing the wandering of the Nomads:

"By chance the traveler meets a camp of Kirghises; he is quite astonished to see the bright looking, healthy people, neither too beautiful or too clean, but happy. He inquires about their mode of life, and they readily tell him all about it, and that their food consists of meat and milk, especially of the latter, which they prepare in different ways, among others as Kumyss. This production having been quite unknown to the Russians it is only natural that it was to the mysterious drink that the health of the Nomads was solely ascribed; but their living always in good, fresh air,[2] and having work and rest at their own leisure, in reality contributes largely to this result. Be it as it may, the sedentary Russians, settled on the Western confines of the Steppes, sent their invalids in Summer time to visit their wandering neighbors, and gather strength by drinking Kumyss. They drank freely of it and '*post hoc ergo propter hoc.*' spoke of Kumyss as of the Agent of their sometimes almost wonderful cures."

All this early literature relating to Kumyss made by the Kirghis on the Steppes of Russia describes these people as dirty and ignorant and their methods of making as purely empirical. The Kumyss bag in which the preparation is fermented was always made of smoked horsehide, the hairy side being turned out. This bag, made of skin taken from the hind qourters of a horse, and with a bottom piece sewn in with the coarse thread prepared from horseskin also, this makes a conical-shaped bag between three and four feet long, the skin from the shank making the narrow outlet of this bag. Through this neck a stick about two inches thick, with a small churn dash on its lower end, extends to the bottom of the bag. This is to agitate the milk during fermentation. After fermentation has once been started in one of these Kumyss bags the old Kumyss is always sufficient to start the new milk fermenting, but when they commence the Kumyss making in the spring the Kirghis use either a piece of a fresh horseskin or a piece of a tendon from a dead horse, or an old copper coin with verdigris upon it. Is it any wonder that de Robiaquis, who visited these people in the year 1253, should say:

"On drinking it I sweated all over on account of the horror and novelty of the draught, because I had never drunk of it before. Yet it seemed to me very tasty, as, indeed, is the truth," and he adds, "Then they taste it, and when it is moderately pungent they drink it; for it is pungent on the tongue like raspberry wine, and when a man stops drinking it leaves on his tongue the taste of almond milk, and makes a man's auricle very pleasant."

I have been seeking for many years the derivation of the word "Kumyss." Going over the literature of the subject, I find there is no arbitrary way of spelling the word. Father de Robiaquis spelled it "Cosmos." Marco Pollo spelled it "Kemiz." And it has been variously spelled since the time by travelers and writers "Kumis," "Koumis," "Kumiss," "Kumiso," "Kumisa," "Kumso," "Koumys," "Koumyss," "Kumys," "Kumyss," "Kumysie," "Kumisai," "Kumisie" and "Kumysem."

The Russian method of spelling it, as near as we can get it Anglicized is "Kymlicl." This, a Russian scholar tells me, is something like the Russian word for silver. Recently I have seen a statement that on the banks of the River Kuma, in Caucasia, there was at one time a tribe called "Kumanes," and they were the original Kumyss-makers, and the beverage was called after them. This seems reasonable, as the Arabians prepare a milk-food called "Leben," which was first made in a village in the Holy Land called "Leben." Regarding this food, Prime, one of our most en-

[2]Most authors believe the climate of the Steppes to be a very healthy one, but some hold an opposite opinion.—Dr. Stange on Kumys Cure, Ziemssen Hand Book.

thusiastic writers, in his book entitled, "Tent Life in the Holy Land," says:

"It is indeed a somewhat remarkable fact that the ancient words that were used to characterize this country should still be accurately true, 'A land flowing with milk and honey.' The great flocks of sheep and goats that are on all the hills afford to all the wandering tribes their chief support in 'Leben'[4] which they eat morning and evening."

Thus I have tried briefly, since I knew imperfectly, to describe the original Kumyss-makers, and how it was introduced to the more civilized parts of the globe, and to indicate that if this dietetic curative agent was so efficient when prepared by these ignorant and not clean people, using methods repulsive to us, how much more potent for good it must be when prepared with scientific knowledge and cleanliness.

SEA BATHING IN SOME FORMS OF SKIN DISEASES.[1]

By ROBERT ABRAHAMS, M.D.,
New York City.

SEA bathing, whether used as a luxury or employed as a remedy, is limited to a fraction of the year. This being the case, extensive trials and experiments with this measure in any form of skin affections can hardly be undertaken with success.

This reason probably accounts for the remarkable paucity of literature on the subject. For diligent research and personal inquiry failed to elicit any information on the influence of sea bathing in diseases of the skin.

My experience with this method of treating some forms of skin diseases extends over but two summers, yet the success attained in each case sufficiently warrants the suggesting, if not the recommending, of sea bathing as a reliable and curative agent in certain skin affections.

This paper deals briefly with forms of cutaneous diseases which have manifested a willingness, as it were, to yield to the influence of sea bathing. There are others which appear to be equally amenable to the same agent, but the observations regarding them are as yet immature.

My list embraces the following diseases:

I. Pityriasis versicolor. Six cases.

II. Herpes tonsurans maculosus et squamosus. Three cases.

III. Chronic eczema. Five cases.

IV. Pruritis senilis. Two cases.

To avoid unnecessary repetition, one case of each form of the diseases mentioned will be cited for illustration.

Case of pityriasis versicolor: The victim was a young man, a lawyer, 25 years old. He was afflicted with the disease for several years. The blotches extended on the front and back of the trunk, on neck and arms. Both his ability to secure the best advice and his anxiety to get rid of the disfigurement which prompted him to carry out every suggested measure failed to cure him. Two summers ago the patient was advised sea bathing. After taking a dozen baths the disgusting affection disappeared.

Now, I am well aware that pityriasis versicolor is far from being the opprobrium of dermatology or dermatologists. Indeed, some authors consider it a one-night-cure disease. Still, cases come up from time to time which defy all care and the very best of remedies. They will persist in returning in spite of your best efforts. They are like the will-o'-the-wisp. Sea bathing in these stubborn forms is a remedy par excellence. It only awaits your trial.

But more signal success has been achieved in the treatment of a skin disease which occurs less frequently and is of longer duration, even under treatment, than the one previously considered. I refer to acute general Herpes tonsurans maculosus et squamosus.

Let me cite one typical case—history and treatment. A girl aged 12 had an attack of that disease in the beginning of June this year. The eruption extended over the trunk and extremities. First there appeared small, red, flat papules. Then in two days the papules turned into small patches. Both papules and patches were covered with oily scales. The exfoliation began at the center of each patch, and gradually ended at the periphery, leaving the point from which it started pale and depressed. Shortly typical rings formed, from which occurrence and peculiarity the disease is commonly known as "ring worm of the body." The itching was extremely intense and distressing.

Sea bathing was suggested for no other reason than pure experiment. The child took ten baths in ten days and got rid of her trouble. In this case there was purposely observed a total absence from all forms of medication—internally or externally. Sea bathing alone got the credit for the cure.

It may be well to mention that both of these affections of the skin are parasitic in origin. Pityriasis versicolor is eminently so and universally acknowledged to be caused by the fungus Microsporn Furfur. Herpes tonsurans maculosus is caused by the trichophyton tonsurans. This causation, however, is not so universally accepted: some maintain that it is an external expression of gastro-intestinal disturbance, as it was lately argued in an extremely interesting and elaborate paper by my friend, Dr. Ludwig Weiss.

The mycotic origin of these diseases is alluded to because of the apprehension that some might claim that sea water, containing, as it does, iodine, bromine and other antiparasitic elements and compounds which have the reputation as being inimical to the life and growth of low forms of animal and vegetable organisms, produces the

[4]Bonny Clabber of New England.

[1]Read at the Twentieth Annual Meeting of The New York State Medical Association, New York City, October 19-22, 1903.

curative effect on the diseases of the skin. But the following cases will demonstrate the efficiency of sea bathing in diseases of the skin which are positively nonmycotic.

A man about 45 years old suffered from gout and rheumatism for ten years. Within the last year he gradually developed dry eczematous patches on his shoulders, legs and hands and lumbar region. The induration, furrows and color of the skin were typical of chronic eczema. The itching was so intensely terrible that both rest at day and sleep at night were unknown for many a month.

Every form of treatment was employed without avail. Sea bathing was finally recommended. Two baths a day were taken for a period of ten weeks, with complete satisfaction to the sufferer. While traces of the old foe are left in slightly perceptible hardness of the affected skin, and pigmentation, the troublesome affection disappeared, apparently for good.

The last case to mention in which sea bathing was a veritable godsend was a man of 70 who had pruritus senilis of long standing. In his case, as in a good many other similar cases, no eruption was visible nor a cause discoverable except a susceptible, irritable skin.

Daily ocean dips were advised and taken during the entire summer, with the result of freeing him from the pruritus.

Now for comparison and comment: Assuming that the therapeutic virtue of sea bathing rests in the chemical composition of the sea water, I directed a few of my patients who suffered from diseases of the skin above mentioned to bathe in tanks filled with ocean water such as are found in some of the regular Russian and Turkish bathing establishments—tanks of sea water which are considered "as fresh as the sea, but safer." I must confess the utter failure to obtain any appreciable results. In view of this the comment and conclusion inevitably are that bathing in the sea, besides the inherent properties of the medicated water, derives additional value from some other sources which are, I believe: First, the longer immersion, which is possible because it is more agreeable in the sea; second, the pounding of the billows, which rubs the water more thoroughly in the skin; third, the exposure to the sun in the interval of the dips, which dries the solids of the water into the skin, and, lastly, the rolling on the sand of the beach, which wonderfully helps to remove scales and other pathological débris from the skin, and thus affords the water a better chance to penetrate the affected areas.

43 St. Mark's place.

Bellevue Hospital Dispensary was reopened on November 17th. Extensive improvements have been made in the old medical college building. There were thirty-five patients the first day.

STAB WOUNDS OF THE ABDOMEN.[1]

By FRED. J. DOUGLAS, M.D.,
Utica, N. Y.

NO case appeals to the resources and ingenuity of the general practitioner as one of emergency. But of the greatest interest and importance in this class of cases is that of penetrating wounds of the abdomen. This interest asserts itself not only on account of the known difficulties in arriving at an accurate diagnosis, but upon the general belief among practitioners and the laity of the great danger to life after injury to the abdominal contents.

It is only within a few years that we have been able to give any hope of saving life after such an injury. Before the antiseptic era these wounds were seldom explored, and if they were a general peritonitis from infection was the usual result. At the present day we enter the abdominal cavity with no more fear than that of performing a minor surgical operation, provided always that we are sure of our antisepsis.

Symptoms.—No class of cases has a more unreliable symptomatology than these. We have a small and apparently harmless wound on the outside of the abdomen, but upon exploring we may find a fatal injury to its contents; and all this without constitutional symptoms in keeping with the local injury.

It is well not to rely upon any one symptom, but to take all into consideration in connection with the general condition of the patient. We may get all the symptoms of shock with a comparatively slight injury, or we may not get more than one or two symptoms with a fatal wound. This, of course, is exceptional. As a rule we will get a quickened pulse, shallow and quickened breathing, cyanosis, lividity of the lips, and an anxious look on the countenance. The real conditions can only be established after opening the abdomen.

Treatment.—These injuries above all others should be explored without delay and under strict antiseptic surroundings. This is necessary to make an accurate diagnosis. Probing is insufficient and dangerous and cannot be too strongly condemned. Better to leave the patient to Nature's care than to run the risk of infection by probing. Even if our patient is in a weakened and shocked condition an immediate laparotomy should be made. This weakened condition may be caused by an internal hemorrhage which can be easily controlled after the abdomen is opened. Given a case of a punctured wound of the abdomen we may take our choice of enlarging the original wound or we may make a medium line incision. We should then carefully inspect the omentum and gut and carefully clean away any foreign matter that might be there with sterile salt solution. Any bleeding points in the omentum should be tied off with fine catgut. The injured bowel should be taken from the cavity and carefully sewed with fine catgut with a suture passing

[1]Read at the Twentieth Annual Meeting of The New York State Medical Association, New York City, October 19-22, 1903.

through all coats. The intestine should then be replaced and the whole cavity flushed out with a normal salt solution, and if the patient has lost a large amount of blood, or is shocked, about two quarts of normal salt solution should be left in the cavity. Ordinarily the cavity can be safely closed without drainage.

In presenting the following cases nothing new as regards treatment can be suggested, but the idea is to impress upon all the absolute necessity of an immediate laparotomy in all cases of penetrating wounds of the abdomen regardless of the outward sign. The operation, if properly done, never kills, but neglect of its immediate performance will jeopardize the life of our patient.

Case No. 1.—On the evening of November 19, 1902, several Italians became involved in a quarrel, which ended in two of their number being stabbed. The two injured were walked several blocks to the nearest police box, and then sent to the police station in the patrol wagon. After their arrival they were examined by Dr. R. L. Baker, the police surgeon. Recognizing the seriousness of the cases, I was asked to see them.

Italian No. 1 was vomiting and showed all the signs of shock. On examination it was found that he had a wound of the abdomen 2 inches long, midway between the umbilicus and anterior, superior spine, on the right side. An immediate operation was decided on as the only means of saving his life. He was therefore taken to Faxton Hospital and prepared for an immediate laparotomy. The parts were cleansed and sterilized in the usual way. The patient was placed on the operating table and the original wound was enlarged sufficiently to thoroughly explore the abdominal cavity. The cavity was found filled with blood and peritoneal fluid, mixed with fecal matter. The omentum was gone over carefully and several bleeding points were tied off. The gut was then removed from the cavity and carefully examined. Seven cuts were found in the small intestines, varying from small punctures to some involving one-third the caliber of the gut. Two wounds were found in the ascending colon, one being a mere puncture, while the other involved two-thirds the caliber of the gut. All the wounds were carefully cleansed with normal salt solution, after which they were united with a suture of catgut, involving all the coats of the gut. After the intestines were replaced the whole cavity was flushed out with normal salt solution, and as the patient was somewhat shocked the cavity was left filled with salt solution. The patient was in a weakened condition for three or four days, after which he made an uneventful recovery, being discharged from the hospital in three weeks. The wound united without any infection.

Case No. 2.—Italian No. 2, who had shown no bad symptoms, was also taken to the hospital as a precautionary measure and placed on the operating table. He had a wound a little to the left of the umbilicus about the same size as the former, being stabbed with the same knife. This wound was enlarged and the peritoneum was found opened a distance of 4 inches. The contents were carefully gone over and cleansed, and no injury to the intestines was found. The wound was closed and he made an uneventful recovery and was discharged from the hospital in two weeks.

Case No. 3.—August 29, 1896, a brewer became involved in a quarrel with a fellow workman and received a stab wound in the abdomen in the medium line, just below the umbilicus. He was carried to a nearby house, where I saw him one-half hour after the accident. He was vomiting considerably and his pulse was rapid and small. After examination I advised his removal to Faxton Hospital, where an exploratory operation was performed. The peritoneum was found open, but no injury to the contents of the cavity was found. The wound was cleansed and closed without drainage. Suppuration took place and the wound was six weeks in closing. This case is interesting from the fact that he had as severe symptoms as the first case cited, yet his injury was comparatively trivial.

RESULTS FROM THE OPERATIVE TREATMENT OF CARCINOMA OF THE RECTUM.[1]

By JAMES P. TUTTLE, M.D.,
New York City.

THAT cancer in general is on the increase in every civilized nation is conceded by all observers, and the proportion of cases in which the alimentary tract is affected is rather increasing than otherwise. That we do not know its etiology or a remedy for its cure is not due to lack of opportunity for observation or to scientific study by the best pathologists and clinicians the world has ever known. We still live in hope that both will yet be discovered, but until then we must continue to apply or discard our present methods, or adopt new ones according to the results obtained.

The brilliant promises of the Roentgen rays, the Finsen light and the serum treatment have all failed of fulfilment, and we are once more restricted to medicinal and surgical measures in the treatment of this most fatal of diseases.

Whatever may be said of medicinal agents, such as arsenic, caustic potash, etc., in surface cancers, they are inapplicable to carcinomas of the rectum and sigmoid, except in those rare instances where the disease is situated at the very margin of the anus. We are, therefore, confined to surgical methods in these sites. These methods are far more bold and radical since the publication of Kraske's epoch-making paper in 1895, and it is well for us now and then to review our work and decide whether the results justify a continuation of these methods.

Results in all surgical operations are comparative; they should be estimated according to the

[1]Read at the Twentieth Annual Meeting of The New York State Medical Association, New York City, October 19-22, 1903.

seriousness of the disease, the difficulties to be overcome and the relief obtained by other methods.

In cancer of the rectum the seriousness of the disease cannot be overestimated. It is always fatal unless removed. Some few cases survive, without or with colostomy, for twelve or eighteen months, but nine months after the disease has become well established is a long average of life for these unfortunate patients. Without extirpation of the cancer all die within one or two years, and during the last six months their misery is so great that death is usually looked forward to with relief. With such facts in view any measure that saves one out of any number of such cases should be looked upon with favor, and one that prolongs the average length of life, at the same time relieving the pain of these sufferers, should be esteemed a blessing to mankind. We shall see later whether extirpation of the rectum and sigmoid can be expected to accomplish these results.

DIFFICULTIES TO BE OVERCOME.

To any one who has extirpated a rectum I need not say this operation deserves a lenient final judgment, on account of its manifold difficulties. The large, deep and sometimes double incisions necessary, the great amount of tissue to be removed, the inaccessibility of the parts, the close proximity of other vital organs, the control of hemorrhage, the frequency of complications and last, but greatest of them all, the difficulty of avoiding infection, render this one of if not the most serious of surgical operations. The percentage of deaths from it must therefore necessarily be greater than from simpler operations. Indeed, the uninitiated, when they see the magnitude of this procedure, wonder that any patient ever survives it. The extremely bad condition of health to which these patients come before they consider operative relief is also a great obstacle to success. The majority of them are septic from intestinal absorption before a proper diagnosis is made, or, at least, before they consent to a radical operation. These facts must also be taken into consideration in our estimate of the results of such an operation.

RELIEF OBTAINED BY OTHER MEASURES.

Finally, in judging of a method we must compare its results with those of others. In this respect I make bold to say no other method than extirpation has ever cured a single case of cancer of the rectum or sigmoid. I accuse and the proof is upon the defendants of any other measure.

In the prolongation of life all reliable statistics show that the average is from six months to three years greater after extirpation than after colostomy, the only measure to be compared with it.

In the relief of pain extirpation is perfect, whereas all other methods are only partial.

In restoration to strength and usefulness it exceeds all other methods because it removes the source of auto-intoxication, the cause of the diarrhea and the factor in reflex disturbances of digestion.

In its mental effects it exceeds all others because it gives hope not only of prolonged life, relief of pain and restoration to usefulness, but also a substantial hope of radical cure.

In its immediate mortality alone does extirpation compare unfavorably with other methods, and with earlier diagnoses made possible by modern instruments and improved skill this disparity will grow less and less as our technique improves. With these limitations in mind I ask of this society to pass upon the operative results in carcinoma of the rectum and sigmoid so far as my limited experience goes. I shall present no long statistics, nor shall I compare this work with that of others. There are better and there are worse, but I only speak of those I know.

Total number of cases operated.....43
Immediate mortality or deaths in two months, 7
Deaths in one year..... 3
Deaths in two years..... 2
Recurrence in four months, but patient still living. Operation in this case incomplete, owing to collapse of patient..... 1

Of the twenty-nine remaining cases I can trace twenty-two still living, sixteen of whom have survived the operation two years or more, as follows:

1, 11 years.
1, 9 years.
1, 7 years.
2, 6½ years.
2, 5 years.
9, over 2 years.

CAUSES OF DEATH.

First and chief among the causes of death is late or improper diagnosis. Four of my fatal results have been in cases in which the disease had been recognized too late for any hopeful interference. More than half of the cases seen consulted me after they had been treated for months or operated upon for piles. They all had piles, it is true, but they had symptoms that could not be produced by these and the cause should have been recognized.

In the last month I have seen four almost hopeless cases of cancer of the rectum, in three of whom operations for piles had been very recently done, and the other had been cut three times for fistula in the past year. Four out of five cases of cancer that have consulted me had suffered from symptoms pointing clearly to this disease for six months or more before any thorough rectal and sigmoidal examination was made.

Every case of progressive constipation and every case of diarrhea lasting over two weeks or recurring from time to time, ought to have a careful rectal and sigmoidal examination. Thanks to our improved instruments and methods, these examinations no longer require anesthesia; they are only slightly painful and there is no longer any excuse for such delayed diagnosis, except the indifference of the patient. With early diagnosis I am confident that the immediate and remote

mortality from operations for this dread disease will be materially reduced.

Next to these late diagnoses infection is the chief cause of death. Four of the seven deaths in my hands have been immediately due to this cause. Three of the desperate cases died from what some call shock and exhaustion, but they all developed high temperatures just before death, and I therefore consider them infectious. This was not due to carelessness in technique, but to the fact that the weakened condition of the patients destroyed their powers of resistance to infectious germs. Without splitting hairs, then, let us acknowledge that sepsis is the cause of death in 75 per cent. of our fatal cases, and therefore strain every nerve to avoid it. In one case death was due to cutting off the sigmoidal artery and consequent gangrene of the three lower inches of the upper segment of the gut. One death was due to cerebral embolism and one to suppression of urine.

THE RIGHTS OF THE PATIENT.

The question arises, Was I justified in attempting extirpation on the four desperate cases mentioned? Will not these fatalities deter more hopeful cases from seeking the relief which surgery offers? In reply to this I answer:

The operations were undertaken at the earnest solicitation of the invalids, who had been fully informed of the probably fatal termination; they had everything to gain and nothing to lose, so they took the one chance. Two out of six such cases, however, have recovered and are living, 3 and 11 years, respectively, to-day. My record has been marred by taking such cases, but had I any right to refuse? I hold that every patient suffering from a necessarily fatal disease has a right to know his real condition, and to decide for himself whether he will take the one chance out of many for his life or submit to an inexorable fate. When he has considered this carefully and decided upon taking that chance, shall we for the sake of our records or their influence upon others deprive him of his last hope? I know not what views other may hold, but for me I cannot refuse my services to such a one, be my percentage of mortality what it may.

I have brought here for your observation six patients representing the different characters of cancer and the various methods of operation.

TYPES OF CASES PRESENTED.

First—William F., age 65. Patient pronounced hopeless by four leading surgeons. Operated June 27, 1892. Boneflap method. Medullary carcinoma of rectum; beginning 3½ inches from anus, extending 5 inches upward; amount of bowel removed, 7 inches; end-to-end union of resected rectum. No recurrence in eleven years and three months; continence perfect, functions good.

Second—E. P. L., age 63. Operated January 20, 1897. Scirrhous carcinoma of sigmoid, beginning 9½ inches from anus, extent 4 inches; amount of gut removed, about 6 inches, through left inguinal incision; canal restored to colorectostomy or dragging upper segment of colon through slit in anterior wall of rectum, closed at its upper end. No recurrence in six years and nine months.

Third—S. Haris, age 33. Operated April 10, 1899. Patient bedridden, septic and apparently hopeless, weight 97 pounds. Flat medullary cancer, colloid degeneration. Preliminary colostomy. Boneflap operation. Began 1½ inches above anus; involved 6 inches of gut, removed 8 inches, end-to-end union; suppuration, fistula, final healing with cicatricial stricture, requiring frequent dilatation. No recurrence in four and a half years. Weighs 160 pounds. Works regularly.

Fourth—William Wegmore, age 54. Operated April 2, 1900. Adenocarcinoma, beginning 1½ inches from anus, involved 2½ inches of gut, resected 5 inches. Boneflap operation. Partial end-to-end union of resected ends; finally had to do complete posterior proctotomy; healed in four months. Continence good. Well, except from cystitis, developed by necessary catheterization. No recurrence in three years and six months.

Fifth—Mrs. M. A., age 65. Operated November, 1902. Immense adenocarcinoma, beginning 5 inches from anus, involving loop of sigmoid and 10 inches of gut. False channel from loop of sigmoid into rectum; median abdominal incision, clamping sup. hemorrhoidal artery; tumor removed through abdominal wound; 15 inches of gut removed; lower segment of rectum everted; sigmoid invaginated through anus and united by through and through sutures after method of Weir. Perfect recovery, except fibrous stricken at point of union. Immunity of one year so far.

Sixth—E. A. G., age 56. Operated April, 1903. Adenocarcinoma. Recurrent after ten years' immunity. First operation by Dr. McBurney. Perineal operation, excision of ½ inch of urethra, suture of latter; end of gut sutured to anus Typical healing; well.

I regret that I have no patient representing the vaginal operations, but those operated by this method reside too far from New York for them to attend.

We have here, however, six patients snatched from the jaws of death, as it were, all well, happy, useful in life, and there are sixteen others somewhere blessing their homes and families; twenty-two out of forty-three saved from pain and invalidism and from death, at least for a time. Admit, for the sake of argument, that those shown are all that have survived. Are not these six useful lives worth all the prolonged invalidism accomplished by palliative methods in the whole history of surgery?

DISCUSSION.

Dr. H. O. Marcy, Boston, said he felt like saying to the reader of the paper: "Well done, good and faithful servant." He was sorry to say that his own results were not as good as those of Dr. Tuttle, yet they were in a measure satisfactory.

He believed the thoroughness of removal was the secret of successful result, and that above all things we should instruct those with whom we come in contact with regard to the importance of being watchful for this disease, so that an early diagnosis can be made and prompt treatment instituted.

Dr. E. D. Ferguson, Troy, said that when one considered how long an external malignant growth would exist before it came under observation one could not feel hopeful that the statistics of carcinoma of the rectum would, in the near future at least, be improved by reason of earlier diagnosis and treatment. When these growths had not only involved the gut, but the tissues around the intestine, the operation became one of great difficulty, one of special hazard, and one that could not be expected to give very satisfactory results. The question of technique had not been considered to any extent in the paper. The idea was the removal of the disease as thoroughly as the conditions present would allow. It had seemed to him that when the operation was done exclusively from the perineal region, and when one was able from that point to bring down the upper portion of the gut and attach it to the lower segment, that one of the most important causes of infection lay in the evacuation of the contents of the bowel. It seemed to him that in such cases a coincident or a preliminary colostomy was an important aid to the other operative procedures. When extensive resection of the gut was necessary it might be wiser in the majority of cases to do a colostomy.

Dr. William B. Ulrich, of Chester, Pa., asked with regard to Dr. Tuttle's experience with the X-ray in carcinoma. He was induced, he said, to ask this question because he had at the present time a patient 82 years of age, who had called his attention three or four months ago to an induration of the mammary gland, about the size of a hen's egg, and associated with all the usual pain of carcinoma of the mammary gland. In view of the patient's age and condition, it had seemed to him that amputation of the breast was out of the question. He had accordingly gone to Philadelphia and placed the patient under X-ray treatment, carried out by Dr. Fehler, of that city. This was four months ago. The induration had disappeared, the nipple had resumed its normal position, the characteristic pain had ceased, and the patient appeared to be practically well. It was true that no section had been taken for microscopical examination, so that there must be that doubt thrown upon the diagnosis; nevertheless the clinical picture was characteristic of carcinoma. He would like to get the experience of others in the society upon this point.

Dr. Tuttle closed the discussion. He said that he had tried the X-ray on three cases. The patients seemed at first to be relieved from pain, but this was only temporary. The treatment certainly did not improve their general condition or arrest the disease. With regard to technique, he had no method to exploit; his paper was simply a presentation of results obtained by various techniques. Every case was a problem in itself, and he had treated these cases by a number of different methods. In the forty-three cases he had done eight preliminary colostomies, and out of the seven deaths two had occurred in cases in which he had done preliminary colostomy. It was not probable, however, that the deaths were due to the colostomy, but were dependent upon the especially bad condition of these patients. He had once done a preliminary colostomy and afterward during the extirpation, in attempting to drag down the rectum in order to restore the normal anus, found the part below the artificial anus too short to accomplish this and the traction came near pulling the gut loose from its attachment into the abdominal wound, so that it was well to bear in mind that preliminary colostomy might interfere with the formation of an end-to-end anastomosis. Theoretically, all that Dr. Ferguson had said about the prevention of infection was correct, but his own experience and statistics did not support this view.

SCHOOL HYGIENE AND THE NEED OF MEDICAL SUPERVISION IN ALL OUR SCHOOLS.[1]

BY H. ERNEST SCHMID, M.D.,
White Plains, N. Y.

FOR more than a quarter of a century I have been closely identified with our free public schools, most of which time as President of the Board of Education.

I know we medical men are very apt to shirk all responsibilities outside of our professional work. This is altogether wrong. Physicians have duties toward the State just as other men have. I have always taken for my example as a citizen the late lamented Professor Virchow. The most industrious of scientific workers, he yet always found time to take most active part in the political life of his country. But he always labored in that department in which his scientific knowledge would make him of most value. Where could we medical men then find ourselves of more use to the commonwealth than in the educational fields? And there our very professional attainments can be put to great advantage to the State. I say to the State, for the State's life depends on the evolution of our free public schools. A higher and higher state of education alone is a surety of the perpetuation of the free institutions under which we live. And a higher and higher educational development cannot be thought of without a more and more perfect teaching and enforcement of hygienic laws. To neglect the hygienic condition of the pupils is to neglect their mental growth and impair their future civic virtues. Civic virtues! This word always makes me swerve for a moment from whatever I may be

[1]Read at the Twentieth Annual Meeting of The New York State Medical Association, New York, October 19-22, 1903.

considering, and deliver myself of a few words on the most important of all—obedience to the laws. Have you ever thought of the terrible fact that we are the most unlimited law-breakers in the world? We make no end of laws, and when they do not suit us we break them without the slightest hesitation. In my several official capacities, when I considered it my duty to enforce obedience to laws, I've been met with utmost opposition and been esteemed a personal enemy. Whence arises this moral defect? I am perfectly sure it comes from the lamentable lack of enforcing obedience at home and in school, and lawless children make lawless citizens.

Unfortunately, many of our people confound liberty with license—think it manly in a boy to be uncontrollable and irreverent to his elders, and liberty loving in a man when he breaks an inconvenient law. Gentlemen! If there be a bad law repeal it, but while it is in force keep it. Pardon this digression.

Therefore medical men should take upon themselves the duties of school board trustees whenever possible. Since a large proportion of the ill-health of a community is found in children of school age, it is very natural that we should inquire if perhaps this be due to defects in school hygiene, and if a large portion of it might not be prevented by improvements in that direction. Teachers and parents alike in many instances do not realize for example that the children's eyesight can be impaired, normal growth prevented, the blood poisoned and the body starved because of lack of knowledge of how schoolrooms should be arranged, and what hours should be devoted to study. For all these reasons I have endeavored to direct your attention to the great importance of school hygiene, as well as can be done in a short address like this. How important it is you will readily see. Everything, in fact, is of importance regarding the school, which exists for the greater elevation of the state of society and which can be assisted so essentially by the home and will in turn educate the home. In the construction of its buildings and its administration the school should be supplied with and guided by whatever best and newest hygienic science has discovered in reference to it, and, as I said, but a moment ago, while the home can aid the school greatly, if desirous of doing so, sound hygienic teaching, in turn, can often reach the home far better and more quickly than in any other way, through the reflex influence of the school on the home. The people must come of the conviction that any educational plan which neglects the relation of mind and body in its hygienic and ethical import is to be rejected.

"Mens sana in corpore sano" is as true today as when it was first uttered. The preservation of health is an almighty factor in building up character. With these introductory remarks I desire to claim from you your serious attention to my words, no matter how far short they will fall from what they would want to effect.

The first to be considered is the selection of a proper site (hygienically proper) for a schoolhouse. The law in regard to it is not what it should be. In all places (with few exceptions in districts where a special legislation has been enacted) it is chosen by a district meeting. It should be in the power of the Boards of Education. I have seen repeatedly district meetings packed by a certain party and a site voted and extravagantly paid for which was totally unfit for a school building. I have therefore succeeded in establishing a law by our State Legislature which empowers Boards of Education in villages of 5,000 or more inhabitants to select sites for new school buildings themselves.

A site should have perfect drainage capacity of the soil, which depends on whether it is of fine or coarse grain. This drainage capacity of the soil, of the lot, the amount of its slope and its nearness to streams, surface or underground, make the healthfulness of it. It must be so shaped by nature that it not only carries off easily refuse and excreta from within the building to be erected upon it, but also surface and rain water flowing over the ground. If it is not perfectly dry it should first be underdrained. If you look to all this and can say that no malarial influence can prevail there; that light, and with it cheerfulness, will be bound to reign within the house; that pure and plentiful water which cannot possibly be contaminated can be introduced into it and as easily removed from it, after having been used; that a proper system for removal of sewage exists within, as well as a perfect system of ventilation, carrying off all respiratory impurities, and that complete dryness of foundation walls and roof is found—then will you insure a healthy habitation.

I need not take up your time in telling you that the dampness from improperly constructed walls must have a bad effect upon the health of the inmates. I take for granted that this is all properly looked after by even a most ordinary set of trustees; but to the student of school hygiene there are many important matters which an ordinary builder or even an architect, not conversant with schools needs, will generally overlook, no, will often not know at all.

From the special investigations of physicians, architects and engineers the conclusion has been arrived at that the ideal class room should be oblong in shape, and that, if possible, 30 feet long, 25 feet wide and 13 feet high, with a seating capacity for 40 pupils. Such room would give to each pupil $18\frac{3}{4}$ square feet of floor space and $243\frac{3}{4}$ cubic feet of air space. Light should always come in at the side of the room (more preferably the left side of the pupil) or the side and back. Now the dimensions of the room in length and breadth must be governed by the distance pupils can see without straining the

eye and also the distance they can hear clearly the words of the teacher.

It has been proposed to put more pupils into primary grade rooms, because the desks in them are naturally smaller, but this could not be done without danger to eyesight and hearing, the number of cubic feet of air space would be lessened for each child, which would mean so much less oxygen (the food of the child par excellence) for each.

In the above dimensions of an ideal class room there would be found a good deal of space not occupied by desks, but this would be especially useful in primary schoolrooms for conducting different exercises. You must recall to mind this important need, that primary pupils must not be kept quietly seated more than one-third of the school hours. Smaller children do not only become restive and in that state illy attend to their tasks, but exercises of various kinds to call into play muscular activity are imperatively called for at that age for the sake of mental as well as physical development, and not altogether only for relief from fatigue of long-continued sitting. Have not all of us who are fortunate enough to be fathers of children observed how wonderful is the activity of the little ones? Could we grown men and women keep up with them during a whole day? Certainly not. But their nature demands this tireless activity. How terrible then would it be for these little ones, untrammeled in the day's wide-awake hours of activity, to be suddenly placed in a room and upon a seat for hours every school day, with no material change of position! It would make the school hateful in their eyes at once. Blessed then is the kindergarten with its playful instruction! Have any of you ever visited and seen the doings there? If not, do so and you will be astonished at the quickness of perception instilled there. Children, whose minds have received the first training of the power of observation there, can be traced all through the grades for brighter and quicker intelligences.

The best and most hygienic school desks are no guarantee against defective posture, ending in permanent disastrous distortion of the body, which was assumed from fatigue and inactivity.

Some of you may perhaps know that quite a controversy has been carried on regarding vertical and slanting handwriting. All manner of claims were made for the slanting kind, but all of them were made unmindful of the great question which should be answered before deciding for the one or the other. It is this: What effect has the learning or exercising of the one or the other upon the health of the child? Then there can be but one answer. The learning of the slanting writing is most injurious to many children, for they must then assume a constantly strained position, which the vertical does not call for. Iam perfectly aware that 75 per cent. of the pupils would not be hurt by it, being endowed with more vigorous frames, but 25 per cent. are always found among 100 children, in whom a deformity could readily be produced. This is a fact based upon statistics. Therefore, do not suffer any to say: "It did not hurt us when we went to school." A narrow, selfish and thoughtless expression and unworthy the make-up of an intelligent person. But when one tries to be a reformer it is frequently expressed by the common multitude. Permit me to tell you in relating to this statement how a distinguished German investigator found that of 1,000 cases of curvature of the spine 564 developed it between the seventh and tenth years of their lives, which is at a time when with the beginning of the second dentition an increased growth of the whole skeleton takes place.

To continue the description of the ideal classroom I would say that according to the above authorities the window sills should be 3½ feet from the floor and the windows to extend up to the ceiling. The amount of glass space should be at least equal to one-fourth of the floor space, and better still one-third. The divided window shades, which come from both top and bottom of the windows, are to be excluded and only those used that roll from the bottom, that the light may come in from above and be more evenly diffused by striking the ceiling first. The walls should be painted, not calcimined, for obvious reasons, the best color being a greenish gray. There should be plenty of space before the blackboards to give the children freedom of motion.

I come now to a very important matter, which is the proper treatment of the children's eyes and ears. Since sight is really the chief medium of education, it cannot be too carefully looked after, and yet it is a fact that myopia is most frequently (if not altogether) developed during school life; and this is because during that period of growth the eye is more liable to change in form, and children have much greater power of accommodation than adults, and hence hold objects more closely to the eyes. From this looking at objects so very closely they are called to look at the blackboard from their seats, which calls forth a frequent change of accommodation. Next in importance is the hearing, which is likewise grievously tried.

The cloak rooms or closets are apt to be in the most unsanitary condition, without ventilation and reeking with bad odors. In the same condition you may find the urinals and latrines.

I fear to weary you with further details, and yet they are all of decided importance. Nevertheless, all I have mentioned, in fact the whole (may I call it so) *physical* part of school hygiene shrinks into significance when compared with the *mental* hygiene of the school. I may not express myself altogether clearly, but you will see at once what I mean.

There exists a natural variation in the structure of the pupils and in their propensities and

limitations. I am certain that teachers are not generally informed in this. Medical men, for this reason, should use every opportunity to impress this fact upon their constituents—this fact, that human beings differ in their capacity. The failure to recognize it unquestionably has led in many instances to insanity in the people concerned. Not a few alienists have expressed the belief that it really is one of the most fruitful causes of insanity. There is no question in my own mind that this is so, and that many, very many, cases of insanity can trace their origin to this period of development, during which the mental organism received an undue strain and the physical organization was illy looked after. I read only lately of a child, the daughter of a college president, who was an infant prodigy, who at the age of 13 years was such a Greek scholar that one of her teachers said that were Hadley's Greek Grammar suddenly blotted out of existence this child could reproduce the whole of it from memory. She became insane and finally died in an insane asylum.

It is absolutely a matter of impossibility to find remedies for all the difficulties we meet. We do not have definite knowledge about the effect of education upon the brain cells. Donaldson asserts that the intensity with which any form of exercise is carried on during the growing period leaves its trace and the absence of it at the proper time is for the most part irremediable. Thus any lack of early experience may leave a spot permanently undeveloped in the central system—a condition of much significance, for each locality in the cerebrum is not only a place at which reactions, using the word in the narrow sense, may occur, but by way of it pass fibers having more distant connections, and its lack of development probably reduces the associate value of these also. Oppenheim says: "One must keep in mind that the faculty which governs mathematical computation is located among the higher centers of the cerebrum; that this part of the brain is among the latest to attain maturity; that therefore in childhood it is in no condition to put to a strain. Whenever a scholar at this age is forced into attempts to use this faculty a process similar to any other sort of work results. One can the more easily understand the inevitable outcome from a knowledge of the fact that the nerve cells of children, being more or less in a state of unstable equilibrium, are easily exhausted, so that a consequent nerve poverty must show itself. Thus such children receive no permanent value from the studies in mathematics, simple though they be; and, what is more, if these studies were not begun until greater maturity—say at least 10 years of age—not only would a vast amount of nervous wear and tear be saved, but the children would also learn as much in one year as they formerly, under the present adverse conditions and methods, learn in five. The time thus saved might be profitably employed in strengthening both mind and body.

I fully coincide with this author. I am sure most of us, were we to examine our early records, would find some study which was most impossible for us to grasp, but which later years robbed of all its difficulties. As to mathematics there is no doubt about the true value of the above statement, and it only serves as another argument for intelligent medical supervision of all our public schools. And it is to this point I have been striving to come since I began my address to you. There should be a highly intelligent medical adviser in all our schools, looking after everything pertaining to physical and mental hygiene of the children, and also instructing the teachers in the psychology of childhood, together with the physiology of that early period in life. Only then can a teacher be competent to teach so as to suit the capacity of a pupil. Only then will the important fact be brought into the clearest light, that the standard for teachers of the primary grades should be as high as the highest classes, because it will be understood that pupils in the primary departments can be much more, infinitely more, easily influenced for good or evil than in the advanced grades. Unsuitable tasks will produce much greater damage upon the more impressionable brain cells of the very young child than the older ones, whose cerebral substance is more fully developed. Finally, imitation being the great characteristic of the very young child, it needs all the more the best examples set by competent teachers.

This medical inspection of schools has been carried on in many cases with marked benefit. In Hungary the school physician devotes his whole time to the school. He studies and examines the school building from a sanitary standpoint, internally and externally. He investigates its surroundings, the air in each classroom and analyzes it from time to time. He inspects the lighting, heating and ventilating of each class-room and regulates the number of children in each. He makes yearly measurements and general examination of the children, and by this arranges for their seating; and this not only to adapt their size to the desks, but also with regard to special requirements of certain pupils of defective eyes and ears.

In London, England, a physician examined several thousand school children for the avowed purpose of seeing if he could detect any evidence of overstudy. He found that over 46 per cent. of the pupils were suffering from nervous headaches, and from his observation was able to prepare a strong argument in favor of reducing the mental pressure in schools.

New York City appointed (in 1897) 134 physicians to visit the schools. This number has since been increased to 150.

In 1899 the Chicago Board of Education appointed 50 medical inspectors at $50 per month

to serve during the school year while school was actually in session.

In Boston, though proposed by the Board of Education in 1890, lack of funds delayed the carrying out of the plan until 1894. In Paterson, N. J., it exists since 1900, in Minneapolis since 1901, in Detroit since 1902, in Lincoln, Neb., since 1901. In our own district I have had our Board pass a resolution by which I am empowered to call in medical inspection whenever needed. This is a good beginning, but it is not enough. Can we not have a law added to the consolidated school law which would make medical inspection obligatory upon all Boards of Education?

I ask you Fellows of the State Medical Association to take the initiatory step in this most important and noble enterprise. All hygienic measures are the therapeutics of preventive medicine—the great medical goal of the future. And since the future of our great republic rests with the generations to come, and since it lies in our hands to make them better and better prepared for their great tasks, let us be up and doing. The intelligent physician, par excellence, is a true guide in all that concerns the proper development of our children. Then let us all strive to be such guides, preparing all these millions of budding citizens for direct and indirect self-preservation—for parenthood, for citizenship and the miscellaneous experiences of life.

DISCUSSION.

Dr. E. B. Silvers, of Rahway, N. J., said that he had been superintendent of the schools of his city for many years, and he could heartily indorse what had been said in the paper. At first a number of young and poorly equipped teachers had been placed in charge, through social, religious and political influences, making their positions mere stepping stones to matrimony. Of good hygienic conditions they were entirely ignorant; ventilation and temperature were measured by the feelings of the teacher when they were excited by the effort of faulty discipline. Thermometers were introduced and properly placed and these young ladies were directed to consult them. Only mature teachers should be placed in the primary and intermediate departments where the masses are chiefly educated.

Dr. James J. Walsh, New York, thought we should all be grateful to Dr. Schmid for showing us what should be and could be done. Certainly there had been a great deal of neglect in this matter. Physicians must be careful, however, that they do not make mistakes and run into fads. There were some things in the paper that perhaps might be taken exception to. Vertical writing has not proved as acceptable in practice as in theory. The present tendency in this country is to go back to slanting writing. The three hundred years we had had slanting writing led many educators to think that there was something in the mental make-up of the human being, not yet well understood, which made him tend to slanting writing. There are many things which can be done, and our school inspectors at the present time are very properly engaged in an earnest effort to prevent the spread of many contagious affections, some dangerous to life, others merely a handicap in life. There were many improvements in medicine of which the public knew very little. For example, it was known that the operation for adenoids had done much, not only by improving the respiration, but in increasing the mental capacity and development. The teaching of hygiene and physiology in this country was nothing but a laughing stock to Europeans. We were teaching a lot of untruths and nonsense about alcohol, and that was about all. Unfortunately, our textbooks were absolutely dedicated to us by a set of fanatics, and unless these books contained a certain amount of a certain physiological teaching these books would not be approved, and yet just such teachings had failed to receive the approval of the scientific world, as any one may see who cares to read the report of Committee on the Physical Aspects of the Liquor Problem, recently published under the direction of such men as Billings, Welch, Chittenden, Bowditch and Atwater.

Dr. Schmid, in closing, urged that a committee be appointed, or the Committee on Legislation be requested, to take steps which might carry out the intent of his paper. In his own district the Board of Education had passed a resolution empowering him, in the event of the occurrence of contagious disease among the children, to call in a physician and have the whole class examined. In a number of instances he had succeeded in this way of stamping out epidemics of diphtheria and even of scarlet fever.

ERGOT IN ALCOHOLISM, MORPHINISM AND THE GENERAL CLASS OF DRUG-HABIT CASES.[1]

BY ALFRED T. LIVINGSTON, M.D.,
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SINCE the publication of my first paper on ergot therapy so many inquiries have come to me for specific directions as to the treatment of the morphine habit (the "case" suggesting the inquiry being sometimes the doctor himself) that I have concluded that a special paper on that subject will not now be out of place.

The habitual use of other opiates, alcoholic liquors, absinthe, chloral, cocaine, etc., produces similar trains of nervous symptoms, and I therefore class all these poisons together in considering the therapeutic application of ergot to the conditions produced by any one of them.

Before considering the subject proper I wish to place myself in antagonism to a theory

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widely promulgated by a few and thoughtlessly accepted by many. This theory regards the habitué as the subject of a specific disease which impels him to the habituation; and specific names are given the so-called diseases, such as inebriety, morphiomania, etc., dependent upon the stimulus used by the habitué. The impulse to the use of, or the craving for, the particular stimulus is classed as a symptom of that specific disease, as cough is a symptom of bronchitis, or pain a symptom of neuralgia. A logical sequence to this theory is the irresponsibility of the subject, as it would be manifestly irrational to chide the bronchitic for coughing or the neuralgic for having a pain. I will not now go further into this matter than to say that while I deny *in toto* the existence of such specific diseases I do not question that diseased states of the circulation, of the nervous system and of special organs result from improper use or abuse of these stimuli. To present my ground in another way, I distinctly prefer the old-fashioned, conventional method of hitching the horse to the cart rather than a method which places his head where his tail ought to be.

The most striking characteristic of an habitué who leaves off, or is forcibly deprived of, his stimulant, is a disturbance or agitation of the nervous system proportionate to the per diem quantity of the stimulant that had been used. I have seen this agitation so extreme that while continuously unconscious for twenty-four hours the patient would at a bound throw herself from the dorsal recumbent position to the prone, and even from the middle of a wide bed to the floor, before the attendant with one hand upon her could interfere. Every muscle of the body seemed simultaneously active, and the sudden and combined action inexplicable. The sensory nerves were equally alert and especially along the spine was there extreme sensitiveness.

While the cerebro-spinal system was so intensely agitated the vasomotor system seemed paralyzed, with resultant intense hyperemia and sensation of heat to the hand. It was, of course, not possible to take the temperature with a thermometer. The two things that were soothing in this case and that resulted in twenty-four hours in restoring consciousness and calm were ergot hypodermically and galvanization of the spine.

In less extreme cases (as in this one previous to the unconscious stage) there is mental irritability and frequent importunate demands for the stimulant that had been used, and nervous restlessness. It is this agitated state of the nervous system, the sense of restlessness within, a panicky search for relief, that suggests a renewed application of the drug that, in fact, brought about this morbid impulse, though having, in its primary action, produced a perverted sense of comfort which is again sought for—a conclusion and determination as irrational and destructive as the persistent efforts of the winged insects that, seeking the light, finally fall into the flame and are consumed. And I wish here to put myself on record as protesting most earnestly against the too common practice of many medical men of using freely and inconsiderately as to results, and absolutely unnecessarily in most instances (or, if really indicated, unnecessary dosage and unnecessary repetition of dose) all this class of narcotic stimuli. It may seem a harsh and strong statement, but I believe it to be true, that the responsibility for the vast majority of these unfortunate cases rests upon those medical men who so inconsiderately and unnecessarily make free use of these baneful drugs. I say unnecessarily advisedly, for I have demonstrated to my entire satisfaction during the past twenty-six years that sleeplessness, pain and nervousness in the large majority of instances may be more surely relieved by ergot than by the narcotic class of drugs.

My study of this class of cases and of nervous irritability and excitability in other classes has led me to a positive conclusion that the nervous symptoms depend directly on a disturbance of the vascular system in the nerve centers, and that the circulatory disturbance is due to paralysis of the sympathetic or vasomotor centers.

The logical conclusion is therefore that the prime indication is to tone the relaxed, dilated vessels and bring about as promptly as possible an equilibrium of the circulation. There are several methods by which this result may be wholly or partly secured.

First—Cold to the head and spine by means of ice cap and spinal bag, or hot followed immediately by cold sponging of the spine, repeating these alternately half a dozen times or more and such seance several times a day.

Second—Galvanization of the chain of sympathetic ganglia by use of the hand electrodes, stroking from occiput to sacrum, the electrodes one on either side of the spine and separated about four inches from each other. The quantity of current should be 10 or 15 milliamperes and continued for twenty minutes. This should be followed by a similar application of five minutes each over the upper, middle and lower cervical sympathetic ganglia; or the static current may be used, and I particularly recommend a prolonged application of the static wave half an hour or more to the whole length of the spine with a spark gap of five to eight inches, and this seance followed by sparking over the lines of the sympathetic ganglia.

Third—Dry-cupping over the entire spine and including the sides of the neck, not with the old-fashioned alcohol cups, but with the modern valve-cups which are emptied by means of an air-pump.

Fourth—Massage, which, properly applied by a skilled masseur, is certainly of much service in stimulating the general circulation, and, therefore, in relieving congested areas.

Fifth—And last, but by no means the least,

effective method, hypodermic injections of ergot. While the other methods may be effective, I present this one as the most certain and the most prompt in its action. I make this assurance not only upon many practical demonstrations, but upon two grounds that I think will appeal to common sense and to reason:

First, because the rationale is correct. Disturbed function, whether of nerve centers, special organs or glands, is directly dependent on altered states of the circulation in them, especially as to the caliber of the blood vessels, a hyperemic state existing, due to the relaxed and stretched muscular coat. This condition can be thoroughly corrected only by so toning and strengthening that relaxed muscular tissue that it will contract and bring the vessels to their proper caliber, thus dispersing to other parts the excess of blood they had contained. Ergot contracts the sort of muscular tissue of which the muscular coat of the blood vessels consists, but its most pronounced action is upon those areas of such tissue as are weak, relaxed and stretched, and therefore upon the dilated blood-vessels. When the dilated vessels in any part have contracted the disturbance of function which they produced in that part ceases.

I have been charged with using ergot empirically. If the statements of this or any other paper I have written upon ergot, smack of empiricism I would be glad to have the fact pointed out.

Second, because the method of applying the remedy places it the most surely, wholly and promptly where alone it can act. I am so often asked if ergot may not be given per orem or per rectum for the purposes for which I recommend it. Of course it may, but there is only one way by which you may be sure that it will all get where it may act for your purpose, and that is by putting it directly into the circulation. The objections which have previously existed to the general use of ergot hypodermically have been practically removed during the past six months by the special efforts of a few pharmaceutical houses who have succeeded in producing solutions of ergot for hypodermic use which do not seriously hurt or cause local inflammation when properly injected with an aseptic syringe. It is so difficult for the physician to make his own solutions with assurance of their being absolutely sterile that it is generally preferable for him to employ the best solutions made by pharmaceutical houses, which are now marketed in small and convenient containers.

It only remains for me to suggest a method of practical application of the principles laid down in treating an individual case.

I will first mention the method which I have been accustomed to use. The first step is to wholly and immediately discontinue the use of the narcotic and place conditions about the patient which will absolutely prohibit access to that drug, or to any other that would be regarded as a substitute. By this method I demonstrate the most clearly to the subject what he is loath to believe —viz., that neither the drug he has been using, nor any other of similar effect, is necessary to him. I at once begin the application of ergot, because I know that within from twenty-four to thirty-six hours there will begin in the extreme cases a violent reactionary stage, the basis of which will be a dilated state of the blood vessels in the nerve centers, which may be modified by the action of ergot upon their muscular coat. At the same time I give a mercurial purgative, followed in a few hours by a sufficient saline to assure prompt purgation. This is desirable in order to limit or avoid the irritative effect of a loaded bowel upon an irritable and excited brain and cord, and also to prepare the digestive tract for especially good service during the coming exhausting ordeal. In preparation also against exhaustion I discontinue the ordinary meals and give abundant fluid and easily digested nourishment every three hours, such as a good form of beef, and the best of which I know is a paste, consisting of the ordinary fluid extract to which has been added the desiccated and pulverized fibrin. This form is therefore not wholly soluble, the fibrin settling to the bottom if not constantly stirred. The whites of a couple of eggs dissolved in half a glass of cold water, to which a pinch of salt has been added, make another good three-hour-interim meal, as do also some of the cereal or lacto-cereal preparations on the market. With the exception of the egg food it is better to give all these liquid foods quite warm or hot. Don't use nutritives prepared with alcohol. The bowels must be kept open at least once a day, better two or three times, and I prefer the fluid extract of rhamnus frangula for this purpose in doses of one or two drams at bedtime and perhaps also forenoon and afternoon. The frequency of application of the ergot will depend upon the degree of addiction and upon the general condition of the subject when the drug was discontinued. The larger the daily dosage has been and the greater the nervous prostration at the beginning of the treatment the greater is likely to be the reaction following the discontinuance, and, therefore, the greater should be the effort to prepare against this reaction. In general, the range would be from two or three doses per diem to one every two hours in the extreme cases, a dose being one-half dram of my solution or of Squibb's new extract of ergot for hypodermic use, the two solutions being approximately the same. In all that I have said I have kept in mind the most difficult of all the drug habit cases to successfully treat, the morphine habitués. As compared with these, the worst of the alcoholic class is simplicity itself, if ergot is properly used. The so-called "gold cure," to use a slang phrase, "is not in it," as compared with the ergot cure, and no matter what the degree of addiction I would

not for a moment consider the plan of "tapering off." The extreme case of morphine habituation which I mentioned occurred twenty years ago, and had I then known and applied what I now know of ergot-therapy I am quite sure that that "twenty-four hours" would have had a very different history, and I would not hesitate today to treat such a case in any well-regulated hospital. One fact in my experience with ergot in treating the habit case is worth mentioning—viz., that in no case after the first forty-eight hours have I ever had a request from the subject for his drug or a substitute, nor have I seen in any case any evidence of such desire. I have repeatedly been asked by a doctor subject "what under the sun I had been giving him" (supposing, evidently, that I had used a substitute) "as he had not had an ill-feeling."

I have said that there are other methods of securing the prime indication in these habit cases, and I would advise combining one or more of them with the ergot treatment, especially in the extremer instances.

It is desirable to avoid using in treatment any of the narcotic or even hypnotic class of drugs. Sleep is one of the requisites, but it may be secured without those drugs, and I would do so if I had to use all five of the therapeutic agents I have mentioned, and that they will suffice I have no shadow of doubt. I am so radically opposed to the "tapering off" plan of treating the habit classes that I hesitate to make any suggestion that savors of it, yet I am persuaded that there are many excellent practitioners of medicine who would not persist through the first forty-eight or sixty hours in carrying out my plan of treatment with a confirmed, large user of morphine, and that it would be better to apply a modified treatment from the beginning, than to begin with the radical treatment and resort to the drug during the crisis of nervous excitement and physical depression. As my method has reference chiefly to the moral effect upon the subject, I will suggest a plan by which this may still be secured, though the subject has the benefit of a modification which will avoid, wholly or chiefly, the extreme reaction. This is to apply only to the worse cases of morphine or opium addiction, as alcoholic and other classes do not require such modification. The modified plan is to give with two of the hypodermics of ergot, each day, a fractional part of the quantity that had been daily consumed, and one-tenth will be found sufficient if the ergot is given often enough. For example, if ten grains per diem had been used, one of the morning hypodermics of ergot would contain one-half grain of morphine and the same quantity would be given with one of the evening doses of ergot. The second day the morphine would be reduced to one-quarter grain in each of the two morphia-ergot hypodermics and a similar reduction should be made of 50 per cent. each day of what had been the previous day's dosage until the eighth day, when the morphia should be discontinued. The fact of the administration of morphia with the ergot need not, and should not, be made known to the subject. In these extreme cases, it is especially important that some or all of the other measures suggested be used to aid in correcting the general circulation and restoring tone of the nerve centers. One other suggestion occurs to me—viz., that the phthalate of morphia be used in preference to any other salt of morphia, as I found it peculiarly free from unpleasant reactionary effect.

The general course I have outlined for the treatment of drug habit cases is presented because I have demonstrated it to be successful and because I believe it to be a rational and common sense method and the most likely to result in permanent benefit to the thousands whose slavish addiction to drugs is more dreadful than death.

DISCUSSION.

Dr. Alexander Lambert, of New York, said that for a number of years he had come in contact with a vast number of alcoholics. Probably few realized that one-quarter of the 25,000 patients who pass through Bellevue Hospital each year go through the alcoholic ward. In the six weeks he was on duty a year ago he had, in the male alcoholic ward alone, 780 alcoholics. By an alcoholic he meant one who had been on a prolonged spree. By careful inquiry he had ascertained that the average length of the spree was more than three weeks in over 42 per cent. A few had been only on a week's spree. Many of these patients were "rounders"—in other words, they were true alcoholics, and not ordinary "drunks." For the past eight years he had kept an accurate record of the death rate, and it had averaged in each period of six weeks' service between 25 and 30. Since Dr. Livingston had called his attention to the use of ergot, and he had applied this method, the death rate had averaged, in his last two terms of service, only 10 or 12 deaths. He counted all cases, even those brought in with fractured skulls and those coming in with pneumonia after a month's spree, and those in an advanced stage of tuberculosis or tubercular meningitis, in addition to alcoholism. The ergot had certainly enabled him to reduce the death rate from 27 to 10 or 12.

There was an interesting variation in the type of the ordinary alcoholic and a variation in the action of ergot upon them. There were those who had been trying to give up alcohol and were admitted on the verge of delirium tremens. Such patients would improve and go to sleep if one were careful to give some hypnotic with the ergot, having taken care to precede this by giving a purgative and some food. Only when admitted in the full stage of alcoholism did he think alcohol was desirable. His plan was to give a dram of paraldehyde with some whisky. After this dose most of these

patients awakened in a few hours in pretty good condition. He thought most men failed in the treatment of this class of cases because they did not realize that it was necessary to give large doses of hypnotics to alcoholics. He had never seen any bad effects from large doses of these drugs if one were careful not to use morphine. Another class of cases came into the hospital trying to make trouble. They were commonly 'longshoremen of powerful build, and were furiously maniacal. For such patients he had found that a hypodermic injection of apomorphine was a most calming application. This would answer well in many persons who were not controlled at all by the cold shower bath. The apomorphine did not produce vomiting, but in about two minutes such individuals became calm and limp, and if rolled up in a warm blanket would sleep for three or four hours, and on awakening would be very tractable. As a rule, they had no nausea, even on awakening. If ergot were given with the apomorphine they would usually awaken in excellent condition. He ordinarily gave 30 minims of the 12½ per cent. solution of ergot employed by Dr. Livingston. This dose should be repeated in an hour and then every two hours. In another class of cases of alcoholism the tremor seemed to be more prominent than the delirium. Ergot would straighten out these patients almost invariably within six hours.

The most extraordinary action of ergot was in the class known as "wet-brain" cases. In the past eight years he had tried every known method that seemed to offer any chance of success. He used to consider himself fortunate if he succeeded in saving three out of a hundred, yet, to his utter astonishment, he found that the ergot treatment saved about 85 per cent. of these cases. Since using ergot in this class of cases he had changed the death rate, so that he lost about four in thirty instead of saving only three in a hundred. In one exceedingly severe case of tubercular meningitis the autopsy showed that the exudate over the brain, instead of being as wet as usual, was so dry that he hesitated for a moment to make the diagnosis. It was evident that the ergot narrowed the cerebral vessels and prevented the occurrence of a serous exudation. It was, of course, understood that in addition to the ergot treatment the alcohol must be stopped, the bowels regulated and food given.

In the Bellevue cells there were many patients who were suffering from the morphine habit. Many of them had both alcoholism and the morphine habit, and most of them did not care to break off the habit. In treating these cases, he must confess, he had moved in the line of least resistance in order to avoid unnecessary disturbance of the ward. He had, therefore, adopted the plan of cutting off the morphine gradually, giving only enough to make them comfortable for the first forty-eight hours, then reducing the amount, given by one-half each day. By this method the patients caused no disturbance, whereas the immediate and complete withdrawal of the drug produced very violent excitement.

He wished personally to thank Dr. Livingston for having told him of the beneficial action of ergot in these habit cases, for the treatment had proved the greatest blessing to an enormous number of unfortunates. The results to one who had not previously used it were simply astounding, but these results could be demonstrated to the satisfaction of any one who would give the method a careful and prolonged trial.

Dr. Frederick Holme Wiggin, New York, said he had occasion from time to time to come in contact with people suffering from delirium tremens, developing it after injury. He had also found that if ergot were given in sufficient quantity the delirium could be cleared up in a very short time. He had also found it useful in people suffering from insomnia. One or two injections of ergot in large enough doses—*i. e.*, 50 minims—would almost always succeed. He made use of a solution prepared by dissolving one dram of solid extract of ergot in one ounce of sterile water. With him the usual dose was 50 to 60 minims of this solution, for he had not secured very satisfactory results from smaller doses. As soon as the first effect desired had been secured the dose was diminished. It was important to give castor oil or some other purgative to secure a free action of the bowels.

Dr. H. D. Didama, Syracuse, said he had been specially interested in this paper and discussion. It had been mentioned that apomorphia was useful in some of these cases. He had no doubt that this was the principal thing used at the Keeley cure as an injection into the arm. He believed Keeley gave the apomorphia without the knowledge of the patient, and then told the patient he could drink if he saw fit. Mention was made of a case in which Keeley insisted that the man should drink the whisky given him by Keeley. This caused so much nausea that the patient was glad to give up drinking whisky and went home. The speaker said that most physicians believed that their business was to prevent disease; hence, his advice was that persons should not drink alcoholics at all, and then these cures for alcoholism would not be required.

Dr. Livingston closed the discussion. He said that he had been very much pleased with the discussion of the paper. The experience of Dr. Lambert was so vast as compared with his own that if there were any differences of opinion he would be disposed to defer to Dr. Lambert. Some of the measures he had suggested would not be possible in a large hospital like Bellevue, but they were entirely practicable in private practice. He had treated a person suffering from acute mania who was so violent that three nurses were required to hold the pa-

tient while he applied galvanism. A preliminary hypodermic injection of ergot was given, and then the galvanism was applied over the cervical sympathetics. After a few moments the patient became drowsy and at the end of twenty or thirty minutes was asleep. This he had repeated many times, and had noted that the sleep usually lasted many hours.

ONE OF THE DANGERS OF THE SURGERY OF THE BILIARY PASSAGES.[1]

BY E. D. FERGUSON, M.D.,
Troy, N. Y.

THOUGH comparative freedom from danger in abdominal surgery has resulted from modern precautions, the fact still remains that while operative sepsis can be nearly uniformly avoided, other risks remain, and it is a duty to recognize these dangers, and if possible so to classify patients and modify our procedures that the results may be still more favorable.

There is a symptom complex in which black vomit is prominent, that arises with sufficient frequency to have occurred in the experience of nearly all surgeons, and though we are unable to specify any single condition that stands in a causative relationship, still some of the processes in its supervention give a ground for certain practical conclusions.

For a long time a fatal result followed in the cases observed by me, but lately some recoveries have occurred, and the prognosis has therefore become more hopeful, but the mortality associated with surgical black vomit will probably remain high.

From my own experience I several years ago evolved the idea that it was due to ptomain poisoning, and was usually connected with a paretic state of the intestinal canal in which the digestive chemistry had gone wrong either through germ influence or want of nervous balance.

That peritonitis often coexisted and might be a causative factor was clear, but cases occurred in which no inflammatory process existed, and a similar state would supervene in cases where no operation had been performed, as in obstruction of the bowels, appendicitis, acute yellow atrophy of the liver, etc.

This black vomit is specially a signal of great danger in all cases where we can exclude such a source of gastric hemorrhage as ulcer of the stomach.

The therapeutic resource that has seemed to be of service, when it does occur, is washing out the stomach and the withholding of all food and drink by the mouth. To that resource, I believe, should be added an enterostomy when the intestines are greatly distended by gas, followed by free flushing of the bowels with normal salt solution through the artificial opening.

The occurrence, however, of cases that could not fairly be ascribed to intestinal ptomains has called my attention to the subject again, and I propose giving a brief commentary on it after relating the following case:

A man 59 years of age had for a period of ten years been subject to attacks of severe pain in the epigastric region that had been treated as "acute indigestion."

The history and physical examination convinced me that these attacks had been due to cholecystitis, associated with gall-stones, and, as it was probable that in many of the attacks local peritonitis had occurred, I reluctantly agreed to operate, for previous experience in such cases had taught me somewhat of the technical difficulties that would probably be present. With a full understanding on my part and by the patient that such difficulties might exist, I undertook the operation on May 27, 1903.

On opening the abdomen over the site of the gall bladder it was found that all anatomical guides had been obliterated by adhesions, and only after an hour and twenty-five minutes was the operation completed.

The procedure was limited to the exposure of the gall bladder that lay far back under the liver, its opening, the extraction of four gall-stones, the inversion of the peritoneum and stitching it to the incision in the gall bladder so as to form a canal for drainage of the bile, and finally the closure of the wound.

Full exposure of the ducts was not practicable without unduly protracting the operation, but enough was done to allow a reasonable exclusion by palpation of other caluli.

The patient's pulse at the beginning of the operation was 80; when placed in bed was 110, and though no unpleasant bleeding had occurred, nor had there been recent jaundice, a pint of normal saline was placed subcutaneously.

On recovering from the anesthetic he expressed himself as so free from suffering that he could not realize that an operation had been done on him, nor did he then suffer from nausea. Some pain developed during the evening and he vomited a coffee-ground material three times, but still no special nausea.

The following day he was restless at times, but evacuation of the bowels occurred which was of a dark color. His pulse fell to 100 and was of good quality. He passed a fairly comfortable second night, though he required a small dose of morphia, but his mental processes were somewhat unsteady at times.

On the morning of the third day he again vomited, without nausea, a large amount of dark material, and efforts at washing out the stomach were ineffectual, owing to the violent retching associated with attempts to pass the stomach tube.

His temperature had remained practically

[1]Read at the Twentieth Annual Meeting of The New York State Medical Association, New York, October 19-22, 1903.

normal up to that time, when a rise began, and reached 102 by evening. No further vomiting occurred until 7 P. M. of the third day, when he expelled a large quantity of dark material. His pulse began to fail, as in hemorrhages, and he died at 7.45 P. M.

In this case it was manifest that no peritonitis or intestinal paresis entered into the conditions resulting in the black vomit, and it seemed eminently probable that the effect on hepatic function, due to prolonged handling of the parts in the vicinity of the biliary passages, had, through the nerve supply to the liver, brought about the fatal result.

The occurrence of a fatal issue in two other cases having similar technical problems in the operation, together with others that had come to my knowledge, led me to conclude that prolonged operative measures in the region of the deep biliary passages are especially liable to be followed by black vomit and a fatal result, aside from septic or inflammatory conditions. The large amount of extravasated blood present in this case in the stomach and bowels with the disturbed innervation is ample to account for the fever that preceded death, though in one instance this rise of temperature did not occur, but, on the contrary, it was subnormal.

A note of warning has come from others in relation to the danger to life in these cases, notably from Dr. Mayo, of Minnesota, and Dr. Robson, of England; but the tendency generally has been to minimize the dangers due to operations on the bile passages and to advise the extension of the operative procedures to doing a cholecystectomy, particularly when the gall bladder has been functionally crippled by adhesions or inflammation.

My personal feeling is to give the patient the best chance for life, with a reasonable prospect of a symptomatic cure, rather than to seek to do in all cases an ideal operation, and I will not deny that the excision of the gall bladder in those cases in which it would seem desirable to remove it may protect from some discomfort in the future, but the suffering that is entailed by leaving it is rarely so great as to be taken into serious account as against the increased risk to life that is now recognized by many as due to prolonged and forcible manipulation of the parts. I say forcible manipulations, for the mere duration of an operation within reasonable limits does not seem to add materially to the dangers, but where violent handling of regions sympathetically connected with important organs occurs even a short operation, so far as time is concerned, becomes specially hazardous, and a review of the anatomy of the deep biliary passages will show the importance of the nerve connections liable to violence where the separation of old adhesions is required to expose the anatomical elements in the operative field.

No procedure in surgery is usually more gratifying to patient and surgeon alike than a cholecystostomy where the gall bladder is not adherent and is readily accessible. In such cases cholecystectomy might be added without great increase of operative risk, but the question pertinent in such instances is cui bono?

Of course, should there be evidence of beginning pathological changes of a serious nature in the gall bladder, such added risk as is implied in prolonging the operation may be properly incurred. My thesis is that prolonged. and in particular forcible manipulations, will add materially to the operative risks; hence, we should seek symptomatic care with slight risk instead of ideal results with increased mortality.

Of course, in those cases with a history of repeated attacks extending over a term of years, giving evidence of local peritonitis during some of the attacks, the usually simple operation of cholecystostomy may become a procedure of great difficulty, and, I wish to impress the point strongly, one of special hazard.

Of this fact the operator should be thoroughly conscious in advising the patient and friends. It does not follow that operations should be withheld, for the suffering may amply justify the assumption of the increased risk, but in the light of observation, and what seems good judgment, the operative procedure should be limited to doing only that which will result in the least shock, and that will usually be the creation of a temporary biliary fistula after the removal of the gall-stones.

TUBERCULOUS INFECTION.

Dr. Dieudonné states that he examined the dirt on the hands and the secretion in the nose of a number of children whose ages ranged between 9 months and 3½ years, and almost invariably found tubercle bacilli in the dirt and secretion also. With cultures of these bacilli, as well as the original secretion, he inoculated a series of guinea-pigs, the result being that the animals became infected with and eventually exhibited all the classical signs of tuberculosis. From these facts he concludes that the great frequency of consumption in children is largely due to the fact that parents in general, and especially those of the poorer classes, allow their young offspring to crawl about the floors on hands and knees. A child in this way soils his hands with dirt or dust which contains tubercle bacilli, and when he puts a finger up his nose he conveys the germs to the mucous membrane, whence they are conveyed by way of the lymph paths into the general system. A child crawls about the floor most frequently in his second year of life; in his first year the mother carries him in her arms when he is not lying in his cot, and when he is upwards of 2 years old he has generally got good use of his legs. This seems to explain how it is that so many children, who are afflicted with tuberculosis, are between a year and 2 years old, and that infants in arms are but rarely attacked by the disease.—*British Medical Journal.*

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AMERICAN MEDICAL ASSOCIATION.

Next Annual Meeting at Atlantic City, N. J., June 7-10, 1904.

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Second Vice-President—Isadore Dyer, Louisiana. *Third Vice-President*—C. Lester Hall, Missouri.
Fourth Vice-President—George F. Jenkins, Iowa.
Secretary-Editor—Geo. H. Simmons, 103 Dearborn Ave., Chicago, Ill. *Treasurer*—Henry P. Newman, 101 Dearborn Ave., Chicago, Ill.

THE NEW YORK STATE MEDICAL ASSOCIATION.

Next Annual Meeting at New York, October 18-21, 1904.

President—William Harvey Thornton, 572 Niagara Street, Buffalo.
Vice-President—Charles S. Payne, Liberty.
Vice-Presidents Ex-Officiis—J. Orley Stranahan, Rome. Everard D. Ferguson, Troy.
Josiah William Morris, Jamestown. Julius C. Bierwirth, Brooklyn.
Secretary—Guy Davenport Lombard, 12-16 East 31st St., New York. *Treasurer*—Frederick A. Baldwin, 129 West 77th St., New York.
Counsel—James Taylor Lewis, Esq., 180 Broadway, New York.

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Committee on Nominations:
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Delegates to the Annual Meeting of the American Medical Association, June, 1904.
E. Eliot Harris, New York. Joseph D. Bryant, New York. Joseph W. Grosvenor, Buffalo. Elias Lester, Seneca Falls.

(For list of other officers, see last pages of reading matter.)

embers of the American Medical Association who are mem- s of The New York State Medical Association:

uary 1st,	971
ease,	4
Total February 1st, 1904	975

Members of The New York State Medical Association:

January 1st,	1,704
Increase,	16
Total February 1st, 1904	1,720

The New York State Journal of Medicine.

Published Monthly by The New York State Medical Association.

COMMITTEE ON PUBLICATION:
CHARLES E. DENISON, M.D., Chairman.
Charles G. Childs, Jr., M.D.
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ELIGIBILITY FOR MEMBERSHIP IN THE UNITED MEDICAL SOCIETIES IN NEW YORK STATE.

At a meeting of the Council of The New York State Medical Association, held January 19, 1904, the following resolution was adopted:

SECTION 1. The Council of The New York State Medical Association earnestly requests all members of the Association to promote in every way possible the union of The New York State Medical Association and the Medical Society of the State of New York, on the plan proposed by the Joint Committee of Conference.

SEC. 2. The Council desires to call the attention of members to Article X. of the By-Laws of the State Association, which is as follows:

ARTICLE X.

DUES.

Application for Membership.—Sec. 1. All applications for membership shall be accompanied by five (5) dollars annual dues for the current year, but if the application be made on or after the first day of October, such dues will be credited as of the next year.

Dues.—Sec. 2. The annual dues of resident and non-resident members shall be six (6) dollars, but if such dues be paid within three months of the date of submitting the bill a rebate of one (1) dollar may be deducted. Corresponding and honorary members shall be exempt from the payment of dues.

Payment of Dues.—Sec. 3. All dues shall be payable on the first day of January of each year. Resident members shall transmit their dues to the Treasurer of their County Association or of their District Branch Association where no County Association exists. Non-resident members shall transmit their dues to the Treasurer of the State Association.

Collection of Dues.—Sec. 4. On the first day of July in each year the names of all those members who have failed to pay their indebtedness to the Association shall be dropped from the forthcoming list of members to appear in the Medical Directory for that year, and if these members shall further fail to pay their indebtedness by the close of the annual meeting of the Association of that year without satisfactory excuse their names shall be dropped from the official roll of members.

Sec. 5. On every bill for dues sent to members the Treasurer shall cause to be printed Sections 1, 2, 3 and 4 of this article.

Distribution of Dues.—Sec. 6. The Treasurer of each County Association and District Branch Association shall pay to the Treasurer of the State Association the sum of $5 or $6 (in accordance with paragraph 2 of this article) for each and every member who has paid his dues for the year. Remittances should pass to the State Treasurer at such intervals as may be determined by the amount of accumulated collections on hand, but by the first day of October in each year all the funds properly coming to the State Association shall be in the State Treasurer's hands, to be included in his forthcoming annual statement.

SEC 3. *At the time of the amalgamation no member can be certified as in good standing or eligible to membership in the consolidated society, who is in arrears for dues.*

SEC. 4. The New York State Medical Association or its successor, the Medical Society of the State of New York, binds itself to carry out all contracts for 1904 with those members who have paid dues for 1904, but cannot incur obligations for those who are in arrears for dues.

UNION.

At the ninety-eighth annual meeting of the Medical Society of the State of New York, held in Albany, January 26, 1904, the following resolution was presented by Dr. Abraham Jacobi and passed unanimously:

Resolved, That the report of the Joint Committee of Conference be accepted, and that the proposed agreement for the consolidation of the Medical Society of the State of New York and The New York State Medical Association be, and the same is, hereby approved, and the President of the Society is hereby authorized and directed to execute the same in the name and behalf of the Society, and the Secretary is hereby authorized to affix the corporate seal thereto; and be it further

Resolved, That the committee of the Society heretofore appointed for the purpose of bringing about the consolidation, namely, Dr. Henry L. Elsner, Dr. A. Jacobi, Dr. A. Vander Veer, Dr. George Ryerson Fowler and Dr. Frank Van Fleet, be and they are hereby continued as such committee, with full power and authority to do whatever may be necessary to carry the agreement into effect.

January 23, 1904.

The Joint Committee of Conference present the following as its report for the consideration of the Medical Society of the State of New York and The New York State Medical Association, and respectfully recommend it for adoption:

Abraham Jacobi, Chairman;
Wisner R. Townsend, Secretary;
Julius C. Bierwirth,
Henry L. Elsner,
George Ryerson Fowler,
E. Eliot Harris,
Alexander Lambert,
Parker Syms,
A. Vander Veer,
Frank Van Fleet.

Agreement.

Whereas, The Medical Society of the State of New York, hereinafter called the Society, and The New York State Medical Association, hereinafter called the Association, desire to consolidate and become one corporation under the name "Medical Society of the State of New York," pursuant to the terms of the Act, Chapter I, of the Laws of 1904, entitled "An Act to authorize the consolidation of the Medical Society of the State of New York and The New York State Medical Association," of which said act a copy is hereto annexed marked Exhibit "A,"

Now, therefore, the Society and the Association hereby agree as follows:

First: It is mutually covenanted and agreed that from and after the entry of an order of the Supreme Court for the consolidation of the Society and the Association, pursuant to the terms of said act, the Constitution and By-Laws, of which copies are hereto annexed, marked "Exhibit B," forming a part of this agreement, shall be the Constitution and By-Laws of the Society; subject, however, to amendment or repeal as therein or as by the laws of this State may be authorized; provided that for the purpose of inaugurating and completing the organization of the membership of the consolidated corporations in conformity with the requirements of such Constitution and By-Laws and for transacting the business of the Society, the officers of the Society and the chairmen of standing committees in office at the date of the entry of the order for consolidation, and the members of the joint Committee of Conference heretofore appointed to bring about the consolidation, namely, Dr. Henry L. Elsner, Dr. A. Jacobi, Dr. A. Vander Veer, Dr. George Ryerson Fowler, Dr. Frank Van Fleet, Dr. E. Eliot Harris, Dr. Julius C. Bierwirth, Dr. Alexander Lambert, Dr. Parker Syms and Dr. Wisner R. Townsend, shall be deemed to be severally or collectively, in accordance with the purpose and intent of this agreement, ad interim the officers, the chairmen of standing committees, the House of Delegates and the Council of the Society, with the power and authority conferred upon the officers, House of Delegates, Council and chairmen of standing committees by said Constitution and By-Laws, and with the further power when sitting as the House of Delegates of appointing presidents of District Branches from among their own number, or from the membership of the Society at large; and from and after the date of the entry of an order consolidating the corporations, the said officers, House of Delegates, Council and chairmen of standing committees so constituted shall have and may exercise their respective powers and authority for the organization of the members of the consolidated corporation and the management of its affairs until the annual meeting of the Society, which will take place on the last Tuesday of January, 1905, and for such further time as their powers and authority may be extended and continued by the vote of a majority of the members present and voting at any general or special meeting of the Society after the consolidation; and provided further that in determining the eligibility of members of the Society for office in the Society after the consolidation, the period during which such members shall have been members of the

Association continuously at the date of the consolidation, shall be equivalent to membership in the Society for the same period.

Second: The Society and the Association each for itself covenants and agrees that it will employ expert accountants to determine accurately the amount of its assets and liabilities, and that their reports shall be submitted with this agreement upon an application for an order consolidating the corporations, and the Association agrees that upon the entry of such an order the property of the Association specified in the report of its experts shall be duly transferred to the Society; and the Society agrees that upon receiving the same it will assume and pay and discharge the liabilities of the Association specified in the said report.

Third: All members of the Society and all members of the Association in good standing at the time of the consolidation shall be entitled to membership in the county medical societies in the counties in which they may reside, without the payment of any initiation fee or other cost to them, except that the members of the Society who, at the time of consolidation, shall not be members of any county society, may be required to pay the initiation fee regularly charged by the society which they may join. If there shall be no county society in the county in which a member of the Society resides, he shall be entitled to membership in the county society of an adjoining county, or else to membership in a society to be organized and chartered by the House of Delegates. Members of the Association shall be entitled to membership in county societies upon the certificate of the President and Secretary of The New York State Medical Association at the time of the consolidation that they are in fact such members, or upon the like certificate of the presidents and secretaries of their respective District Branches or county associations; and such members shall not be subject to the payment of dues or assessments to the respective county societies or District Branches, except from the date to which they shall have paid their dues in full to their respective county associations, after which date dues to the respective county societies or District Branches may be imposed or assessed upon them and they may be collected, at the rate imposed or assessed upon all other members of their respective county societies or District Branches. Members of the Society who shall not be members of a county society at the time of consolidation shall be admitted to membership in the respective county societies upon the like certificate signed by the President or Secretary of the Society. In counties in which there shall be a county medical association, but in which there shall be no county society in affiliation with the Society at the date of the consolidation, the said county medical association shall be deemed to be a county medical society in affiliation with the Society, subject to the Constitution and By-Laws hereto annexed; provided that all members of county societies residing in such counties and all members of the Society residing in such counties shall be admitted to membership in such county associations upon the like certificates of their membership in the Society or in their county societies, and upon the like terms with regard to initiation fees and dues as are hereinabove prescribed with respect to the admission of members of the Association to membership in county societies and the dues which may be imposed or assessed upon them; and provided further that the names of all such county associations shall be changed to the County Medical Society of their respective counties in conformity with the nomenclature of county societies in affiliation with the Society; and it is hereby further expressly declared and agreed that upon the entry of an order for the consolidation of the corporations, all members of county medical societies in affiliation with this Society or which by virtue of the provisions of this agreement shall be deemed to be in affiliation with this Society, and all persons who shall upon consolidation or thereafter be or become members of county medical societies in affiliation with this Society, or which shall be deemed to be in affiliation with this Society, and all members of societies thereafter organized and chartered by the House of Delegates, shall, by by virtue of such membership, be members of the Medical Society of the State of New York.

Fourth: The Association agrees that upon the admission of its members to membership in the respective county societies to which they will become entitled under this agreement, the property and assets of the respective county associations in affiliation with the Association shall be transferred to the county society for the same county.

Fifth: The Society and the Association mutually agree that before the entry of an order for the consolidation of the corporations, notice of an application for the order shall be given to every county society and association. Such notice may be given by the Society or by the Association. Service of such notice upon any officer of a county society or association shall be deemed to be sufficient and shall bind the societies and associations, provided that the length of time of the notice and manner of serving it may be determined by the order of the Court upon the presentation of the petition for consolidation.

If the Court shall decline to order the consolidation pursuant to the terms of this agreement, or if for any other reason the joint Committee of Conference heretofore appointed shall deem it to be expedient to submit this agreement, or any question in connection therewith, for ratification or determination to their respective county societies and county associations, it shall order such submission. In that case the agreement shall not be binding upon the corporations parties hereto, until the same shall have been ratified by all such county societies and associations; and a certificate of the ratification of the agreement by any county society or association signed by the President and

Secretary of the meeting shall be conclusive evidence thereof in any court or place; provided that for the purposes of this agreement no county society or association shall be deemed to be in existence which shall not have held a meeting since January first, nineteen hundred and one.

Sixth: The Society and the Association each for itself agrees that in order to facilitate the due execution of this agreement according to the terms thereof, it will prepare or cause to be prepared and delivered to the Society, a roster containing the names and addresses of all its members in good standing at the date of the consolidation, and the Society agrees that as soon as practicable after the consolidation, meetings of the county societies shall be called on due notice to all their members, including all members of the Association in good standing at the date of the consolidation, residing in the counties in which the meetings shall be held, respectively, for the purpose of effectuating the plan of organization under the Constitution and By-Laws hereto annexed, and for the transaction of such other business as may come before the meeting.

Seventh: It is further covenanted and agreed by the parties hereto that as soon as practicable after the entry of an order for the consolidation of the corporations, the following proposition shall be submitted by referendum to the vote of the members of the Society, namely:

> "The principles of medical ethics of the American Medical Association, being suggestive and advisory, shall be the guide of members in their relations to each other and to the public."

Eighth: The Society agrees that it will petition the Legislature for the passage of such further act or acts as may be necessary, if any, to carry this agreement into effect.

Ninth: Neither the Society nor the Association shall be deemed to have incurred any liability under this agreement if the Court shall decline to order the consolidation of the corporations as herein provided.

Tenth: It is further mutually covenanted and agreed that whenever the Chairman and Secretary of the Joint Committee of Conference shall certify that the conditions precedent to an application to the Court have been fully complied with, the Presidents of the respective corporations shall, and they are hereby authorized and required in the name and behalf of their respective corporations, to petition the Supreme Court for an order to consolidate the corporations in accordance with the terms hereof, and the certificate hereinabove provided for shall be conclusive evidence of the fact stated therein in any court or place.

In Witness Whereof, the Medical Society of the State of New York has caused these presents to be signed by its President and its corporate seal to be hereunto affixed, at the City of Albany, in the State of New York, on this day of January, one thousand nine hundred and four, and The New York State Medical Association has caused these presents to be signed by its President and its corporate seal to be hereunto affixed at on the day of , one thousand nine hundred and four.

Medical Society of the State of New York,

By_____

The New York State Medical Association,

By_____

"EXHIBIT A."

AN ACT

To authorize the consolidation of the Medical Society of the State of New York and The New York State Medical Association.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The Medical Society of the State of New York, incorporated by or pursuant to chapter one hundred and thirty-eight of the laws of eighteen hundred and six, entitled "An act to incorporate medical societies for the purpose of regulating the practice of physic and surgery in this State," and continued by chapter ninety-four of the revised laws of eighteen hundred and thirteen, passed April tenth, eighteen hundred and thirteen, entitled "An act to incorporate medical societies for the purpose of regulating the practice of physic and surgery in this State," and The New York State Medical Association, incorporated under chapter four hundred and fifty-two of the laws of nineteen hundred, may enter into an agreement for the consolidation of such corporations, setting forth the terms and conditions of the consolidation and the mode of carrying the same into effect.

Each corporation, party to the agreement, may petition the Supreme Court for an order consolidating the corporations, setting forth in such petition the agreement for consolidation and a statement of all its property and liabilities and the amount and sources of its annual income. Before the presentation of the petition to the court, the agreement must be approved by a majority of the vote lawfully cast at an annual meeting of each corporation, separately, or at a meeting of each corporation separately and specially called pursuant to its by-laws for that purpose, and a certificate of such approval, verified by the presi-

dent and secretary of the meeting shall be annexed to the petition.

On presentation of the petition, the certificate of approval and the consolidation agreement, and on such notice to interested parties as the court may prescribe, and after hearing such interested parties as desire to be heard, the court may make an order for the consolidation of the corporations on such terms and conditions as it may prescribe.

When the order is made and duly entered, the corporations, parties to the agreement, shall be one corporation under the name "Medical Society of the State of New York," which shall not be deemed to be a new corporation, but to be a continuation of the Medical Society of the State of New York. incorporated in eighteen hundred and six. A certified copy of said order shall be filed in the office of the Secretary of State. All the property belonging to the corporations so consolidated shall vest in the said Medical Society of the State of New York, which shall have all the powers, rights and privileges possessed by either corporation at or immediately prior to the consolidation, and which shall be subject to all of the liabilities of each corporation.

Sec. 2. This Act shall take effect immediately.

"EXHIBIT B."

CONSTITUTION.

ARTICLE I.

PURPOSES OF THE SOCIETY.

The purposes of the Society shall be to federate and bring into one compact organization the medical profession of the State of New York; to extend medical knowledge and advance medical science; to elevate the standard of medical education and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members, and to protect them against imposition; and to enlighten and direct public opinion in regard to the great problems of State medicine.

ARTICLE II.

MEMBERSHIP.

SECTION 1. The membership of this Society shall include all members of county medical societies now in affiliation with this Society and all members of other county medical societies to which charters shall be granted by the House of Delegates pursuant to the By-Laws of this Society, and any member ceasing to be a member of a county medical society shall cease to be a member of this Society.

Sec. 2. The term county medical society as used in this Constitution shall be deemed to include all societies which may be organized and chartered by the House of Delegates.

Sec. 3. The membership of the Society shall be divided into eight district branches, as provided in the By-Laws.

ARTICLE III.

OFFICERS.

SECTION 1. The officers of the Society shall be a President, three Vice-Presidents, a Secretary, a Treasurer, and one Councillor from each District Branch. They shall be elected annually by ballot for the term of one year, and the majority of the votes cast shall elect. The President, Vice-Presidents, Secretary and Treasurer shall be elected by the House of Delegates. Each Councillor shall be elected by the District Branch of the district in which he resides and shall be the President thereof.

Sec. 2. No delegate elected to the House of Delegates shall be a candidate for office in the Society until after the expiration of the term for which he shall have been elected a delegate, and no person shall be elected to any office in the Society who shall not have been a member of the Society for the two years immediately preceding the date of his election.

ARTICLE IV.

HOUSE OF DELEGATES.

The House of Delegates shall be the legislative body of the Society and shall be charged with the general management, superintendence and control of the Society and its affairs, and shall have such general powers as may be necessarily incident thereto. It shall have power to suspend or otherwise discipline county societies. It shall be composed of the officers of the Society and of the chairmen of standing committees, who shall be ex-officio members thereof, and of delegates elected to the House of Delegates by county societies in affiliation with the society. Each county society shall be entitled to elect to the House of Delegates as many delegates as there shall be state assembly districts in that county at the time of the election; except that each county society shall be entitled to elect at least one delegate; and except that whenever at the time of election, the membership of a county society shall include members from an adjoining county or counties in which there shall be no county society in affiliation with this Society, such county society shall be entitled to elect, from among such members, as many additional delegates as there are assembly districts in the county or counties so represented in its membership.

The House of Delegates may provide for a division of the scientific work of the Society into appropriate sections, and for the organization of the District Branches; and it shall have such additional powers and duties not inconsistent with

this Constitution, as the By-Laws may authorize or prescribe. It may adopt rules and regulations for its own government and for the administration of the affairs of the Society, not repugnant to the Constitution and By-Laws of the Society; and it may delegate to the Council such power and authority as may be necessary to the efficient administration of the affairs of the society, while the House of Delegates shall not be in session.

ARTICLE V.

COUNCIL.

The Council shall be the executive body of the Society. It shall consist of the officers of the Society and of the chairmen of standing committees. The Council shall be the Finance Committee of the Society and shall have such additional powers and duties as the By-Laws may prescribe. It may adopt rules and regulations for its own government and for the administration of the affairs of the Society within its control not repugnant to the Constitution and By-Laws of the Society or to the rules and regulations which may be adopted by the House of Delegates.

ARTICLE VI.

MEETINGS.

Section 1. The annual meeting of the Society shall be held at Albany beginning on the last Tuesday in January of each year.

Sec. 2. Intermediate stated meetings may be held at such time and place as the House of Delegates may appoint.

ARTICLE VII.

FUNDS.

Funds shall be raised by a per capita assessment on each county society and the amount thereof shall be fixed by the House of Delegates. Funds may also be raised by voluntary contributions, by the sale of the publications of the Society, and in any other manner approved by the House of Delegates. No funds of the Society shall be appropriated for any purpose, except pursuant to a resolution of the Council.

ARTICLE VIII.

REFERENDUM.

Section 1. At any annual or stated meeting of the Society a majority of the members present may order a general referendum on any question in accordance with such general regulations respecting the manner of submission as the House of Delegates may prescribe. Members of the Society may vote thereon by mail or by roll call in open meeting. The poll on the question shall be closed at the expiration of ten days after the general submission; and if the members voting shall comprise a majority of all the members of the Society, a majority of such vote shall determine the question and be binding on the House of Delegates.

Sec. 2. The House of Delegates may voluntarily, by the vote of a majority of its members present at any meeting, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

ARTICLE IX.

BOARD OF MEDICAL EXAMINERS.

Candidates for vacancies in the State Board of Examiners shall be selected by a committee of five, appointed by the President of the Society, their selection to be reported to the House of Delegates before being forwarded to the Board of Regents. In the event of any emergency making it necessary for the Board of Regents to request nominations from the Society between its annual meetings, then the committee shall report directly to the Board of Regents.

ARTICLE X.

AMENDMENTS.

No article of this Constitution shall be amended except by a two-thirds vote of the delegates present at any annual meeting, nor unless notice of the proposed amendment shall have been given at a previous annual meeting and shall have been published twice during the year in the official bulletin or journal of the Society, or sent by order of the House of Delegates to each county society in affiliation with the Society at least two months before the meeting at which final action shall be taken thereon.

BY-LAWS.

CHAPTER I.

MEMBERSHIP.

Section 1. A copy of the roster of members of a county society, certified by the secretary of that society to be correct, shall be prima facie evidence of their right to membership in this Society; but the delegates of a county society which is in default in the payment of any dues or assessments imposed by the House of Delegates, or of any county society which shall be under sentence of suspension imposed by the House of Delegates, shall not be entitled to sit in the House of Delegates during the continuance of such default, or suspension; nor shall any person who is under sentence of suspension from a county society, be entitled to exercise any of the rights or privileges of membership in this Society during the period of his suspension.

CHAPTER II.

MEETINGS.

Section 1. Each member in attendance at the annual session of the Society shall enter his name and the name of his county society in the register

to be kept by the Secretary of the Society for that purpose. No member shall take part in any of the proceedings at an annual session until he shall have complied with the provisions of this section.

Sec. 2. All registered members may attend and participate in the proceedings and discussions of the general meetings of the Society and of the sections.

Sec. 3. The following shall be the order of business at all general meetings of the Society:

1. Calling the Society to order.
2. Address of welcome by the Chairman of the Committee on Arrangements.
3. Reading of the minutes of the last meeting.
4. Reports of special committees.
5. Special addresses.
6. President's address.
7. Reading and discussion of papers.
8. Miscellaneous business.

Sec. 4. Special meetings of the Society or of the House of Delegates shall be called by the President upon the request of twenty delegates or of fifty members; and in case of the failure, inability, or refusal of the President to act, such meetings may be called by a notice thereof subscribed by twenty delegates, or fifty members.

CHAPTER III.

HOUSE OF DELEGATES.

Section 1. The House of Delegates shall meet annually in the evening of the day before the annual meeting of the Society. It may adjourn from time to time as may be necessary to complete its business, provided that its meetings shall conflict as little as possible with the annual meeting of the Society.

Sec. 2. Thirty delegates shall constitute a quorum.

Sec. 3. The House of Delegates shall make careful inquiry into the condition of the profession in each county of the State, and shall have authority to adopt such methods and measures not in conflict with the Constitution and By-Laws of the Society as it may deem most efficient for building up and increasing the interest in such county societies as already exist; for organizing the profession in counties where societies do not exist; for organizing district branches, and for protecting the members of the Society against suits for alleged malpractice.

Sec. 4. It shall elect delegates to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body, and it may elect or appoint such other delegates as in its judgment the interests of the Society may require, and it shall provide for the issue of credentials to all delegates.

Sec. 5. It shall upon application provide for the issue of charters to county societies in affiliation with the Society, and it shall hear and determine all appeals to this Society from the decisions of county medical societies by any member of any county medical society, or applicant for membership to such society feeling aggrieved at the action of said society.

Sec. 6. It shall have authority to appoint committees for special purposes from among members of the Society. Such committees shall report to the House of Delegates, and may be present at, and participate in the debates on their reports.

Sec. 7. It shall have authority to organize the physicians of two or more sparsely settled and adjoining counties into societies to be suitably designated so as to distinguish them from District Branches; and the societies so organized shall be entitled to all the rights and privileges of county societies and the members thereof to the rights and privileges of members of county societies.

Sec. 8. The following shall be the order of business at the meetings of the House of Delegates:

1. Calling the meeting to order.
2. Roll call by the Secretary.
3. Reading of the minutes of the previous meeting.
4. President's report.
5. Annual report of the Council.
6. Report of the Treasurer.
7. Reports of standing committees.
8. Reports of special committees.
9. Unfinished business.
10. New business.

Sec. 9. The officers and committees of the Society to be elected by the House of Delegates shall be elected at an adjournment of the annual meeting of the House of Delegates, which adjourned meeting shall be held at a convenient hour on the first day of the annual meeting of the Society.

CHAPTER IV.

COUNCIL.

Section 1. The Council shall meet on the day before the annual meeting of the Society and daily during the session, and at other times as occasion may arise, upon the call of the President or upon the request of three members of the Council. It shall meet on the last day of the annual session of the Society to organize and to outline the work for the ensuing year. It shall make an annual report to the House of Delegates.

Sec. 2. The Council shall provide for and superintend all publications and their distribution, and shall have authority to appoint an editor and such assistants as it may deem necessary. All moneys of the Society received by the Council shall be paid to the Treasurer of the Society. It shall audit the annual accounts of the Treasurer and Secretary and other agents of the Society, and present a statement of the same in its annual report to the House of Delegates. The report shall also specify the character and cost of all publications of the Society during the year, and the amount of all property belonging to the Society under its control. In the event of a va-

cancy in the office of Secretary or Treasurer the Council shall fill the vacancy until the next annual election.

Sec. 3. The following shall be the order of business at meetings of the Council:

1. Calling the meeting to order.
2. Roll call by the Secretary.
3. Reading of minutes and communications from the Secretary.
4. Communications from the Treasurer.
5. Communications from the chairmen of standing committees.
6. Unfinished business.
7. New business.

CHAPTER V.

CENSORS.

Sec. 1. The President, Secretary and the District Councillors shall be the Board of Censors of the Society until others shall be elected to fill their places, and shall hear and determine all questions involving the rights and standing of members, whether in relation to other members, to the county societies, or to this Society, except such as shall be heard and determined by the House of Delegates. All questions of an ethical nature brought before the House of Delegates, or the general meeting of the Society, shall be referred to the Censors, who shall report their findings thereon to the House of Delegates.

CHAPTER VI.

DUTIES OF OFFICERS.

Section 1. The President or one of the Vice-Presidents shall preside at all meetings of the Society, the House of Delegates, the Council and the Censors. The President shall appoint all committees not otherwise provided for. He shall deliver an address at the annual meeting of the Society, and he shall perform such other duties as custom and parliamentary usage may require. He shall be ex-officio a member of all standing committees.

Sec. 2. The Vice-Presidents shall assist the President in the discharge of his duties, and in his absence the Vice-President next in numerical order shall perform his duties. In the event of the President's death, resignation, removal, incapacity or refusal to act, the Vice-President next in numerical order shall succeed him.

Sec. 3. The Secretary shall attend all meetings of the Society, the House of Delegates, the Council and the Censors, and shall keep minutes of their respective proceedings in separate records. He shall be the custodian of the seal of the Society and of all books of record and papers belonging to the Society, except such as properly belong to the Treasurer, and shall keep an account of and promptly turn over to the Treasurer all funds of the Society which come into his hands. He shall provide for the registration of the members at all sessions of the Society. With the aid and cooperation of the secretaries of the county societies, he shall keep a proper register of all the registered physicians of the State by counties. He shall aid the Councillors in the organization and improvement of the county societies and the extension of the power and influence of the Society. He shall conduct the official correspondence, notifying members of meetings, officers of their election and committees of their appointment and duties. He shall affix the seal of the Society to all credentials issued to members of the Society elected or appointed by the House of Delegates and to such other papers and documents as may require the same. He shall make an annual report to the House of Delegates. He shall supply each county society with the necessary blanks for making their annual reports to this Society. Acting under the direction of the Committee on Scientific Work, he shall prepare and issue all programs. The amount of his salary shall be fixed by the Council. He shall be ex-officio a member of all standing committees.

Sec. 4. The Treasurer shall keep accurate books of account of all moneys of the Society which he may receive, and shall disburse the same when thereunto duly authorized by the Council; but all checks drawn by the Treasurer upon the funds of the Society shall be countersigned by the President, or by the Secretary of the Society. He shall give security for the faithful performance of his duties, which shall be approved and retained by the President, and he shall make an annual report to the House of Delegates. The Treasurer shall be a trustee of the Merrit H. Cash fund. His salary shall be fixed by the Council.

Sec. 5. Each district Councillor shall visit the counties of his district at least once a year. He shall make an annual report of his work and of the condition of the profession in each county in his district at the annual session of the House of Delegates. The necessary traveling expenses incurred by each Councillor in the line of his duty as herein defined may be allowed by the Council on a proper itemized statement; but this shall not be construed to include his expenses in attending the annual session of the Society.

CHAPTER VII.

STANDING COMMITTEES.

Section 1. The following shall be the standing committees of the Society:

A Committee on Scientific Work.
A Committee on Legislation.
A Committee on Public Health.
A Committee on Arrangements.

There shall also be such other standing committees as the House of Delegates may determine to be necessary.

All committees shall be elected by the House of Delegates, unless otherwise provided.

Sec. 2. The Committee on Scientific Work shall consist of three members, including the Chairman, and shall determine the character and

scope of scientific proceedings of the Society for each session, subject to the instructions of the House of Delegates. Thirty days prior to each annual session it shall prepare and forward to the Secretary a program announcing the order in which papers, discussions and other business shall be presented.

Sec. 3. The Committee on Legislation shall consist of three members, including the Chairman. It shall keep in touch with professional and public opinion. Under the direction of the House of Delegates it shall represent the Society in procuring the enforcement of the medical laws of the State in the interest of public health and of scientific medicine, and in procuring the enactment of such medical laws as will best secure and promote the welfare of the whole people.

Sec. 4. The Committee on Public Health shall consist of three members, including the Chairman. It shall report upon and present to the Society such subjects as may seem to the committee to be of special importance in their relation to the public health.

Sec. 5. The Committee on Arrangements shall consist of eight members, including the Chairman. It shall provide suitable accommodations for the meeting places of the Society and of the House of Delegates, Council and Censors, and shall have general charge of the arrangements for all meetings. The Chairman of the committee shall report an outline of the arrangements to the Secretary for publication in the program, and shall make such additional announcements during the session as occasion may require.

CHAPTER VIII.

DISTRICT BRANCHES.

SECTION 1. The First District Branch shall comprise the members of the medical societies of the Counties of New York, Westchester, Rockland, Putnam, Orange and Dutchess.

The Second District Branch shall comprise the members of the medical societies of the Counties of Kings, Queens, Nassau, Suffolk and Richmond.

The Third District Branch shall comprise the members of the medical societies of the Counties of Albany, Rensselaer, Schoharie, Greene, Columbia, Ulster and Sullivan.

The Fourth District Branch shall comprise the members of the medical societies of the Counties of St. Lawrence, Franklin, Clinton, Essex, Hamilton, Fulton, Montgomery, Schenectady, Saratoga, Warren and Washington.

The Fifth District Branch shall comprise the members of the medical societies of the Counties of Onondaga, Oneida, Herkimer, Oswego, Lewis and Jefferson.

The Sixth District Branch shall comprise the members of the medical societies of the Counties of Otsego, Delaware, Madison, Chenango, Cortland, Tompkins, Schuyler, Chemung, Tioga and Broome.

The Seventh District Branch shall comprise the members of the medical societies of the Counties of Monroe, Wayne, Cayuga, Seneca, Yates, Ontario, Livingston and Steuben.

The Eighth District Branch shall comprise the members of the medical societies of the Counties of Erie, Niagara, Orleans, Genesee, Wyoming, Allegany, Cattaraugus and Chautauqua.

Sec. 2. Each District Branch shall elect annually a President, a Vice-President, a Secretary and a Treasurer.

Sec. 3. The President of the district branch shall be the Councillor for that branch.

Sec. 4. Each District Branch may adopt a constitution and by-laws for its government, provided that the same shall first be approved by the Council of the Society.

CHAPTER IX.

COUNTY SOCIETIES.

SECTION 1. County societies shall be organized as soon as practicable in every county of the State in which no county society exists, but there shall be but one county society in each county.

Sec. 2. Full and ample opportunity shall be given to every reputable physician to become a member of the society in the county in which he resides, and if there be no such society, then in the county society of an adjoining county.

Sec. 3. Whenever a member in good standing in any county medical society removes to another county in this State, his name, upon his request, shall be transferred to the roster of the county society of the county to which he removes, without cost to him.

Sec. 4. At its annual meeting each county society shall elect a delegate or delegates to represent it in the House of Delegates of this Society in accordance with the Constitution and By-Laws of this Society.

Sec. 5. The Secretary of each county society shall keep a roster of its members and of all other registered physicians of the county, in which shall be shown the full name of such physicians, with their addresses, the colleges from which they graduated, and the date of graduation, the date of their license to practice in this State, and such other information as may be deemed to be useful. In keeping such roster the Secretary shall note any changes in the personnel of the profession by death or by removal to or from the county, and in making his annual report he shall account for every physician who shall have practiced in the county during the year.

Sec. 6. The secretary of each county society shall forward a copy of its roster of officers and members, list of delegates and list of other registered physicians of the county, to the Secretary of this Society thirty days before the date of its annual meeting.

Sec. 7. On or before the first day of June of each year the Treasurer of each county society shall forward to the Treasurer of this Society

the amount of the assessment made upon it by the House of Delegates, which assessment shall be at a uniform per capita rate throughout the State based upon membership.

Sec. 8. Each county society may adopt a constitution and by-laws for the regulation of its affairs, provided that the same shall first be approved by the Council of this Society.

Sec. 9. The term county society as used in these By-Laws shall be deemed to include all societies which may be organized and chartered by the House of Delegates.

CHAPTER X.

MISCELLANEOUS.

Section 1. No address or paper before the Society, except those of the President and orators, shall occupy more than twenty minutes in its delivery, and no member shall speak upon any question before the house for longer than five minutes nor more than once on any subject, except by consent.

Sec. 2. All papers read before the Society or any of its sections shall become the property of the Society. Each paper, or a copy thereof, shall be deposited with the Secretary after the same shall have been read.

Sec. 3. Any distinguished physician of a foreign country or a physician not a resident of this State, who is a member of his own State Association, may become a guest during any annual session upon the invitation of the President or officers of the Society, and may be accorded the privilege of participating in all the scientific work of the session.

Sec. 4. The deliberations of the Society shall be governed by parliamentary usage, as contained in Roberts' Rules of Order, when not in conflict with the Constitution and By-Laws of the Society.

CHAPTER XI.

AMENDMENTS.

These By-Laws shall not be amended except by a majority vote of all the delegates present at a meeting of the House of Delegates, nor unless ten days' notice of the meeting and of the proposed amendment shall have been given to each member of the House of Delegates.

DEFENSE IN SUITS FOR ALLEGED MALPRACTICE.

At the meeting of the Council of the New York State Medical Association, held January 19, 1904, the Council entered into arrangements with the counsel, James Taylor Lewis, to defend such members for the year 1904.

FIRST BILL PASSED IN SENATE.

The first bill of the present session was passed by the Senate January 20th. It is an act authorizing the consolidation of the Medical Society of the State of New York and The New York State Medical Association, providing, however, that the respective organizations decide to do so by a majority vote of the members.

The above having passed the Assembly and signed by the Governor becomes Chapter 1 of the Laws of 1904. See page 40.

LEGISLATIVE MEASURES.

At the meeting of the Council of the New York York State Medical Association, January 19, 1904, the following resolutions were adopted:

"Whereas, We have received information that a bill will be introduced in the Legislature legalizing the practice of optometry; and,

"Whereas, In our judgment it is impossible properly to prepare the people to follow this or any other branch of medical practice without injury to the community, except after a thorough medical education; therefore be it

Resolved, That the Council of the New York State Medical Association desires to enter an emphatic protest against the passage of the bills of this nature by the Legislature, which are really efforts to evade the provisions of the Medical Practice Act."

Also a resolution that the Council instruct its committee to uphold the bill in regard to firearms.

"Whereas, A bill is to be introduced in the State Legislature with the object of preventing the annual Fourth of July maiming and slaughter of children from the use of blank cartridges;

"*Resolved*, That the Council of The New York State Medical Association indorse such legislative measures and instruct its Committees on Public Health and Legislation to take all proper steps to secure the enactment of this bill."

ARKANSAS AGAINST UNPROFESSIONAL AND IMMORAL CONDUCT.

Act 178 of the Acts of Arkansas of 1903 provides (Section 1) that any physician, surgeon or person practicing medicine who shall employ any solicitor, or drummer, or shall subsidize or employ any hotel or boarding house, or advertise his business or remedies by untruthful or improbable statements, circulars or cards, or who shall obtain any compensation by any assurance that a manifestly incurable disease is curable, or who shall wilfully expose any professional secret learned against his patient to the detriment of the patient, or who shall become a habitual drunkard and continue the practice of medicine, etc., or who shall administer any medicine or perform any operation while drunk, shall, on conviction, be punished by a fine of from $25 to $200, and by a revocation of his license.

Association News.

COUNTY ASSOCIATION MEETINGS FOR FEBRUARY.

Kings County, Tuesday, February 9th.
Tompkins County, Tuesday, February 9th.
New York County, Monday, February 15th.
Onondaga County, Monday, February 15th.
Ulster County, Monday, February 15th.
Orange County, Wednesday, February 17th.
Cortland County, Friday, February 19th.
Lewis County, Tuesday, February 23d.
Monroe County, Tuesday, February 23d.

Allegany County Association.—The annual meeting of this Association was held at the Hotel Belmont, Belmont, on Tuesday, January 12th. The meeting was called to order by the President, Dr. George H. Witter, Dr. Charles M. Post gave an address on "The Treatment of Some of the Common Injuries of the Ankle Joint." Dr. Emerson W. Ayars read a paper entitled, "A Report of Some Cases of Occiput Posterior," and Dr. George W. Roos one on "Cirrhosis of the Liver." An interesting discussion followed on all three subjects, which was participated in by all present. The Treasurer gave his annual report, which showed that all dues had been collected, all bills paid and that there was a balance in the treasury. The officers of the past year were unanimously reelected as follows: President, George H. Witter; vice-president, William Orson Congdon; secretary and treasurer, Horace Leland Hulett.

The attendance at the meeting was a most excellent one, and never has the profession of Allegany County been more in harmony than it is at present, and the Association believes that many new members will be added to its lists during the coming year.

HORACE LELAND HULETT, *Secretary.*

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Chautauqua County Association.—The annual meeting of this Association was held at the Humphrey House, Jamestown, on Tuesday, January 19th. There were sixteen members present. In the scientific session papers were read on Eclampsia, by Dr. A. Austin Becker, of Jamestown, and Dr. Kennedy C. McIlwraith, of Toronto, Canada.

The officers elected for 1904 were as follows: President, Era M. Scofield; first vice-president, Vacil D. Bozovsky; second vice-president, Benjamin S. Swetland; secretary and treasurer, Henry A. Eastman.

J. W. Morris was reelected member of the Executive Committee and Alfred T. Livingston was elected member of Nominating Committee, Fourth District Branch. J. W. Morris, William M. Bemus, Vacil D. Bozovsky and John A. Weidman, Fellows; Alfred T. Livingston, John W. Nelson, Thomas D. Strong and Walter Stuart, Alternates.

HENRY A. EASTMAN, *Secretary.*

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Columbia County Association.—The annual meeting of this Association was held at Hudson, on Tuesday, January the 12th. The following officers were elected: Dr. Crawford Ellsworth Fritts, president; Dr. Otis Howard Bradley, vice-president, and Dr. Henry Warner Johnson, secretary and treasurer. Dr. Hortense V. Bruce was elected Fellow and Dr. Eloise Walker Alternate.

HENRY WARNER JOHNSON, Secretary.

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Cortland County Association.—The adjourned annual meeting of this Association was held at the York Hotel, Cortland, on Wednesday, January 6th. The President, Dr. Samuel J. Sornberger, gave an address on "Medical Unity." A paper by the late Dr. Frank W. Higgins, on "Treatment of Diseases of the Heart," which he was to have read at this meeting, was read by the Secretary, Dr. Harry S. Braman. Dr. Frank D. Reese read a paper on the "Use of Digitalis," and Dr. Charles D. Ver Nooy one on "The Use of Strychnin." A general discussion on the last two papers followed.

Motion was made and carried that the paper by Dr. Higgins be forwarded to the Publication Committee of the State Association for publication in the Journal.

The following officers were reelected for 1904: President, Samuel J. Sornberger; vice-president, Frank S. Jennings; secretary, Harry S. Braman; treasurer, Emory A. Didama; Fellow, Henry C. Hendrick, and Alternate, Samuel J. Sornberger; Member of the Executive Committee, Henry Field.

HARRY S. BRAMAN, *Secretary.*

* * *

New York County Association.—The regular meeting was held at the Academy of Medicine on Monday evening, January 18th.

Dr. Frederick Holme Wiggin presented a specimen of thrombosis of the mesenteric vessels. It was taken from a woman of 35 upon whom he had operated for multiple fibromata of the uterus about one year ago. Owing to her bad condition at that operation, he had not stopped to examine the cecum. There were encountered many and very firm adhesions, the result of an old peritonitis, following an abortion. The separation of these evidently disturbed the appendix, for the convalescence from this first operation was interrupted by an attack of appendicitis. Although another attack of appendicitis occurred, the woman delayed operation, and did not again come under observation until January 3d, of the present year. She then presented the symptoms of intestinal obstruction, and was in such wretched condition that the operation could not be undertaken until she had been given ergot and strych-

nin hypodermically, and had received an infusion of two quarts of saline solution. On opening the abdomen, he came upon about one gallon of liquid fecal matter. To the left of the median line, or at the point of maximum pain, the intestine was black and gangrenous, and there was a perforation about half an inch in diameter. The affected portion of bowel was excised, and an end-to-end anastomosis was done. It was noted that the tip of the appendix was of a very bright scarlet. The patient stood the operation well, but a few hours later vomiting set in, and was quickly followed by failure of the heart and death. According to the report of the pathologist, there was deep hemorrhagic infiltration of the bowel, with edematous swelling, and the vessels were dilated and thrombosed. Commenting upon the case, Dr. Wiggin pointed out that, after separating the extensive adhesions at the first operation, the cavity was left filled with salt solution, and the freedom from adhesions at the second operation showed that it was possible, by this technique, to prevent the recurrence of such adhesions. Another point of interest was the fact that, at the first operation, the left ovary being cystic, the cyst was removed and also a portion of the ovary. That this so-called conservative surgery upon the ovary had its drawbacks and limitations was shown by the fact that, within three months, examination showed a cyst developing from the stump of this ovary.

Dr. Henry Griswold said that when this woman was seen by him on January 2d she complained of pain in the hypogastrium, and had vomiting and diarrhea, but examination failed to satisfy him of the presence of appendicitis. Her pulse at this time was 62, and the vaginal temperature was normal. She went into collapse about twenty-four hours later, and her condition seemed hopeless at the time she came under Dr. Wiggin's care.

Dr. James T. Gwathmey said that he anesthetized this patient with nitrous oxide, followed by oxygen and ether. At the beginning of the operation the radical pulse was imperceptible, and the carotid pulse was 160. At the close of the operation this vessel was beating at the rate of 140 to the minute. The operation lasted fifty-five minutes.

Dr. Alexander Lambert said that he had seen two cases of this kind. One of the patients, a physician who had previously had appendicitis, pointed out that the pain was of a peculiar character, and totally different from that of an ordinary appendicitis. It felt as though each individual capillary was the seat of a throbbing pain. Most of these cases occurred in persons having cardiac or nephritic disease, but it occasionally occurred in individuals who were apparently in good health.

Dr. Robert T. Morris remarked that he had found thrombosis of the vessels of the mesoappendix rather common.

The following papers were then read: "The Treatment of Gunshot Wounds by the British Surgeons During the War of the Revolution," by Stephen Smith, M.D.; "The Treatment of Gunshot Wounds During the Civil War," by Robert F. Weir, M.D., and "Some Features in the Modern Treatment of Gunshot Wounds," by Major Louis A. LaGarde, U.S.A., of Washington, D. C. The papers were discussed by Dr. Enoch V. Stoddard, of Rochester, N. Y., and Dr. Alexander Lambert.

This portion of the program will be given more fully in a future issue of the Journal.

Ogden C. Ludlow, Secretary.

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Niagara County Association.—The first annual meeting of this Association, which was held at the Genesee Hotel at Lockport, Tuesday, January 12th, was largely attended by physicians from various parts of the county. The Association met for dinner at 1 o'clock, following which the President, Dr. C. N. Palmer, called the meeting to order and in a brief address congratulated the Association upon the great progress which it had made during the short period since its organization, six months ago, and upon the enthusiasm shown by a roll of thirty-five active members in so short a time, referring hopefully to the prospect of the coming union of the Society and Association. He then introduced the guest of the Association, Hon. Richard Crowley, who gave a most brilliant and instructive address upon medical jurisprudence covering the relations of law and medicine and referring especially to expert testimony, discussing the conditions which detract from its influence and value.

Following the address there was a general discussion of the subject by the members present.

At the business session which followed, the following officers, who had served the Association for the preceding six months, were reelected by acclamation:

President, Charles N. Palmer, Lockport; vice-president, Wm. Q. Huggins, Sanborn; secretary, Alva LeR. Chapin, Niagara Falls; treasurer, Frank Guillemont, Niagara Falls. Allan N. Moore and Chester E. Campbell were elected Fellows. William Q. Huggins, member of the Nominating Committee, Fourth District Branch.

The following committees were appointed:

Executive Committee—Flavius J. Baker, Allan N. Moore, Bernard F. Dennis.

Committee on Ethics and Discipline—William R. Campbell, Charles L. Preisch, Henry H. Mayne.

Committee on Legislation—Chester E. Campbell, Allan H. Moore, William Q. Huggins.

Committee on Public Health—Frank A. Crosby, Frederick R. Pickett, Owen E. McCarty, Jacob E. Helwig.

The membership committee reported favorably on the applications of Dr. William H. Potter and Dr. John Gray, both of whom were unanimously elected.

Alva LeRoy Chapin, Secretary.

Orange County Association.—The annual meeting of this Association was held at the Russell House, Middletown, on Wednesday, January 20th. Twelve members were present. The secretary read the annual report of the secretary and treasurer. The minutes of the previous meeting were also read and approved. In the scientific session, Dr. Milton C. Connor reported three recent cases of appendicitis, two of which were operated upon with success, the third, however, was operated upon too late to delay the fatal issue. Dr. Conner also showed the specimens of these cases. Dr. Julius C. Bierwirth, of New York, president of the Fifth District Branch, who had expected to speak, was unavoidably absent, and therefore a general discussion of fractures and dislocations of the upper extremity was engaged in. Dr. W. E. Douglas gave the history of several dislocations of the shoulder and fracture of the outer condyle of the humerus. Dr. Dennis recounted the history of two shoulder dislocations. Some discussion was engaged in on the subject of paralysis of the upper extremities, due to pressure on the brachial plexus in dislocations of the shoulder. Dr. Mary E. Dunning gave an interesting account of a case of postpartum hemorrhage in which the mother and child had both bled to the point of exsanguination, the child having bled from the partially separated placenta until almost dead. The following officers were elected for 1904:

President, William E. Douglas; vice-president, Edward DuBois Woodhull; secretary and treasurer, Charles Ira Redfield; Fellows, Charles W. Dennis and Edward I. Sharp; Alternates, Henry E. Wise and Milton C. Conner; member Nominating Committee Fifth District Branch, Worthington S. Russell.

CHARLES IRA REDFIELD, Secretary.

* * *

Rockland County Association.—The annual meeting of this Association was held at the Hotel St. George, Nyack, Wednesday, January 20th. Eleven members were present. The report of the Executive Committee and the report of the Secretary and Treasurer for the past year were read and accepted. Dr. S. W. S. Toms related two interesting cases of abdominal disease, one of ulcer of the duodenum and stomach, with history and autopsy, and the other of thrombosis of the mesenteric artery, with a local sphacelus. Both these cases presented many difficulties in the way of diagnosis. The discussion brought out a number of abdominal cases, which illustrated the difficulties of abdominal diseases in their diagnosis before operation or autopsy. The following officers were elected for 1904: President, Norman B. Bayley; vice-president, George A. Leitner; secretary and treasurer, John H. Crosby; Charles D. Kline was elected Fellow and James A. Dingman Alternate.

The following committees were appointed: Committee on Legislation, Gerrit F. Blauvelt and John H. Crosby; Committee on Public Health, S. W. S. Toms and Daniel B. Van Wagenen; Committee on Membership, Gerrit F. Blauvelt and James A. Dingman.

NORMAN B. BAYLEY, Secretary.

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Wyoming County Association.—The annual meeting of this Association was held at the Watkins House, Warsaw, N. Y., January 12, 1904. There were fifteen members present.

Dr. Z. J. Lusk presented a paper entitled, "Small-Pox—How Prevented." Among other things, he spoke of the general lack of enforcing the school law relating to the vaccination of all children attending public schools. The paper was generally discussed and a committee appointed to draft resolutions calling the attention of the boards of health of the county to this section of the school law relating to the vaccination of school children.

Dr. Cora B. Cornell read a paper on "Operative Treatment of Hemorrhoids." The doctor laid especial stress on the necessity of thoroughly paralyzing the sphincter ani muscle in order to secure the most perfect result from the operation.

Dr. Mary T. Greene presented a paper on "Splanchnoptosis." Particular attention was called to the pernicious effects of corsets and tight waistbands, and to the necessity of supporting the clothing from the shoulders as a means of preventing the conditions described.

At the business session the following officers were elected and committees appointed: President, Dr. L. C. Broughton, of Castile; vice-president, Dr. Z. J. Lusk, of Warsaw; secretary and treasurer, Dr. L. H. Humphrey, of Silver Springs. Dr. A. C. Way, of Perry Center, was reelected a member of the Executive Committee. Drs. M. J. Wilson and Z. J. Lusk were elected Fellows of The New York State Medical Association, and Drs. P. S. Goodwin and G. S. Skiff Alternates. Dr. H. P. Sharp was elected a member of Nominating Committee, Fourth District Branch.

The following committees were appointed: Ethics and Discipline, Dr. M. J. Wilson, Dr. H. P. Sharp, Dr. A. Y. Ellinwood; Public Health, Drs. G. S. Skiff, Mary Greene and Cora B. Cornell; Legislation, Drs. F. E. Bliss, G. H. Peddle and G. M. Palmer.

LESTER HAYDEN HUMPHREY, Secretary.

PERSONALS.

Dr. E. H. Heston, of Clintondale, N. Y., is spending the winter in Florida, where he has recently opened an office.

Dr. C. G. Campbell, of New York City, is at present in Cairo, Egypt.

ADDITIONAL LIST OF MEMBERS OF THE NEW YORK STATE MEDICAL ASSOCIATION.

FIRST DISTRICT BRANCH.

Franklin County.—Charles C. Trembly, Saranac Lake.

Jefferson County.—Frederick Russell Calkins, Watertown; Levi E. Gardner, Black River; William McDowell Halsey, Jr., Ellisburg; F. E. Lettice, Watertown; T. Masson, Cape Vincent; Frederick Charles Peterson, Watertown.

Oneida County.—F. M. Miller, Utica.

SECOND DISTRICT BRANCH.

Rensselaer County.—James H. Flynn, Troy; George Philip Paul, Troy; Frank Templeton Smith, Troy.

THIRD DISTRICT BRANCH.

Tompkins County.—Elma Griggs, Ithaca.

FOURTH DISTRICT BRANCH.

Erie County.—W. Harry Glenny, Buffalo; Sigmund Goldberg, Buffalo; William Meisburger, Buffalo.

Wyoming County.—Edward B. Belknap, Wyoming; Frank E. Bliss, Warsaw.

FIFTH DISTRICT BRANCH.

New York County.—Leopold Hirshmann, New York City; Solomon Horace Kempner, New York City; James F. McKernon, New York City.

Putnam County.—Willis Northrup Boynton, Brewster.

NEW MEMBERS IN THE AMERICAN MEDICAL ASSOCIATION.

Charles S. Cleland, Sinclairville.
L. John Merritt, Pine Bush.
William A. Moulton, Nicholas.
B. Onuf, Sonyea.

OBITUARY.

Dr. Frank W. Shaw died at the Seney Hospital, Brooklyn, on January 9th. Dr. Shaw was born at Lockport, N. Y., and was a graduate of the New York University, Class of 1885. After leaving the University the Doctor spent a year at the Presbyterian Hospital as Interne. Dr. Shaw was a member of The New York State Medical Association, Medical Society of the County of Kings, Brooklyn Pathological Society, Hospital Graduates' Club. He was also Attending Physician to the Brooklyn Orphan Asylum, and Assistant Physician to the Methodist Episcopal Hospital and the Norwegian Hospital, Brooklyn.

Dr. James Fenton Underwood died at his home in Penn Yan, N. Y., on December 20, 1903. The Doctor was a graduate of the University of Vermont, Class of 1896, and was a member of The New York State Medical Association.

WILLIAM H. JACKSON, M. D.[1]

BY ALVIN A. HUBBELL, M.D.

Dr. Wm. H. Jackson closed his eyes in death, at 6 P. M., on November 28, 1903, after an illness of eight days from pneumonia, that dread disease which, in its fatal ravages, so frequently invades the homes of both high and low, and spreads sorrow and desolation in its path. Already, however, had his constitution been made vulnerable to morbific agents by diabetes mellitus, from which he had suffered, and with which he had courageously, and with more or less success, contended for four years. He was 62 years of age, and was at the zenith of his professional career.

He married Miss Frances Rockwell, of Pike, N. Y., and in 1878 located at Springville, N. Y., for the practice of his profession. He at once obtained a substantial following. During the quarter of a century in which he resided in that town he became recognized as one of the most prominent physicians and surgeons of Western New York, and was placed in many positions of trust and honor. For fourteen years he was surgeon to the Buffalo, Rochester and Pittsburg Railroad, and for many years was a member of the United States Pension Examining Board, of which he was president at the time of his death. He was an enthusiastic Free Mason, and has been admitted to all its degrees as high as the Knights Templar. He was a member of numerous medical societies, of which the most important were the Erie County Medical Society, The New York State Medical Association, American Medical Association, and the National Association of Railroad Surgeons, in some of which he held honored official positions.

Dr. Jackson was quiet and unassuming in his bearing, and yet he had a strong personality. He led a temperate and exemplary life, and was most genial and companionable as a fellow-practitioner and friend. He was a man of sound judgment, and this was reinforced by a high and cultivated intellect. His conscience was sensitive, and his sympathies were tender and deep. In short, his make-up was such that he strikingly illustrated the best type of the time-honored family physician, ever attentive, ever kind, ever ready to supply all available means of relief, even to the calling to his assistance of colleagues who might possibly be able to contribute thereto, whenever difficulties and doubts arose.

To the country practitioner are presented exigencies, emergencies and temptations which put him to the severest test of skill, intelligence and honor. Dr. Jackson was subjected to these tests and was never found lacking. The country practitioner has opportunities for professional growth and intelligence such as are found in no other field of practice which, if used properly, make him a pillar of strength in our ranks. Dr. Jackson was one of these. The capable, honest, faithful country practitioner has an access to the hearts of the people, and wins from them a confidence, devotion and affection such as nowhere else obtains. Dr. Jackson enjoyed this privilege and reward.

Dr. Jackson left a widow and five children. In his death the family loses its dearly beloved, and the community a much-esteemed and trusted physician and friend. Sincere sympathy is extended to all.

[1]Presented to the Erie County Medical Society, Tuesday, January 12, 1904.

News Items.

PRESIDENT OF THE BOARD OF HEALTH.

Dr. Thomas Darlington, Commissioner of Health of the City of New York, January 1, 1904. Dr. Darlington was born in Brooklyn, formerly Williamsburg, forty-five years ago. His early education was in the public schools of this city and in Newark, N. J., High School. After three years' course in scientific and engineering at the University of New York he entered the College of Physicians and Surgeons of New York, and graduated in 1880.

THOMAS DARLINGTON,
Commissioner of Health of the City of New York.

He practiced medicine at Newark, N. J., until 1882; at Kingsbridge until 1888; at Bisbee, Ariz., until 1891, and at Kingsbridge since 1891.

He was visiting assistant physician at St. Michael's Hospital, Newark, 1880-82; surgeon to the new Croton Aqueduct Corporation, New York, 1885-88; to Harlem Canal Improvement Works, 1888.

After his return to Kingsbridge in 1891 he became interested in the local affairs, and was appointed on the local school board, and has sat as a member of the board ever since.

His writings have been on "Pneumonia," in the *New York Medical Record*, also "The Effects of the Product of High Explosives, Dynamite and Nitroglycerin, on the Human System," "Tunnel Poisoning," "The Climate of Arizona and the Effect of Hot and Dry Climates in Disease," literary and scientific articles for the *Youth's Companion* and *Scientific American*, editorial articles on hygiene and sanitation for the *Mail and Express*.

Dr. Darlington is a member of the New York State Medical Association, the Medical Society of the State of New York, the American Medical Association, the Harlem Medical Association, and the American Climatological Society, of which he is the first vice-president.

He is visiting physician to the New York Foundling Hospital, of which he was the president of the Medical Board for two years; visiting physician to the Fordham Hospital, to the St. John's Riverside Hospital, and to the Seton Hospital, and consulting physician to the French Hospital.

Dr. Darlington is a member of an old New York family, and is a member of the Society of Colonial Wars. He has always been interested in politics, and is one of the incorporators of the Jefferson Club. His interest in local affairs led him to be a member of the North Side Board of Trade.

He is the first medical man to occupy the position of President of the Board of Health of New York.

STATE MEDICAL SOCIETY.

The 98th annual meeting of the Medical Society of the State of New York was held January 26th, 27th and 28th, at Albany. The following program was presented:

Executive Session—Opening prayer. President's inaugural address. Reports of officers and committees. Report of Committee of Conference and action thereon. Executive business. Election, by districts, of Committee of Nomination.

"Sciatica, Its Diagnosis and Treatment"; a report of 200 cases, Joseph Collins, New York; "Tic-Douloureux and Other Neuralgias from Intranasal and Accessory Sinus Processes," Sargent F. Snow, Syracuse; "Traumatic Hemorrhage Over the Third Anterior Frontal Convolution—Operation, Removal, Recovery," W. C. Krauss, Buffalo; "Enuresis," George E. Beilby, State Industrial School, Rochester; "The Toxemia of Tuberculosis"; Report of a case, Arthur W. Elting, Albany; "Alkaline Treatment of Recurrent Vomiting of Children," Irving M. Snow, Buffalo; "Dilated Urachus": Report of a case—specimen, C. F. Timmerman, Amsterdam; "Insufficient Pyloris," Mark I. Knapp, New York.

Symposium on Diabetes—"Pathology of Diabetes," R. M. Pearce, Albany; "Physiologic Chemistry of Diabetes," David Edsall, Philadelphia, Pa.; "Medical Treatment of Diabetes," William H. Thomson, New York; "General Management of Diabetes," F. C. Shattuck, Boston, Mass.; "On the Synchronous Occurrence of Diabetes and Non-Diabetic Glycosuria," Heinrich Stern, New York.

Address—"Conflicting Claims of General Education and Professional Education," Arthur T. Hadley, LL.D., president Yale University; "President's Address," Algernon T. Bristow, Brooklyn.

"The Submerged Tonsil," Thomas Harris, New York;

"Chronic Laryngitis," Z. L. Leonard, New York; "A Plea for More Accurate Knowledge in the Diagnosis and Treatment of Chronic Otitis Media," J. F. McCaw, Watertown; "Angina Due to the Bacillus Capsulatus of Pfeiffer," Charles Stover, Amsterdam; "Irritable Bladder in Women," R. L. Dickinson, Brooklyn; "Fifteen Years' Experience with Uterine Fibroids," W. E. Ford, Utica; "Results in Diffuse Septic Peritonitis Treated by the Elevated Head and Trunk Position," Russell S. Fowler, Brooklyn; "Asthenopia: A Clinical Study," D. H. Wiesner, Brooklyn; "The Relation Between the Muscles of the Eye and Those of Other Parts of the Body," Lucien Howe, Buffalo; "Diagnosis and Treatment of Glaucoma," D. B. St. John Roosa, New York. Discussion by David Webster and Thomas R. Pooley. "A Study of the Climate of Long Island," W. H. Ross, Brentwood, L. I.; "Independent Primary Cancer in the Same Individuals," A. L. Benedict, Buffalo; "The Treatment of Cancer by Its Own Toxin," P. J. McCourt, New York; "Recent Researches in Radio-Activity and Electricity: Their Bearing on Radio-Therapy—Legal Status," J. S. Wright, Brooklyn. "On Lesions in the Structures Surrounding the Knee Joint," Nathan Jacobson, Syracuse; "Report of 615 Surgical Cases Attended at the Albany Hospital from March 1, 1902, to March 1, 1903," with remarks, Albert Vander Veer, Albany; "A Case of Gunshot Wound of the Brain," John A. Wyeth, New York; "A Personal Experience in the Surgical Treatment of Mammary Cancer, with a Post-Operative Résumé of Cases," Willis G. Macdonald, Albany; "Tubercular Myositis": Report of a case, William B. Brinsmade, Brooklyn; "Associated Cases of Staphylococcus Aureus Infection," Arthur G. Root, Albany; "The Non-Operative Treatment of Trachoma, Frank J. Parker, New York; "Aphasia and Agraphia," Edward D. Fisher, New York.

Symposium on Abdominal Pain—"Abdominal Pain in General and That Due to Abnormal Conditions of the Stomach, Liver, Kidneys and Pancreas," John H. Musser, Philadelphia, Pa.; "Abdominal Pain Referable to the Abdominal Walls," Joseph D. Byrant, New York; "Abdominal Pain of Pelvic Origin," William M. Polk, New York; "Abdominal Pain of Intestinal Origin," F. H. Wiggin, New York. Discussion by M. H. Richardson, Boston; Robert F. Weir, New York; G. R. Fowler and Charles Jewett, Brooklyn, and W. H. Carmalt, New Haven.

President's reception at the Hotel Ten Eyck from 7.30 to 8.30. Dinner at 8.30 at the Hotel Ten Eyck.

"A Case of Recurring Membranous Stomatitis, Associated with Erythema Exudativum Multiforme (Hebra), Louis E. Blair, Albany; "The Hospital Car; Its Equipment, Uses and Importance," W. W. Sanford, New York.

Symposium on Nephritis—"Pathology of Nephritis," Francis Delafield, New York; "Renal Decapsulation from the Pathologists' Point of View," J. M. Van Cott, Brooklyn; "Surgical Treatment of Nephritis," G. M. Edebohls, New York; "General Treatment of Nephritis," Beverly Robinson, New York.

MEDICAL DIRECTORY.

The Medical Society of Pennsylvania is preparing to issue a medical directory of the physicians of that State. In urging its members to respond promptly, the journal of the Pennsylvania State society makes the following statement:

The New York State Medical Association has recently published the fifth edition of The Medical Directory of New York, New Jersey and Connecticut, a copy of which is furnished free to each member of that Association. Others can secure a copy by sending $2.50 to Dr. C. E. Denison, 64 Madison avenue, New York. This is without doubt the most complete and accurate medical directory, for the territory covered, ever published and proves beyond a doubt that accurate information regarding all legal practitioners can be secured.

A COUNTRY DOCTOR'S SOLILOQUY.

By M. R. Wilkinson, M.D., Oconomowoc, Wis.

From the country one morning early to the city I hastily ran
To purchase some needed appliances to keep along in the van.
I called to see a professor, one I loved dearly to greet.
While waiting, I sat near a window giving a view of the street;
Across was an office building, with windows tier upon tier,
Everything black and sooty, the same from year to year.
My mind began reflecting upon the city doctor's life;
My feelings ran in a tender vein, as I tho't of the smoke and the strife.
The building towering upward, looked to me like a pigeon coop,
With men at work in the windows, a haggard and palefaced group.
Pigeon-holed in the city would never do for me;
I love to be out in the country, where God's green earth I can see;
Where the air is pure and wholesome, and the eye has a feast for a king;
Where blossoms exhale their fragrance, and birds enraptured sing.
I bethought of a wordy warfare, I had read some months ago,
Between a city doctor and one where the sagebushes grow;
And I tho't that the sagebush doctor, to the other could give the palm;
He could well afford to do it with feelings kind and calm,
For what has his city brother to pay him for all his pains?
Nothing, nothing, nothing, nothing but money and brains,
While we who toil in the country have blessings they never know,
With a world of brightness about us, where faces with innocence glow.
We of course do not get the money to be had in the larger marts,
But we have something better, for we have the people's hearts.
Toil on you city martyrs, there is Him who his blessings will give
To the overworked city doctor who exists but does not live.

—*Wisconsin Medical Recorder.*

Book Reviews.

A Treatise on Orthopedic Surgery. By Royal Whitman, M.D., Instructor in Orthopedic Surgery in the College of Physicians and Surgeons of Columbia University, New York; Associate Surgeon to the Hospital for Ruptured and Crippled; Orthopedic Surgeon to the Hospital of St. John's Guild; Chief of the Orthopedic Department of the Vanderbilt Clinic, etc. Second edition. Published by Lea Bros. & Co. 1903.

The fact of the first edition being so quickly exhausted is something of an indication of the popularity of this book. The sale of a text-book naturally depends, to a great extent, upon the recommendation of instructors, and, therefore, we expect books written for students, by teachers, to have a certain assured circulation. Nevertheless, the early sale of the entire first edition of this work can be accounted for only by the high esteem which it has won for itself from the profession at large.

This second edition is larger and better illustrated, but retains the general character of the first edition.

There are some 850 pages, including an index, and 507 illustrations. These illustrations deserve especial mention, because they are exceptionally fine and serve their purpose excellently. The paper, the type and the binding are all in keeping with the class of work done by the publishers. We do not believe such a large volume can be bound in cloth and stand the usual hard usage of a text-book, but that is not a criticism of the bookmaker, as he can only supply what is demanded.

A most striking omission is the first thing to attract our notice: No definition of the subject is given. A text-book which does not teach the extent and limitations of the field under discussion! Does the author refer the student to the Century Dictionary to learn that orthopedic surgery "is the correcting or preventing of deformity in any part of the body, especially in infants—a branch of plastic surgery"?

"Perfect definition is the summit of human knowledge in every part of science." A writer on some special branches of surgery might indeed hesitate before assuming to formulate a definition of his subject matter. A definition of orthopedic surgery, however, was given to the profession some thirteen years ago, and there is no known reason why students should not know what they are studying about.

"Orthopedic surgery is that department of surgery which includes the prevention, the mechanical treatment, and the operative treatment, of chronic or progressive deformities, for the proper treatment of which special forms of apparatus or special mechanical dressings are necessary." This definition was given in a paper read before the orthopedic section of the Tenth International Medical Congress, in Berlin, August 5, 1890, by Dr. Newton M. Shaffer.

A few pages of the history of the birth and growth of the subject would not only be of interest to the student, but is quite essential for his full appreciation and understanding of this branch of surgery. The author, however, after the bald statement of the subject, without any definition, without any history, without a word of introduction, plunges into the consideration of Tuberculous Disease of the Spine. This chapter and the succeeding one on Non-Tuberculous Affections of the Spine are the two best in the entire book. They are well worth the careful consideration of physicians and surgeons, whether interested in orthopedics or not.

Chapter 3 is on Scoliosis. Dr. Whitman, with many others, believes that faulty posture, especially among growing children, is one of the chief etiological factors in this disease. Although undoubtedly of great weight as a contributing agent, it is difficult to understand how an unsuitable desk and seat in a schoolroom can be the primary cause of these very marked and compound changes in the relations between the vertebræ. As has been suggested by other surgeons, it is much more probable that constant contraction, due to faulty innervation of one set of the rotatores vertebræ will some day be demonstrated as the basis of the deformity.

If teachers, in the classroom and in their text-books, would mention the opposing opinions of other scientists they would do much to interest the student and to excite his enthusiasm for original research.

Twenty-seven pages are devoted to exercises for the cure of scoliosis. No mention is made of exercises looking to the direct replacement of the rotated vertebræ. The exercises of Teschner, which the author extensively quotes, are excellent, as good as any gymnastics, for those in need of physical exercise, but it cannot be said that they are especially applicable for this disease. Fully twenty pages could here be saved from the bulk of the volume. In chapter 7, under tuberculous disease of the hip joint, Dr. Whitman admits that the causes of atrophy are somewhat obscure, but adds: "One cause, and by far the most important, is very evident. This is physiological disuse." Why is not mention made that many competent surgeons, both in this country and in Europe, believe the most important cause of atrophy to be nerve irritation, and that the functional inertia is secondary in its production. No mention is made of the altered electro-muscular contractility—an important symptom.

On page 438 Elongation of the Ligamentum Patellæ is described, but the normal length of the ligament is not given. No description of shortening of the ligamentum patellæ is given, although some cases have been recorded in medical literature.

On page 450 the symptoms of sprain of the ankle are given in four lines. We admire the easy way in which a most difficult subject—the diagnosis of a sprained ankle—is discussed.

It is not our purpose, in this review, to discuss nomenclature, but we cannot let the name "weak foot" pass without challenge. The reasons which the author gives for using the term are not at all sufficient. As a scientific name for a disease or deformity, it is entirely inadequate. It offers no light upon the pathological condition. There are many bones, tendons, muscles, ligaments and fasciæ which may be at fault.

"The names given to diseases should convey to the mind an exact idea of the morbid conditions which these names are designed to express, at least a strong endeavor should be made toward the attainment of that end."

"The methodical nosographer first describes a morbid condition. From this description he extracts the definition, and from the definition obtains the correct name of the disease which he accordingly classifies."

"The nomenclature of diseases, to be exact, should be based upon the true nature of morbid conditions and should be characterized by simplicity, brevity and accuracy." These three quotations are from that excellent work by Gouley: "Diseases of Man: Their Nomenclature, Classification and Genesis."

We cannot immediately change all the ill-advised names of diseases, but we can avoid coining more unscientific terms.

In attempting to write for both the student and the graduate Dr. Whitman has found it necessary to put in much that cannot interest both classes of readers. This, we believe, is a grave mistake. It is like a specialist who also practices outside his specialty. The field for a good text-book on orthopedic surgery offers a grand opportunity to him who understands the sciences of orthopedy and pedagogy, and who has a good literary training.

In comparison with other books in the same field, the volume before us is unexcelled, but that there is a good text-book on orthopedic surgery we are not ready to admit.

The Physician's Visiting List (Lindsay & Blakiston) for 1904. Philadelphia: P. Blakiston's Son & Co., successors to Lindsay & Blakiston, 1012 Walnut street. Price for twenty-five patients, $1; for fifty patients, $2.

This little book, which is in the fifty-third year of its

publication, is exceedingly compact and simple in its arrangement. It is divided into three parts—special memorandum, cash accounts and engagements. Besides these pages it contains a calendar, pencil, pocket, etc., making it a very complete as well as useful book for the physician.

BOOKS RECEIVED.

Transactions of the Sixteenth Annual Meeting of the North Dakota State Medical Society, Bismarck, N. D., May 21-22, 1903.

The Blues (Splanchnic Neurasthenia), Causes and Cure. By Albert Abrams, A.M., M.D. (Heidelberg), F.R.M.S., Consulting Physician, Denver National Hospital for Consumptives; the Mount Zion and French Hospitals, San Francisco; President of the Emanuel Sisterhood Polyclinic, formerly Professor of Pathology and Director of the Medical Clinic, Cooper Medical College, San Francisco. Illustrated. New York: E. B. Treat & Co., 241-243 West 23d street. 1904.

The Self-Cure of Consumption Without Medicine, with a chapter on the prevention of consumption and other diseases. By Charles H. Stanley Davis, M.D., Ph.D., Member of the Connecticut State Medical Society; Physician to the Curtis Home for Old Ladies and Children; Author of "The Training and Education of Feeble-Minded, Imbecile and Idiotic Children," etc., etc. New York: E. B. Treat & Co., 241-243 West 23d street. 1904.

Transactions of the State Medical Association of Texas, Thirty-fifth Annual Session, held at San Antonio, Tex., April 28, 29, 30 and May 1, 1903. Austin, Tex.: Von Boeckmann-Jones Company, State Printers. 1903.

Transactions of the National Association of the United States Pension Examining Surgeons. Second Annual Meeting, Washington, D. C., May 13 and 14, 1903, including an account of first meeting at Saratoga Springs, June 9, 1892. Vol. I. Published by the Association: Rochester, 1903.

Social Disease and Marriage, Social Prophylaxis. By Prince A. Morrow, A.M., M.D., Emeritus Professor of Genito-Urinary Diseases in the University and Bellevue Hospital Medical College, New York; Surgeon to the City Hospital; Consulting Dermatologist, St. Vincent's Hospital, etc. New York and Philadelphia: Lea Bros. & Co. 1904.

The Treatment of Fractures, with notes upon a few common dislocations. By Charles Lock Scudder, M.D., Surgeon to the Massachusetts General Hospital. Fourth Edition. Thoroughly revised. With 688 illustrations. Philadelphia, New York and London: W. B. Saunders & Co. 1903. Polished buckram, $5 net; sheep or morocco, $6.

A Text-Book of Legal Medicine and Toxicology. Edited by Frederick Peterson, M.D., President of the New York State Commission in Lunacy; Clinical Professor of Psychiatry, Columbia University, New York; General Consultant to the Craig Colony for Epileptics, Sonyea, N Y., and Walter S. Haines, M.D., Professor of Chemistry, Pharmacy and Toxicology in Rush Medical College, Chicago; Professorial Lecturer on Toxicology in the University of Chicago. In two volumes, containing 1,500 pages, fully illustrated. Vol. II. Philadelphia, New York and London: W. B. Saunders & Co. 1904. Cloth, $5 net; sheep or morocco, $6.

REPORT OF THE MEETING OF THE NEW YORK STATE MEDICAL ASSOCIATION.

The New York State Medical Association held its twentieth annual meeting at the Academy of Medicine in New York City, October 19th to 22d, and proved to be one of the best attended, as well as most profitable meetings, from every point of view, since its organization. The program consisted of forty papers covering all departments of medicine, general and special, and written by men perfectly familiar with the subject in hand, a number of which were presented by men from other States.

One of the papers covering considerable original work was presented by Dr. Alfred T. Livingston, of Jamestown, N. Y., entitled, "Ergot in Alcoholism and Morphinism, and the General Class of Drug Habit Cases." The doctor stated at the outset that he did not consider morphinism and alcoholism as diseases *per se*, but that the continued use of these drugs is followed by a dilatation of the arterioles, particularly after the discontinuance of the drug; and it is in this condition that ergot comes in to counteract the effects of this indulgence. He does not believe in "tapering off," but stops the drug at once, teaches the patient that he can do without it—for moral effect—gives ergot, and the patient is often surprised to find the statement of his attendant true.

To quiet the nervous system and induce sleep, he finds the cold bath, galvanizing the spinal and cervical region, using ten to fifteen milliamperes of current for fifteen minutes of great service. He also finds the static spray for one-half hour, dry-cupping the spine and neck, also massage, to be of the greatest relief to the troublesome insomnia accompanying these cases. In addition to the use of ergot he advises free feeding with liquid beef and the whites of eggs at frequent intervals.

His method of administration of ergot is to make a solution of the extract, one dram to the ounce, of this injects one-half dram three to ten times per day, depending upon the requirements of the case.

Dr. Frederick Holme Wiggin, the president, presented his address at the beginning of the afternoon session of Wednesday, in which he took up the history of medical associations of this country, stating that the first physicians to form a society in the United States were those of Litchfield, Conn., the formation of which took place in 1760, from which time the growth of societies was traced to the present time. He referred to the importance of the study of the history of medicine, and advocated the establishment of a chair of History of Medicine and Ethics in medical colleges, the study of which should occupy the first year in each medical course. He also suggested the advisability of each State Society's owning and maintaining its own medical journal, should have its own business office, an editor and corps of typewriters, clerks, etc., the publication of which should be weekly. The address was concluded by reference to the fortunate outcome of the labors of members of both the Medical Society of the State of New York and New York State Medical Association in endeavoring to bring about a peaceful union of the two societies, and now that their efforts are about to be crowned with success the members of both societies have cause for sincere congratulation.

The efforts which have been put forth by the officers and members of both the Medical Society of the State of New York and The New York State Medical Association, to bring about a union of the two societies has of late taken on a more aggressive form, and now, from the standpoint of an outsider, there appears to be little left to do but the arranging of details.—*Penn. Med. Jour.*

Original Articles.

PROLONGED FASTING AS A FACTOR IN THE TREATMENT OF ACUTE DISEASES.[1]

With Special Reference to Affections of the Alimentary Canal.

BY NORTON J. SANDS, M.D.,
Port Chester, N. Y.

THE experience of the writer with enforced prolonged fasting as an aid in the management of acute diseases of any great severity dates back twenty years. In 1883 I was called to take charge of a case of typhoid fever, in the person of a young adult, of two weeks' duration—the previous physician having been discharged—in which the most distressing feature complained of by the patient was excessive and persistent diarrhea—"more than twenty movements a day," the mother said. I had hitherto allowed my typhoid patients the usual amount of liquid nourishment, but at this time, a little out of patience at being saddled with a serious case at that stage of the disease, I roughly said: "Well, I guess if you will stop putting food in at one end of the alimentary canal it will have to stop coming out at the other." Acting on this idea, and fortified by the experience of Dr. Tanner in his six weeks' fast, all nourishment was forbidden, all medication stopped, and, in its place, I left directions that a cool pitcher of water be brought up a number of times a day, and the patient allowed to drink all she wanted.

A marked improvement in all intestinal symptoms began immediately, and in the course of two days the movements had ceased entirely. This patient went ten days without food, when, the general conditions warranting it, nourishment was resumed, and she went on to an uneventful recovery.

Since this date, with few exceptions (and such to my regret), I have pursued this plan of treatment with all my typhoid patients, and have gradually extended it, until I have included it in the management of all acute illnesses of any grade of severity, whether of intestinal or other origin. From observing, too, that patients deprived of food, but furnished with plenty of water, do not lose flesh more rapidly than under the old régimé of feeding, I am pretty thoroughly satisfied that in diseases of any gravity the vital processes that go to the building up of the body are at an absolute standstill. The battle has to be fought out with the stock of tissue and vitality on hand at the outset, and, when that is not wasted, by adding a gastro-intestinal catarrh, with all its attendant troubles, to an already existing disease, it will be sufficient to carry the patient through more often than we think.

In the latter cases (as in pneumonia, influenza, after severe injuries, or after operations of any moment, and especially after laparotomies), while the results are manifestly not so apparent, I find that patients do better without nourishment, inasmuch as they are saved the gastro-intestinal disturbance incident to the taking of food that a diseased system cannot manage.

The most convincing results, however, are obtained, as might be expected, in diseases of the gastro-intestinal tract, itself, whether of typhoidal, dysenteric, or other nature, whether in infancy, childhood or adult life. The presence of food acts as an irritant to the affected mucous membrane, increasing the existing congestion and inflammation, and aggravates the symptoms therefrom.

The duration of the fasting period varies with the nature and severity of the illness. Inasmuch as typhoid cases run the longest course, and there is here most ample opportunity to observe the effects of prolonged abstinence from food, I will go somewhat into detail in regard to my treatment of these patients, and my conclusions therefrom.

My rule, when called to take charge of a typhoid case, is to tell the family frankly at the outset that the patient will be kept on a strict "water diet" for from eighteen to twenty-one days, at the same time assuring them of a more comfortable illness and a more certain recovery. If seen early in the disease, I always direct that the patient shall be freely purged, thus removing from the alimentary canal as much infection as possible, and also, as is more important, taking away the culture medium for the growth and multiplication of the bacilli that are left behind. The amount of water which is ordered and insisted upon for the patient is two quarts in the twenty-four hours, until along in the third week, when, with the falling temperature, less may be desired, and the amount may be reduced a little.

With this method of treatment the abdominal symptoms are practically *nil;* there is no diarrhea, as a rule, after the first few days; there is no pain, no tympanites, and for the past twenty years I have never had a case of profuse hemorrhage, nor one of perforation.

The effect on the temperature is marked; it runs from 2° to 3° F. lower than the average temperature of the text-books, and the employment of cold baths or sponging for its reduction is rarely necessary after the first week. The pulse-rate is correspondingly slower.

The age of the patient has so far been no bar to this plan of treatment. I have recently had a patient of 58 who was starved for twenty-one days; and another, a child of not yet 3 years of age, who went eighteen days without food, and both made most satisfactory recoveries.

In diseases of the gastro-intestinal canal other than typhoid (gastritis, enteritis, dysentery, etc.), without mentioning other treatment, food is with-

[1]Read at the Meeting of the Westchester County Medical Association, November 19, 1903.

held until the symptoms have subsided; and I have yet to see a case where "weakness" resulted at all commensurate with that produced by a more severe illness due to the allowance of food in an already overtaxed and irritated alimentary canal. To feed any such acutely sick person, with the idea of keeping up his strength, and without the warrant of complete abatement of symptoms, as indicated by quiet bowels, lowered temperature and clean tongue, seems to one, who has observed the benefits of the prolonged fast of the typhoid patient, without justification.

In brief summary:

1. Acute illnesses in general, of any severity, do better without nourishment, for the reason that, on account of the fever and the poison of the disease, the food is not digested or assimilated; and, if not, adds a gastro-intestinal disturbance to the already existing disease.

2. In acute diseases of the alimentary canal in particular, all nourishment should be withheld until complete subsidence of symptoms. It is quite possible for a patient to fast twenty-one days, or even longer, without the development of any alarming weakness.

3. The indications for the allowance of food are the absence of abdominal symptoms, a cleaning of the tongue, and a continuously normal or subnormal temperature.

POTT'S DISEASE, LIMITED TO THE ATLAS AND AXIS.[1]

BY PRESCOTT LE BRETON, M.D.,
Buffalo, N. Y.

TUBERCULOSIS, confined to the extreme uppermost portion of the spinal column, is a condition of considerable interest for several reasons. The close proximity of vital nervous centers, the frequency of abscess, the danger of instant death, all combine to make this affection a most important one to be recognized early and to be treated immediately. The peculiar characteristics of the joints between occiput, atlas and axis, the structure of the bones, the site of the referred pains, and the special treatment indicated cause the discussion of this topic to occupy a small chapter by itself, distinct from the usual consideration of tubercular spondylitis.

Although Pott's disease in general is the most frequent form of tubercular ostitis, limitation of the disease to this particular region is unusual. In Whitman's "Orthopedic Surgery," which devotes more space to this subject than any other book, but six out of a collection of 1,355 cases of Pott's disease showed involvement of the atlas or axis alone. This is due chiefly to the compact structure of the bones, and secondarily to the fact that preceding injury is oftener dealt to the lower cervical and lumbar regions which are so exposed to strain. In fact, the inflammatory process, caused by tubercular or some other form of infection, is usually a synovitis of the joints of a very acute type, with or without a small primary focus in the bone.

It will be remembered that flexion and extension of the head—*i. e.*, the ordinary nodding "yes"—is produced by a rocking motion of the occipital bone on the lateral masses of the atlas. Also rotation of the head—*i. e.*, the conversational "no"—is allowed by the motion of atlas on axis as the atlas swings about the odontoid process of the axis. It is the transverse ligament holding the odontoid process against the atlas which is of most consequence clinically. Should the attachments of the ligament become damaged by disease, a sudden jar or even the weight of the head may cause the odontoid process to impinge suddenly on the lower half of the medulla over the respiratory center, and instant death results as in pithing an animal or in hanging. This accident has happened many times, according to numerous observers. Hilton, in his "Rest and Pain," reported two instances of this, exemplified by two illustrations, in one of which the odontoid process is represented in its proper position, and in the other, the transverse ligament having been divided, the odontoid process is seen pressing upon the junction of spinal cord and medulla. (Pp. 57 and 58).

The first complaint of a patient with beginning inflammation in this region is that his neck has been sprained from a preceding injury. He suffers pain in the neck, especially on movement. He walks carefully to avoid jarring the spine, and holds his neck in a position simulating wry neck. While sitting down he tries to obtain relief by holding his chin or the side of his head on his hand, while the elbow rests on the table. He is awakened from sleep by sudden pain, owing to some unguarded motion. His pain becomes more persistent and sharp and is referred to the back or side of the head, shooting to the vertex, and following the course of the great or small occipital nerves on one or both sides. A slight afternoon temperature, a rise in pulse, a loss of appetite and of weight become evident. With the formation of abscess in its usual site on a level with the hard palate or free border of the upper teeth, mouth breathing, nasal voice, dysphagia and sometimes cough appear. He snores at night. On examination muscular spasm prevents the normal motion above referred to, and in testing for this one should steady the lower cervical region with both hands to isolate the movements of the upper region. Pressure on the top of the head increases the referred pain along the nerves. Owing to the superficial position of these vertebræ direct pressure on the spinous process of the axis or on the post-pharyngeal wall discovers local tenderness, a symptom not obtained elsewhere in Pott's disease. If a spinous process projects posteriorly just below the occiput, it is that of the axis, as the atlas has none. It must be remembered that the spinous process of the axis is normally quite prominent. By placing a finger on the occipital bone just above

[1]Read at the Meeting of the Erie County Medical Association, December 14, 1903.

the spine and pressing downward one can detect the occiput, the spinous process of the axis and the depression between corresponding to the atlas. Inspection and palpation of the pharynx discloses abscess if it is present. Should the abscess dissect its way laterally it will appear as a swelling below the ear and back of the sterno-mastoid. If it should break into the spinal canal, paralysis of the entire body below this point is the immediate outcome.

A sprain of the neck simulates closely an early Pott's disease, but the symptoms disappear after a short treatment of rest and traction. An acute pharyngitis may cause an abscess in the post-pharyngeal lymphatic glands, but the history of sore throat and the absence of other symptoms afford an exact diagnosis. The same may be said of cervical adenitis. An infectious arthritis in this region is marked by a sudden onset, a marked constitutional disturbance and a tendency to rapid recovery. Acute rheumatism reveals itself by involvement of other joints. The wry neck of Pott's disease is an irregular atypical distortion with general spasm of the muscles, but sometimes it is difficult to differentiate it from a true spastic torticollis. Bradford and Lovett speak of cases of Pott's in which tenotomy has been performed, owing to a mistaken diagnosis. The chief points are that in Pott's the spasm is general and is relieved by traction, and that the disease is apt to be located in the lower cervical region. The X-ray of late has been employed to define the extent of the diseased area. It is said that after diphtheria there may be paralysis of the trapezii, a forward droop of the head and spasm of the sterno-mastoids, accompanied by pain. The preceding history and the evidence of paralysis elsewhere, as in the throat, should lead to a correct understanding of the case.

The prognosis in disease of the occipito-axoid region is, in general, good, and early recovery ensues in about two years, as a rule. Owing to the compact structure of the bone, the primary focus is small and the deformity is slight or absent. Anchylosis of the joints sometimes results. Abscess develops in the majority of cases and opens spontaneously if not incised. It may cause death from suffocation by its mere presence in the pharynx. It may rupture suddenly and cause asphyxia by flooding the larynx with pus. It often burrows downward back of the esophagus or laterally to the neck. The pus in rare instances enters the spinal canal, causing at this high point a most serious compression, myelitis.

The treatment is complete rest in bed, preferably on a Bradford frame, with sufficient traction to relieve spasm and pain. Support by sandbags beside the head and under the neck may be indicated to obtain fixation and to avoid dislocation of the axis. Traction should be continued for several months. A generous diet, abundance of fresh air and of sunlight are valuable adjuncts. The recumbent position may prove very uncomfortable at first, and to obviate this the head may be well supported by pillows. The patient should be moved gently and carefully at all times. When it is deemed wise to get the patient up a rigid steel or leather support is to be applied.

In an emergency a retro-pharyngeal abscess may be evacuated through the mouth while the patient lies with face downward. This method has its objectionable features. There is danger of suffocation by pus entering the larynx and secondary infection of the cavity is sure to result. Furthermore, gastro-intestinal disturbance may be caused from the swallowing of purulent material. A possibility of septic pneumonia will arise. Hence, of late years, the point of election for incision has been the side of the neck posterior to the sterno-mastoid in its upper third. After retraction of this muscle, the fibers of the splenius capitis and levator anguli scapulæ are found, and by blunt dissection the transverse processes of the upper cervical vertebræ are reached. By continuing the dissection directly inward toward the front of the bodies of the vertebræ through the fibers of the longus colli, the internal carotid artery, the superior cervical ganglion of the sympathetic and the superior laryngeal nerve, which are just in front of this point, are avoided. It is best to aspirate first to find the pus, then to pass a director in the path of the needle, and then to dilate by artery forceps over the director. A drainage tube must be inserted for a short time.

The history of a typical case of this condition is as follows:

A boy of 8 years, referred by Dr. G. A. Himmelsbach, of Buffalo, in February, 1903. The family history was excellent. The boy himself had always been weakly, thin and constipated, although he had had no acute illness. In September, 1902, four months before the writer saw him, a boy at the public school had wrestled with him and twisted his head backward, holding it in an extended position for some seconds. This violent strain caused him great pain at the time. Since then, especially at night, he had suffered pain in his head and all motion had been distressing to him. It was noticed that there were a few swollen glands in the neck. His appetite diminished. His weight decreased from 46 to 41½ pounds. Constipation, sleeplessness and pain in the head increased steadily.

Nine months after operation.

Examination February 4, 1903. A distressed,

anxious face, a careful walk and a fixity of the cervical muscles were evident at once. To look sideways the boy turned his whole body. In bending forward strong muscle spasm kept the upper spine rigidly extended. He could not indicate "yes" or "no" by a shake of the head. While sitting down he supported his head on his hand, as indicated in the photograph. One finger's breadth below the occipital bone a spinous process projected backward nearly one-quarter of an inch. Pressure on this bone, or on the top of his head or on the post-pharyngeal wall caused acute pain. By applying traction upward to the head with the hands relief was afforded. Inspection of the pharynx showed some reddening of the mucous membrane and a tense bulging forward of the post-pharyngeal wall until it was almost in contact with the tip of the uvula. A history of nasal voice, a difficulty in swallowing and snoring during sleep for the previous two months was obtained.

An interesting point was the site of referred pain. This had always been behind the right ear over the sterno-mastoid process, corresponding to the distribution of the occipitalis minor. The pain had been sharp and constant, and always located in the same region.

The temperature in the mouth was 101°, and the pulse 100°. The physical examination was otherwise negative.

The treatment instituted was a traction of three and a half pounds by a Sayre's suspension apparatus. The head of the bed was raised, and a board placed beneath a quilt under the patient. No additional support under the head or neck was necessary in this case. Increased feeding, laxatives and cod liver oil were ordered.

February 10th. Relief from pain had been marked. The facial expression was bright. The boy had slept well. The voluntary shake of the head "no" was free and easy, but the nodding of "yes" caused pain.

February 15th. Continued improvement in appetite, voice and breathing. Temperature, 99.6. Pain entirely relieved. A slight movement toward "yes" possible without pain.

March 9th. Temperature, 100.4. Pulse rapid. Some nausea. The glands at the angle of the jaw had enlarged, and the abscess had increased in size. It was evident then that the abscess would not be absorbed, but must be opened. Accordingly, on March 11th, under chloroform anesthesia, the writer incised along the border of the sterno-mastoid, and after a blunt dissection, as outlined above, evacuated one and one-half ounces of pus and inserted a drainage tube. Relief of all symptoms ensued and the opening soon diminished to a small sinus discharging a few drops of pus daily. An occasional slight discharge still appears. During the summer the boy was kept out of doors all day under a little tent, traction being continued. In August a leather combination collar and jacket was made by the writer and the boy began to sit up and walk for the first time in six months. At the present time all movements are free and easy, and the projection of the spinous process of the axis has largely disappeared. Induration is still evident back of the posterior pharyngeal wall. Tonics, increased feeding, fresh air and fixation by the leather apparatus constitute the treatment. The patient is still poorly nourished, but plays and runs about daily. A good prognosis for the future would seem evident in this case.

WHEN AND HOW TO OPERATE FOR GALL-STONES.[1]

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WITHIN the last few years the opinions of the medical profession concerning the proper handling of patients suffering from gall-stone disease have been greatly modified.

As the experience of our leading surgeons in this affection accumulates the older opinions as to the symptoms that indicate the presence of gall-stones and the proper time for surgical intervention have been radically changed. Forced by clinical findings—which, after all, are the only sure guide—the opinion is advanced and every day is being strengthened that delay is unwise and early operation the only safe rule.

The course followed in the history of this affection parallels that of appendicitis. Appendicitis now means, as a rule, appendectomy, but this radical stand has not yet been taken by the medical profession with reference to cholelithiasis for several reasons.

1. The diagnosis is not made early, before complications arise.

2. People with gall-stones are usually over 40 years of age. They are apt to be fat, flabby, with weak hearts and damaged kidneys, and poor subjects for any surgical procedure.

3. The diagnosis in many cases is obscure, because we are learning that the usual classical symptoms are not present in those cases in which an early operation shows such brilliant records.

The precolic symptoms, if I may so term them, are only incidentally connected in our minds with the biliary system, and we are treating gastritis and intestinal disorders when gall-stones are at the foundation of all the symptoms. Later on, when the diagnosis points unmistakably to the gall-bladder and ducts, when we are reasonably positive regarding the seat and cause of the trouble and operation is performed, we are face to face with complications that seriously affect the success of the operation and the mortality statistics.

I propose, therefore, to consider the symptoms and signs which precede the typical onset of biliary colics, the large mortality rates of late operations, the large percentage of cures in early operations and see if these facts do not form a

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sufficient basis on which to advocate the rule of early interference.

A word regarding gall-stones and their formation.

Gall-stones are formed of bile salts, mucus, epithelial debris and bacteria. Cholesterin forms the basis of most calculi, varying from 70 per cent. to almost pure, in some varieties. Bile pigments are also found alone or in combination with lime, and there may exist traces of other substances not necessary to mention here. These calculi range in color from a light gray to black, depending upon the amount of bile pigment in their composition. They are soft or hard, varying with the admixtures of lime. In size they are found from the so-called "bile sand" to calculi measuring several inches in length. When large they are apt to be single, smooth and oval, when small, numerous, angular and faceted. They are found in order of frequency occupying the gall-bladder, cystic, common or hepatic duct and in the substance of the liver.

Formation.—Their presence in the biliary system is due to changes in the bile itself brought about by foreign influences. Notably an obstruction to the normal flow of bile, but chiefly by the action of bacteria and the results of the infection they produce. Normal bile is sterile and not a good culture medium for bacteria. Infection of the gall-bladder, when drainage is free, causes no pathological changes. The unobstructed flow of fresh bile dilutes and washes away the infection. Stagnant bile, on the contrary, permits of their growth and production of pathological states, varying from simple catarrhal inflammation of the mucous membrane, to the formation of calculi and severe inflammatory conditions of a part or whole of the biliary system and adjacent organs. Bacteria may remain harmless in the gall-bladder a long time, to assume activity under favorable conditions. Such conditions are present in people at or beyond the middle age. Obesity, sluggish life, improper diet, tight lacing, these factors all act to modify the bile itself and retard its flow, resulting in a congestion or catarrhal state of the biliary system, but bacteria are needed to convert this latent into an active process and result in the massing of mucus, epithelial debris and bile salts about themselves as the nuclei of biliary calculi. (Mikulicz found bacteria in 18 out of 23 cases of gall-stones.)

The colon bacillus is the organism which is found with the greatest frequency, and its derivation directly from the intestines through the bile ducts or indirectly from the portal vein through the blood is easily accounted for. Calculi may be formed in the liver or bile ducts, but this is rare, and the usual site for such formation is within the gall-bladder itself. Furthermore, formation of stones within the liver or ducts is probably due to primary pathological conditions in the gall-bladder. It is estimated that from 5 to 10 per cent. of all individuals have gall-stones. The percentage is nearly double—16—in people over 60 years of age. Gall-stones are about three times more frequently found in women than men. This is probably explained by lacing, sedentary life and pregnancy.

Only about 5 per cent. of the great number of cases of cholelithiasis become active. The remaining 95 per cent. constitute the so-called "latent" or "slumbering" stones, but these may pass in a few moments from a state of quiescence into one threatening the life of the individual. So long as the stone or stones remain within the gall-bladder no localizing symptoms may be present, but as soon as a calculus breaks away and starts on a trip through the bile ducts positive symptoms at once arise. What factors start this migration? Kehr claims it is due to a contraction of the gall-bladder, incited by inflammation and distension produced by infection. That the inflamed gall-bladder becomes irritable, contracts and forces the stone into the cystic duct and originates the colic.

Another theory is that the calculus plugs the duct, prevents drainage from the gall-bladder, fluid accumulates within it, it is incited to contraction and so ushers in the typical condition of colic.

We need not split hairs over these theories, both causes are probably active, and whether infection preceded the obstruction or the obstruction hastens the infection the fact remains that we shall have to deal with both in treating the pathological condition. The amount of pathology biliary calculi may produce is not limited to the containing bladder or ducts, but may involve the liver, stomach, intestines and pancreas.

Time does not permit of a detailed account of these morbid changes. They form a long chapter in themselves, we can merely enumerate the more important lesions. The variations extend from simple catarrhal states to the severe phlegmonous inflammations, with even ulcerations and perforations or gangrene, in whole or in part, of the gall-bladder. There are flexures and stenoses of ducts; contraction and thickening, or dilatation and thinning of the gall-bladder alone; adhesions between various parts of the biliary system, and the stomach, intestines or abdominal wall with possible formation of biliary fistula. There may be peritonitis localized or general, of mild or fulminating types. Intestinal obstruction from bands or impassible calculi.

The liver and pancreas may be included in the pathological aggregation, presenting changes from simple distension of their ducts and substance to complete destruction of their parenchyma by the obstruction to their secretions and infection by bacteria. Finally carcinoma may develop in the biliary system or adjacent organs.

Gall-stones then may slumber peacefully in a majority of their hosts, or start into activity and incite pathological processes that may in a few hours require the life of their possessor. Usually the course is slower, but the results in the end the same. Late operations are usually complicated ones in which a death rate of 47 per cent. is reached. Early operations are, as a rule, un-

complicated, with a mortality percentage of 2 or 3 per cent. In operations in the first-class relapses, imperfect results and secondary operations often follow. In the second, a cure is the rule. Why temporize, then, and lose 40 per cent. more patients and have so many imperfect results? The reason is that we have not learned to make the diagnosis early; our instruction has been faulty. When the classical text-book symptoms are present our patient has already joined the class of complicated conditions. It is taking time to unlearn old things and accept the new. From the light shed by the writings of Ochsner, Mayo, Robson, Ferguson and others, we are beginning to see our way more clearly.

What are *the symptoms,* then, which precede the typical colic? In many cases there may be none, but in more there will be a train of pre-colic symptoms that in the light of experience are being recognized as sufficient to justify an abdominal exploration. Ochsner says: "I believe it will be necessary to change the basis of our diagnosis (of gall-stones) entirely. The symptoms which will most constantly lead to a correct diagnosis when gall-stones are present are not biliary colic, jaundice and passing of gall-stones with the feces, but (1) digestive disturbances, a feeling of weight or burning in the vicinity of the stomach after eating, gaseous distension of the abdomen; (2) a dull pain extending from the epigastric region around the right side about at a level with the tenth rib, reaching to a point near the spine and progressing upward under the right shoulder blade; (3) a point of tenderness on pressure between the ninth costal cartilage, right side and umbilicus; (4) a history of having had one or more attacks of appendicitis or typhoid fever; (5) in many of these cases there is a slight tinge of yellow in the skin, not sufficient to be recognized as icterus, but still sufficient to be perceptible upon close inspection on the days on which the patient is not feeling very well, when she complains of feeling bilious; (6) there is usually an increase in the area of liver dulness: (7) there may be a swelling of variable size opposite the end of the ninth rib."

If the warning symptoms are disregarded, and a gall-stone colic precipitated, you have then a train of symptoms varying with the size and location of the stone and severity of the coincident infections. I will not attempt to review all the various symptoms seriatim, but will point out some of the unreliable features of the so-called classical ones.

1. Jaundice is not a symptom to place too much stress upon. In Ochsner's experience, in 75 per cent. of patients this symptom was absent. In Kehr's cases, jaundice was absent in 80 to 90 per cent. and in 33 per cent. of cases where calculi were found in the common or hepatic duct. If icterus is present it may be due to other causes than gall-stones. Omitting the so-called hepatogenous form, the conditions which may cause this symptom are entero-colitis, inflammation of the ducts, common and hepatic, and new growths of the biliary system or in the contiguous viscera. When jaundice is present and due to a calculus in the hepatic or common ducts, it is variable in its intensity, but with malignant disease it is progressive and persistent.

2. The pain. The typical pain is severe, spasmodic, that may be localized, but is apt to be diffused and felt anywhere in the abdomen or body, but chiefly it is felt in the pit of the stomach or umbilicus, and reflected by the splanchnics to the right lower costal region, the back and below the right scapula. The tenderness or point of pain elicited by pressure is usually 1½ inches to the right and the same distance above the umbilicus—Robson's point. Such pressure emphasizes the point of greatest intensity as indicated, and increases the subjective sense of pain in the referred localities, whereas pressure over those referred points elicits no tenderness.

The causes of the pain as determined by Ferguson are the spasm of the gall-bladder and ducts, forcible stretching of the ducts by calculus or mucous plugs, spasm of the rectus abdominis and inflammatory swelling of the mucous membrane of the ducts. Typical colic may not be present. In half of Ochsner's cases this was found wanting, and those who had suffered from pain were thought to have had gastralgia.

Biliary colic may be present without stones, flexion of the gall-bladder may produce it. In 6 per cent. of cases of chronic obstruction pronounced colics were absent. (Ferguson.)

Usually the more chronic a case is the more frequent and less severe are the attacks of colic.

3. Tumor, caused by swelling of the gall-bladder. This is found in infections with obstruction of the cystic duct, which result in suppurative inflammation or empyema of the gall bladder. This may pass on to ulceration and perforation, or gangrene and rupture, with the attending results, local or general peritonitis. In obstruction of the common duct by calculi the gall-bladder is usually contracted; if the obstruction is due to causes other than calculi the gall-bladder is usually dilated. (Courvoisier.) With stenosis of the cystic duct without infection the gall-bladder gradually becomes enlarged by the retained mucous secretion—hydrops—until it reaches large proportions.

4. Calculi in the feces. This is a very uncertain sign. No calculi were found in any of Ochsner's cases. If a calculus is found in the feces it does not prove that there are not others left behind, which demand removal.

The *differential diagnosis* must be made from such affections as these, gastralgia, ulcer of the stomach or duodenum, intestinal or renal colic, peritonitis or appendicitis, ileus, cirrhosis of the liver, acute pancreatitis, carcinoma of the head of the pancreas or biliary passages, infectious icterus.

We haven't time to take these up in detail, but in making the diagnosis we should be guided by the experience of others and from their clinical knowledge they tell us that "the most pronounced

signs of gall-bladder disease are the same which are the most marked in diseases of the organs in its neighborhood." (Brill.) "Positive diagnosis is possible only when a calculus is found in the feces, or crepitus obtained from a tumor in the region of the gall-bladder." (Mackie.) Detection of gall-stones by the X-ray is uncertain.

Diagnosis is then at best only presumptive and in the precolic stage must be based on symptoms of indigestion, constipation, gastralgia, intermittent colicky attacks of short duration after eating, in the upper right quadrant of the abdomen. Eighty per cent. of Ochsner's cases had been treated for gastritis.

There is a shade of yellowness in the skin and sclerotic, only detected on close observation. The liver may be slightly enlarged.

The right rectus may be rigid and tenderness may be found on pressure over Robson's point. But if the muscle is lax and no tenderness found on palpation, tenderness and even considerable pain may be detected by the "deep prod" of Lloyd which is made over the gall-bladder with the closed fist. Inspection and auscultation will usually be negative. Examination of the blood and urine may shed light on the condition.

There is some fever in one half of the cases. When there is obstruction this fever is peculiar in that it may suddenly rise from normal to 104 of 105 degrees, to rapidly drop back to normal. Murphy calls this the "temperature angle of hepatic infection."

The pulse is no guide, as it does not increase in proportion to the fever, as a rule.

"The diagnosis, in the majority of cases, being only presumptive, the following should be the accepted rule, when reasonably certain that a stone is present in the biliary passages or gall-bladder: Resort early to surgical procedures for its removal; if not found, the affections most commonly present and closely simulating can be cured or benefited thereby." (Mackie.)

Seventy per cent. of operations for removal of calculi from the gall-bladder are uncomplicated, and the mortality is 2 to 3 per cent. Fifteen per cent. of reported operations for gall-stones in the ducts are complicated, and the mortality is 47 per cent.

In 33 cases of acute pancreatis associated with cholelithiasis, that might have been relieved by early operation, there were 32 deaths, and only one recovery, and this happened not because an early diagnosis had been made, but because an early operation had been urged. (Wiener.)

Ochsner's conclusion that, "The diagnosis we can make before the abdomen is opened is only sufficient to indicate that an abdominal operation should be done," should be our guide.

"One attack predisposes to another, and early operation is justified because the physician has no assurance that a given attack will subside without causing—

"1. Jaundice by obstruction of the common duct, which may remain until relieved by a serious operation.

"2. Rupture of the gall-bladder.

"3. Ulceration and perforation by pressure of stones.

"4. Death by severity of colic.

"5. Empyema of gall-bladder.

"6. Acute phlegmonous inflammation of gall-bladder.

"7. Gangrene." (Ferguson.)

In this connection note Allen's report of 5 cases of primary suppuration of the gall-bladder in as many cases operated upon in succession—all fatal without surgical intervention. A patient suffering with gall-stones may at any moment become critically ill; often at the most inopportune moment and place.

"All inflammatory colics of the gall-bladder are accompanied by extensive adhesions which affect the omentum, colon, duodenum, pylorus and pancreas." (Deaver.) Therefore the unwisdom of delaying and piling up pathological difficulties for future operations.

Against the operation the age and health of the patient is to be taken into account. The possibility that the diagnosis is wrong; but we know that exploratory operations are not attended with mortality beyond that of the anesthetic and so much can be done to correct lesions found involving other organs and responsible for the symptoms. Hernia; possible, but not probable, above the level of the umbilicus, if developed, easily held by a bandage. The recurrence of gall-stones; not if the factory in the shape of the gall-bladder is properly drained or removed entire. Possibility of spontaneous cure; very rare, as other stones are probably left to work mischief later on.

Kehr states that "the mere presence of gall-stones does not call for operation, certain resulting conditions, as inflammation, require it or prolonged presence of stones in the cystic or common ducts," but as stones that produce symptoms are the only ones we are aware of, and as their presence is such a menace to the individual, a presumptive diagnosis of their presence justifies an exploratory operation, and their removal if present.

We find then, that we return to the point from which we started, and are compelled by the logio of conditions to advise in all suspicious cases with gastric symptoms, that do not readily yield to a proper course of medical treatment, an exploratory operation, by which an accurate diagnosis may be made and the needed relief furnished.

In all other cases where we are reasonably sure that gall-stones are present in the gall-bladder, and in those in which violent symptoms are present, we must operate early.

1st. To prevent a mild attack from passing to a severe one, and to remove the stones before they have passed into the common duct, and added to the severity of their removal by the complications they produce.

2d. In the severe cases of biliary colic and in-

fection we have no alternative but operation to save the life of the patient.

3d. In cases of duct stones we should operate as early as the circumstances will allow, the condition of the patient alone being a guide to the time. Operations on chronic stones in the common duct should preferably be performed in the interval after an attack, but should not be delayed beyond the earliest possible moment, for fear of other calculi becoming loosened and starting on a destructive trip, and on account of the dangers of exciting acute pancreatitis, or even malignant growths in the ducts, pancreas or intestine.

THE OPERATIONS UPON THE BILIARY SYSTEM.

The Preparatory Treatment.—If the patient is severely jaundiced, and time permits, administer 20 to 30 grains of calcium chloride, well diluted, three or four times a day, for two or three days before the operation, and after the operation give double this quantity by enema until the jaundice clears up or all danger of hemorrhage has passed. All other measures for strengthening the patient's resistance to a surgical procedure should also be utilized. Locally the patient is prepared as for any abdominal operation. At the time of the operation, place a sand-bag beneath the back, opposite the liver, as Robson advises. This acts like the Trendelenberg position to shift the viscera away from the field of operation. The preferable incision is through the outer portion of the right rectus, as advised by the majority of surgeons. This may be enlarged later if necessary, either upward or downward, or both.

If we operate at the time of election, *i. e.*, when the diagnosis is only clear enough to justify an abdominal exploration in the gall-bladder region, or in an interval after a mild attack of biliary colic, the operation is apt to be fairly easy, because we do not have to deal with complications and hence the ideal procedure can be carried out. For gall-stone disease, limited to the gall-bladder, this is according to Davis—*cholecystectomy.* The reasons Davis advances for this as the operation of choice are:

"1. When the cystic duct is partially or wholly occluded, healing is prompt and complete.

"2. When the wall of the gall-bladder is thickened, friable and atrophied the functionless viscus is taken out and can no longer torment the patient.

"3. When there are adhesions they will remain as long as there is a pathological gall-bladder present to keep up the irritation.

"4. It is a well-known fact that intra-abdominal adhesions gradually disappear when there is no disturbing element.

"5. The value of the gall-bladder as a reservoir for bile is nil.

"6. After being profoundly diseased, the gall-bladder never returns to a normal state and is not only valueless, but, on account of the defective drainage, is subjected to risk of fresh infection.

"7. When the gall-bladder is removed, all further danger of stone formation ceases.

"8. Five per cent. of all serious diseases of the gall-bladder are followed by carcinoma."

The technique of the operation is found by consulting the writings of Davis, Ochsner, Mayo, Robson, Kehr and cannot be given here except to emphasize the point that it is safer to drain all cases for a few days at least by a tube fastened into the open extremity of the cystic duct, reenforced by strips of gauze suitably disposed. Such drainage may be through the incision in front or through Morison's pouch—behind.

If the bile is sterile and no infection present, the only condition that would justify ligation of the duct, no risk is run by drainage; on the contrary, if the bile contains bacteria, drainage is demanded; therefore, drainage is proper in every case, inasmuch as it is impossible to always pick out the sterile cases. The tube can be removed in a few days if there is no infection; with infection it should be left in position for ten days or longer, and the sinus allowed to close spontaneously. However true the statements of Davis are, in reference to cholecystectomy, the fact remains that ideal conditions do not exist, and, therefore, a theoretically perfect procedure cannot be carried out in most of the operations.

Practically, we must be governed in our choice of cholecystectomy or *cholecystostomy* by many factors, such as the physical state of the patient, whether the operation is an interval and leisurely one or an imperative and hasty one. Cholecystectomy will doubtless be the operation of the future when diagnoses are made earlier—when patients are referred to the surgeon while comparatively strong and well able to withstand a severer operation. But that time has not fully arrived, for the cases we are called upon to treat at present have usually been sick long enough to show marked systemic infection from bacteria and bile. If jaundiced—which is the symptom usually waited for by the physician—the case is still more unfavorable for anything but the simplest undertaking, and many are brought to our notice in extremis. Consequently, while things are as they are, while the medical profession has not learned the precolic symptoms and the patient is not subjected to early interference, while the interval operation is comparatively infrequent, in fact, while the ideal conditions upon which correct theoretical conclusions are based do not exist, we must perforce of circumstances, use the great life-saving procedure of simple incision and drainage—cholecystostomy—either in one or two stages. At some later time, when circumstances are nearer the ideal, the more radical measure can be used.

The opinions of the advocates of cholecystectomy, as the operation of choice, are not accepted by all without question. For instance, Ross claims that this operation does not produce a more radical cure than drainage, for even after excision stones may form in the ducts or in the liver itself.

Ferguson limits cholecystectomy to three condi-

tions of the gall-bladder, viz., primary carcinoma, gangrene and retention cysts, and advocates incision and drainage in one stage for the other pathological states of this viscus.

Therefore, if we are forced to carry out the demands of the hour and merely perform a cholecystostomy instead of the more rational cholecystectomy we may rest satisfied in knowing that 98 per cent. of our patients will recover from the operation in uncomplicated cases, and of these, 15 or 20 per cent. may have a persistence of symptoms that later can be relieved by the more radical procedure.

Choledochotomy. — Concerning operations upon the hepatic and common ducts. Only the broad statement can be made here—that calculi discovered in the ducts must be removed if circumstances permit. Operations here are difficult from the anatomical situation and relations of these ducts, and from the pathological complications usually present in the surrounding tissues—as adhesions to viscera, implication of the liver and pancreas in the infectious process, fistula, abscess and even malignant involvement. The duct must be reached by careful dissection, steadied by two suture-retractors, incised, the stone or stones removed and the duct drained in every case by tube and gauze barrier after the plan of Mayo.

Cholecystotomy is only possible in a very few exceptional cases, and in these cholecystostomy or cholecystectomy are preferable.

Cholecystenterostomy is an operation of necessity and undertaken to merely prolong life in cases of permanent occlusion of the common duct by an irremediable cause—as malignant growth in or about it. It is no longer seriously considered in calculus obstruction, as it does not relieve the condition and favors direct infection of the gall-bladder, ducts and even liver.

Hepatotomy—Suggested by Davis.—Incision and drainage of the liver itself is practical when obstruction exists in the common bile duct and the ducts and gall-bladder cannot be reached at the operation.

Many points of operative procedure and nearly all of technique have necessarily been omitted, owing to the brief time allowance for these papers.

In conclusion, then, I would say, seek the cause of chronic gastric and intestinal disturbances beyond the immediate viscera themselves, if appropriate treatment brings no relief, and it will probably be found in the biliary system.

A condition of sickness persisting after a reasonable time involving the organs of the upper right abdominal zone justifies an exploratory operation.

If the cause is found outside of the biliary system it probably can be removed or the condition so modified that a cure will result.

If calculus disease of the biliary system is found, treat this according to the consensus of surgical opinion. Cholecystectomy, whenever possible in proper cases. Cholecystostomy, the operation for most cases—with or without choledochotomy, as required by the presence or absence of calculi in the ducts.

Drain every case by gauze or tube, or both. We do not know in all cases whether infection is present or absent. To fail to drain an infected case is fatal, to drain a sterile case leads to no complications.

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ANTITOXIN TREATMENT OF TETANUS.

Dr. Douglas C. Moriarta reports* the following case, with recovery on the twenty-ninth day. The disease made its appearance twenty-five days after the patient—a young male, 14 years old—had received a severe lacerated machine wound of the knee and lower leg. The antitoxin was begun with 10 c.c. doses hypodermically, and increased with the third dose to 30 c.c., which amount was then given every eight hours until a total of 800 c.c. had been administered. On the seventh day of the antitoxin the pulse, temperature and respiration became normal, the patient was free from pain, and there had been no convulsion for thirty-six hours. Considerable muscular rigidity and stiffness of the jaws persisted for some days.

*Medical Society of the County of Saratoga, September 22, 1903.

EXTRADURAL ABSCESS AND MASTOID DISEASE.[1]

BY SEYMOUR OPPENHEIMER, M.D.,
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OF all the intracranial complications of mastoiditis, epidural, or, as it is more frequently called, extradural, abscess is by far the most frequent, and, on account of its close relationship, both to meningitis and sinus thrombosis, it occupies a unique place among the remote pathologic changes resulting from extensive necrosis of the mastoid cells. While extradural pus collections consist essentially of a localized purulent meningitis, in which the suppurating area is limited to a small surface of the meninges, yet a distinction should be made between a true epidural abscess—that is, a collection of pus localized and confined between the inner osseous wall and the brain membranes and the so-called extradural suppurations, which are more or less frequently found during an extensive mastoid operation, where the dura is in part exposed and forms a portion of the inner wall of the purulent cavity in the mastoid.

This latter condition is quite often discovered when the inner wall of the mastoid is reached, and, as a rule, is so seldom accompanied by any definite symptoms, or any signs indicative of its presence, that no special clinical significance can be ascribed to it as a definite morbid entity, although, of course, it adds to some extent to the gravity of the mastoid necrosis. When the dura is exposed in this manner, it results as a consequence of the bone erosion extending from without inward, while the true extradural abscess ultimately manifests itself by a reverse process; this is by eroding the bony areas with which it is in contact, from within outward.

The relation of epidural abscess to meningitis is that of a small to a large area of inflammation of the brain coverings; in the one case the meninges becomes adherent to the inner table of the skull and completely walls in the purulent collection to a somewhat limited area, while on the other hand, no such protective barrier to the infective agencies is afforded, and a diffuse meningitis results. When the abscess cavity, as is frequently the case, is in close proximity to the external wall of the sinus, the latter is exposed to the dangers of thrombosis. Although the dura and the sinus wall may for a considerable length of time successfully resist the disintegrating action of the purulent inflammatory process, yet eventually if the pus collection be not relieved by surgical measures infiltration and the development of granulation tissue in immediate proximity to the large venous channels will sooner or later develop and bring about a limited destruction of both these tissues. But as the course of the epidural abscess is essentially chronic the development of extensive adhesions between the dura, pia and brain substance necessarily ensues and thereby confines the purulent infection to a somewhat limited site. In many of these cases where the tissue destruction has been extensive and the erosive action of the abscess has necrosed in part the inner mastoid wall, the original mastoid empyema and the epidural abscess surrounding the lateral sinus are thus brought into contact and a large single pus cavity is formed, involving all these structures, so that when the mastoid operation is performed the pus from the intracranial complication is evacuated simultaneously.

While the essential primary cause of the dural abscess is that of the mastoid empyema, yet other morbid changes acting as secondary etiological factors are also evident in many cases. Pachy and lepto meningitis and sinus thrombosis are frequently found combined with the condition under discussion, either as the consequence of the abscess, yet not infrequently they may occupy an intermediate place in the causative train of pathologic events. The mastoid infection under such circumstances, involving a small area of the dura and producing a limited pachymeningitis externa which undergoes suppurative changes, and finally resolves itself into an uncomplicated epidural abscess, or, in addition, the sinus also becomes infected and a thrombophlebitis adds greater gravity to the dual affection.

The time during which the mastoiditis has existed before the intracranial complication has developed varies greatly in almost every case. Grunert in a most careful study of twenty cases having found twelve from acute and the remaining eight having developed from chronic aural diseases. But many factors enter into this phase of the question and the duration of time existing before the dura becomes infected, depends not only upon the severity of the inflammatory process in the bone, but is strongly influenced by the tissue resistance; the form of bacterial agencies present in the given case and the direction in which the greatest area of bone necrosis leads the majority of epidural abscesses occurring in connection with mastoid disease being situated in the posterior cranial fossa.

The usual etiologic rationale in the development of these abscesses is based essentially upon the thin wall separating the lining membrane of the mastoid cells from the meninges, becoming necrotic. This portion of the mastoid then breaks down, usually in the form of a minute sinus and a localized meningitis of a low grade

[1]Read at the Twentieth Annual Meeting of The New York State Medical Association, New York, October 19-22, 1903.

is gradually developed about the affected area, so that when the necrotic portion separates, or by the previously mentioned sinus, the infective material is brought into contact with the brain membranes, the diseased site is completely shut off from the general cranial cavity. Instead of these macroscopic bone lesions in connection with the dura being present, the inner osseous wall may present no evidence of necrotic changes, as the infection will in this class be conveyed to the cranial cavity by means of embolic or thrombotic processes in the minute venous channels so profusely distributed in this region, or in other cases one of the larger venous sinuses will be involved as the predominating pathologic lesion.

Other pathologic elements may also be concerned in the individual case and seriously affect the chances of recovery, such an instance being reported by Lewis in a woman of 24 years where the extradural abscess was of a tubercular nature, but although it was evacuated the symptoms still continued and she died under the anesthetic a week later while a secondary operation was about to be performed. The abscess may also result from a true osteomyelitis, as described by Pouzat, or in extremely acute cases such as in two reported by Preysing, there exists a rapidly developing acute inflammation of the compact osseous portion of the mastoid process. Quite often, therefore, the channels of invasion are more or less devious and the pyogenic material is transmitted through the medial and superior walls of the mastoid process into the cranial fossa.

The following case shows this channel of invasion and also illustrates the development of an epidural abscess as the result of an acute mastoiditis:

F. H. Female, age 12 years. With the exception of typhoid fever four years ago, she has always been robust and healthy. She has never had any trouble either with the upper respiratory tract or ears until two weeks before she first came under my observation, when, during a severe attack of influenza, she complained of pain in the right ear. Examination at this time showed a slight congestion of the manubrial plexus, but no bulging of the drum. Dry heat applied by means of a Leiter coil gave prompt relief and the aural symptoms disappeared for one week, when the pain again returned with greater severity than before. The membrana tympani was intensely congested and gave decided evidence of the presence of fluid in the tympanic cavity; a paracentesis was then performed and a quantity of thin, yellowish pus was evacuated. The relief from the pain, however, was but slight, although free drainage from the tympanus seemed well established. The temperature was 100 degrees, while the pulse was 86 and the respiration was normal. Two days later the aural pain had decidedly ameliorated, the temperature and pulse had returned to normal, and while the aural discharge was scant no untoward symptoms indicative of the extension of the ear disease were present. The following day, however, the temperature rapidly rose to 103 degrees, the pulse to 110 and headache was complained of over the entire right side, but especially over the mastoid, and, to some extent, further backward toward the occipital region. The mastoid gave no visible evidence of infection and pressure did not increase the pain, although percussion caused her to complain.

The extension of the tympanic suppuration to the mastoid cells was diagnosticated and an operation was advised. No distinctive signs were present that in any way could be construed as indicating the extension of the disease to the cranial cavity, but the general symptom complex and especially the irritability and restlessness led us to suspect the presence of some irritation of the meninges, in addition to the mastoid empyema. Under ether anesthesia the usual mastoid operation was performed. The tissues over the mastoid presented no abnormal changes, but the cortex was exceedingly dense and great difficulty was experienced in penetrating it.

The pneumatic cells were filled with pus and broken-down tissue, especially in the vicinity of the antrum and the inner wall. With the exception of the tip of the process, which was healthy, the bone was almost completely eviscerated and free communication was established with the antrum and tympanic cavity, both of which contained considerable purulent material. After a large cavity had been cleansed out in the mastoid the inner wall appeared to be healthy and free from caries, except at one point well back, where a minute area of softened bone could be clearly distinguished, in the center of which was a thrombosed vein leading apparently to the posterior cranial fossa. With gentle curettage this portion of the osseous tissue was readily broken down and gave exit to about a half ounce of pus similar to that observed in the tympanic cavity. The sinus presented no evidence of infection and the abscess cavity was formed by the adhesion of the dura to the osseous wall. The cavity was washed out, the parts packed with iodoform gauze and the usual dressings applied. By the following day all the symptoms had disappeared except the headache, which had greatly diminished in intensity, but there was considerable staining of the dressings from the discharge. This, however, gradually diminished in amount until about the ninth day, when it ceased, and the mastoid wound went through the usual course. The results in this case were exceedingly favorable, as she made a prompt convalescence and has had no further trouble with the ear for the past two years.

As previously stated, epidural abscess is the most frequent intracranial complication of mas-

toid empyema and may be the cause of the sinus infection, or may be responsible for the development of brain abscess. When the latter is also present and the extradural abscess has been evacuated through the diseased temporal bone and the latter has healed, the path of the otogenic infection is necessarily withdrawn from observation and the recognition of the remaining brain abscess becomes most difficult. While the presence of epidural abscess is quite frequent, it is also, as a rule, more easily reached than the other intracranial complications and is certainly more satisfactorily treated.

As regards the frequency of the extradural abscess in relation to mastoid disease, Picque and Ferrier claim that more than one-half of all cases originate from this cause. Grunert found suppuration on the outer surface of the dura 26 times in 176 acute cases in which the mastoid operation was performed, while it occurred but 39 times in 573 chronic cases. While Gradenigo in 68 cases of mastoid disease on which he operated, found 12 with endocranial complications, and of these 5 were extradural abscesses, all of which recovered. It is interesting also to note in this connection that in but one case was marked optic papillitis noted, and that was in a case of perisinuous epidural abscess, in which however, the sinus was not thrombosed. Jansen reports 148 cases of intracranial suppuration, of which 108 cases were extradural abscesses, and Randall states that in his experience in ten instances within a year, after trephining a suppurating mastoid, the caries of its inner plate was so great that it necessitated the exposure of the dura and the liberation of pus between it and the bone.

The two most common sites for the development of the pus collection in the order of their frequency are, first, in the posterior fossa near the vertical portion of the groove for the lateral sinus, and, secondly, in the middle fossa on the superior surface of the osseous tissue forming the roof of the antral cavity. Should the mastoiditis travel backward the perforation into the cranial cavity will probably be through the thinner tissue of the groove previously mentioned, while in some instances where the mastoid cortex is sclerosed the tendency for the route of the infection is upward and inward, and the epidural abscess thereby develops in the middle cranial fossa.

Of course, the dangers are augmented when the pus collection is in close relationship to the sinus on account of the tendency to the production of secondary inflammation and thrombosis, but even under these circumstances this does not always follow, as a large abscess may exist in this location without producing the least damage to the sinus. Broca records an instructive case in this connection, in which in a child of 8 years a large abscess surrounded the lateral sinus, yet the mastoid was successfully opened, the pus collection evacuated and recovery ensued. While Kummel cites a somewhat similar case, in which he opened the posterior cranial fossa, removed the contained purulent collection there and his patient fully recovered.

The abscess may vary greatly in size, and while some will contain but a few drops of pus others may contain an ounce or more, the latter while being strictly localized will yet at the same time cover a large area and quite closely resemble a diffuse meningitis.

Like the confused and sometimes vague symptom complex of other otitic intracranial affections, the symptoms present in the early stages of extradural abscess possess no special characteristics distinguishing them from those of the primary focus of infection in the mastoid process. As the localized meningitis becomes more sharply defined, however, and takes on the aspects of the secondary pus collection, there may occur a sufficient increase in the intracranial pressure to produce some symptoms of diagnostic import. If the pressure is much augmented, however, the symptoms may indicate an abscess of the brain tissue and be sufficient to render an accurate diagnosis impossible, preliminary to exploratory operation. Or, again, the secondary infection may be somewhat more extensive than usual, and spreading to some extent over the immediate meninges, will be responsible for the symptoms of meningitis to the entire exclusion of those of epidural abscess. On the other hand, in both acute and chronic cases, an extensive epidural pus collection may form with but few symptoms, and this takes place not only in those with an extra thick mastoid cortex, but also in some cases where the disintegration of the osseous tissue has been exceptionally rapid.

Korner states that every intracranial suppuration does not always produce symptoms from which safe conclusions as to its location can be drawn. This seems especially the case in extradural abscess, as there are but few characteristic symptoms, although one may suspect the existence of this condition, when in the presence of mastoid symptoms the aural discharge suddenly becomes less, or ceases entirely, and the patient shows signs of meningeal irritation. The two most conspicuous signs in a number of the cases are severe and continuous headache, frequently localized over the affected area, and a moderate elevation of the temperature, seldom reaching above 102 degrees, which undergoes slight fluctuations, but seldom reaches the normal.

In the infrequent uncomplicated cases pyrexia is very slight or absent, as a rule, and for this reason these cases are attended with greater mortality. Although the patient may complain of headache and one or two subjective symptoms, yet without fever and in the absence of prominent aural symptoms the true condition is not appreciated. Temperature is practically always present when the abscess is extrasinuous, but it

must be remembered that a rise in temperature may be due to the mastoiditis and not necessarily to the abscess. If the fever cannot be accounted for by the aural disease alone then one is warranted in suspecting an intracranial complication. In those cases attended with a high temperature at the beginning and in which other symptoms present indicate epidural abscess an additional complication in the form of a sinus thrombosis or a meningitis will probably be present. Should the temperature not be sufficiently elevated to suggest either of the latter conditions the question of the presence of a cerebral abscess will have to be considered, but the absence of localizing signs and the presence of some elevation instead of a subnormal temperature will greatly aid in eliminating this factor.

In rare instances, however, localizing symptoms may be present, due to the pressure of the pus collection on adjacent brain areas, but it is extremely uncommon, as the large majority of epidural abscesses do not exert any pressure upon the motor tracts. When such symptoms are present they usually take the form of a crossed paresis, alteration in the sensibility and some minor disturbance in the special senses. An interesting case showing some of these features being reported by Milbury, in which the abscess pressed on the left temporosphenoidal lobe of the brain and produced facial paralysis of the left side, slight paralysis of the right arm and leg, mental impairment and amnesic aphasia.

Pain in the head is one of the most constant and valuable symptoms, and is generally present in practically all cases. As a rule, it is confined to the side corresponding to the intracranial lesion and often is limited to a localized area. It varies much in intensity and an intermittent headache may for a time be the only symptom. It is usually more severe than the pain caused by the mastoiditis and is apt to occur in paroxysms. The tissues over the site of the pain sometimes being exquisitely tender even on the slightest pressure, and this symptom may, in conjunction with others, give some indication of the location of the abscess.

The pulse rate varies with the degree of associated meningeal irritation, and when the latter is prominent an accelerated pulse is frequent, especially in the early stages, but later when the acute symptoms subside it is apt to become slightly slower than normal. Schmiegelow reports an interesting case of epidural abscess in a boy of 12 years, in which the symptoms were a slow pulse, subnormal temperature, nausea, dulness of intellect and headache. The abscess was on the floor of the middle cranial fossa and the patient recovered after its evacuation, while the author states, in commenting on the case, that he has never before found a slow pulse associated with epidural abscess alone. As a rule, therefore, little dependence can be placed upon the rate of the pulse in this affection.

Rigors are rarely present in uncomplicated cases, and if they develop the presence of complicating involvement of the venous channels may with considerable assurance be presumed. Although Barr records several cases in which the special features were frequent and repeated rigors with a high temperature, yet no evidence of a sigmoid sinus involvement was found. Vomiting is apt to occur when the paroxysms of pain are greatest, and it may occur without nausea, but it usually indicates some menigeal irritation, and when the abscess is located in the cerebellar fossa the vomiting is apt to be associated with vertigo or some disturbance of the equilibrium. Both these symptoms have, however, little symptomatic value, and, like the anorexia, coated tongue and constipation, possess no diagnostic value. Slow cerebration, or some degree of mental dulness, occurs only in the last stages and without reference to the location of the pus collection. Its origin is somewhat obscure, but it is probably due to some increase in the intracranial pressure from moderate effusion into the ventricles. Optic neuritis is but rarely found, and as a symptom of epidural abscess the eye grounds afford no information.

As well showing the grouping of the symptoms, the following cases reported by Knapp are instructive. In the first case there was headache, nausea, dizziness and some stupor. The mastoid became swollen and tender and an operation failed to disclose the presence of pus. Four days later, however, there was a free discharge of pus from both the mastoid opening and the ear, with some relief of the symptoms. These, however, returned, with a rise of the temperature to 105 degrees, and death followed, the autopsy disclosing a purulent leptomeningitis of the left temporal lobe and lateral ventricle and an epidural abscess on the inner side of the mastoid and in and about the foramen lacerum. The second case commenced with pain in the forehead, right ear and occipital region, but no fever. A puncture of the drum-head relieved the pain and gave exit to a purulent discharge and the symptoms did not again return for six weeks, when pain in the right occipital region recurred, with fluctuation and swelling of the tissues. A large incision was made to the bone and a quantity of creamy pus liberated, while a spontaneous opening was found extending into the intracranial cavity. The patient succumbed, however, five months after the onset of the disease, and the necropsy showed that the inner table of the mastoid was absent, while a large cavity filled with pus extended from the outer surface of the lateral sinus to the external cortical fistula. In addition there was also an abscess in the cerebellum.

Little need be said here as to the character of the pus present in the abscess, but in acute cases it is usually yellow and odorless, while in the chronic cases it is apt to be ichorous and brownish or greenish in color.

Even under the most favorable conditions the diagnosis of an epidural abscess is both indefinite and obscure, and in many of the cases there are no distinct symptoms by which the surgeon can recognize the pus collection before operation. The chief diagnostic symptoms are the headache and a temperature which continues after the mastoid has been opened. The condition of the ear at this time may render some information, especially if there is a subperiosteal abscess behind the mastoid, or a variable amount of edema extending backward to the occipital region. Or, again, when the abscess is located in the middle cranial fossa, the edema may extend above and behind the mastoid, while the latter remains free, but is sensitive to pressure. In many cases evidences of the extradural abscess are only disclosed when during a mastoid operation a fistula is found leading into the cranial cavity, or the medial wall of the mastoid has broken down. In not a few of the cases symptoms of meningeal irritation such as headache, slight rise of temperature, somnolence, pain on pressure, slowing of pulse, vomiting and stiffness of the neck may lead one to suspect the development of an abscess, but usually these symptoms are indefinite and afford little diagnostic value.

The differential diagnosis between extradural abscess and meningitis may be made by the high temperature, rapid pulse, irritability, general excitement, restlessness and hyperesthesia of the special sense organs in the latter, in contrast with the slow cerebration, apathy and drowsiness in the former. One may find, however, a slow pulse with a temperature of meningitis, and in such cases both the conditions may coexist at the same time. If the diagnosis still remains in doubt in the presence of meningeal symptoms lumbar puncture should be performed, and if it gives a negative result then an epidural abscess or a sinus phlebitis, or both, are probably present. Macewen and Milligan state that the symptoms of an extradural abscess always dominates and masks those of a brain abscess when the two occur together, and it is not until the former is relieved by operation that reliable evidence of the presence of a brain abscess can be obtained.

In a few instances of uncomplicated epidural abscesses, if, after opening a subperiosteal pus collection, a bone fistula is detected, through which a probe can be passed into the cranium, we may be assured that an abscess exists, while in some cases a doughy swelling forms with some tenderness on pressure about one inch behind the meatus at the point of exit of the mastoid emissary vein. When this is conspicuous and the other symptoms enumerated are present in conjunction with the history of the aural disease it strongly indicates an intracranial complication and we may be fairly positive that we have to deal with an epidural abscess. Grunert believes that an exact diagnosis is impossible and the surgeon must proceed with a diagnosis of probability until the mastoid has been operated upon. Friedrich states that mastoid operations are frequently interrupted by the finding of an abscess between the bone and dura, and from the expansile pulsation it is easy to recognize the endocranial origin of the discharge. The dura recedes before the pressure of the pus and an abscess cavity is formed between the bone and dura, which leads to compression of the cerebral substance and sometimes it attains such enormous dimensions that the pus makes its way to other regions, while Bacon states that frequently when operating for mastoid inflammations the surgeon finds a carious opening just over the sinus, even when the symptoms were only those indicating mastoid disease.

In contradistinction to the probable diagnosis sometimes, though rarely made by the symptoms alone, there still exists what may well be called the surgical evidences of the disease; in other words, the signs that are found indicating an epidural abscess during the mastoid operation.

Green concisely states this aspect, when he says that early operation is advisable, for an exact diagnosis is often impossible, and the chances are largely that a fistula through the bone from the ear will lead directly to the brain disease. This, therefore, gives justification for early exploration of the bone, and as the disease of the bone originates from the suppurating ear the latter is the cavity from which we should explore. Furthermore, as the infected ear requires operation in any case, this operation can readily be combined with an examination of the fistula and the recognition and treatment of the brain disease.

If on opening the mastoid the pus is seen to pulsate there is every probability that it communicates with the cranial cavity, and after the diseased area here has been removed and a fistula is found it should be traced to its termination in the epidural abscess. Again, in a suspected case where the diagnosis has not been fully determined, the mastoid operation is first performed in the usual manner, the vertical groove for the lateral sinus is then exposed and the sinus is examined and treated according to the pathologic changes found. The course of the sinus is then traced upward and backward to its horizontal portion, where immediately above is the middle fossa, while below is the posterior fossa. If the epidural abscess should be found in the neighborhood of the lateral sinus it is evacuated and dressed in the usual manner, but if no pus collection exists at this point a flexible grooved director may cautiously be passed in various directions between the dura and the skull in order to locate an abscess in other positions.

The following case seen recently well exhibits the danger a patient may be in from an epidural

abscess and yet without sufficient subjective symptoms to warn him to seek early relief.

B. M. Male, age 32 years. At the age of 15 years the right ear became inflamed and suppurated from causes unknown to him. From that time until the past six months it was more or less constantly moist and at varying intervals the suppuration would become profuse for a few days to again be reduced in amount by local treatment. He has always enjoyed good physical health, and except for the annoyance of having the ear moist he considered it of little moment until six months before I saw him, when the discharge became profuse, fetid and slightly greenish in color. Instead of moderating, as it usually did under the routine treatment he had been receiving, it still continued and he began to suffer with frequent headaches over the frontal region. This continued for nearly two months, when the pain in the head disappeared from the frontal region, but became severe over the mastoid. During the next four months he stated that he lost twelve pounds in weight, had a variable appetite, would have to give up work at times on account of the pain and weakness, and would have variable attacks of fever, but he never had any chilly sensations.

Three weeks before he first consulted me, with all the symptoms continuing and the pain extending further back over the occipital region, an abscess formed back of the ear, which was opened by a small superficial incision, with the escape of considerable pus. As this afforded no relief to the symptoms and the pus still discharged from both the ear and the incision, he was referred to me for examination. At the time when I saw him there was a fistula well back on the mastoid, from which considerable pus was exuding and which admitted a small probe but a short distance, evidently on account of its irregular course. The membrana tympani was in great part destroyed and no evidences of the malleus or incus could be recognized, a free purulent discharge being present. The mastoid was swollen and the tissues infiltrated around the sinus and the entire side of the head well back over the occipital region was extremely sensitive to the touch. He was very nervous, the temperature was 101 degrees and the pulse 90, and there was a slight degree of mental dulness, while he stated that he had been vomiting for several days past and became dizzy if he moved about much.

In addition to the mastoiditis, the presence of a purulent intracranial collection was so palpable that an immediate operation was insisted on. The mastoid was opened and was seen to consist of a large pus cavity, the osseous tissue of its interior being in great part destroyed by the carious process, while even the cortex was exceedingly fragile, as the slightest pressure with the curette would suffice to break down the disintegrating bone. Immediately on exposing the mastoid interior the contained pus was seen to pulsate, and when this was removed with the necrosed bony tissue and after communication had been established with the antrum and tympanic cavity a large opening was found in the posterior wall, exposing the inflamed dural surface. This led into an extensive pus cavity between the dura and the bone, which was evacuated, thoroughly washed and the sinus was then further examined, but was found to be unaffected. The treatment was the same as in the former case. Evidences of considerable meningeal irritation were present for several days following the operation, but other than this the improvement was marked, and as the restlessness and dull ache in the head soon passed away his convalescence continued uninterrupted and he made a speedy recovery.

In both the cases here reported the bacterial examination of the discharges showed a polymicrobic infection, but the ordinary pus organisms predominated. Usually, however, in the acute cases the pneumococcus plays an important part, and in the presence of even minor symptoms associated with this organism we are justified earlier than in the presence of other organisms in suspecting the development of an extradural abscess. The relation of the microorganisms to the intracranial lesion has been especially marked out by Leutert, who maintains that it is the reduction in the virulence of the specific microorganisms that affects the occurrence of a circumscribed meningitis, the preliminary condition of nearly all brain abscesses. Whereas virulent bacteria, if they ever reach the surface of the dura, spread so rapidly over the leptomeninges that a diffuse meningitis is the speedy result.

The final termination of an extradural abscess if not recognized will vary greatly, depending upon the direction in which the greatest destruction of tissue takes place, but it remains quiescent for long periods of time and may finally open externally. In twelve cases reported by Grunert four opened outward and formed a subperiosteal abscess, while Urbantschitsch also records a case which spontaneously evacuated. Very often the epidural pus collection is the connecting link between the ear disease and a more dangerous intrancranial complication, while in other instances it is impossible to say whether the epidural abscess is the cause or the effect of the deeper otitic lesion in the cranium. In the same way it may be closely allied to a leptomeningitis, or sigmoid sinus phlebitis, but in the great majority of neglected cases the dura perforates and the patient dies from a consecutive cerebral abscess, or a purulent sinus thrombosis and leptomeningitis. As regards the spontaneous evacuation of the abscess, Knapp states that it may open into the ear, through the medial wall of the mastoid, the roof of the tympanum, the squama temporalis, or through the occipital bone, above and behind the ear canal.

In recognized cases the prognosis, as regards

cure, is extremely favorable if the abscess be evacuated by operative procedure, and undoubtedly this affection under such circumstances gives the greatest number of recoveries of any of the intracranial complications of mastoid disease.

In Grunert's 20 cases 11 of the 12 acute abscesses recovered, and of the 8 chronic instances 2 recovered, while 1 died later of pulmonary tuberculosis, 2 were still under treatment, 1 uncured refused treatment and in 2 the results were unknown. The successful issue in the large majority of reported cases of epidural abscess has been essentially due to operative evacuation.

No other treatment than the surgical release of the purulent collection should be considered, and as a guiding principle in operating on these cases one should always proceed from the primary origin of the infection in the mastoid and trace the course of the disease to its final conclusion in the cranial cavity. As the surgical measures necessary in treating the cases have been, to a great extent, already mentioned, it is only necessary here to state that the mastoid should first be opened, the abscess located and evacuated, and the dressings and after treatment should conform with those applicable in mastoid operations.

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DISCUSSION.

Dr. Frank W. Higgins, of Cortland, said that just a week ago he had operated upon a case which had interested him intensely, presenting some points of similarity to those brought out in this paper. In his case the infection was undoubtedly due to the filling of the canal of the ear with a large steatomatous mass behind which the pus accumulated. The drum membrane was broken down. Infection took place up through the attic, and not by way of the mastoid cells at all. At the operation the brain substances appeared to be perfectly healthy, and it was necessary to pass the needle of the aspirator down an inch and three-quarters into the brain before reaching pus. In this case there was a very distinct choked disk, the pulse was very slow and the temperature ranged between 97.2 to 99.6 degrees F. The patient was now doing well. The speaker said that these cases of cerebral abscess were said to occur about three times as often in the middle as in the posterior fossa. This was well to remember, because when at the time of operation there was no evidence of pus the operator was anxious to know just in what direction the needle should be passed. The pus in his case was almost purely a staphylococcus infection. Such cases as this are not examples of extradural abscess, but as the cause, history and symptoms are so similar, we must be prepared to meet them on the table.

Dr. Oppenheimer, in closing, said that it was a good plan not to remove too large an area of bone around the margin of the epidural abscess, because in doing so one was exceedingly apt to break down adhesions which fortunately formed about these abscesses and thus prevented diffuse meningitis. It was well not to irrigate these cavities, mopping them out instead, and so avoiding dissemination of the suppurative process.

SOME FEATURES OF THE EPILEPTIC ATTACK.[1]

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ONE who is not in frequent touch with epileptics is very apt to get an erroneous, or, I might say, diagrammatic conception of this syndrome. This has especial reference to the epileptic seizure. Many text-books speak of the so-called typical epileptic attacks, and the young practitioner makes desperate efforts to get hold of such for his instruction; but to his great regret he cannot find them. Féré has justly pointed out that there are almost as many forms of attacks as there are epileptics. Even in the same individual great variations between the different attacks are found.

From a medical point of view, it would appear very important to find characteristics that stamp an attack as epileptic and to secure in general definite points typical of epilepsy. However, here again we are baffled; there is not a single symptom that is characteristic of epilepsy and it is only by familiarizing ourselves with the great variety of forms in which the disease can show itself and by constantly comparing them with the picture and course of other diseases that we can arrive at a correct diagnosis.

A very important point is personal observation of the epileptic attacks. The value of such observations is proportionate to the experience and knowledge of the observer, since an inexperienced observer may remain in doubt or come to the wrong conclusion even if he sees the seizure. Therefore, familiarity with the various forms in which the epileptic attack may manifest itself is of extreme importance.

With such a number of epileptics as are found at the Craig Colony, which at present amounts to over 800, the opportunities for seeing epileptic attacks are unusually favorable and the writer has made use of these opportunities to study such attacks and make careful notes of them. I shall now discuss the points that this study brought out, viz.:

(1) The Initial Cry. (2) The Condition of the Pupils. (3) The Manner, Grouping and Distribution of the Spasms. (4) The State of Consciousness. (5) The Condition of the Tendon Reflexes.

1. *The Initial Cry.*—That erroneous conceptions are prevalent regarding the nature of the initial cry in epileptic seizures I had recently an opportunity to observe. A physician making a visit at the Colony was anxious to see some attacks. About five steps from him a patient uttered the epileptic cry, which was followed by a very grave convulsion. I called the doctor to see the attack, which he did with great enthusiasm. He mentioned later, with regret, that the attack had lacked one classical feature, *i. e.*, the cry. In accordance with what he had been taught, he had expected a shrill, loud cry, and therefore did not recognize the real cry, which was a low, protracted, tremulous groan. This groan-like feature of the cry is indeed very frequent. In constant association with epileptics, the ear becomes so trained to it that the ominous character of the groaning is immediately recognized.

It is now generally accepted that the cry is not one of surprise or fear, but a purely spasmodic phenomenon due to the spasm of the respiratory muscles driving the air through the spasmodically contracted glottis. The bleating-like tremor of the cry is explained by the assumption that the initial spasm is not purely tonic, but slightly clonic, *i. e.*, with slight rythmic relaxations of the spasm.

2. *The Pupils.*—It has long been taught that dilatation and immobility of the pupils constitute a constant symptom of the epileptic seizure and this sign has been pointed out as one by which the epileptic seizure can be distinguished from the hystero-epileptic in which the pupil was said to be normal, both in size and in reaction. Recent observers have shown, however, that this distinction does not hold true, inasmuch as immobility of the pupil has been observed in seizures which were undoubtedly hystero-epileptic.

Moreover, it is certain that in the epileptic attack the pupil is not invariably dilated and not always immobile. I have seen at least two cases in which it was not dilated in the convulsive stage. In one of these the attack was very severe and the pupils were examined toward the beginning of the clonic stage. They were contracted rather than dilated. In the other case, the attacks were mild and of short duration, but followed each other in rapid succession. In this case the pupils behaved quite varyingly. In some attacks they were moderately dilated and would react. In others the caliber of the pupils changed several times during the attack, reacting at one time, not at another.

On the whole, the degree of dilatation of the pupils gives a measure of the severity of the attack, but to this there are exceptions as above noted.

The condition of the pupils at the beginning of the attack and again in the post-convulsive, *i. e.*, stertorous stage, is not, as a rule, mentioned in the text-books. However, some authors have called attention to it.

In one case a nurse was instructed by me to watch the pupils carefully at the beginning of the seizure and he reported that, just as the attack began, the pupils became extremely small; then, all at once, they jumped, as he said, becoming very wide. This extreme contraction of the pupil directly at the beginning of the attack was observed also by Siemens and Féré. It is, however, frequently missed.

At the beginning of the stertorous stage, immediately after cessation of the convulsions, the pupils may again be found contracted, as I had

[1] Read at the Twentieth Annual Meeting of The New York State Medical Association, New York City, October 19-22, 1903.

occasion to observe in a number of cases, but the contraction is not so marked.

3. *The Character, Distribution and Grouping of the Convulsions.*—In discussing the convulsions of the grand mal attack, I shall begin with literally quoting a description of an attack as given by a well-known author, Dr. Charles L. Dana: "The attacks," he says, "begin in half the cases with a peculiar sensation called aura. Often, also, a loud cry is uttered and the patient falls unconscious to the ground. The face is pale, the eyes are open and turned up and to one side, and the whole body is in a state of rigidity or tonic spasm. The arms are slightly thrown out from the trunk, the forearms are flexed, the fingers clinched or flexed in other ways and the legs and feet extended. This tonic stage lasts for fifteen to twenty seconds. The face becomes congested and livid from compression of the veins of the neck and stoppage of respiration. Gradually jerky movements of the face and limbs begin and the stage of clonic spasm sets in. The trunk and limbs are now alternately flexed and extended with violent shock like convulsions. The facial and eye muscles twitch, the saliva collects in the mouth, and as the tongue is often bitten, it becomes stained with blood. The movements are sometimes so violent that the patient is thrown about the bed or floor and occasionally a limb is dislocated, usually the shoulder."

This description is fairly typical of what we are usually taught of the course of an attack of grand mal, and was, therefore, selected for discussion. Let us single out some features:

In the first place, the eyes are described as open and turned up and to one side and the head as thrown back and turned to one side. This is indeed frequently the case, and we might add that the eyes are, as a rule, turned to the same side as the head. However, it is important to note that both may change in position during the attack. In the beginning of the tonic stage, the head particularly may be found drawn to one side, while toward the end or in the clonic stage, it may be turned to the opposite side. Furthermore, I have seen quite as many cases in which the head was turned forward as when it was turned backward or to one side. The eyes need not be turned upward or to one side, but may be found staring forward in a fixed manner, giving a very peculiar impression by their complete immobility.

As to the attitude of the limbs, it is seen to vary considerably in different cases. The upper extremities are indeed more frequently flexed than extended at the elbows and wrist, but there are cases in which, especially in the beginning of the tonic stage, either one or both of these joints are extended.

For the lower extremities, I found extension of the legs and feet to be by no means the rule, a semi-flexed position of thighs and legs being frequently met with.

Another feature worthy of mention is the asymmetry of attitude seen in the majority of cases, *i. e.*, the upper extremity of one side assumes a different attitude from that of the other side, and the lower extremity of one side likewise differs in attitude from that of its fellow, so that all sorts of attitudes may be observed.

Moreover, the attitude changes considerably during the attack, particularly during the tonic stage, so that the patient passes through all kinds of contortions.

The above-mentioned asymmetry of spasm is frequently seen also in the face, although the contractions of the facial muscles may be entirely symmetrical.

The hemiplegic cases which so far, I have had occasion to observe in epileptic attacks, did not offer any distinct difference in character of the attack from the idiopathic cases. I mean there is nothing in the character of the grouping or distribution that would stamp these cases as organic. There was no preponderance of the convulsions of one side over the other or of one part over the other. However, I wish to reserve judgment in this regard until I have seen a larger number of cases.

I shall not discuss here cases of partial or Jacksonian epilepsy. These, of course, conform to other rules.

In many patients the spasms of the various attacks follow the same course or at least begin in the same manner. This is evident by those cases in which the same locality is injured in every attack.

5. *The Condition of Consciousness.*—The determination of the state of consciousness during the epileptic attack is often extremely difficult. When consciousness is preserved to a certain extent, we have two means of verifying its presence, *i. e.*, 1, by finding evidences of mental activity during the attack; 2, by evidence of recollection, *i. e.*, by receiving from the patient at a later period, a personal description (of course, not one from hearsay) of events that occur during the attack.

If both of these evidences are absent, we conclude that the patient was unconscious. Frequently we are content with the absence of recollection alone to form this conclusion. However, we must not forget that during the state of muscular contraction of the tonic and clonic stages the patient may be unable to perform any voluntary muscular movements, and, therefore, be unable to give any evidence of mental activity even if such were present.

On the other hand, we know that many kinds of mental activity are entirely, or almost entirely, forgotten. I remind you of the dreams of which we frequently have only a hazy recollection, or no recollection at all, except of the fact that the dream occurred. But we need not go so far when we know that epileptics perform complicated acts of which they have no conscious recollection and may never give proof of having any recollection whatever. Therefore, the case is possible in which a patient during an epileptic

convulsion might be conscious without being able to give any evidence later of his consciousness during the attack.

I mention these facts in order to call attention to the perplexities by which we are assailed in this regard, and to show how important it is to get *more accurate* evidence of the state of consciousness found at the time of the attack than is implied in such vague statements as a complete loss of consciousness, or partial loss of consciousness, coma, etc.

The manner of obtaining evidence bearing on the existence of some degree of mental activity during the attack is to apply tests of different kinds. For instance, irritation of the skin should be tried and its effects noted. Thus pricking with a pin, touching with a piece of absorbent cotton, approaching a burning match and watching how the patient reacts toward such stimuli may be tried. Then the special senses should be tested by making different noises, approaching objects toward the eyes, etc., and noting how the patient behaves toward them. For instance, if tickling or stroking the sole produces only a flexion of the toes, dorsal flexion of the foot and some contraction of the thigh muscles, this is an elementary and cutaneous reflex. If the patient withdraws the foot altogether, this shows, at least, a higher type of reflex. If he rubs with his hand the place which was pricked, this shows a slightly higher activity of the central nervous system, and if he turns around and brings his foot in a position where it cannot be well reached, this is evidence of a still more complicated function which must in part, at least, be cerebral.

To illustrate what I have said, I shall subjoin a description of a case as seen in the stertorous stage of an attack: The patient is found lying on his back on the floor, about fifteen minutes after cessation of the convulsive stage. His right arm is moderately abducted, the elbow is flexed at a right angle, the wrist nearly so, the fingers semi-extended. The left arm is less abducted, the left elbow more flexed (about 60 degrees). The left hand lies across the lower end of thorax, above the epigastrium. Thighs and knees slightly flexed and feet in moderate equinus position. Eyes half closed, face has a mask-like expression. All limbs show considerable rigidity as also jaw and head.

Knee jerks both decidedly exaggerated; ankle clonus on both sides, exhaustive at first, but after repeated tests, typical. Pupils react to light, also consensually. Yellowish foam at mouth, respiration deep, although changing in depth as also somewhat in rhythm (19 per minute).

Patient does not brush away flies which assail him, but reacts to painful stimuli as pricking with pins if such are repeated in frequent succession, also closes lids when such are lightly touched with absorbent cotton. Closes eyes if such are approached rapidly by examiner's fingers. Also shows conjunctival reflex present and if the conjunctiva is repeatedly touched shows signs of increasing consciousness, inasmuch as the defensive movements become more marked and more varied; but when left alone, he soon relapses again into a condition in which he is entirely unresponsive to the noises made by other patients around him, such as loud voices, rattling, polishing of the floor, etc.

Such a description has more clinical and decidedly more medico-legal value than simply calling the stertorous stage a coma or semi-coma, and it is here presented as a plea for more accurate and objective descriptions of the state of consciousness in the different stages of the epileptic seizure.

5. *The Tendon Reflexes.*—The study of the tendon reflexes in the epileptic attack has not received very much attention and the statements found regarding it are rather contradictory.

In the convulsive stage, if the rigidity of the muscles allows a test at all, Oppenheim found the knee jerks absent. Sternberg saw cases in which they were normal or even exaggerated and Oppenheim quotes Beevor as finding them more frequently exaggerated than diminished in incomplete or abortive attacks. In my experience they were more frequently exaggerated than diminished and in one or two cases there was typical ankle clonus. In other cases there was an exhaustive ankle clonus. One case in which the attacks occurred every few minutes was very instructive. During the attacks the knee jerks were exaggerated, in the intervals they were normal. In one test, the tapping of the patellar tendon was repeated several times, until an attack occurred. It was then noted that the knee jerks, all at once, became very lively, and at the same moment a new attack set in. I wish to add that the exaggeration of the tendon reflexes found by me was not seen in organic cases only, but in cases unattended by a primary organic brain lesion.

In the post-convulsive stage Church and Peterson, Dana and Binswanger found the knee jerks diminished or absent. According to Binswanger the knee jerks give a measure of the severity of the attack, being frequently lost for many hours after a grave seizure. Whether this is really the case, I have not had sufficient experience to say, but wish to record the fact that I found them more frequently increased than diminished and sometimes attended by spurious or typical ankle clonus. Hirt also states that exaggeration of the knee jerks in the post-convulsive stage is quite common.

DISCUSSION.

Dr. W. A. Macpherson, of Le Roy, said that a year ago last September a woman had been shot in the head, the bullet entering three-eighths of an inch above the external auditory meatus. The bullet rebounded and did not remain in the skull. About thirty minutes after the shooting there was a severe convulsion, and three others followed within three hours. There were then no

more convulsions until last August. In September he saw the woman have a typical epileptic seizure. Undoubtedly the lesion was in the squamous portion of the temporal bone, and it had occurred to him that she might be cured by operating upon this portion of the skull.

Dr. Onuf, in closing, said that in Dr. Macpherson's case the prognosis would be better if the epilepsy were really as recent as he supposed; however, very frequently in these so-called traumatic cases there was a history of marked epileptic heredity, and in such the result of operation was not apt to be so good as in cases which were purely traumatic.

THE TYPHOID EPIDEMIC IN ITHACA,[1]

With Special Reference to Causation, Prevention and Treatment.

BY CHAUNCEY P. BIGGS, M.D.,
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EPIDEMICS of typhoid fever, having a sharp, clean-cut beginning, can usually be traced to a milk or water supply.

The specific source of infection can usually be more easily traced when it occurs in a milk supply than when it occurs in a general water supply.

The water furnished the city of Ithaca by the Ithaca Water Company is a surface supply, taken from two streams. That this water supply was infected could hardly be doubted, but to find the case or cases of typhoid that infected the stream, or streams, was quite a different matter, and probably will never be certainly known.

While infection may have occurred from several sources, or in several ways, satisfactory proof has not yet been obtained that will attach the source of infection unmistakably to either one of these possible sources.

It is very unusual for the distinct and definite source of infection of a water supply to be traced with the certainty that it was traced in the epidemic of typhoid that occurred several years ago at Plymouth, Pa.

In many ways the Plymouth epidemic was so like the Ithaca epidemic that I think it will be of interest to remind you of some of the facts brought out in the history of that epidemic.

The following I take from a report made by Dr. Lewis H. Taylor, and published in the *Medical News* of May 16, 1885:

Plymouth is a mining town on the Susquehanna River, about three miles below Wilkes-Barre. At that time it had a population of about 8,000 or 9,000. During the second week of April, 1885, the epidemic began. The onset was very severe, cases developed with great rapidity, and within a few days nearly one thousand persons were stricken with this disease.

A few days of warm weather had occurred a short time before the epidemic began. The water supply was taken from a mountain stream, and during this warm weather the stream was much swollen, the springs and watershed were thoroughly cleansed, and all of the accumulated animal and vegetable matter was washed into the stream.

This was a mountain stream of great purity, and was considered an unusually good surface water supply. In order to increase the supply four dams had been placed across the stream, making four reservoirs for the storage of water.

When an inspection of the watershed was made to ascertain the source of the epidemic, it was discovered that there was just one house along the stream, situated between the third and fourth reservoirs, and only 40 feet from the water's edge. The banks at this point were steep, and ordinarily any drainage from this house would quickly find its way into the stream. This, though, had been an unusually cold winter and the ground had been continually frozen, until the time of the thaw already referred to. In this house, situated between the third and fourth reservoirs, and within 40 feet of the stream, was found a patient convalescent from typhoid. He had visited Philadelphia on December 25, 1884, and returned home in January, 1885. He developed typhoid, and was ill with it for many weeks. On March 18th or 19th he had a severe hemorrhage from the bowels. This, with the other dejecta, was thrown on the banks of the stream, and remained on the ground until the last week in March, when the thaw came. The epidemic began the second week in April.

The history of this epidemic is quite unique as regards the certainty of the exact source of infection.

Let us compare the facts of the Ithaca epidemic with those of the Plymouth epidemic. The Ithaca Water Company supplied a large part of the city of Ithaca with water. As has already been stated, the Ithaca Water Company furnishes water taken from two streams which connect through the company's pipes.

Certain parts of the city used wells, and certain other parts were supplied from a third stream. Early in the epidemic the health authorities observed that the parts of the city in which typhoid fever was epidemic were using water furnished by the Ithaca Water Company.

The parts of the city supplied by wells and the third stream referred to were practically free from the disease. As time went on, these lines continued to be sharply drawn, and only a few sporadic cases occurred outside of the district supplied by the Ithaca Water Company.

Additional proof of the supposition that the infection came from the Ithaca Water Company's supply was given when it was found that households using boiled city water for drinking purposes were practically free from the disease.

The water supply of Ithaca had not been satisfactory, and in order to improve it a dam was being built in Six Mile Creek to store a quantity of water, with the idea of building a filter

[1]Read at the Twentieth Annual Meeting of The New York State Medical Association, New York City, October 19-22, 1903.

plant as soon as the dam was finished. A hundred or more Italians had been working upon this dam and living near or upon the watershed during the fall, and until the weather in December became so severe that the work was discontinued.

The atmospheric conditions during the fall and early winter had been such that a thorough cleansing of the watershed had not occurred. The fall had been unusually mild and open until the beginning of December. On December 4, 1902, the grass was green and the ground had not been frozen. During the night of the 4th of December about seven inches of snow fell. More snow fell later in the month, until it reached a depth of about two feet. Most of the snow remained until about December 21st, when there was quite a freshet. It snowed again on the 25th, and a thaw occurred again about January 4, 1903.

These conditions resulted in an accumulation of animal and vegetable matter upon the watershed for two or three months, as occurred at Plymouth, but instead of having one marked freshet, we had two or three thaws, extending over about two weeks.

The typhoid fever began in Ithaca about the middle of January; a large number of cases developed by January 25th, and the largest number of new cases occurred during the first week of February. It would seem from this history that each new thaw added to the infectious material that was thrown into the water supply, and that for this reason the largest number of new cases occurred over two weeks after the beginning of the epidemic.

It was noticed by the physicians in Ithaca that all of the cases of typhoid fever that developed late in the epidemic were much milder than the earlier ones. An interesting question was raised as to whether the mildness of the latter cases was due to a greater resistance, and, if so, whether a more prolonged infection was required, or whether the greater resistance increased the length of the period of incubation.

In connection with these questions of resistance, infection and period of incubation, a group of secondary cases that occurred in July, from an infected well, are of interest. The infection came from a dug well about twenty feet deep, and the well became infected from a sewer pipe that ran very near it. This well was in the rear part of a house which was occupied by two elderly persons. One of them had had a mild illness, extending over several weeks, but the physician in charge had not diagnosed the case as typhoid. An examination of the blood, however, for the Widal reaction, gave a positive result.

The water from the well referred to was siphoned to a second house, in which a family of twelve persons were living. The family consisted of the parents, eight children and two grandchildren. They all developed typhoid fever, except the parents. One died from a perforation of the bowels, one as a result of repeated intestinal hemorrhages, and eight recovered.

The whole family depended upon the water from the infected well for drinking purposes, and undoubtedly were exposed to the infection at the same time. These facts give us very reliable data as to the variation in the period of incubation of typhoid fever. The dates given to the Board of Health upon which the disease developed are as follows: Two on July 13th, two on July 16th, one on July 18th, one on July 19th, one on July 21st, two on July 23d, one on July 24th. It is impossible to tell just when the water became infected, but with an exposure occurring at the same time, we have a variation in the development of the disease of eleven days, from the first two that occurred on the 13th to the last one which occurred on the 24th, and with a very even distribution of cases during the days between these extremes.

In the typhoid epidemic in Ithaca there were comparatively few cases from secondary infection outside of households where the disease had existed. The possibility of a large number of secondary cases can be readily understood when it is known that something like 700 cases occurred during the first three weeks of the epidemic.

It is difficult to say when a water supply that has been infected becomes safe for use.

The infection in a running stream disappears after a time if the source of pollution is done away with, but as bacteriologists will not presume to say when water contains typhoid organisms, or when it does not, we have no scientific methods of determining with certainty as to the safety for drinking purposes of water that has been contaminated.

It was a matter of much disappointment to the lay members of our Board of Health when it was announced by the bacteriologists that the pressure or absence of typhoid organisms in water could not be told with certainty by any methods of investigation now available.

During our epidemic it was not infrequent to find persons who were panic stricken because they had unwittingly cleansed their teeth in unboiled city water, or had taken a glass of soda-water in which city water had been used, or had eaten uncooked vegetables or fruit that had been washed in unboiled city water. Our experiences would tend to prove that while these might be possible sources of infection in typhoid fever, the probabilities of escape, if not persisted in, are certainly very good.

Typhoid fever was epidemic in Ithaca for about six weeks, during which time it is estimated that upward of 1,000 cases occurred. The death rate was about 8 per cent. or a little less.

At first thought it might seem that it would be comparatively easy to estimate closely the number of cases that occurred in an epidemic such as visited Ithaca. There are many possibilities of error, and any figures given can only be approxi-

mately correct. Where a health board is made up of public-spirited men who are willing to give a certain amount of time to the interests of the city in which they reside, and a health officer with a very nominal salary and no regular assistants, the records cannot be depended upon as they can in a large city where a trained and paid department exists. About 960 cases of typhoid were reported to the Board of Health. Some of these proved not to be typhoid, and undoubtedly a considerable number of mild cases were not reported at all.

The danger of infection from the urine of typhoid patients, as well as from the stools, was thoroughly appreciated.

While it is comparatively easy to say that the excretory fluids from typhoid fever patients are sources of danger, yet it may be very difficult to say to what extent precautionary measures must be taken in households where the disease exists, in order to protect the other members of the family. During the epidemic the attitude of the individual toward the danger of infection seemed to depend entirely upon temperament. On the one hand certain persons took extreme precautions, while others displayed the greatest disregard of danger. One person would not take food from a plate that had not been washed in boiled water, and refused to eat uncooked fruit or vegetables, while another would drink freely of the infected water, with no precautions whatever. Many examples occurred showing the wisdom of the precautions taken on the one hand, and the folly of the disregard of danger on the other. As to just where the line of safety lay between the two extremes was not easy to tell.

So far as one can judge from the general history of the epidemic, there were very few cases in which a satisfactory history of exposure could not be found, except in families where the disease existed. The few sporadic cases in the parts of the city where the disease was not epidemic, was quite remarkable. Probably there were very few persons in the city that did not, at some time, drink some infected water, yet the number of persons who were ill with the disease and who did not use the water constantly, previous to the attack, or who were not members of a family where the disease existed, were very few.

Numerous cases occurred in infected families where great care was supposed to be exercised. In many of these it seemed impossible to account for the infection in the later cases in the families, or to tell why the precautionary measures that had been taken were not effective.

An interesting series of cases of this kind occurred in a family in which five persons out of seven developed the disease. No two cases developed within less than six days of each other.

The first case, a child 2 years of age, was reported February 12th. The second, an aunt of the child, an untrained nurse, who, previous to her attack, lived in a family where there were no cases of typhoid during the epidemic, but who visited the child frequently, reported February 18th, six days later. The third case, mother of the child, reported March 3d. The fourth case, another aunt, a trained nurse, who came home to care for the child, reported March 22d. The fifth case, a third aunt, a schoolgirl, reported March 30th. The two other members of the family who escaped were the father and a fourth aunt, who was a trained nurse.

The long intervals between the cases would lead us to believe that infection occurred at a time when the danger was known, and when it was supposed that every precaution was being taken to prevent infection.

It seems probable that the infection in each case, with possibly the exception of the second one, came directly from the child. This child was a great favorite with all the members of the family, and was handled and caressed by them all. When we remember the danger of transmitting the disease by means of the urine, it seems reasonable to believe that infection might occur much more readily from a young child than from an adult.

Late in the epidemic much anxiety was felt for fear that a large number of secondary cases would develop from infection through the urine of convalescent typhoid patients. It was realized that the urine from these patients might be a source of much danger. Dr. Mark Richardson, of Boston, as a result of his work on the urine of a large number of typhoids, has drawn the following conclusions: "That the typhoid bacilli can be isolated in about 22 per cent. of cases, that the bacilli generally appear late in the disease, that when found, they are, in most cases, present in large numbers, and in practically pure cultures, that they persist in the urine a long time, a fact very important as regards the public health and disinfection."

In a paper which appeared in the *Boston Medical and Surgical Journal,* of February 5, 1903, Dr. Richardson reports that thirty observers had made bacteriological examinations of the urine in 1,291 cases of typhoid fever, and that in 278 of this number typhoid bacilli was found, about 21 per cent. of the whole number.

The value of these observations would have been much greater if the period of the disease in which the examinations were made had been stated.

In the same paper referred to, Dr. Richardson says: "Under urotropion, used by eight observers in fifty-three cases, all report disappearance of the bacilli, except in two cases of cystitis, due to the typhoid organisms, in which they persisted, in spite of the long-continued use of urotropion."

The attention of the Health Board of Ithaca was called to Dr. Richardson's report, and it was decided to insist upon the use of urotropion in all convalescents who had typhoid bacilli in their urine.

These examinations were undertaken by Dr.

V. A. Moore, of Cornell University. Over 100 specimens of urine from convalescent typhoids were examined, and of this number typhoid bacilli were found in only two specimens. These specimens of urine were all taken after the patients had had normal temperatures from two to six weeks, except one specimen, in which the bacilli were found.

In eight cases of my own, not included in the hundred cases, three contained bacilli, five did not.

First Case.—Examination made third week of the disease. Estimated to contain 1,000 colonies per c. c. Urotropion was given, 10 grains a day, for five days, and an examination ten days later still showed the presence of bacilli. Afterward this patient left town, and I was unable to have subsequent examinations made.

Second Case.—Fourth week of the disease. Typhoid bacilli present in large numbers. Urotropion given, 10 grains per day for seven days. Examination made ten days later, no bacilli found.

Third Case.—Fifth week of the disease. Typhoid bacilli found. Estimated 13,000 colonies per c. c. Urotropion given, 10 grains per day, for 7 days. Examination made ten days later, no bacilli found.

The examination of the urine was made much later in the disease in the five cases in which no bacilli were found. The number of cases reported here is entirely too small to draw any conclusions as to whether urotropion lessened the duration of the presence of the bacilli in the urine.

The only conclusions that can be drawn from these examinations are that, in a large percentage of cases, the typhoid bacilli disappear from the urine a few days to a few weeks after a normal temperature has been reached, and that the possibilities are that the use of urotropion will lessen the length of time in which they persist in the urine, in the majority of cases.

It would be a matter of much interest if examinations of the urine for typhoid bacilli could be made during the different weeks of the disease and the percentage of cases, which show the presence of bacilli during each week, given, in the way that Dr. W. H. Parks has done with the Widal reaction. He states that about 20 per cent. of all cases react during the first week. That about 60 per cent. react during the second week, that about 80 per cent. react during the third week, and about 90 per cent. during the fourth week, and that the reaction can be obtained in about 75 per cent. of cases during the second month.

In several cases we found the examination of urine and blood of great service, when it was important to know whether a mild illness had been a case of typhoid fever.

In two cases I have in mind, it was impossible to make a diagnosis from all the clinical history that it was possible to obtain, or from the report of the physician in charge. In one of the cases, the physician insisted that the case had not been one of typhoid, but the examination of the blood gave a positive reaction.

I desire to express my obligations to Dr. V. A. Moore, of Cornell University, for the results of the examinations of urine which I have reported.

A large number of examinations of the blood were made for the Widal reaction, but the data generally, in regard to the cases, the period of the disease, etc., was too incomplete to have much value.

TREATMENT.

I have but little to report that is of especial interest in regard to treatment.

Our physicians appreciated the value of the external application of cold to the surface of the body, by means of cold packs, and the various forms of baths, but with our hospitals crowded to at least three times their normal capacity, and with two to four cases of typhoid in many private houses, the conditions were very unfavorable for any except the simplest forms of cold packs and sponge baths.

Injections of hot normal saline solution were used to a limited extent with satisfactory results.

The search for an efficient intestinal antiseptic —one that will destroy typhoid bacilli in the intestines—still continues. The protection which the secretions from mucous surfaces afford organisms is so great that we can hardly hope to destroy them in the intestines. A drug has been put upon the market by Parke, Davis & Co., known as Acetozone, which it is claimed will at least arrest the multiplication of organisms in the intestines.

This was used quite largely by the profession in Ithaca during the epidemic. A very few thought well enough of it to continue its use through the epidemic. Others gave it up after a comparatively short trial. One physician, who used it most largely, and who had some faith in it, told me that he was not sure that it had any great value, and that he was not willing to give up his old remedies, but that he used it in connection with them. Several cases of intestinal hemorrhage occurred while Acetozone was being used, and it was thought that the liberation of gas in the intestines, which occurs when the Acetozone is used, might increase the tendency to hemorrhages.

I gave Acetozone in all the water that two patients drank for about a week. At the end of this time, the stools were examined bacteriologically by Dr. Moore, of Cornell University, and he reported that there was no appreciable diminution in the number of organisms. Both of these patients had intestinal hemorrhages.

I desire to add just a word upon the pulse that seemed to be quite characteristic during our epidemic. During this time we were having more or less la grippe and influenza. If an office patient had a quick pulse, with a temperature, and no other symptoms that were characteristic, typhoid rarely developed, but if the pulse ran

from 80 to 90, and the temperature from 102° to 103½°, the subsequent history showed that these cases almost invariably developed typhoid fever.

MEDICAL TERMS.

Rules as to Certain Plurals Applicable Also to Other Words.

How to form the plural of some medical words is a puzzle to many physicians. We have been asked especially as to the proper form of the plural of neuritis, nephritis, etc., and of iris, formula, etc. It seems to us the general rule must be that if they are English words, *i. e.,* written in Roman and not in italics, they should form their plurals just as other English plurals are formed. If they are still foreign words, of course the plurals must be those commanded by the language whence they come. There is hardly a better proof of acclimatization than the adoption of the English form of plural.

If the Latin form is preserved, then we should print the words in italics, and use it as little as possible. But in English we are compelled to use nephritis, etc., because there are no other English words descriptive of the facts. Such words are as thoroughly anglicized as any can be. If not, we should use the Greek alphabet in printing them. Why, therefore, preserve the Latin or Greek forms of plurals? Who would say laxica instead of lexicons, factota and ultimata instead of factotums and ultimatums? In the same way we think that chondromas, carcinomas, fibromas, etc., addendums, ovums, erratums, mediums, focuses, funguses, formulas, genuses, stamens, indexes, apparatuses, appendixes, cherubs, seraphs, bandits, criterions, etc., are the proper plural forms. In words ending in -is, the change to -es, in forming the plural, is so well established and so simple that it should not be interfered with.

In this way we have accepted and habitually use analyses, bases, crises, hypotheses, oases, parentheses, theses, etc. Why should we not also form the plurals of our words ending in -itis in the same way, instead of the Greek -itides? The forms neurites, nephrites, etc., seem preferable to neuritides, nephritides, etc. We should prefer irises to irides and iritises to iritides. The objections to -itides are so evident that they need not be discussed, and -itises is scarcely likely to be accepted, although it is perfectly proper and preferable to -itides.—*American Medicine.*

WHAT IS RIGHT?

From a very large number of letters, covering every phase of the question, the conclusion is drawn that the consensus of opinion among doctors may be summed up thus: (1) In ordinary consultations no division of the fee should be thought of; (2) in cases simply "referred" to the specialist for treatment no division of fee is usually proper; (3) when specialist and doctor jointly attend a patient, division of the fee is honorable and just—no attempt being made to conceal the transaction from the patient; (4) when the specialist operates in the home of the patient in city or country, and the physician assists and assumes the responsibility of the after-treatment, it is the duty of the operator to ascertain whether or not the regular attendant has been, or will be, paid sufficiently well for services rendered—if not, then divide the fee equitably; (5) when a physician leaves his practice to accompany a patient to the city, in order that a competent specialist be secured, it is right for the specialist to find out whether or not the doctor has been, or will be, paid for his time and trouble—if not, then divide the fee in proportion to the value of services rendered. In other words, it is never right for the "great specialist" to get all the money and the regular attendant get nothing; both deserve more than they ever get—but the "home doctor" is the one who usually suffers most.—E. A. Lanphear, *American Journal of Surgery and Gynecology, January.*

PSYCHIC HEALING.

As I have said before, suggestion has its place, and suggestion has its limitations. But the one great principle that I wish to impress is, that no one has a moral right to undertake the treatment of conditions whose nature he is not familiar with. When these various healing schemes are criticized, the cry goes up that we are interfering with religious liberty; that we are interfering with the free expression of thought; that doctors are jealous. Yes, I admit that we are jealous. We are jealous for the truth. We do not like to see the truth prostituted by charlatans and ignoramuses. We have a right to interfere with so-called religious liberty. It is a physician's duty to promote health and protect the community from anything that may engender disease. I would ask, in the name of all that is holy, what influence Christian Science, or any other psychic factor, could have over ridding the country of pestilence, such as has existed, for instance, in Havana, where health was restored by instituting hygienic procedures. All common sense people have recognized the necessity of living proper and clean lives; yet, if a system goes on and is allowed to flourish that teaches there is no such thing as disease, you can imagine the disastrous results.—Edward Wallace Lee, *in New York Medical Journal and Philadelphia Medical Journal.*

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Committee on Ethics and Discipline—Harriet M. Poindexter.

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Secretary—Mary Gage-Day.
Treasurer—Alice Divine.
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Committee on Public Health—James L. Preston, Benjamin Neal, Albert Reed.
Committee on Ethics—Frederick Huhne, Alexander Stilwell and Arthur Judson Benedict.

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Secretary and Treasurer—Donald T. McPhail.
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Committee on Ethics and Discipline—N. J. Sands, chairman; Peter A. Callan, Henry T. Kelly.

THE

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The Official Organ of The New York State Medical Association.

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Next Annuol Meeting at New York, October 18-21, 1904.

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Vice-Presidents Ex-Officiis—J. Orley Stranahan, Rome. Everard D. Ferguson, Troy.
Josiah William Morris, Jamestown. Julius C. Bierwirth, Brooklyn.
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Delegotes to the Annual Meeting of the American Medical Association, June, 1904.
E. Eliot Harris, New York. Joseph D. Bryant, New York. Joseph W. Grosvenor, Buffalo. Elias Lester, Seneca Falls.

(*For list of other officers, see lost pages of reoding motter.*)

Members of the American Medical Association who are members of The New York State Medical Association:

February 1st,	975
Increase,	17
Total March 1, 1904	992

Members of The New York State Medical Association:

February 1st,	1,720
Increase,	18
Total March 1, 1904	1,738

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COMMITTEE ON PUBLICATION:
Charles E. Denison, M.D., Chairman.
Charles G. Childs, Jr., M.D.
W. Travis Gibb, M.D.
E. Eliot Harris, M.D.
Thomas F. Reilly, M.D.

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ASSOCIATED MEDICAL DEFENSE: SHOULD IT BE CONTINUED?

Soon after the enactment of the bill placing the control and regulation of the dispensaries of New York City and State in the hands of the State Board of Charities, it became evident to those in control, at that time, of The New York State Medical Association that the medical profession, on account of its subdivisions into numerous organizations, did not command the necessary respect and influence to secure the enforcement of the new law by the proper authorities.

Careful consideration of the situation served to show that in professional unity, both State and national, lay the only hope that physicians had of obtaining their proper recognition and influence, and the best way to secure this much-desired end seemed to be through the development of an organization having a liberal plan of government, the underlying principle of which was rule by the majority. One whose publications would tend to elevate and educate the profession, and which would attract and hold its members by making them realize that it was looking after their welfare, individually as well as collectively. This last, it seemed, could be done in no better way than by the Association's assuming the legal defense of its members in all suits brought against them in matters relating to their professional honor and standing.

As is well known, these views led to the obtaining of a charter from the Legislature in 1900, permitting the reorganization of The New York State Medical Association, under its present plan of government. Unfortunately, however, largely owing to the novelty of the idea that a medical organization could be of practical value and use to its members, other than in a scientific way, the proposed plan for associated defense of members from suits for alleged malpractice was for a time postponed. The plan was finally adopted, and, as is well known, became effective last March. That it filled a long-felt want was shown by the fact that its announcement was responded to by the immediate application of between four and five hundred physicians for membership.

When the matter of associated defense was first under consideration, it was thought that probably the best way to accomplish it would be by making a contract with an insurance company of standing to furnish the necessary legal services to members for a definite yearly payment by the Association, but this proved impracticable on account of the premium demanded by the companies, and therefore it seemed best for the Association to employ its own attorney, at an annual salary, not only to attend to this work, but to look after the enforcement of the medical laws of the State as well. This plan also offered the advantage of confining professional family secrets to executive meetings, thus saving its members the unpleasantness of stating their differences with their patients to lay strangers, who naturally would give them little courtesy and scant sympathy, by reason of not fully understanding the situation.

Statistics show that in the United States an average of one physician in every 150 is sued each year for alleged malpractice. The experience of The New York State Medical Association, at first confirmed these figures, but when it became publicly known that the Association had assumed the defense of its members, this average rapidly fell off, and the great majority of the suits brought against members were discontinued as soon as it was learned by the plaintiff that the Association had undertaken the defense.

The effect of this wise action on the part of the Association in defending its members against attacks upon their professional honor and standing has not only been of direct benefit to the members of the Association, but to all members of the

medical profession of the State and country as well, as shown by the adoption of similar plans for the protection of their members by other representative medical organizations.

Undoubtedly the reputation that physicians have had of being timid and open to attack professionally has been due to the feeling that physicians, being rivals in a professional way, and often not knowing each other socially, had little, if any, confidence that when attacked their brother physicians would stand by them. The removal of this fear alone and the feeling that they have at present the moral and financial support of their fraternity when their treatment of patients is reasonably right, has gone a long way toward making them regain their self-respect by asserting their rights. The public is also benefited by the losing of this fear of blackmailing suits by physicians, in that it makes them more willing to take charge of emergency cases, which in the past they have shunned, fearing that an unfavorable or fatal result might bring suit against them.

That State medical organizations should generally make provision looking toward furnishing their members with proper legal assistance in the defense of suits for alleged malpractice brought against them, is evidenced by the fact that at the present time large sums of money are annually paid by members of the profession to insurance companies in order to obtain such protection, and thereby a large saving could be effected. An additional reason for such action on the part of State bodies is that medical organizations are much better fitted and more competent to undertake this work, knowing exactly what is required. What is needed is a fighting defense, not a compromising proposition, and hence it is that every member of the Association, before his defense is undertaken by the Association, has to agree not to compromise or settle his defense without the permission of the Association.

In view of the great benefit which this protection has rendered the medical profession, it is hoped that the House of Delegates of the proposed amalgamated State organizations will see their way to continuing this good work, in order that the whole profession of this State may receive the benefit. With one powerful organization in the State, the protection of the profession will become an economical and simple matter.

METHOD OF UNION.

In the last issue of our Journal we published the Agreement, Permissive Act, Chapter 1, Laws of 1904, and the Constitution and By-Laws presented by the Joint Committee of Conference of The New York State Medical Association and the Medical Society of the State of New York, also the resolution proposed by Dr. Jacobi at the annual meeting of the Medical Society of the State of New York, held in Albany, January 26, 1904, which was passed unanimously.

Our Committee of Conference will present a full report at the next meeting of The New York State Medical Association, giving an outline of the work that has been done. The ratification by County Medical Societies is now in progress, and the following counties, Albany, Cayuga, Chemung, Dutchess, Franklin, Kings, Monroe, New York, Oneida, Onondaga, Ontario, Rensselaer and Schenectady, have already voted in the affirmative. The State Association and its component County Associations will now vote on the Agreement. After all have ratified, the Chairman of the Joint Committee of Conference, Dr. A. Jacobi, and the Secretary, Dr. Wisner R. Townsend, will "certify that the conditions precedent to an application to the Court have been fully complied with, the President of The New York State Medical Association and the President of the Medical Society of the State of New York, are required to petition the Supreme Court for an order to consolidate the corporations, etc."

If undue delay occurs in ratifying by County Societies or Associations, the Society or the Association may ask the Court to order the consolidation, but before the entry of such an order, notice of the application for the order shall be given to every County Society or Association.

This will give all who may desire the opportunity to be heard before the amalgamation is ordered.

The counties that have ratified have passed the following resolutions:

Resolved, That the Medical Society of the County of.....hereby ratifies, approves and adopts the Agreement for the consolidation of the Medical Society of the State of New York and The New York State Medical Association, which was unanimously approved and adopted at the annual meeting of the Medical Society of the State of New York, held at Albany, on January 26, 1904, and the Medical Society of the County of .....hereby waives notice of an application to Court for an order consolidating said corporations pursuant to the terms of said Agreement, and hereby consents to the entry of such an order without notice; and be it further

Resolved, That the secretary of this meeting be, and he is hereby, authorized and directed to send a copy of these resolutions, duly certified by the President and Secretary of the meeting, to the Secretary of the Medical Society of the State of New York, and to execute and deliver any and all waivers of notice of an application for such order as the Court may require.

The foregoing is a true copy of resolutions which were duly adopted at a meeting of the Medical Society of the County of..... held at.....on the.....day of..... 19..., of which said meeting the undersigned .....was President and the undersigned.....was Secretary..

.....President.

.....Secretary.

(Corporate Seal.)

REPORT OF ADVISORY BOARD TO COMMISSIONER OF HEALTH ON PNEUMONIA.

The present increase in pneumonia of various types in New York City is justly a source of solicitude to those having the interests of the public health in charge, for it has now been fully established that a certain proportion of cases of pneumonia are communicable, and that by proper care their spread may be prevented.

The various forms of acute pneumonia which are now prevalent both in adults and in children are incited by bacteria. Exposure to cold, overexertion, lack of physical vigor, abuse of alcohol, etc., predispose the individual to pneumonia, but are not its direct cause. The bacteria (germs) which are the immediate excitants to pneumonia are usually conveyed in the dust of air contaminated by sputum, nasal or other discharge, not always of those who are ill, which, upon drying, is widely disseminated.

It is, therefore, of urgent importance that the regulations of the Health Department for the suppression of the filthy and dangerous practice of spitting upon floors, pavements or other unsuitable places should be rigorously enforced.

It is further most important that in the cleansing of private houses and all public conveyances and places of assembly, the methods adopted should be such as will remove, and not simply stir up, the dust. For dust contaminated may incite in susceptible persons some form of acute pneumonia as well as tuberculosis, and the more common colds and catarrhs.

Feather dusters should be abandoned and moist cloths used for dusting. Whenever practicable, sweeping should be done in the evening, so that floating dust may completely settle before its removal by moist cloths in the morning. It should be remembered that dust settles on floors as well as on furniture, so that moist mops should be passed over floors, when these are uncarpeted, as part of the morning dusting.

Whenever floors are uncarpeted, and the furnishings of rooms and assembly places are plain, the simple plan of sweeping at night, allowing the dust to settle over night, and removing it in the early morning by moist dusting of both the furniture and the floors, will secure to the inmates a large measure of protection against the unnecessary risks of the acquirement of respiratory diseases, at present almost universal.

The Advisory Board of the Health Department cordially commends the purpose of the Department to secure proper methods of cleaning and dust disposal in the public schools. In the modern conception of effective sanitation, intelligent cleanliness is one of the most useful measures for the suppression of communicable diseases. The Advisory Board would urge upon the Health Department the desirability of instructing in the proper methods of dust disposal all of those who have in charge the duty of cleaning public institutions, such as court rooms, police stations, hospitals, dispensaries, churches, theaters, public conveyances, etc., as well as those responsible for factories, stores, offices and the like, and commends the matter to the attention of all householders, to whom not less than to inmates of public institutions and places of assembly the risks of dust infection are at this time of special significance.

GOOD STANDING IN THE ASSOCIATION.

The question has been asked, when a member ceases to be in good standing in The New York State Medical Association. The following letter from the Counsel of the Association gives a definite and fair explanation why members should pay their dues before July 1st:

February 18, 1904.

My Dear Doctor—The authority of The New York State Medical Association to make by-laws, rules and regulations for its proper government, subject only to the laws of the United States and the laws of the State of New York, is found at Section 5 of the Charter, and with this authority then we may assume that the by-laws are legally in force.

It seems clear that the words "good standing" contained in paragraph Third of the agreement, as follows: "All members of the Society and all members of the Association in good standing at the time of the consolidation shall be entitled to membership, etc.," refers to a full and fair compliance with the by-laws of the Association with reference to the payment of assessments and dues, and the question to be determined is, what is a full and fair compliance with such by-laws.

We must have before us, in order to pass upon this question, the by-laws referring to the subject of payment of dues and of the exact wording of the sections where failure of payment appears. To begin with, annual dues are due and payable January 1st of each year.

In Article VIII, Section 7, of the State By-laws, there appears a provision that county associations shall hold their annual meetings, and presumably hold their annual election, during the month of January, February, March or April of each year. Now, in conjunction with this we must read Article IX, Section 4, which says: "Resident members shall have all the rights and privileges conferred by their respective county associations and district branch; they shall be eligible to any office within the gift of the association; shall be entitled to attend all meetings of the Council and Fellows, and shall receive all the protection, benefits and support conferred by the association; *but*, if any member's dues are not paid at the time of the annual election of his county association or district branch association, he shall not be counted as a basis of representation in this association; shall not be eligible for election as a fellow, and shall not receive the publications of the association or be included in its published list of members for that year, nor thereafter until he has discharged his indebtedness in full."

We must read also Article X, Section 4, of the State By-laws, which says in effect, that if the dues are not paid on the 1st of July in each year, the member's name shall not appear upon "the list of members to appear in the medical directory for that year." Then, there is another section, Article X, Section 2, which provides that if dues are paid within three months from the submission of the bill, a rebate of $1 is allowed. In other words, if a bill for dues is sent promptly on January 1st, there shall be a rebate of $1 if it is paid before April 1st.

It is necessary, then, to straighten out these inconsistencies and consider what is a full and fair compliance with the State By-laws with reference to the payment of these dues.

I am of the opinion that if a member's dues are

still not paid by the first day of July, the punishment and forfeiture referred to at Article IX, Section 4, and Article X, Section 4, are of sufficient gravity and importance as to work an interruption of many of the rights and privileges under the by-laws, though no expulsion or suspension might result. The difference between forfeiture and expulsion consists in this: that whereas in the latter case the general power of jurisdiction over members is exercised according to the contract of members, in the former, the contract is ipso facto avoided by the nonperformance of a condition therein prescribed. There is no difference in the results which follow the lawful suspension or a complete forfeiture, the severance of the contractual relations and the termination of the obligations thereunder being the same. The distinguishing feature is, that in producing these results an affirmative act on the part of the association is absolutely necessary in the case of expulsion or suspension, while in the case of a forfeiture the same result is produced by the act of the member, in this case by his failure to act, *i. e.*, to pay his dues.

It may therefore be stated in fairness to the association, and with great fairness to the member, that when the day comes, fixed by the by-laws, for the imposing of penalties for his failure to pay his dues, and by reason of which failure he forfeits any privileges, after such date he may be considered to be not in good standing.

It may then be concluded that all members of the association who have failed to pay their dues on July 1st are not in good standing.

Very truly yours,
James Taylor Lewis.

TO AMALGAMATE.

New Laws Introduced in the State Legislature.

An Act to amend Chapter ninety-four of the Laws of eighteen hundred and thirteen, entitled AN ACT TO INCORPORATE MEDICAL SOCIETIES, FOR THE PURPOSE OF REGULATING THE PRACTICE OF PHYSIC AND SURGERY IN THIS STATE.

The People of the State of New York represented in Senate and Assembly do enact as follows:

Section 1. Section fourteen of Chapter ninety-four of the Laws of eighteen hundred and thirteen, entitled "An Act to incorporate Medical Societies, for the purpose of regulating the practice of Physic and Surgery in this State" is hereby amended so as to read as follows:

Section 14. It shall be lawful for the Medical Society of the State of New York and the respective County Medical Societies to adopt constitutions and by-laws relative to the admission and expulsion of members and the regulation of their affairs; provided that the constitutions and by-laws of County Medical Societies shall not be contrary to or inconsistent with the constitution and by-laws of the Medical Society of the State of New York, except that each County Medical Society shall have full and unrestricted power of disposition and control over its real and personal property.

Section 2. Section five and Section seven of Chapter ninety-four of the Laws of Eighteen hundred and thirteen, passed April tenth, eighteen hundred and thirteen, are hereby repealed.

Section 3. This Act shall take effect immediately.

An Act to amend Chapter three hundred and seventy-nine of the Laws of eighteen hundred and eighty-five, entitled "An Act regarding membership in the Medical Society of the State of New York."

The People of the State of New York represented in Senate and Assembly do enact as follows:

Section 1. Section one of Chapter three hundred and seventy-nine of the Laws of eighteen hundred and eighty-five, entitled "An Act regarding membership in the Medical Society of the State of New York," is hereby amended so as to read as follows:

Section 1. The Medical Society of the State of New York shall have full power to elect such members as may be provided for by the constitution and by-laws of said Medical Society, said Medical Society being hereby empowered to fix and determine the qualifications and conditions of membership therein, and to regulate and control its own membership.

Section 2. Section two of said Act is hereby amended so as to read as follows:

Section 2. All Acts and parts of Acts, whether general or special, inconsistent with this Act, are hereby repealed.

Section 3. This Act shall take effect immediately.

CORONERS' BILL AGAIN.

Senator Elsberg introduced his Coroners' bill, which failed to pass a year ago. Explaining the measure, Senator Elsberg said:

"My object in introducing the bill, and, needless to say, the object of the medical profession, was to accomplish an important and necessary reform, and the abolition of a system, and not warfare against individuals, was our desire and aim. To obviate the objections on that score, we have now amended the bill so as to let the existing Coroners serve out their terms, and have provided for the final abolition of the office on the expiration of such terms. However, under the bill, there will be some change of system before then.

"After January 1, 1905, the Coroners' physicians are transferred to a bureau of medical examiners in the Department of Health, in which department will be placed from that time on the jurisdiction of primarily investigating the causes of sudden and suspicious deaths in New York. From January 1, 1905, to January 1, 1906, on which latter date their terms expire, the Coroner's functions in that regard will be limited to the holding of inquiries in like manner as city magistrates as well as Coroners can now hold them in cases of sudden or suspicious deaths. After

January 1, 1906, the complete change of system will go into effect by the abolition of the Coroners' office, and the medical functions will be entirely in the Department of Health and the judicial functions will be entirely in the city magistrates, where they of right belong.

"I believe this bill should not be objected to by any one, and that it ought to pass. While, to a certain extent, it postpones the reform which I have been seeking to accomplish, that postponement is for a brief period only, which is unimportant when compared with the importance of getting the reform measure enacted into law."

QUACK ADVERTISING.

February 13, 1904.

NEW YORK HERALD, 34th street & Sixth avenue, New York.
Managing Editor,

Dear Sir—I feel sure that your management will assist in every possible direction the great medical organizations of this State in eradicating the illegal practice of medicine by quacks and others. Your help is therefore enlisted in the direction of your refusal to accept advertisements of those who have been actually convicted of the illegal practice of medicine and thus keep from the public knowledge places where this wrong-doing is carried on.

I therefore respectfully call your attention to the advertisements which appeared in this morning's *Herald* of Mrs. Schaub, whose name is Bertha Brown, and who has been convicted of practicing medicine at East 45th street, in this Borough, and who also has consented to commit unlawful abortion. Also Mrs. Stack, of Lexington avenue, this Borough.

There is a large number of this class of wrong-doers, and while I feel that it would perhaps be unfair to refuse these advertisements without proof that they are doing wrong, I feel sure that with this knowledge you will decline to allow them further advertising space.

Very truly yours,
JAMES TAYLOR LEWIS,
Counsel, The New York State Medical Ass'n.
February 15, 1904.

JAMES TAYLOR LEWIS, Counsel, New York State Medical Association, 180 Broadway, City.

Dear Sir—We are in receipt of your letter of the 13th inst., and beg that you will accept our thanks for the information contained therein. We will be greatly obliged if you will advise us whenever any similar case comes under your observation.

Yours truly,
THE NEW YORK HERALD COMPANY.
Delany Howland, General Manager.

MALPRACTICE SUITS—BLACKMAIL.

The following letter was received by the Secretary of The New York State Medical Association, from a member of the Association who had received notice of a threatened suit for malpractice:

NEW YORK, February 8, 1904.

Dear Doctor Lombard—Thank you for the note of February 5th. I have turned the threatening letters over to Mr. Lewis, and he has advised me concerning my attitude in advance of action being brought. Mr. Lewis has been attentive and interested. The suit may not be brought. I learn from a side source that the parties have approached a large number of surgeons, none of whom were willing to testify.

Yours truly,

Association News.

COUNTY ASSOCIATION MEETINGS FOR MARCH.

Wayne County.—Tuesday, March 1st.
Kings County.—Tuesday, March 8th.
Erie County.—Monday, March 14th.
Orange County.—Wednesday, March 16th.
Cortland County.—Friday, March 18th.
New York County.—Monday, March 21st.
Westchester County.—Thursday, March 24th.
Monroe County.—Tuesday, March 29th.
Saratoga County.

* * *

Cortland County Association.—The regular meeting of this Association was held at the office of Dr. Emory A. Didama, Cortland, on Friday evening, January 22d. In the scientific session the following papers were read: "Smallpox," by Emory A. Didama; "Differential Diagnosis of Smallpox," by S. J. Sornberger; "Vaccination," by H. A. Braman.

HARRY A. BRAMAN, Secretary.

* * *

Kings County Association.—The regular meeting of this Association was held at 315 Washington street, Brooklyn, on Tuesday evening, February 9, 1904. The president, Dr. George H. Treadwell, in the chair, and about twenty-five members present. Dr. A. C. Brush read a paper on "Sprains of the Spinal Column." This was followed by a paper entitled, "Remarks on the Treatment of Gonorrhea," by G. M. Muren, M.D., which was discussed by Dr. George G. Hopkins. The Memorial Committee on the late Dr. F. W. Shaw reported as follows:

"Once more death has laid its hand on one of our members, and it is our sad duty to say words of farewell to him.

"Frank Whitfield Shaw died suddenly on January 8th, in the height of his professional usefulness and when the future seemed most promising.

"His scientific achievements have been enumerated elsewhere. His personal characteristics have an imperishable monument in the recollection of those who knew him well. This Association has lost a valued member, the medical profession a cultivated and loyal colleague, the public an accomplished and devoted physician, and many of us a dear and honored companion, whose loss will long be felt.

"Words are a feeble tribute, but the Kings County Medical Association must in this way take leave of its fellow: A good doctor, a good citizen, a good friend.

"(Signed) C. P. GILDERSLEEVE,
"B. B. MOSHER,
"H. ARROWSMITH,
"Committee."

The annual meeting of the Association was held at 315 Washington street, Brooklyn, on Tuesday evening, January 12, 1904. The program consisted in announcing the result of election, and the reading of the annual report of the treasurer, corresponding secretary and the various standing committees. The paper of the evening, "The Treatment of Internal Hemorrhoids by Interstital Injections," was read by Dr. Earl H. Mayne, and discussed by Drs. J. D. Sullivan and L. Grant Baldwin.

The following officers were reelected: President, George H. Treadwell; vice-president, Arthur C. Brush; recording secretary, Frank C. Raynor; corresponding secretary, George F. Maddock; treasurer, Edward Hamilton Squibb.

Frank C. Raynor, Recording Secretary.

* * *

Lewis County Association.—The annual meeting of this Association was held at Bingham Block, Lowville, N. Y., on Tuesday, January 26th. The meeting was called to order by the president, Dr. Alexander H. Crosby. The report of the treasurer was read, and showed that there was a small balance on hand from last year.

The following resolutions were offered by Dr. George H. Littlefield, vice-president, and the same were approved by the Association:

Whereas, We have members in this Association who have for the past twenty years watched the workings of both the State Medical Society and the State Medical Association;

Resolved, That it is our unbiased and firm belief that the plan of organization of the State, Branch and County Associations is preferable to that of the State Medical Society; and we are firm in the belief that if the two societies should unite they should adopt the rules and regulations now existing in the State Medical Association, especially as to the District Branch meetings and the mode of elections of fellows and alternates.

It is our belief that the present rules as to the District Branch meetings are greatly to the benefit especially of the county members.

We also believe it for the benefit of the medical profession of the State to continue the publication of the *Directory* and Journal.

The following resolutions were offered by the president, Dr. Alexander H. Crosby, and approved by the Association:

Whereas, We have observed for years the growing abuse of medical experts' testimony in criminal and malpractice cases, whereby the profession at large is discredited and the courts and the public are rapidly losing confidence in medical expert evidence;

Resolved, To obviate this, it is our judgment that the State Association should so amend its by-laws as to require its members, when acting as experts on both sides, to confer together, and, if possible, to agree as to the main facts in the case, instead of each trying to discredit the medical experts on the opposing side.

Resolved, That it is our opinion that it is the duty of medical experts to remove the present distrust from the minds of the people and thus increase the respect of the public for the profession at large.

In the scientific session Dr. Frank M. Ringrose reported a case as follows: A married woman, aged 38, who had been the mother of two children, ceased to menstruate after exposure to cold and wet. This happened nearly two years before the doctor was called. When first seen by the doctor the patient had symptoms of uremic convulsions.

At different times two other physicians were called in consultation. Sometimes the urine contained albumen.

The case was diagnosed as ascites, and the patient was aspirated on one occasion without result. About six months after having the convulsions she delivered a full-grown male child. The peculiar feature of this case was the length of time which elapsed from the stopping of menstruation before she became pregnant, about two years and six months. She also suffered for some months previous to delivery with anasarca.

The following officers were elected for the ensuing year: President, Alexander H. Crosby; vice-president, George H. Littlefield; secretary, LeRoy Wendell King; treasurer, Charles Eugene Douglass; fellow, Charles R. Barlett, and alternate, Charles E. Douglass; member of the Executive Committee, Frank M. Ringrose, and member of the Nominating Committee, First District Branch, Alexander H. Crosby. The following Committees were appointed: Committee on Legislation, Ira D. Spencer, David J. Culver and LeRoy W. King; Committee on Public Health, James H. Tamblin, Frank M. Ringrose, Morris S. Hadsall and Henry H. McCrea; Committee on Membership, LeRoy W. King, Ira D. Spencer and George H. Littlefield.

LeRoy Wendell King, Secretary.

* * *

Monroe County Association.—The regular meeting of this Association was held at 74 South Fitzhugh street, Rochester, on Tuesday, January 26th, the president, Dr. Thomas A. O'Hare, in the chair. There were five members present. Letters were read from Dr. J. W. Morris, president Fourth District Branch Association, Jamestown, and Dr. Frederick Holme Wiggin, New York, relative to the manifold advantages of membership in the American Medical and The New York State Medical Associations. Each member present reported on cases which were under observation at the present time. Two new members were elected.

James Clement Davis, Secretary.

* * *

New York County Association.—The stated meeting was held at the Academy of Medicine,

Monday evening, February 15, 1904. Dr. S. Busby Allen, second vice-president, presided.

Dr. John H. Branth exhibited some excellent X-ray skiagrams of the head, pelvis and hip-joint.

Dr. W. R. Townsend thought that Dr. Branth had shown exceptional skill in his work. A great deal of the discredit which had come to the X-rays was due to faulty manipulation and ignorance of technique.

Dr. Branth reported that he had had very encouraging results in the treatment of epilepsy with the X-rays. Acute symptoms had certainly been ameliorated, though it was yet too soon to predict its true therapeutic value in this disease.

The paper of the evening was by Dr. W. Gilman Thompson, on "The Treatment of Pneumonia."

At the very beginning, only when the heart is very rapid, Dr. Thompson uses aconite. He does not use heart stimulants until the indications arise.

It is not advisable to use a certain stimulant as a routine practice. One patient may demand strychnin, another strophanthus or spartein, and another may do much better on digitalis. The physiological action of each drug should be considered.

In critical cases he uses digitalis, strychnine, ether and alcohol. Normal salt solution acts favorably.

With temperature of 103° F. or more he uses cold water as sponge bath or the wet pack. Too frequent use of these methods, however, may influence patient unfavorably.

Specifics are as yet unknown in this disease; statistics of one locality, and especially of one epidemic, of little value.

His personal experience with carbonate of creosote not convincing as to its value.

Abortive treatment, or attempts at it with the coal-tar remedies, etc., should be discontinued. Probably the true infectious disease had never been aborted. Alcohol he used less than formerly. In the aged it is useful in moderate doses. Also useful in alcoholic subjects and in those severe cases with a dicrotic pulse and dry tongue, etc.

Expectorants are not usually indicated, and tend to upset the stomach.

Gastro-intestinal disorders demanded the most careful medical attention, on account of the consequent embarrassment to respiration, and also to toxic absorption. Tympanites should be avoided and treated as it is in typhoid fever.

For the control of delirium, if mild, he uses trional, bromide, etc., but believes morphine to be dangerous even in small doses. In severer cases of delirium he uses paraldehyde, morphine, etc., but with these he gives digitalis or other stimulant.

Oxygen should be used from the beginning if to be used at all. Many had lost all confidence in oxygen because they had kept it back for emergency use. The exact physiological advantages are difficult to explain. At least it gives a pure air.

Pure air is considered by Dr. Thompson to be of the greatest value. Too many people should not be allowed in the sick room on that account.

Hypodermoclycis, especially in coma, with a scarcely perceptible pulse, blueness, etc., was excellent. After the administration of 1,000 or 600 c. c. hot, normal saline solution, the patient might rally for an hour or two when the medication could be repeated. This could be given by rectum also.

Topical applications were useful for pleuritic pain, but only for that. Hot or cold might be used, as preferred by the patient. Heat was usually more effective.

The temptations for activity in fighting this disease is greater than in any other disease, and restraint must be exercised.

Proper intervals of absolute rest must be insisted upon. In twenty-four hours there should be several intervals of two or three hours rest.

In closing Dr. Thompson called attention again to his chief points: Care in not overstimulating the heart; uselessness of the so-called specifics; avoidance of tympanites and gastric disturbances; hypodermoclysis; topical application for pleuritic pain and the value of absolute rest and pure air.

DISCUSSION.

Dr. Peabody thinks very highly of baths in certain cases. Delirium was often quieted and sleep obtained by using a bath at 65° F. for ten minutes, when hypnotics had been tried in vain

In the use of hypnotics he had not found morphine to have any especial danger, and did not hesitate to use gr. 1-6 subcutaneously if pain was severe.

He said that morphine did not affect the peripheral respiratory nerves, but only the respiratory center, therefore not counterindicated. To avoid upsetting the stomach, he gave paraldehyde ʒj or ʒii or an enema of ʒiii of peptonized milk. He had no more confidence in the antiseptic inhalations than did the reader.

As for specifics, a very large number of cases must be tabulated to establish the efficacy of any line of treatment.

In using salicylates it seemed to him that the defervescences more frequently took place by lysis. He had followed this treatment in sixty or seventy consecutive cases.

He is skeptical of any abortive treatment. The large doses of calomel had not proved successful in his hands.

Dr. Conner said that at Hudson Street Hospital they usually treated these patients symptomatically: quiet, in bed, milk diet, and an abundance of water. They do not use one-quarter the alcohol they did three or four years ago.

For two years they had been treating every other patient with carbonate creosote, 10 to 15 grains every two or three hours, and hope to have

some valuable statistics. They have not been tabulated as yet.

He thinks there is more tympanites in pneumonia than in typhoid, and was glad to hear Dr. Thompson lay so much stress upon it.

Dr. Quimby thinks the character of pneumonia has changed in the last ten years, or since grippe has been epidemic. He advocates keeping the temperature of the room at 80° F., and the air saturated with moisture.

He believes saline by rectum should be given early, as well as oxygen, and not retained for an emergency.

Dr. Manges said that the mortality in this disease had not changed. The statistics from the Massachusetts General Hospital were misleading, as they did not include cases of pneumonia in the aged or in children. Statistics by Wells, and amplified by Osler, formed on 225,000 cases in the United States, showed the mortality to be between 20 and 25 per cent. He had had the greatest success with veranol, and preferred it to trianol or paraldehyde.

Dr. See spoke of the difficulty in treating those cases which followed an operation without any discoverable cause, and without the wound giving any signs of disturbana.

Dr. Dudley said he considered venesection the greatest assistance in pneumonia.

Dr. Lambert has had more satisfactory results by treating the congestion with ergot and cups than with anything else, and considered the ergot of very great value.

Dr. Reilly had accidentally found a method of alleviating the distressing forms of hiccough, which had been very successful. He depresses the tongue with the handle of a spoon or other instrument, and teaches the patient or nurse to hold it there for fifteen or twenty minutes. This may have to be repeated at frequent intervals, but gives the needed rest, and is much better than tongue traction or other manipulations.

John J. Nutt, Corresponding Secretary.

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Onondaga County Association.—The annual meeting of this Association was held in Syracuse on Monday, February 15th. The following officers were elected: President, Franklin J. Kaufmann; vice-president, George A. Edwards; secretary, Charles Burton Gay; treasurer, Alexander J. Campbell. Florince O. Donohue was elected fellow, and Amos Sheldon Edwards member of Executive Committee. The following committees were appointed: Committee on Legislation, Adelbert D. Head, Thomas B. Dwyer, J. Berton Allen; Committee on Public Health, Alexander J. Campbell, Charles B. Gay, Florince O. Donohue; Committee on Ethics and Discipline, Bernard S. Moore, Amos S. Edwards, Howard FitzG. Clark; Committee on Credentials, Franklin J. Kaufmann, Howard FitzG. Clark, Florince O. Donohue.

Charles Burton Gay, Secretary.

Orange County Association.—The regular monthly meeting of this Association was held at the Russell House, Middleton, N. Y., on Wednesday, February 17, 1904, at 2 p. m. Dr. W. E. Douglas, president, presided, and opened the scientific program with a report of cases and presentation of specimens. Dr. M. C. Conner showed a specimen of miliary tuberculosis of the Fallopian tube appendix and a large portion of the omentum, removed at operation from a young woman with no other symptoms of tubercular infection. Dr. Douglas then introduced Dr. J. C. Bierwirth, of Brooklyn, who gave a very instructive address on "X-ray Therapy." The doctor stated that many extravagant claims of cures had been made, which were really not cures, and that there was a limitation to the diseases curable by the X-ray just as there was to any other form of medication. Among the diseases which were not curable by this method, cancer and sarcoma should be classed. The diseases which he had found by experience to be favorably affected by the ray were epithelioma of any grade and in any situation, eczema of the leg or elsewhere, lupus, ulcers of all kinds, tubercular glands of the neck, leucemic glands, severe burns, to stimulate healing, and in that form of injury known as railway spine in which a persistent neuritis and spinal congestion was present.

Dr. Bierwirth proved to be a very able and convincing speaker, and won the attention of his audience from the first, and at the close of his remarks received a well-merited applause. A general discussion of the subject followed, in which all those present took part. Dr. Douglas, of Middletown, gave some interesting accounts of his experience with the X-ray, and cited a number of skin diseases and one cancer of the breast reduced in size by this agent. Dr. Purdy, of Middletown, cited a case of cancer of the lower lip treated with perfect success with the ray, but unfortunately at that point the patient contracted pneumonia and died.

At the business session following Dr. Bierwirth gave an account of the proceedings of the Joint Committee of Conference, of which he was a member, and strongly urged the two county medical bodies to take measures to unite into one society. There being no further business, the meeting adjourned until Wednesday, March 18, 1904.

Charles I. Redfield, Secretary.

* * *

Tompkins County Association.—The regular meeting of this Association was held at the Wilgus Block, Ithaca, on Tuesday, February 9th. There was a good attendance, although not quite as good as usual, owing to the prevalence of grip in the neighborhood, which prevented some of the members from coming. The finances of the Association were reported to be in a fine condition. Dr. V. A. Moore was appointed to rep-

resent the Association at the meeting of the American Congress of Tuberculosis in 1905.

In the scientific session Dr. V. A. Moore read a paper on "Avian Tuberculosis," which was of more than ordinary merit. Dr. J.W. Judd gave a report of some cases, and Dr. M. A. Dumond read a paper on "Burns."

MARCUS A. DUMOND, Secretary.

* * *

Ulster County Association.—The annual meeting of this Association was held at the Kingston City Hospital, Monday, February 15th, at 2.30 P. M. The president, Dr. Henry van Hoevenberg, occupied the chair. The secretary reported an increased average attendance at the scientific sessions over those of the previous year, and thought this had been in great measure due to the kind assistance of Dr. J. Riddle Goffe at the May meeting, and of Dr. Alexander Lambert at the November meeting. The treasurer reported all bills paid, and a satisfactory balance on hand. Some time was spent in an informal discussion of the best ways and means of promoting the interests of the County Association the coming year. The following officers were elected: President, Henry van Hoevenberg; vice-president, James L. Preston; secretary, Mary Gage-Day; treasurer Alice Devine; member Executive Committee, Heberd H. Palmer; fellow, Albert H. Reed; alternate, Henry van Hoevenberg; member Nominating Committee Fifth District Branch, Eber H. Hesten.

MARY GAGE-DAY, Secretary.

* * *

Warren County Association.—The annual meeting of this Association was held at the Rockwell House, Glens Falls, on Wednesday, January 13th. The amended by-laws, as proposed at the last meeting, were adopted. In the scientific session the following papers were read: "Longevity," Henry E. Clarke; "Strychnin Poisoning," Annetta E. Barber; "Report of a Difficult Case of Obstetrics," Edgar B. Probasco; "Some Interesting Cases of Malaria, which Simulated Appendicitis," William J. Hunt; "Oxygen and Its Uses in Medicine," George A. Chapman.

The following officers were elected for the ensuing year: President, Dudley M. Hall; vice-president, William J. Hunt; secretary and treasurer, Frederick Gershom Fielding. George A. Chapman was elected fellow and Annetta E. Barber alternate, and Henry E. Clarke, member Nominating Committee Fourth District Branch.

FREDERICK GERSHOM FIELDING, Secretary.

ADDITIONAL LIST OF MEMBERS OF THE NEW YORK STATE MEDICAL ASSOCIATION.

FIRST DISTRICT BRANCH.

Jefferson County.—Henry G. Dawson, Cape Vincent; Charles E. Pierce, Watertown; W. D. Pinsonneault, Watertown.

THIRD DISTRICT BRANCH.

Tioga County.—Eugene E. Bauer, Owego.

FOURTH DISTRICT BRANCH.

Erie County.—Frederick W. Filsinger, Buffalo.

Monroe County.—Joseph R. Culkins, Rochester; William G. Stedman, Rochester.

Niagara County.—John Gray, Niagara Falls; William H. Potter, Niagara Falls.

Orleans County.—John Dugan, Albion; Arthur I. Eccleston, Waterport; Frank H. Lattin, Gaines; Leon Gray Ogden, Barre Center; Fremont W. Scott.

Wyoming County.—Z. Gifford Truesdell, Warsaw.

FIFTH DISTRICT BRANCH.

New York County.—Charles Boyd Kelsey, New York City; Gertrude Rochester, New York City; Sebastian Saladino, New York City.

Orange County.—Edwin Fancher, Middletown; Merritt I. Beers, Middletown.

NON-RESIDENT MEMBERS.

William E. Washburn, Kewanee, Ill.; Robert Fulton.

NEW MEMBERS IN THE AMERICAN MEDICAL ASSOCIATION.

Charles Bowman Bacon, Brooklyn.
Frederick Russell Calkins, Watertown.
Fred J. Douglas, Utica.
Arthur Baldwin Duel, New York.
Levi E. Gardner, Black River.
Homer Genung, Freeville.
Charles D. Graney, Le Roy.
Marshall Latcher, Oneonta.
F. E. Lettice, Watertown.
Thomas Masson, Cape Vincent.
Edward H. Maynard, Nyack.
Frederick Charles Peterson, Watertown.
James L. Preston, Kingston.
Max J. Schwerd, New York.
Frederick C. Smith, Fleming.
Eloise Walker, Hudson.
David G. Yates, New York.

PERSONALS.

Dr. Donald Laurence Ross, a member of the medical staff of the Willard State Hospital, has been appointed assistant physician to the Craig Colony for Epileptics, at Sonyea, N. Y.

Dr. Thomas W. Salmon, who was recently Bacteriologist at the Willard Hospital, has been appointed one of the officers in the United States Public Health and Marine Hospital Service, and is at present on duty in Philadelphia.

Dr. James J. Mooney, of Buffalo, has been recently elected President of the Medical Board of the Sisters of Charity Hospital of the city.

Dr. Charles Sherman Jewett has been elected Vice-President of the Medical Staff of the Sisters of Charity Hospital, Buffalo.

Dr. Alfred E. Diehl has been elected Secretary of the Medical Board of the Sisters of Charity Hospital, Buffalo.

OBITUARY.

Dr. Edwin Barnes.

Dr. Edwin Barnes died at his home in Pleasant Plains, Dutchess County, N. Y., on January 22, 1904. His death was caused by pneumonia, followed by acute indigestion, his sickness lasting for a period of two weeks.

Dr. Barnes was born in Troy, N. Y., July 28, 1844, but passed his boyhood at the old home, attending first the district schools of Hyde Park, and then a private school at Pleasant Plains. He began his medical studies at Burlington, O., with an uncle, Camillus Hall, M.D., where he remained a year and a half. He then entered the Albany Medical College, but, in 1864, before his course was completed, he joined the army as a cadet on the medical staff. He served in the department of the Cumberland, of West Virginia, and of the East, until mustered out, February 3, 1866. In the meantime the degree of M.D. had been conferred upon him by the Albany Medical College, December 28, 1865, while he was on duty at the Ira Harris General Hospital. Ten days later, after his return home, he began the practice of his profession at Pleasant Plains, where he has since resided.

On November 13, 1866, Dr. Barnes was married in Macedon, N. Y., to Matilda Armstrong, who survives him, also two children, one son and a daughter.

He stood high in his profession, and was at the time of his death consulting physician and surgeon to the Vassar Brothers Hospital, Poughkeepsie, and a member of The New York State Medical Association, whose vice-president he had at one time been. He had also been president of the Medical Society of the County of Dutchess.

Dr. H. Lyle Smith.

Dr. H. Lyle Smith died at his residence, Hudson, N. Y., on February 11th. Dr. Smith was a graduate of College of Physicians and Surgeons, New York, class of 1864, and had practiced in Hudson for many years. He was a member of The New York State Medical Association, and was active in the organization of the Columbia County Association, serving as its first vice-president after its formation in 1902. He was also a member of the Medical Society of the State of New York, and of the Society of Alumni of Bellevue Hospital.

MEMORIAL.

Dr. Francis W. Higgins.

The committee appointed by the Council of The New York State Medical Association January 19th, 1904, present the following:

Resolved, The Council of The New York State Medical Association records with sorrow the loss of an honored friend, genial companion and wise counsellor, in the death of Dr. Francis Wesley Higgins, of Cortland County. He was a vice-president of The New York State Medical Association and president of the Third District Branch.

Dr. Higgins was respected and loved by his neighbors, who showed their confidence in him by electing him President of the village of Cortland. He was held in high esteem by the medical profession, and served with credit in the hospital and as presiding officer in many scientific and medical societies.

In appreciation of his valued services to the State Medical Association, as well as to the whole medical profession, the Council enters upon its minutes this expression of its sympathy and respect, and orders that a copy of this resolution be sent to his bereaved family.

E. Eliot Harris,
Wisner R. Townsend,
C. E. Denison,
Committee.

LEGAL NOTES.

The Successful Prosecution of Illegal Practicers—Malpractice Defense in Erie County.

Nowhere, perhaps, has the careful and energetic work of the Association shown itself with greater and more satisfactory results than in the prosecution of the violation of the public health law. These results would be impossible were it not for the fact that, especially in the last months, there has been evidenced by the justices of the courts having jurisdiction in these matters a renewed interest and evidence of careful study of this medical law and its effect upon the public health. Never have so many cases resulted in terms of imprisonment without alternative fines, and never have the fines been so large where alternative fines were imposed.

There has been suggested by the Special Sessions bench that even more latitude should be given in the imposition of fines or terms of imprisonment than is now possible, and in order to give to the Court full limit of its power in the trial and impositions of sentence in these misdemeanors an amendment to the law should be enacted, removing all limitation, and allowing this court complete and absolute authority in fixing the amount of fines or term of imprisonment. This could probably be best done by simply strik out the amounts of fines to be imposed mentioned in the law at present.

Another important suggestion is to the effect that there should be a working definition of the practice of medicine framed, which could be incorporated as a section immediately following the one under which prosecutions are now begun, as a defining section, and added to it should be some direct reference to midwives who are administering amenagogues with such a free hand, and are so flagrantly advertising their wrongdoing.

It seems well-nigh impossible to bring to the guilty knowledge of the newspaper publisher what is going on in any individual case, and so long as his income is increased by these advertisements, doubtless will continue them. These are matters for the Association to take up vigorously.

During the past fortnight, the Counsel of the Association has had occasion to visit the cities of Utica and Buffalo, incidental to the trial of cases in those localities, and reports that the knowledge that some physicians are being defended by a great representative medical corporation has had a most discouraging influence upon litigants and their attorneys. In connection with one of the cases brought against a member of the Association, the attorney for the plaintiff stated that he assumed that when he got a verdict against the doctor, he would pay up. Counsel's reply was that when the Supreme Court of the United States had passed upon all the questions involved, then he could begin to think that there was some chance of recovery, and that time would be some years hence.

It was reported that the plaintiff in the case brought against Dr. Gumaer, of Buffalo, had left the State. The Counsel went to see the attorney, and told him that unless the case was discontinued he would be held responsible for a large bill of costs, and that unless the case was discontinued at once he would move to dismiss the complaint and proceed to collect the costs upon the ground that the plaintiff was no longer a resident of the State. The plaintiff's attorney demurred, but finally signed the consent to discontinue, and the order ending the case was entered. Of course, cases ended in this way are of a purely strike variety and have no merit of their own, but depend upon the natural timidity of the members of the medical profession to secure a settlement.

It will be gratifying to the members of the Association to know that it is reported that in two sister States the defense of members of the medical societies of such State is to be taken up at once, and that recently also in England a similar malpractice defense by-law has been discussed for the great London organization, all under the same plan as that now in use in the State Medical Association. Counsel of the Association has also been in correspondence with the Counsel of the New York State Homeopathic Medical Society, which is also about to take up the defense of its members under the same plan.

Strange as it may seem, the fact that members of the State Medical Association are being defended is but little known to the outlying counties, but the realization of its importance is clearly evidenced in New York County by the fact that never before have the members of the New York County Medical Association been so prompt in the payment of their dues as this year, doubtless owing to the fact that with each bill the treasurer enclosed a card upon which was printed the by-law referring to malpractice defense. If this by-law was printed upon each bill for dues sent to every member from each county Association, the dues would be promptly paid, and the knowledge of this defense be brought home to each member, and through them to their friends.

The very important conviction was secured on February 8th of Peter Barr, who calls himself a divine healer and who is incidentally giving medicine in West 17th street. Upon his conviction the Court sentenced him to be imprisoned for the term of thirty days without an alternative fine; he had already been locked up for ten days. These sentences for terms of imprisonment without alternative fines is doing more than any other one thing to stop the violation of the medical law. These wrong-doers are very glad to pay small fines of $50 or $100 and go out and laugh at the medical organization and the Court, but when they find that the Court now is taking a different view and is inflicting sentences of imprisonment, they are becoming more cautious and the violations are less frequent.

MEDICAL-LEGAL TESTIMONY.

———, January 15, 1904.

Dear Doctor—As you are on the Executive Committee of The New York State Medical Association I want to call your attention to the perfect indifference of lawyers in compelling the attendance of physicians in court day after day in civil cases. It is a great abuse and should be corrected. If there was a law passed that would compel them to pay physicians for the time in court they would not be so liable to summons so often. As you are aware there are a number of cases that are perfectly worthless to a physician. He does not get his fee for attendance and he gets nothing for his court attendance, yet he is compelled to go. I have had to attend in Brooklyn more than once recently, and also in New York, where there was no reason for attendance except the desire on the lawyer's part to bolster up a weak case.

I think I am not an exception. Every physician having a large practice and attending persons meeting with an injury are subject to the same treatment.

I think if you will call the attention of the Committee on Legislation to the matter you will benefit many in the profession.

Very sincerely (Signed). M. E. D.

ERGOT AND THE HEART.

Perhaps the most frequent, serious and fatal error in medical practice is treating the heart directly because of heart symptoms (whether excessive, diminished or irregular force or frequency), or from whatever apparent cause. This error is responsible for thousands of unnecessary deaths annually. The direct cause of functional and many organic heart disorders is disturbance of normal equilibrium of blood distribution. This equilibrium is not restored by the commonly appled heart tonics, stimulants or sedatives.

The true indication is to contract dilated (congested) blood vessels throughout the body. Heart symptoms will thus be relieved. The effective means is ergot administered hypodermically.—Alfred T. Livingston, M.D., Jamestown, N. Y., in *Medical Brief.*

News Items.

CONSOLIDATION IN NEW YORK.

The Society Approves the Plan for Union.

Albany, N. Y., Jan. 26, 1904.

At the first session of the Medical Society of the State of New York, beginning here to-day, the first order of business following President Bristow's address was the report of the Committee of Conference appointed last year to act with a like committee from The New York State Medical Association looking to the union of the two bodies. The report was an able review of the year's work, including an account of the permissive act which was passed by the General Assembly, and approved by the Governor, to overcome the legal difficulties in the way of union. The report concluded by recommending the adoption of the complete plan of organization of the American Medical Association for the government of the joint body, with only such changes as may be found to be necessary to adapt it to local conditions. Dr. Bristow had made an earnest plea for unification in his address, and after able addresses of endorsement by Drs. Jacobi, Rossa, Potter, McDonald and Park, and without a word in opposition, the report of the committee was adopted with much enthusiasm. Representatives of the Association are here in cordial cooperation with the society people, and it apparently only remains for that body to act for the union to be completed.

UNION PRACTICALLY SECURE IN NEW YORK.

We print elsewhere in this issue a telegram announcing the acceptance and adoption by the Medical Society of the State of New York of the report of the Conference Committee on the union of the society with The New York State Medical Association. This will be glad news for all who appreciate the conditions that have prevailed in the Empire State for over twenty years. It means the solution of a problem that has long been recognized as a difficult one, and puts an end to a strife that has not been a credit to the profession. The thanks of the medical men of the whole country should be extended to those in both organizations, who have in recent years been striving to bring about this happy consummation. To those on the outside who do not know all the intricacies of the problem, it has appeared as though its solution was an easy matter, but the difficulties of the situation were real. As we understand it, The New York State Medical Association will be merged with the Medical Society of the State of New York, and the latter will amend its charter, reincorporate and will adopt the plan of organization recommended by the American Medical Association, subject to minor changes to suit local conditions. A bill has passed the Legislature of the State of New York and has been signed by the Governor, permitting the State society to enter into this consolidation plan.—*Journal American Medical Association, January* 30, 1904.

ANNUAL MEETING OF THE STATE MEDICAL SOCIETY.

The feature of the ninety-eighth annual meeting of the Medical Society of the State of New York was the adoption of the agreement which had been reached by the Joint Committee of Conference appointed by the State Medical Society and The New York State Medical Association for the purpose of bringing about the consolidation of the two organizations. The unanimous vote on the resolution followed by prolonged applause practically proclaimed the end of medical disunion in New York State—we hope forever. The scheme of union eventually evolved is of itself an excellent proof of the administrative ability of medical men and is also an earnest for future progress in the organization of the profession. Many, many difficulties had to be met, many delicate questions faced and problems solved. It has all been well done and the Joint Committee of the two organizations deserve the congratulations as well as the thanks of their professional brethren.—*Medical News, January* 30, 1904.

UNION IN NEW YORK AT LAST REALIZED.

Just as we are going to press we receive a telegram from Dr. McCormack, at Albany, bringing the news of the unanimous adoption of the report of the Joint Committee and the agreement for the consolidation of the Society and Association, including a constitution and by-laws. The committee was continued to complete the details of the union. The permissive act has been passed by the State Legislature and approved by the Governor. The adoption of the resolution was moved by Dr. Jacobi and seconded by Dr. Rose and Dr. Potter. Thus is finally ended the unfortunate division of the New York profession, and the greatest step is made toward the union and reorganization of the entire body of American medical men. The vast influence of this act for the good, both of the profession and of the entire people, cannot be estimated, at present not even conceived. The American Medical Association is now called upon to assume its destined rôle, to shape and bring about legislation, to reduce the evils of quackery and greed, both within and without its ranks, to realize the possible lessening of the death rate by hygiene and preventive medicine, to encourage pure science and to band all honorable physicians into a mighty force for promoting the national health and well-being.—*American Medicine, January* 30, 1904.

THE ALBANY MEETING.

The long-looked for Albany meeting of the Medical Society of the State of New York has come and gone, and with it the schism that for twenty-two years has rent in twain the medical profession of the State of New York is practically a thing of the past. We say practically because, although there still remain certain formalities to be complied with, it is altogether inconceivable that they should fail of completion.

In like manner we may say that even more gratifying, even more valuable, than the actual results achieved in the direction of unification, was the spirit of fixedness of purpose, of broad sympathy, of generous emulation and single heartedness, and of earnest loyalty to the highest ideals of our profession, that pervaded the moral atmosphere of the council chamber during this most momentous session. There was no trace of acrimony, not a sign of exultation over points gained or of smoldering resentment over sacrifices entailed, visible in any single corner of the room. In the very nature of things the reading of such a lengthy report as that of the Committee on Conference, with all its included documents, was apt to prove wearisome; yet so intent did every one seem, with his eyes on the goal of the course, that nowhere was a single symptom of impatience or boredness perceptible. That speaks volumes more for the depth of realization by all of the absolute need of professional solidarity, alike for the good of mankind, of the profession and of the individual practitioner, than anything else could possibly do.

Another more than gratifying lesson is that so clearly demonstrated in the fact of the extraordinary rapidity with which medical legislation in this matter was effected, the moment it became clear to the legislators that what was asked for was desired by a united and harmonious profession. What a promise does this hold out and at the same time what a warning does it convey to us concerning our responsibilities in regard to all measures for the public weal with which an ever-enlightening profession may deem it necessary in the future to approach the Legislature. Even when we seem most to be acting in our own interests as a profession, if our desires are truly in those interests they are

most truly then in the interests of humanity at large. No spectacle could impress this fact more vividly on those who, while it is theirs to act, must in the nature of things look to us for guidance, than that of a professional opinion firm and immovable because founded upon the solid base of professional solidarity.—*New York Medical Journal and Philadelphia Medical Journal, January* 30, 1904.

The weekly journals contain full accounts of the semi-annual meeting of the Medical Society of the State of New York, which was held on October 13th and 14th, at the Academy of Medicine. The scientific papers will be found in the various weeklies. A very important business matter, however, was taken up, which has also received full notice. Some two years ago the Medical Society of the County of New York passed a resolution inviting the society called the Medical Association of New York to appoint a committee to meet theirs to consider a basis of union of the two societies. The committee met many times, and a great many obstacles were found, chiefly, in the fact that the American Medical Association, with which the Medical Association of the State of New York is an affiliation, still maintained a code of ethics substantially the same as that which caused the rupture of the Medical Society of the State of New York and that Association. As a principle was involved, no union could be formed until this contention had been settled.

As is well known, at the annual meeting of the American Medical Association, held in May, the code was abolished, and the Principles of Ethics, which are merely advisory and not obligatory, were put in their place. It is generally understood that this course was taken chiefly through the efforts of Dr. Reed, of Cincinnati, and Dr. Welch, of Baltimore. However this may be, the Association was thoroughly tired of the code and abrogated it. This being done, The New York State Medical Association must do the same, and the cause of separation will be removed. Of course, there are minor obstacles which must be, and probably will be, surmounted, since the chief one has been overcome.

The State Medical Association is willing to abandon its charter and its name, and to come into the Medical Society of the State of New York under the name now borne by the latter-named Society for nearly a century. There are details, but the two committees have full power, and from what is said in various quarters, it is evident that the profession believe that these ten committeemen will have no serious difficulty in adjusting matters so that a union occurs. As was said in the *Post-Graduate* immediately after the May meeting of the American Medical Association, the Medical Society of the State of New York has at last been vindicated. The whole profession of the country have actually justified them in their position, which under great obloquy in certain quarters its members have held since 1882.—*Post-Graduate*, November, 1903.

ELIGIBILITY FOR MEMBERSHIP IN THE UNITED MEDICAL SOCIETIES IN NEW YORK STATE.

At a meeting of the Council of The New York State Medical Association, held January 19, 1904, the following resolution was adopted:

Section 1. The Council of The New York State Medical Association earnestly requests all members of the Association to promote in every way possible the union of The New York State Medical Association and the Medical Society of the State of New York, on the plan proposed by the Joint Committee of Conference.

Sec. 2. The Council desires to call the attention of members to Article X of the By-Laws of the State Association, which is as follows:

ARTICLE X.

DUES.

Application for Membership.—Sec. 1. All applications for membership shall be accompanied by five (5) dollars annual dues for the current year, but if the application be made on or after the first day of October, such dues will be credited as of the next year.

Dues.—Sec. 2. The annual dues of resident and non-resident members shall be six (6) dollars, but if such dues be paid within three months of the date of submitting the bill a rebate of one (1) dollar may be deducted. Corresponding and honorary members shall be exempt from the payment of dues.

Payment of Dues.—Sec. 3. All dues shall be payable on the first day of January of each year. Resident members shall transmit their dues to the Treasurer of their County Association or of their District Branch Association where no County Association exists. Non-resident members shall transmit their dues to the Treasurer of the State Association.

Collection of Dues.—Sec. 4. On the first day of July in each year the names of all those members who have failed to pay their indebtedness to the Association shall be dropped from the forthcoming list of members to appear in the Medical Directory for that year, and if these members shall further fail to pay their indebtedness by the close of the annual meeting of the Association of that year without satisfactory excuse their names shall be dropped from the official roll of members.

Sec. 5. On every bill for dues sent to members the Treasurer shall cause to be printed Sections 1, 2, 3 and 4 of this article.

Distribution of Dues.—Sec. 6. The Treasurer of each County Association and District Branch Association shall pay to the Treasurer of the State Association the sum of $5 or $6 (in accordance with paragraph 2 of this article) for each and every member who has paid his dues for the year. Remittances should pass to the State Treasurer at such interval as may be determined by the amount of accumulated collections on hand, but by the first day of October in each year all the funds properly coming to the State Association shall be in the State Treasurer's hands, to be included in his forthcoming annual statement.

Sec. 3. *At the time of the amalgamation no member can be certified as in good standing or eligible to membership in the consolidated society, who is in arrears for dues.*

Sec. 4. The New York State Medical Association or its successor, the Medical Society of the State of New York, binds itself to carry out all contracts for 1904 with those members who have paid dues for 1904, but cannot incur obligations for those who are in arrears for dues.

Mississippi Valley Association.—The thirteenth annual meeting of this Association will be held at Cincinnati, O., October 11, 12, 13, 1904. Dr. B. Merrill Ricketts has been elected chairman of the Committee of Arrangements.

The following resolution was offered by Dr. S. P. Collings, of Hot Springs, Ark., at the Memphis meeting:

WHEREAS, The value of perfect sight and hearing is not fully appreciated by educators, and neglect of the delicate organs of vision and hearing often leads to disease of these structures, therefore, be it

Resolved, That it is the sense of the Mississippi Valley Medical Association that measures be taken by boards of health, boards of education and school authorities, and, where possible, legislation secured, looking to the examination of the eyes of all school children, that disease in its incipiency may be discovered and corrected.

LEGAL STATUS OF X-RAY PICTURES.

Justice William W. Goodrich, of the New York State Supreme Court, presented an address at the last meeting of the Medical Society of the State on "The Legal Status of the Roentgen Rays." He stated that X-ray photos had been admitted as evidence in several States. The first case of such admission had not been reported in the law books, but occurred in Colorado in 1896. Probably the leading case in this country was one occurring in Texas in September, 1897. The competency of such evidence depended upon the science, skill, experience and intelligence of the party taking the picture and testifying with regard to it.

Even when properly admitted, it was not conclusive upon the jury, but must be weighed like other competent evidence In 1901 the Massachusetts Supreme Court held that while the picture produced by the X-ray could not be verified as a true representation of the subject, in the same way as a picture made by a camera could be, yet it should be admitted as evidence if properly taken. There had been no discussion in our own State of the use of these photographs, but as early as November, 1897, a complete apparatus for the production of the X-ray was erected and operated before a jury in the Kings County Court House. As no objection was made to this by opposing counsel, the question was not passed upon by the appellate courts. This, however, was further than any other State had gone.—*From the Medical Record.*

AMERICAN PHARMACCUALASSOCIATINIO,ET FIFTY-FIRST ANNUAL MEETING.

The Association considered a number of questions of scientific interest and policy, but the two matters of principal interest were the report of the special committee on a proposed National Bureau of Medicines and Foods and the report and its disposition of the Committee on Adulterations. As the last-named committee reported first, its findings will be first given. Only the principal and more flagrant departures from standard are here cited, though the whole list included over 100 items, almost all of which are important pharmaceuticals. Some twenty-five samples of "aristol," or dithymoldiodid, were found to contain not a trace of aristol. This article should leave no ash and should be soluble in ether, yet the following examples taken from the analyses written on the original packages and made by Coblentz, of New York, are instructive:

(1) Ash, 33.7 per cent.; ether insoluble, 46.0 per cent.
(2) " 42.0 " " " 46.0 "
(3) " 6.8 " " " 11.7 "
Also contained acetanilid.
(4) Ash, 4.0 per cent.; ether insoluble, 8.0 per cent.
(5) " 2.0 " " " 22.2 "
(6) " 42.0 " " " 64.6 "
(7) " 27.0 " " " 37.0 "
(8) " 18.2 " " " 25.0 "
(9) Pure acetanilid.

Several contained large percentages of free alkali and impurities, due to careless manufacture. Some of the other articles noted in the report are as follows:

Arrowroot.—All cornstarch.

Beeswax.—Paraffin, 33 to 60 per cent.; starch, 33 per cent.

Beechwood Creosote.—Guaiocol removed.

Linseed Meal.—Oil removed; sometimes oil removed and petroleum oil substituted.

Mercurial Ointment.—Containing no mercury!

French Almond Oil.—Wholly peanut oil.

Oil of Cedar.—"The quality of oil of cedar seems to be abnormally bad"!

Cod Liver Oil.—Mixed with seal oil, or substituted by "coast" or "shore" oil, and sometimes petroleum oils.

Olive Oil.—Paraffin oil, or peanut oil in most cases.

Black Pepper.—Seventy per cent. ground rice.

Potassium Iodid C. P—(Note the "C. P.").—Contained sulphate, chlorid, iodate and sodium—"not even suitable for medicinal use," in the words of the reporter. Apparently it is a recognized fact that pharmaceutical chemicals must be very remarkably bad to be unfit for "medicinal use"!

Two papers along the same line were also presented; one by G. M. Beringer, on examination of 182 samples of phenacetin, and the other by Dr. H. H. Rusby, on the jaborandi plants used in the manufacture. The samples of phenacetin were obtained from Newark, Baltimore, St. Louis, Detroit and New York. In every case the purchaser had asked for "ten grains of phenacetin." Examination disclosed the fact that the actual weight of the powders dispensed ranged from four grains to twenty grains, and that twenty-seven samples were grossly and fraudulently adulterated. At least one was pure acetanilid, and the possible result of taking twenty grains of acetanilid when ten grains of phenacetin were desired, is not pleasant to contemplate. Other adulterants used were boric acid, sodium salicylate and bicarbonate of soda.

Dr. Rusby showed the official specimens of jaborandi, or pilocarpus, as it more correctly should be called, and the spurious and unofficial varieties. He stated that fully 90 per cent. of all the jaborandi imported into this country, to be used in making medicinal preparations, was of the spurious varieties, did not contain a trace of pilocarpin, and probably did contain other and harmful alkaloids.—*California State Journal of Medicine, September.*

DEPRESSANT DRUGS AND SUDDEN DEATHS.

It is very interesting to examine the statistics of sudden death from heart disease in New York City during the last three years. In 1900 there were registered 4,069 deaths from heart disease in the greater city of New York in a population of approximately 3,445,000, while in 1901 there were 4,626 such deaths, the population having presumably increased about 100,000. Thus there was an increased ratio of sudden deaths to population. In 1902 the number of sudden deaths reported from heart disease had increased still further to 5,461. Calculating the percentages of sudden deaths from heart disease to population, allowing for the before-mentioned increase of population, the deaths of this kind to each thousand were, in 1900, 1.18; in 1901, 1.31; in 1902, 1.34.

For the year 1903 there was a decrease in the number of deaths from this cause, so that the ratio was only 1.28 per thousand. There has been some discussion among sanitarians and public health officials as to the reason for this decrease. A portion of the decrease has been ascribed definitely—and with considerable plausibility—to a certain cause. It is well known that acetanilid is a distinctly depressant drug for the heart. Professor Jacobi, of New York, always insists that it is an actual

tissue poison, to be used only with great care, and many therapeutists teaching that it is the underlying cause for the increase in reported sudden deaths that has occurred in recent years.

This question of the evil of depressant drugs is all the more interesting because of the freedom with which so-called headache powders, mainly composed of acetanilid and other heart depressants, are now so commonly bought and sold. Many women, and even men, think nothing of stepping into a drug store and asking for something for a headache. The headache powders that are dispensed to them so freely always contain acetanilid, and great harm is being done in this way. It is probable that a similar investigation in other cities of the country might also furnish instructive facts. Certain it is that proper legal regulations of the sale of such depressant drugs, so that they could not be dispensed except under the direction of a competent physician, would in the long run have a beneficial effect on the sudden death rate from heart disease. This cause of sudden death is becoming more frequent in this country, and is a serious menace for those suffering from even slight forms of heart disease if they are so foolish as to take these remedies.—*Journal A. M. A.*

One of the worst quack nostrums at present debauching and inebriating the American public, especially the feminine part of it, is Peruna. Many dainty and prim young ladies, who would feel insulted if asked to take a drink of whisky, consume large quantities of that humbug catarrh nostrum, which has been found on analysis to contain over 25 per cent. of alcohol (by volume), thus gradually becoming slaves of the alcohol habit. When will the sale of those vile concoctions, that depend for continued popularity on their alcohol and morphine contents, be prohibited in this country? The time is nearer than my readers may believe. The manufacturers are powerful, and have a tremendous pull and influence, but the intelligent conscience of this country is awakening, and, once fully awake, it will, in characteristic American fashion, take the bull by the horns and make short work of the entire patent medicine swindle. One thing seems very near at hand—a law demanding the statement of the composition of the patent nostrums, especially when the latter contain poisonous ingredients. Let us keep at it, and our work will be crowned with success—*Med.-Pharm. Critic and Guide.*

Consolidation of *International Medical Magazine* and the *Archives of Pediatrics* is announced to have taken place. The combined Journal will hereafter be known as the *Archives of Pediatrics,* to be conducted solely in the interests of the profession and for the advancement of medical science.

USE OF ALCOHOL.

Within our profession the attitude toward alcoholics has been modified. We do not prescribe them any more indiscriminately and in as large quantities as was the custom formerly, but only in accordance with exact indications and in medicinal amounts. In the personal use of alcoholic stimulants, physicians have improved, probably in keeping with improved public sentiment. The doctor, whom it was hard to find entirely sober and of whom his admirers used to boast that he was just as good drunk as sober—true, only the proper statement would have been, just as bad sober as drunk—is seldom heard of, left here and there as a relic of the past. The great majority of our profession are temperate men, earnest, high-minded coworkers for the advancement of humanity.—*Wisconsin Med. Record.*

REGARDING THE OWNERSHIP OF THE NAME VALENTINE.

Editor of The New York State Journal of Medicine:

Dear Sir—A concern styling itself the A. S. Valentine Chemical Company, recently sprung into existence, is advertising a preparation in the form of a capsule, for which it claims scientific and wonderful value in the treatment of gonorrhea, its complications and sequelæ.

Investigation shows that:

This A. S. Valentine Chemical Company is a corporation formed under the laws of the State of New Jersey, and that its incorporators are A. F. Evans, Frank L. Shelton and Nannie L. Shouse, all residents of Kansas City, Mo. This company has a small office at a pretentious address in New York City, which address it uses in its advertisements.

The alleged "literature" offered in these advertisements consists of some extraordinary assertions, contains no records of scientific investigation, no clinical reports and no signatures of physicians.

The capsule they sell is a gelatin-coated thick fluid, bearing the name "Benzol-Capsule Valentine." The contents of the capsule have been represented as "distilled and encapsuled by Valentine's special process."

As is admitted by the person in charge of the office, who is one of the directors, no person by the name of Valentine has ever been connected with the A. S. Valentine Chemical Company, nor has any person with this surname given it his or her consent to the use of this name.

Whatever may have influenced this concern to select the name Valentine as a part of its corporate name, the fact that Valentine is my name, and that I by my writings have brought this name prominently before the medical profession in connection with the study and treatment of gonorrhea and kindred diseases, makes it incumbent upon me to prevent, as far as lies in my power, any deception of the profession and the public by the misuse of my surname. It would be an injustice to my colleagues and to myself were I, by silence, to lend credence to the inference their advertising obviously suggests.

In order, therefore, to protect the profession, the laity and myself, I hereby beg to call attention to the following facts:

1. That I have, in all my writings on gonorrhea, its complications and sequelæ, emphatically expressed my conviction that no drug or combination of drugs administered internally can be a specific in the treatment of these diseases.

2. That no drug or combination of drugs given by the mouth can destroy gonococci.

3. That I do not know the contents of the capsules sold by these people, and that I certainly do not recommend them or any other secret preparation.

4. That neither I, nor any relative, nor any acquaintance of mine, is in any manner connected with the A. S. Valentine Chemical Company.

5. That on January 7, 1904, through my legal adviser, Henry C. Quinby, Esq., of this city, I formally requested the A. S. Valentine Chemical Company to desist from the use of the name Valentine, and upon their refusal I caused a petition for an injunction against

their so doing to be prepared for filing in the Circuit Court of the United States.

On January 20th the counselor of the so-called Valentine company had an interview with my legal adviser, Mr. Quinby, which resulted in the former unequivocally advising his clients to cease using the word Valentine in any manner whatever.

I will thank any of my colleagues to inform me of any violation of this promise, so that I may, for the sake of the public, the profession and my own sake, prosecute as vigorously as the best possible counsel and any sum of money can.

Most respectfully, Ferd. C. Valentine.

Book Reviews.

The Principles and Practice of Surgery. Designed for Students and Practitioners. By George Tully Vaughan, M.D., Assistant Surgeon-General, Public Health and Marine Hospital Service of the United States; Professor of the Principles and Practice of Surgery, Georgetown University, Washington, D. C. Philadelphia and London: J. B. Lippincott Company, 1903.

The object of the author, in writing this volume, is, as he states, to place the subject of general surgery clearly and concisely before students and practitioners in a way most adapted for their needs. This he has accomplished most admirably, showing excellent judgment in his presentation of the main points of general surgery and in the omission of the consideration of several of the branches of special surgery, which would not belong in a book of this nature.

A Text Book of Operative Surgery, covering the surgical anatomy and operative technic involved in the operations of general surgery. Written for students and practitioners. By Warren Stone Bickham, Phar.M., M. D., Assistant Instructor in Operative Surgery, College of Physicians and Surgeons, New York; Late Visiting Surgeon to Charity Hospital, New Orleans; Late Demonstrator of Operative Surgery, Medical Department, Tuland University of Louisiana, New Orleans. With 559 illustrations. Philadelphia, New York and London: W. B. Saunders & Co., 1903.

This book will prove a most welcome contribution to the literature of operative surgery, being very complete in regard to surgical anatomy as well as to the technical points.

The Treatment of Fractures, with Notes upon a Few Common Dislocations. By Charles Locke Scudder, M.D., Surgeon, Massachusetts General Hospital. Fourth Edition, thoroughly revised, with 688 illustrations. W. B. Saunders & Co., Philadelphia, New York and London, 1903. Polished buckram, $5.00 net. Sheep or half morocco, $6.00.

The value of this work is fully testified to, by the fact that this is the fourth edition published in less than four years. The book is intended as a guide for practitioners and students, in the treatment of fractures of the bones, and is especially well adapted for this purpose, as besides the minute and detailed description given of the treatment of fractures there are many illustrations, showing the actual conditions as they exist in fractured bones. This elaborate and complete series of illustrations, of which there are 688 in all, are taken from new and original drawings and constitute a particularly important feature of the book. Some of the most interesting and instructive chapters are those on Gun-Shot Wounds, the Roentgen Ray and its Relation to Fractures, Employment of Plaster of Paris in the Treatment of Fractures, a chapter upon A Few Common Dislocations. This last chapter, like the rest of the book, is fully illustrated and the accepted methods of treatment clearly described.

BOOKS RECEIVED.

The Prevention of Consumption. By Alfred Hillier, M.D.C.M.B.A., Secretary to the National Association for the Prevention of Consumption, London; Member of the Council of the International Association for the Prevention of Tuberculosis, Berlin; Visiting Physician to the London Open-Air Sanitorium. Revised by Prof. R. Koch, with illustrations. London, New York and Bombay: Longmans, Green & Co., 39 Paternoster Row. 1903. Price, $1.50 net; $1.60 by mail.

The Complete Medical Pocket Formulary and Physicians' Vade-Mecum. Containing upward of 2,500 prescriptions collected from the practice of physicians and surgeons of experience, American and foreign; arranged for ready reference under an alphabetical list of diseases; also a special list of new drugs, with their dosage, solubilities and therapeutical applications, together with a table of formulæ for suppositories, a table of formulæ for hypodermic medication; a list of drugs for inhalation; a table of poisons, with their antidotes; a posological table; a list of incompatibles; a table of metric equivalents; a brief account of external antipyretics, disinfectants, medical thermometry, the urinary tests, and much other useful information. Collated for the use of practitioners. By J. C. Wilson, A.M., M.D., Physician to the German Hospital, Philadelphia, etc., etc. Third revised edition. Philadelphia: J. B. Lippincott Company. Price, $1.75; thumb indexed, $2.

International Clinics. A quarterly of illustrated clinical lectures and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners, by leading members of the medical profession throughout the world. Edited by A. O. J. Kelly, A.M., M.D., Philadelphia, U. S. A., with the collaboration of William Osler, M.D., Baltimore; John H. Musser, M.D., Philadelphia; James Stewart, M.D., Montreal, and others with regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Vol. IV. Thirteenth Series. Philadelphia: J. B. Lippincott Company. 1904. Price, cloth, $2 net.

Eighteenth Annual Report of the State Board of Health and Vital Statistics of the Commonwealth of Pennsylvania, 1902. Transmitted to the Governor, November 28, 1902. William Stanley Ray, State Printer of Pennsylvania. 1903.

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 textbooks of the leading American and foreign authors and investigators. Collected and arranged with critical editorial comments under the general editorial charge of George M. Gould, M.D., Medicine. Philadelphia, New York and London: W. B. Saunders & Co. 1904.

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Original Articles.

SEWAGE DISPOSAL AS A MEANS TO PURIFY THE WATER SUPPLY OF THE CITIES AND TOWNS OF THE STATE.[1]

BY CHARLES B. TEFFT, M.D.,
Utica, N. Y.

Mr. President and Gentlemen:

THE disposal of sewage and the purification of water for the household are subjects that have for their solution engaged the thought of some of the brightest minds of our times. These men have given much of their time and labor to demonstrate the science of the process, and how it can be made practical, at a cost within the means of a community or individual. Their labor will be lost if we neglect to avail ourselves of the knowledge gained. The most important use of a public water supply is that of furnishing a suitable water for domestic purposes. The absolute necessity of a supply of some sort for such purposes in a large city is well appreciated, but the value of purity is by many not rated as high as it should be.

A supply of pure potable water is of as great proportionate value in the smaller towns and villages, or the farmhouse, as in the largest city, and is often of greater importance, as many times the farmhouse is the source of the infection found in the small streams from lakes, ponds and springs in the rural districts. The transmission of certain diseases by polluted water is universally recognized. "The danger of a water supply serving as a vehicle for the transmission of disease rests first on the possibility of such organisms finding their way into potable supplies; and, second, on the ability of the bacteria so introduced, to retain their vitality for sufficient time to permit of infection."

"Typhoid fever and cholera are the distinctively waterborne diseases." There are others that it would be of interest to discuss, but for the purposes of this paper we confine the discussion to typhoid fever. Comparing the number of deaths from typhoid fever in each 1,000 deaths from all causes in 1897 with the deaths from the same cause in 1901, we find an increase in six of the sanitary districts into which the State is divided, and a decrease in the three remaining districts, distributed as is shown by the following table taken from the health reports of the years mentioned.

Deaths from typhoid fever in each 1,000 deaths from all causes in the several sanitary districts of the State in the years 1897 and 1901 were as follows:

	1897.	1901.
Maritime	8	10
Hudson Valley	21	20
Adirondack and Northern	18	17
Mohawk Valley	17	17
Southern Tier	14	18
East Central	12	18
West Central	10	13
Lake Ontario and Western	16	20
The entire State	11	13

These figures show the death-rate, and are valuable on that account, but are not as useful in this discussion as the number of cases would be. The mortality rate varies in different outbreaks, ranging from a few to 20 per cent., averaging on the whole about 10 per cent. of the case rate. These last figures afford us a clearer conception of the distress and cost attendant upon an outbreak of typhoid fever. My observation leads me to believe typhoid fever is usually found among our promising and well-to-do young people, and while the mortality rate is said to be 10 per cent. of the case rate, I believe it safe to say another 10 per cent. do not recover their full vigor, and die prematurely.

Accepting the statistics of the State Board of Health as reliable, the conclusion must be that no portion of the State is free from the infection of typhoid fever; that it is steadily increasing, and that the farming districts, villages and health resorts bordering on the lakes and larger streams are the greater sufferers from its ravages.

The infection is conveyed to the person through the medium of potable water. The specific cause of typhoid fever is the "bacillus typhosis," and is found in the intestine, where it multiplies rapidly. Water is infected primarily by human and animal excreta; not alone fecal matter, but the urine as well. The bacillus typhosis finds its way into wells and springs by percolation through the earth from privy vaults. Also by the same process when the feces or urine are deposited upon the soil near any water supply. An examination of a majority of the farms would disclose a grouping of buildings for convenience and saving of labor, rather than for the purposes of sanitation. The well is located where it would be most convenient for house and dairy use. The privy is placed where it will be easy of access from the rear of the house, and seemingly without reference to distance from the well. Farm stock are permitted to roam at will about the rear of the house near the well. Fowls have free access to the plot of ground surrounding it, and often are seen in groups taking a sun-bath on its platform. We are apt to express disgust when we see this lack of cleanliness. Are these people more at fault than others? I think not. In our villages, where people of culture and refinement are found, the wells and privy vaults are in close proximity. The owners pride themselves and boast of the excellency of the water

[1]Read at the Twentieth Annual Meeting of The New York State Medical Association, New York City, October 19-22, 1903.

from the well where they live. While a proper test would show it to be heavily impregnated with organic matter, in which a further examination would reveal large colonies of bacillus typhosis. The State has made large purchases of land in the great North Woods, and are employing every known means to protect it from fire and the woodman's axe, claiming it is necessary if we would insure the natural rainfall in that vast region. This is well, and their action should not be criticized; but the Legislature is open to censure for its neglect to enact suitable laws for the protection of these waters from infection by the thousands of visitors who spend their summers in search of health and long life among the evergreens and everlasting hills of the Adirondacks. Camps, shacks, dwellings, hotels, great and small, dispose of their offal and house drainage by quietly running it into the lake or stream upon which it may be located. There are exceptions, but for years the exceptions have been rare. If the native purity of the Adirondacks is to be preserved, the pollution of its waters must cease.

The necessity for a change in the methods for the disposal of house drainage in cities and villages is admitted by all. Is not the drainage from the farmhouse, its outbuildings and sheds, necessary for the care of stock, as important in its relation to the water and milk supply of the State? I believe it to be of the greatest importance, and my desire is to have our authorities take at once the initial steps for the proper disposal of sewage from every source, that we may be free from the scourge of all waterborne diseases. The physician whose practice calls him into the dairy districts has been convinced over and over again that his patients in town were infected with the germs of typhoid fever and diphtheria brought in milk from farms whose people had been afflicted by these diseases. Therefore, sewage disposal should begin on the farm.

The Massachusetts Experimental Station at Lawrence has so clearly demonstrated the utility of intermittent sand filtration for the disposal of sewage and the purification of water, that we can adopt their methods without fear of failure. Happily the process for the filtration of sewage is practically the same as for the filtration of water. The careful study of the Massachusetts reports will convince any one that the vilest sewage is made 98 per cent. pure from organic matter and germ free. The disposal of sewage by intermittent filtration is practical for the farmhouse, the village or the city. The intermittent sand filtration of all sewage will certainly prevent the infection of any water supply by waterborne diseases. Our sewers will be free from noxious gases; the atmosphere of the household will be pure and exhilarating. What warrant have we to believe it possible to make and operate such a filter at a cost consistent with the income from the average farm? The volume of house drainage equals the water supply, which is about fifty gallons per capita; allowing six persons to the family provisions must be made for the disposal of 300 gallons daily. In the experiments at Lawrence, Mass., the daily amount of sewage filtered per acre has been as high as 2,000,000 gallons.

A filter that would meet all requirements of house, dairy and barn would need to be 15x20x5 feet deep, divided in its long diameter by a partition, through which sewage cannot pass. On the bottom must be laid tile with laterals, graded to a common center at the effluent. Over this tile must be put five feet of clean sand of an effective size of 18 to 25 millimeters, sloped sufficiently to cause the sewage to flow over its surface. But one of the two beds can be in operation at the same time. Sewage should be well mixed before putting it on the bed, and may run daily for three days. Now change to bed No. 2, permitting No. 1 to rest three days, for the development of a new colony of bacteria for future work, alternating in this way continually.

This is a brief description of an intermittent sand filtration bed and its operation. Such beds have been in continuous operation for fourteen years at the Experimental Station at Lawrence, Mass., without change, and its sand is free from all impurities. The entire work of construction can be done in winter at a nominal cost of labor and material.

The amount invested in such a filtration plant would net a larger return than would be received from any other source, and would be a blessing that would be felt from its effluent to the sea.

With intermittent sand filtration of sewage from farm, village and city, the supply of potable water to our homes will be safe and pure. Our State Board of Health are awake to the needs of the hour, and are laboring to procure the enactment of laws that will make it possible to establish reforms in matters of public health. They need the assistance that physicians are best qualified to give. Are we ready to respond and give them a hearty support in their efforts to bring order out of disorder and bring to the front the medical fraternity in all matters of public health? Let us return to our homes, call upon our legislators, make plain to them our wants and that we are a unit in our efforts to secure the recognition due us as medical gentlemen, citizens of the great State of New York.

Dr. Frederick Holme Wiggin, at the invitation of the Montgomery Gynecological Association of the Jefferson Medical College, Philadelphia, delivered an address on the evening of February 2d to the student body of that institution, entitled, "Some Practical Points on Abdominal Surgery, with Special Reference to the Simple Technique for Appendicectomy and Abdominal Anastomosis," and later in the evening was the guest of honor at a dinner given for him at the Colonade Hotel, by the association.—*Medical News,* February 20, 1904.

PRESENTATION OF A PATIENT FROM WHOM WAS REMOVED THE SUPERIOR MAXILLA, LEFT SIDE, AND THE BONE REMOVED.[1]

Operation, May 4, 1870.

BY DAVID P. AUSTIN, M.D.,
New York City.

ON April 27, 1870, John Scheide presented himself at the Central Dispensary, then located at 934 Eighth avenue. Native of New York, of German parentage; age, 22 years; occupation, worked in a match factory. Not able to labor for the last sixteen months. Fistulous opening half inch wide and a half inch below the left eye, which discharged pus constantly. I passed a probe downwards and came upon rough bone; probe passed 1½ inches. Upon opening the mouth a horrible stench came forth, and the alveolar process of three teeth were bare. Diagnosis of necrosed superior maxilla from exposure to the fumes of phosphorus was readily made. Had worked in a match factory from the age of 6 years, or a period of nearly sixteen years. Had two teeth extracted sixteen months ago; says they were diseased. I decided to remove the whole upper jaw bone, one side, and fixed on Wednesday, May 4th, for the operation, at the residence of the patient, 54th street, between Tenth and Eleventh avenues.

Present at the operation: Dr. William A. Ewing, Dr. H. T. Sears, Dr. J. S. Carradine and Dr. O. S. Pine. Chloroform was administered by Dr. Pine, and the operation begun by passing a long bistoury through the cheek into the mouth just anterior to the masseter muscle, and making a clean cut of all the tissues between the point of entrance and the angle of the mouth 3½ inches long. The facial artery and several branches were cut and ligated. Hemorrhage was rather abundant and required constant sponging. I had prepared several with long handles, so that they might be passed into the throat well down. Notwithstanding vigorous efforts were made to keep the larynx clear of blood, at one time he did inhale considerable into the trachea and breathing was momentarily suspended. One of the gentlemen seized the tongue with forceps and dragged it forward. while I made pressure upon the chest in imitation of breathing and Dr. Ewing snatched off a long feather from a duster and tickled the throat, when a deep inspiration occurred, and he coughed out a clot of blood, and then respiration was fully reestablished. The remaining vessels were ligated, and then a second cut was commenced at the margin of the upper lip, half an inch to the left of the median commissure, and carried upward to the distance of 2 inches, dividing the labial and one other artery, which were ligated. Next an incision was made along the alveolar process, and a blunt instrument easily separated the diseased bone from the tissues of the cheek. This right-angled flap was then turned up and held in place, while I seized the bone with a strong crooked bone forceps and made a violent wrenching effort, when, to my great delight, the whole bone was disarticulated and brought away in one solid mass. It only remained to pass the straight bone forceps into the cavity and clip off some projecting spiculæ of bone in the situation of the nasal process and from the orbital plates. The separation from the malar and palate bones had been complete. Hemorrhage was again rather free from the cavity, but soon subsided. The excavation was stuffed with lint soaked in a weak solution of carbolic acid and glycerin. The cut on the cheek was closed with nine interrupted sutures of silver wire, the ligatures of silk left outside. The perpendicular cut was closed with five silver wire sutures. Over all adhesive plaster was now put, and the man placed in bed and ordered to have one-third grain morphia sulphatis, to be repeated in three hours. To each and all of the above-named gentlemen, who kindly assisted me, I extend my most heartfelt thanks for their patience and endurance, as also for their courage and presence of mind, which contributed so largely to the success of so tedious and difficult an operation.

Thursday, May 5th, 12 o'clock, noon.—Patient slept very little, if any, notwithstanding he had a grain of morphia before 10 P. M. yesterday. Complains of no pain, skin cool, pulse 80. Adhesive plaster dressing changed; plug of lint removed and replaced by another. Ordered to have beef tea and milk, which he is to take through a tube.

May 6th.—Pulse 90; skin cool; some sleep last night; takes beef tea and soup through a tube; has no pain. Ordered to change lint in the cavity several times a day. Considerable discharge from the cavity; smells badly; mouth rinsed out with a solution chloride of sodium; wounds uniting nicely at all points except at the exit of the ligatures.

May 7th and 8th.—No change; pulse not above 90° at any time since operation.

May 9th.—Removed four sutures, two from the perpendicular cut and two from the horizontal.

May 11th.—One week after the operation. Removed all the ligatures; no hemorrhage, cuts united in all parts except at the exit of the ligatures, where there is slight oozing of pus. Cavity filling up very much by falling in of soft parts; no rough points of bone can be felt in any part of the cavity.

May 13th.—Removed the last of the sutures and ligatures; cuts closed entirely. Finger passed along inside the mouth; feels the ridge where union took place. Fistulous opening under the eye still discharging some pus. Probe passed into it can readily be felt and seen in the mouth. From this time on there were no unpleasant symptoms. Could eat solid food, and commenced to walk about and

[1]Read at the Twentieth Annual Meeting of The New York State Medical Association, New York City, October 19-22, 1903.

take exercise. Health greatly improved. Face still somewhat swelled, but when this swelling subsides he will not be much deformed.

Let me hope there has been interest enough taken in this most unique and successful case which I am able to bring before this Association after a lapse of a third of a century, so that the time spent in its consideration may not be regarded as wasted.

DISCUSSION.

Dr. C. N. Dowd, New York, said that the case just presented recalled the difficulty often experienced in resection of the superior maxilla. He remembered, while a medical student, seeing this operation done by the late Dr. Sands, and it made a very vivid impression. The combination of partial anesthesia and abundant hemorrhage made a startling spectacle. At the present time, cases of phosphorus necrosis are rarely seen, but at the time this case was operated upon they were comparatively common. The case brings up the question of the function of the periosteum. Years ago Dr. James Wood exhibited a case in which he had resected the lower jaw and left in the periosteum, with the result that the jaw was reproduced. It was a great feat in that time, though, of course, much attention has been paid to this matter in more recent times. All sorts of attempts have been made by the surgeons to remove the jaw without making an external incision, and large portions of the bone, even the entire lower jaw, have been removed through the mouth after forcibly stretching it. The case before us shows what can be accomplished by a suitable placing of the scar, which is hardly visible, and which is so placed that the fibers of the facial nerve are preserved and the man has full control of the muscles of the face.

Dr. J. W. S. Gouley, New York, said that his own experience with excision of the upper jaw was limited to one case, and he desired to present the specimen. It was an osteosarcoma involving the whole of the upper jaw, the regular part of the nasal process and the whole of the palatine process. It had not been undertaken until a preliminary tracheotomy had been performed, and the anesthesia was then continued through the tracheal tube. Only a very short time was required to free the bone. No attempt was made to preserve the periosteum, although the palatine portion was saved intentionally. The inferior turbinate bone was converted into a hard mass, and the specimen illustrated well the conversion of sarcoma into hard bone. The speaker said he had last seen the patient a year ago, and there was then no return of the disease. He had examined the specimen from Dr. Austin's case, and found that it did not comprise the whole of the jaw. The palatine portion had been removed and there was no reproduction of bone. It was possible, owing to what happened in his own case of phosphorus necrosis of the lower jaw—namely, an extensive phlegmonous periostitis, causing death of the bone. In Dr. Wood's cases he had acted as assistant. In one case, the effect of the fumes of phosphorus had been slowly exhibited, and there was a substantial involucrum formed.

Dr. Gouley then presented his own case of phosphorus necrosis of the lower jaw. The operation was done in 1864, and the jaws at that time looked like enormous mandibles. The patient had been working in a match factory. At one time, because of toothache a tooth was extracted, and he went back to work immediately. The same thing occurred on another occasion. Subsequently it was found that there was extensive necrosis. At the operation, the left side was easily removed in two pieces, the jaw having been separated near the center by means of a chain saw. The entire bone, with the exception of the right condyloid process, was dead. The patient made an uneventful recovery, and when seen, several years later, there was a moderate reproduction of bone. She died in 1876 of some acute disease.

Dr. Frederick Holme Wiggin said that early in 1887 the late Prof. James Rushmore Wood, of this city, received a letter from Professor von Langenbeck, at that time president of the Congress of German Surgeons (Berlin), informing him that his Association was about to have a meeting and that his presidential address would be devoted to diseases of the bones and their surgical treatment, also that he had heard that Dr. Wood possessed the only specimen in existence, so far as he knew, of a skull with a reproduced jaw, together with the specimen which had been removed in 1856.

On receipt of this letter Dr. Wood offered Dr Wiggin, who was at that time a member of his house staff, at Bellevue Hospital, a vacation, provided he would visit Berlin at the time of this meeting and take the specimen with him. This the Doctor did, and the foreign surgeons who saw the specimen were much interested in it, considering it unique and that American surgery was once more in the lead.

Dr. John A. Bodine, New York, emphasized two points in connection with surgery of the face. The first was the control of hemorrhage. Usually a necrosed jaw could be removed through the mouth with almost no hemorrhage, and hence he was surprised to hear of the amount of hemorrhage encountered by Dr. Austin. Before Dr. Crile, of Cleveland, devised his clamp, the speaker said, his own plan had been to make use of a small incision, and then slip a small rubber band around the vessel with the object of having it held taut by an assistant at the proper moment. Another point was the matter of dressing. It had been his experience that the wound healed better in these cases without any gauze dressing because the latter caused irritation, and eventually resulted in infection of the wound from the tears or saliva. The Ferguson incision was, in his opinion, the best incision, but

if carried along the lower border of the eyelid ectropion was apt to result. By the method described there was no shock, and the patient was out of bed in three or four days. With proper control of the hemorrhage, fatalities were almost unknown.

Dr. Austin closed the discussion. He said that at the time of his operation, in 1870, very little was known in this country of Listerism. His patient had two brothers working in the same match factory with him, and both died. Another brother had been operated upon in a hospital, and died five days after a secondary operation. In operations for other conditions than phosphorus necrosis there might be a reproduction of bone, but such a result was practically impossible in cases of phosphorus necrosis, for the reason that the periosteum is the first structure attacked and becomes necrosed before the body of the bone is reached. If the operation could be done without the external incision he had employed, it would no doubt be wise to follow that plan; and yet it seemed to me, then, that I should make the incisions large enough to give me ample room.

THE ETIOLOGY AND PATHOLOGY OF SALPINGITIS.[1]

BY EDWARD J. ILL, M.D.,
Newark, N. J.

IT is only through the great advances in bacteriology that we have learned the true etiology of the inflammatory diseases of the Fallopian tubes. But even this would have given us but a meager understanding if the progress of intrapelvic surgery had not assisted in the work. Let us beware, however, to say that there is nothing more to learn in this direction, for there are still a certain class of cases for which bacterial causes have not been discovered. The writer has reference to those very slight inflammatory or congested conditions which follow exposure, and to those congenital and developmental changes, as shown by abnormal bends and kinks, or possibly those of traumatic origin, which eventually, because of the disturbed circulation, will produce conditions simulating the inflammatory. It is also in the abnormal development of secondary tubes that we may get such conditions as have been called "hydropara-salpinx" that simulate the results of inflammation. We must take into consideration that condition of disturbed circulation may eventually be shown to have laid the foundation for the entrance and growth of pathogenic germs. Thus it is possible that the future may scientifically prove that all forms of salpingitis, from the slightest catarrhal congestion to almost complete destruction, are originally due to the invasion of pathogenic germs. This will be the more so as cases of apparent imperfect development or anomalies may prove to be changes wrought by microorganisms. However, circulatory disturbances, mostly of a passive nature caused by mechanical agents, are frequent causes of tubal disease, producing abnormally large convolutions with retained secretion. These again in return may be the first step to a true salpingitis.

Many questions like those spoken of are still to be solved. There can be no doubt that the exposure to cold during menstruation or cold douches may produce primarily or secondarily such hyperemias of the tube that catarrhal salpingitis results.

Chemical substances, such as tincture of iodin, carbolic acid, etc., injected into the tubes may, by chemical action, produce a salpingitis. The writer is of the opinion, however, that such cases as have come under his observation are rather of a septic character. The explanation has been that patches of mucous membrane, after having become necrotic, formed a good culture medium for septic invasion after the destructive agent has been neutralized or washed away.

It is considered highly probable that the normal tube is always free from germs. (Menge and Krönig.)

In the main there are five pathogenic germs that produce salpingitis: The gonococcus of Neisser, the streptococcus pyogenes, the bacillus tuberculosis, the staphylococcus pyogenes aureas and the bacterium coli communis.

The very rare forms will hardly interest us, as they are looked upon as curiosities.

From what we know at this time, we may truly say that the great producer of salpingitis is bacterial in nature. Among the infections which are credited with more cases of salpingitis than any other, the puerperal and gonorrheal diseases rank first.

Nœggerath has first drawn our attention to the gonorrheal nature of salpingitis in 1872, while the bacterial proof of the presence of the gonococcus has been demonstrated in 1886 by Westermark.

The next important step was effected by Bumm, who succeeded in the culture of the gonococcus from tubal pus. This germ does not only grow on the mucous membrane of the tube, but may penetrate the deeper structures and even produce peritonitis. (Wertheim.)

The question of a mixed infection has not yet been positively decided (Wertheim), except that a streptococcus or a staphylococcus (Witte) may for a short time remain in a tube and secondary pyemic results attained through the lymph channels.

In the puerperal infection salpingitis is usually produced by the streptococcus and staphylococcus. Rarely have other forms been discovered. It is these same germs that are so apt to produce salpingitis through unclean instruments. Now and then we find tubal inflammation produced by intestinal disease. The writer has seen a salpingitis produced by appendicical inflammation. At another time a typhoid ulcer, threatening to

[1]Read at the Twentieth Annual Meeting of The New York State Medical Association, New York, October 19-22, 1903.

perforate, became adherent to the fimbriated end of the tube, and thus produced a salpingitis.

Lastly, we have the tubercular infection, which is thought to originate from the germ being deposited in the structure of the tube through the agency of the blood current.

Out of 315 pus tubes, whose contents were examined bacteriologically by various observers, 88 contained gonococci, while 22 contained streptococci, a few disseminated ones contained tubercle bacillus, the bacillus coli communis and the staphylococcus. These figures must be exceedingly unsatisfactory because much will depend upon the stage of the disease when the bacterial search was made. We thus have four sources of tubal infection:

First. Directly through the vagina and uterus, *i. e.*, by contiguity.

Second. Through the intestinal tract, this having become permeable from ulcerative process and permitting pathogenic germs to enter through the fimbriated end.

Third. Through the blood or lymph channels.

Fourth. Through operative interference in the peritoneal cavity.

Our knowledge in regard to the pathology of tubal inflammation has increased wonderfully since the surgeon has removed these organs for disease. It was thus that the various stages of salpingitis have been studied during life. The operative knowledge has preceded the pathological. Disturbances in the circulation of the tube produce conditions which can hardly be classified as inflammatory in the present acceptance of the term. Hyperemias and hemorrhages follow in its wake, and is not in the province of this paper. It will also suffice to mention the fact that an inflammatory condition of the tube is often the result of malposition or tumors of the other pelvic organs, generally producing torsion and strangulation, though bacterial infection cannot always be excluded.

There has been some difficulty in classifying the diseased inflammatory tube with its varied distortions, since the same cause produces so varied results. Thus one agent may produce a simple acute catarrhal salpingitis, while under other conditions severe pus tubes, with all their accompanying danger, may supervene.

The results of gonorrheal and septic inflammation will produce conditions slightly different one from another. The early tubercular inflammation produces conditions much like a simple catarrh. In its advanced form, however, it presents a distinct and separate pathological picture. This is especially characterized by the production of epitheloid and giant cells. Separation of the septic from the gonorrheal form is made mainly in the relative greater degree of peritonitic adhesions and extensive implications of the peritoneal and subperitoneal cellular tissue in the former. The purely gonorrheal form represents a rather greater disturbance of the mucous membrane. The implication of the tube walls seems about the same in both. All forms of salpingitis present themselves at first as an inflammatory condition of the mucous membrane. In its acute stage we have the reddening accompanying all mucous membrane inflammations, followed by an induration and the production of circumscribed areas of infiltration with new cells.

In the beginning the epithelial lining is little changed. As a result of the increased turgesence, the peritoneal covering becomes highly congested. Because of the increased blood supply, the size and convolutions of the tube becomes increased and edematous. The mucous membrane of the fimbriated end is of a dark purplish color, and often protrudes mushroom-like because of its edematous condition. The alkaline reaction (Henning) of the normal glairy tubal contents soon become acid, and turbid from the admixture of leucocytes, blood and the desquamation of epithelial elements.

The purulent character shows itself early in the gonorrheal cases. While the septic germs produce pus to a greater or less extent, it seems more marked in the former.

In the early gonorrheal cases pus can be pressed out through the distal and fimbriated end of the tube. Later on the fimbriated end may become closed. Its closure has been explained by various conditions of a mechanical nature. Likely the most common is the closure by plastic peritoneal exudate simply covering over the tubal end. There may be a destruction of the fimbriated end by strangulation due to the intense swelling it undergoes. The fimbriated end may retract and the peritoneal surfaces thus coming together may agglutinate (Klebs). Possibly the swollen external layers of the tube may extend beyond the mucous membrane and the peritoneal surfaces approximate each other. However, no matter what the explanation of the closure of the fimbriated end may be, it is thus that those large collections of pus are produced. The uterine end of the tube is rarely closed by these adhesions, but rather by swellings of the mucous membrane and kinking of the tube. One of my assistants has, with much patience and perseverance, shown that most of the tubes are pervious near the uterine end.

Extensive destruction of the epithelial lining of the tube is the exception. The epithelial lining of the tube is often fairly well preserved in the pyosalpinx (Martin).

The further results present themselves as a complete resolution by drainage of the inflammatory product into the uterus and thus out of the body, or else by an absorption of the tubal contents. On the other hand, the tubal contents may continue to increase until large elongated sausage-shaped pus cavities result. By the death of the inflammatory agent the inflammation may become quiescent and gradually a decrease in the size of the tube occurs by absorption of the fluid contents until the tubes remain as small corkscrew-like bodies. The abscess cavity may empty

itself into a neighboring viscus and terminate the disease, leaving a distorted tube. The writer believes that complete restoration, or, at least, approaching the normal, is possible, as proved by pregnancies following salpingitis in a certain proportion of cases.

Peritoneal adhesions, which have formed everywhere, are absorbed in a great measure, or else become organized, causing great fixation of the tube with other organs contained in the pelvis. The tissue between the peritoneum and mucous membrane, because of its increased flow of blood and of inflammatory exudate, has undergone hypertrophic changes, thus producing what is called interstitial salpingitis. The hypertrophic condition is greatest when the tubal contents is purulent. The interstitial salpingitis may be simple or purulent. The latter produces many small abscesses in the tissue of the tube. (Zweifel).

Various other changes may occur. Thus by destruction of the epithelium at the top of the convolutions of the mucous membrane, adhesions may occur which thus produce a condition called a pseudo-follicular salpingitis (Martin and Orthman). At other times the destruction of the epithelial layer is so great that the lumen appears obliterated in patches, thus producing stricture.

Repeated attacks of inflammation or imperfect restitution to a normal condition leads on to a chronic form of the disease, with its thickened and sclerosed tissue and extensive peritoneal adhesions. The mucous membrane is apt to atrophy, and granulation tissue, with its resulting cicatricial contraction, takes its place. Hypertrophic changes of the vascular system and hyaline degeneration of the walls of the vessels have been described by some. (Martin.)

The production of hematosalpinx, with its varied colored contents, are most likely of tubal inflammatory origin, though contrary views are held by some. Likely both sides are right, cases occurring which can be explained as due both to bacterial and non-bacterial origin.

THE SURGICAL TREATMENT OF SALPINGITIS.[1]

BY H. C. COE, M.D.,
New York City.

IT is impossible to condense within the space allowed to me the large amount of material bearing on this subject without omitting many details and assuming that my hearers are familiar with gynecological technic.

It is hardly necessary to add that the real advances in the surgery of Fallopian tubes has been in the line of conservatism, so that we shall be less interested in the radical treatment of diseased adnexa than were similar audiences eight or ten years ago. For a review of the changes which have occurred in the views and practice of gynecic surgeons I would refer you to a recent paper on "Conservative Surgery of the Adnexa" (*N. Y. and Phila. Med. Jour.*, Oct. 31, 1903). As a proof that these views have not yet crystallized, let me instance only the general change of opinion among progressive operators with regard to the question of irrigation and drainage of the abdominal cavity after the escape of pus. Until recently the omission of this routine practice in pus cases was held to be almost criminal, as being the direct cause of mortality; now, resort to it, without positive indications, is not thought to be in the line of advanced surgery. The study and practical application of bacteriology is responsible for modern progress in gynecology, as in all other branches of medicine. The popular notion that the contact of any sort of pus with healthy peritoneum was necessarily followed by serious, if not fatal, results has been responsible in the past for most of the timid as well as radical surgery, which, as experience has shown, was based upon erroneous views of pelvic pathology and bacteriology. Just as in obstetrics, the rejection of the theory of auto-infection as the cause of septicemia, and the perfection of aseptic technic, has robbed pus of many of its terrors.

The clinical classification seems most convenient in discussing the surgical treatment of salpingitis, rather than the pathological. I shall consider, then: 1. Palliative measures; 2. Conservative; 3. Radical. Naturally, it is impossible to entirely separate 1 and 2, since they possess features in common. The comparison of appendiceal with tubal disease is frequently made, but it is hardly correct from a surgical standpoint, since appendiceal abscess is usually acute and less complicated than tubal, as regards its environment. On the other hand, there is marked similarity between recurrent cases and pachysalpingitis. I assume that we are considering so-called subacute or chronic salpingitis.

Before taking these up in detail, let us glance for a moment at the surgical treatment of acute salpingitis, which may be regarded as the most advanced teaching at the present day. In 1895 Henrotin, of Chicago, advocated vaginal incision and drainage in the presuppurative stage of pelvic inflammation, supporting his views by a series of successful cases. (*Trans. Am. Gyn. Soc.*, vol. xx.) Pryor and Polk have ably defended the same position, though it must be confessed that the majority of gynecologists still prefer to maintain an expectant attitude until after the subsidence of acute symptoms. The well-known fact that gonorrheal infection is almost invariably limited to the pelvis, and that virulent septic infection so early becomes diffuse, has led most of us to subscribe to Kelly's view that "whether it (vaginal section) will prove an advantage in the presuppurative stages is still to be determined." (*Operative Gynecology*, vol. ii, page 227.)

Assuming that the case has passed the acute stage, and that the pelvic organs have been more or less shut off by the protecting roof of lymph,

[1]Read at the Twentieth Annual Meeting of The New York State Medical Association, New York, October 19-22, 1903.

the question to determine is whether we can hasten the reparative process and evacuate the pus which from the persistence of febrile symptoms we infer is present.

It would seem at first sight as if the present treatment of pelvic abscess was identical with the method adopted by our old teachers, who only applied to it the universal rule: *Ubi pus ibi evacua.* The technic in its simplest form is the same. Make an incision at the point of fluctuation and drain. But, my older hearers will recall how long we used to wait until the abscess should become "ripe"—so long, in fact, that the patient sometimes became ripe for another world. The modern teaching is not to depend on fluctuation, but to operate early, thoroughly and intelligently, on the theory that it is not the amount of the pus, but its character and general effects, which determines the virulence of the focus. True, we sometimes fail to find the pus at the time of the incision, without extending our exploration beyond the limits of careful surgery, but (as our experience at Bellevue has repeatedly shown) a free incision and drainage usually effects subsequent discharge of the abscess at the desired point.

In the subacute cases to which I refer it may be assumed that the adhesions are comparatively slight, and that while the tube contains purulent or semi-purulent fluid, a true sactosalpinx has not yet developed. Supposing that the mass is accessible through the vaginal route, after making the usual incision and evacuating such fluid as may be present, a cautious attempt may be made to free the ends of the tubes and bring them down into the wound, where they may be irrigated and drained in the manner suggested by Kelly, provided that the anatomical conditions are such as to justify conservative treatment. Naturally, it would be unwise to enter the general peritoneal cavity in the effort to separate high adhesions, or to irrigate as in the case of a well-defined abscess cavity. Especially would I forbid the use of peroxide of hydrogen under these circumstances, as I shall not soon forget a case in which a small quantity of the solution was forced into the general cavity, with alarming, though fortunately not fatal, consequences. I have performed abdominal section successfully in four or five of these early cases, but do not regard this as good surgery, especially in the presence of recent streptococcus infection.

Vaginal incision and drainage of pyosalpinx is a recognized operation, the propriety of which is self-evident. Originally applied to cases in which the patient's condition was such that a radical operation was clearly unjustifiable, it has been extended so as to include even those in which the pelvis is filled with a dense mass of exudate without any point of fluctuation. Fluctuation alone has ceased to be regarded as an indication for interference. The history of the case, the failure of improvement from palliative treatment, and the presence of high leucocytosis are regarded as more significant. I need only allude to the importance of systematic blood examinations in all gynecological cases, though it must be admitted that the evidence is sometimes negative. Within a few days I removed by laparotomy a large ovarian abscess, which I would certainly have drained for vaginam had I not supposed that it was a simple ovarian cyst because of the entire absence of septic symptoms and a leucocyte count of only 9,000.

While the treatment of a typical tubal abscess, situated at the bottom of Douglas's pouch and walled off by dense adhesions, is simple enough, there are so many possible complications that the operation should never be regarded as a trivial one. It is true that pelvic abscesses are often easily incised in private practice with satisfactory results, but the careful surgeon will never approach even a simple case without being prepared to open the abdomen if necessary, just as in the presence of suspected ectopic.

With regard to technic, the caution to avoid injury to the bowel is by no means superfluous. This accident can only be certainly avoided by making the primary incision just behind the cervix, keeping the scissors in the axis of the pelvis, and relying principally on the finger-tip, with the posterior surface of the uterus as a constant guide. The hand on the abdomen is an invaluable aid not only in locating the abscess and depressing it upon the finger if not easily accessible, but after the latter has entered the abscess cavity in determining the presence of other pus pockets.

I shall not venture to lay down any rule as to the limitations of vaginal incision according to the location of the affected tube. It is usually assumed that if the abscess is situated near the pelvic brim it is not accessible by the vaginal route. But here individual experience and dexterity count for a good deal, since one operator will boldly and successfully attack from below a purulent collection which another would consider as beyond his reach.

The mode of procedure followed after evacuating the pus constitutes the difference between the expert and the tyro. The latter is satisfied with the simple emptying of the abscess, and is often surprised that the symptomatic relief is only temporary. The former, after disinfecting the abscess cavity, makes a careful bimanual examination to determine whether there are not other purulent foci, which must be drained in order to complete the operation. The difficulty of reaching and emptying these can only be appreciated by those who have studied complicated cases from the abdominal, as well as from the vaginal side. Indeed, it has occurred to every gynecologist, after opening the abdomen, to find such dense adhesions above that it has seemed wiser to incise the abscess per vaginam, the fingers within the abdominal cavity serving as a guide. On the other hand, the most experienced operators sometimes meet with such a dense mass of exudate between the pelvic floor and a pyosal-

pinx that they conclude that no pus is present and attempt to enucleate it from above, at the risk of flooding the cavity with dangerous fluids. In short, these cases present every shade of difference, so that each must be studied separately. In order to confine myself strictly to the subject, I shall not discuss that interesting complication, appendicitis, which must always be present to the mind of the operator. It will also be impossible to consider cases complicated by fistulæ, or the frequent association of ovarian abscess with pyosalpinx, a condition which always furnishes a strong argument in favor of vaginal section, on account of the more than doubtful character of the pus.

I have referred to vaginal incision as a "palliative" operation, in the sense that it relieved the patient from a present danger, but does not assure restoration of anatomical integrity and physiological function to a diseased tube. In all these cases it is assumed that a radical operation may eventually be necessary, but that its risks are greatly diminished by the previous elimination of the pus. But the reparative powers of nature are extraordinary, for we have all seen patients who have been permanently relieved (if not "cured") by incision and drainage, while a careful examination a year or two later revealed hardly a trace of the original trouble. The spontaneous disappearance of extensive pelvic exudates is sufficiently familiar.

The subject of conservative operations on the tubes has been pretty thoroughly threshed out. I shall not reopen the perennial discussion on the vaginal *versus* the abdominal route, since abler advocates of each than I are still engaged in it. I have tried both, and still prefer the abdominal because I feel that I can do more thorough and careful work in that way. A practical illustration of its advantages was presented a few days ago at Bellevue, when, in a simple case of adherent tubes and ovaries, I gently detached a coil of small intestine from the end of an apparently normal tube, and found, to my surprise, that the latter communicated with the gut by an opening half an inch in diameter, a condition which would have never been expected in an ordinary vaginal section, as the adhesion was so slight.

Conservative treatment of the tube includes a number of familiar procedures, from the separation of adhesions to the drainage of tubal abscesses through the *ostium abdominale*. I need not describe the simple operation of releasing imprisoned tubes, which can be done equally well by the vaginal or abdominal route. It may require considerable care, especially if there are firm intestinal adhesions. It is hardly necessary to add that it must be thoroughly done, the object being to straighten out, as well as to free, the imprisoned oviduct. But it is not enough to restore its normal patency and mobility; the reformation of the adhesions must be prevented. I do not see how this can be properly effected unless the abdomen is opened, raw surfaces (especially in the gut) carefully covered over, and the tube prevented from prolapsing by suturing it at its normal level in the pelvis—which can be intelligently done only through an abdominal incision. Salpingostomy, or the opening of an occluded tube is equally simple, especially if the contained fluid is innocent. In the case of an inflamed tube, with suspicious contents, there may be some doubt as to the wisdom of trying to save it, but the history of the case (especially if gonorrheal) and the evidences of acute infection will aid the surgeon in his decision. I have found great assistance from immediate bacteriological examination of the fluid. I usually give the patient the benefit of the doubt and err on the side of conservatism, since experience has shown that in the majority of the cases in which there is only a moderate amount of pelvic exudate the pus is sterile. I doubt the practical value of syringing out or disinfecting such a tube. Certainly a streptococcus infection would not be overcome in this way, even if the entire infected area was reached.

Amputation of the outer third or two-thirds of the tube is frequently practiced, when the corresponding ovary is sound. One of my patients, with a single ovary and the proximal third of the tube has borne two children, though in my experience this is the rare exception. In several instances the stump has given trouble subsequently, even requiring a secondary operation for its removal. The practical difficulty in all conservative operations on the adnexa is to decide from the macroscopical appearances alone which tissues are healthy and which diseased. I have not yet been able to satisfy myself that it is good surgery to save part of a pyosalpinx. The patient may, of course, recover, as the pus is likely to be sterile in an old case, but has the disease been removed? In all cases of amputation there is the chance of occlusion of the new ostium, in spite of careful splitting and suture of the mucous and serous edges. With the various procedures described as exsection, salpingo-salpingostomy (end-to-end anastomosis) and implantation of the tube in the uterine cornu after excision of the proximal portion, I have had no personal experience.

Some operators prefer to preserve the tube in cases of old tubal abortion, where it has not undergone general anatomical changes. This would, of course, only apply when it was necessary to remove the opposite tube. Here, as in fact in all cases in which conservatism is practiced, the wishes of the patient must be considered so far as lies within the limits of safety.

It is assumed that curettement precedes all operations on the tubes. With regard to the so-called drainage of hydro- and pyosalpinx into the uterus after curettement (a belief which is still held by some writers), I may add that I always have been and always shall be skeptical as to the possibility of reopening an occluded tube in this way. Certainly it has not been confirmed by anatomical evidence, which is the final test in doubtful cases.

I disapprove entirely of the practice of endeavoring to strip the contents of a tube into the uterus by bimanual manipulation, as suggested by Kelly.

When a radical operation is indicated, there can be no question that complete excision of the tube and suture of the uterine cornu and broad ligament with continuous catgut is preferable to the old method of leaving a stump to become the seat of future, if not of immediate, trouble. We thus not only remove all diseased tissue and foci of infection, but prevent the adhesions, secondary abscesses, etc., which used to prolong the patient's convalescence and often rendered a second operation necessary.

Considerable improvement has been made in technic within recent years since the introduction of Trendelenburg's posture. The intelligent separation of adhesions, the suture of raw surfaces, and the thorough removal of all foci of infection mark the modern as distinguished from the old operation, when the surgeon relied on his fingers alone. By carefully walling off healthy peritoneal surfaces with gauze we no longer flood the general cavity with pus, rendering irrigation and drainage necessary. The patients who were formerly saved in spite of drainage now recover because it is dispensed with. Complications which were once regarded as insuperable are now devoid of their terrors. I do not propose to discuss the details of this familiar operation, or the indications for salpingectomy. The surgeon must decide for himself when it is safe or advisable to leave, or to resect, a thickened tube which is no longer a source of infection. He will be guided largely by the anatomical conditions, which are so much better understood than they used to be. The main point to decide in the treatment of pachysalpingitis is whether the tube is likely to fulfil its functions as an oviduct.

It goes without saying that no surgeon at the present day removes the ovary because the corresponding tube is diseased. I might add that the time has passed when the uterus is sacrificed simply because the adnexa are removed. We have receded from the radical position once maintained. No one would question the propriety of extirpating a septic or fibroid uterus, or one which had been extensively injured during the separation of adhesions. Under some conditions this procedure may be necessary in order to secure better drainage, but as a common practice, purely on the ground of expediency, it has fallen into disrepute in spite of the brilliant statistics of vaginal hysterectomy. The latter operation can be so easily and rapidly performed by an expert that the temptation to perform it is much stronger than is the case with the laparotomist, who is in a position to study the whole situation more intelligently, and to decide whether the uterus is diseased or not. In short, with him hysterectomy follows instead of preceding ablation of the adnexa.

In this hasty review of the surgery of the tubes I have only touched on the salient points, leaving others to be brought out in the discussion. Every text-book on gynecology furnishes the familiar details of the operations, but, after all, experience at the operating table can alone supply both the skill and judgment required in dealing with the many complications. Mere manual dexterity has ceased to be the main requisite in surgery. The surgeon now keeps ever in view the remote, as well as the immediate, results of the operation.

PALLIATIVE TREATMENT OF SALPINGITIS.[1]

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A FEW years ago, when antiseptic and aseptic surgery were becoming thoroughly established, and surgeons had discovered that operations involving the invasion of the peritoneal cavity could be performed with comparative safety, there passed over our professional world a marvelous epidemic of operative effort, and the woman with a persistent pain in her side or back who escaped exploratory celiotomy or the removal of one or both of her appendages was lucky indeed. Thousands of women suffered the loss of some important part of their generative organs upon the slightest provocation, and many were doomed to a life of invalidism and sterility as the result of an operation for the relief of some slight inflammatory change in one or both tubes, which might have been cured, or, at least, markedly benefited by means less radical, though equally efficacious.

Even more recently it was perhaps the generally conceded opinion among gynecologists that the removal of the diseased tubes in chronic salpingitis, either by abdominal or vaginal section, was the most rapid, and, to the operator, the most satisfactory solution of a very difficult problem.

After this era of surgical excess, when the removal of the appendages had been lightly undertaken by both competent and incompetent operators, we have finally reached a time when a woman's fruitfulness is not so readily sacrificed, and where cures rather than extirpations are sought. The mere fact that a woman complains of a pain in her side and the examiner finds the uterus more or less fixed, and an indurated, tender mass on one or both sides is far from being an indication that she should be subjected to the dangers, slight though they may now be, of a laparotomy or a vaginal section for the removal of an offending tube, an operation which should only be undertaken when the organ is hopelessly diseased, and when to retain it would seriously menace her health or life. I have often wondered how frequently a gynecologist advises an exploratory laparotomy or the removal of the appendage for some obscure, persistent pain in the tubal region where the patient is a woman of his own family, without first exhausting every pallia-

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tive means for the cure or improvement of the condition.

The removal of these important organs produces such a profound and lasting effect upon a woman's nervous system that many of those operated upon do not return to their normal condition, and while they may experience relief from many of the symptoms, they continue to suffer from those obscure neuroses which are so baffling and so disappointing to the operator. Complete removal of both adnexa is a very important factor in the development of post-operative melancholia.

We have all noticed that nature, aided by a conservative gynecologist, in a case that has appeared to absolutely demand an operation, which has been rejected by the patient, has performed a far greater cure than we could have made with a knife, and left the woman not only practically free from disease, but with a patu lous tube able to perform its functions. It is also frequently found in operating that a woman who has suffered from very aggravated symptoms referred to her ovarian and tubal regions has nothing but a slight tubal congestion or displacement or a few thread-like adhesions to account for her condition, defects which could easily have been overcome by treatment. It has also been frequently noted that women who have had an extensive gonorrheal salpingitis have recovered, and subsequently borne children.

In the non-surgical or palliative treatment of salpingitis it is the physician's object to relieve the patient of her pain and discomfort, to prevent the extension of the disease to the pelvic or general peritoneum, to promote the absorption of inflammatory exudates in the tubal walls, to break up or absorb the adhesions which imprison and distort the tube, to favor the discharge of its contents, and thereby restore its physiological function so that future conception may be possible.

The treatment of any disease should be based upon an accurate knowledge of its natural course and termination, and as it is a well-known fact that the tubal mucous membrane resists destructive changes to a marked degree, the natural tendency of simple catarrhal, and even of purulent, salpingitis is to terminate in a return to the normal, just as acute catarrhal and suppurative processes in other mucous surfaces are prone to do.

In our consideration of this form of treatment of salpingitis it is well to divide the disease into the several varieties whch are amenable to palliative measures, for we find that the treatment applicable to one variety is frequently entirely unsuited to another, and if applied indiscriminately would be productive of a vast amount of suffering. With this object in view, the subject may be considered under the following heads:

1. Acute catarrhal parenchymatous salpingitis.
2. Acute purulent parenchymatous and interstitial salpingitis.
3. Chronic interstitial salpingitis.

In the treatment of simple acute catarrhal salpingitis, which, in itself, under ordinary conditions, may be considered a self-limiting disease, the less active the therapeutic measures employed, the better for the patient. Absolute rest in bed, light nutritious diet, ice-bag to the hypogastrium and rather free saline catharsis are about all that may be required. Antipyretics and analgesics, especially the coal-tar derivations, are absolutely contraindicated, as the two symptoms, pain and fever, are the main ones upon which we rely to indicate the progress of the disease, and aside from the feeling of false security engendered by the masking of these important symptoms, these drugs have a most depressing effect upon the patient's heart. It is always best to be able to trace the progress of the disease by the pain it causes and its effect upon the temperature. Ordinary elevations are to be expected and may be disregarded, and it is only when the temperature becomes markedly elevated that it may be necessary to lower it and allay the nervous irritability which accompanies it by sponge baths. Any marked elevation, especially if ushered in by a chill, is usually an indication that the salpingitis has passed from a simple catarrhal inflammation to a more serious variety, necessitating more energetic measures for its control. Abdominal distention may be relieved by high saline enemata, or by the use of turpentine stupes. Hot fomentations will frequently relieve the abdominal distress when an ice-bag cannot be borne with comfort. Constipation is to be avoided in all cases of salpingitis; primarily because of the mechanical injury a distended rectum may produce upon a swollen and tender lift tube, and secondarily because it is found that the absorption of pathogenic germs from the intestines is favored by constipation. Vaginal douches at this stage, except for cleansing, are contraindicated, as the benefit which might be obtained from them would be more than offset by the disturbance of the patient which their application would necessitate.

Too much stress cannot be laid upon the inadvisability of curettage in the acute stage of a catarrhal salpingitis, as advised by some of the French gynecologists. The uterus and tubes being in an inflamed condition, the manipulation necessary for a perfectly aseptic operation would cause such an amount of mechanical injury that the tubal disease would be increased. All intrauterine applications at this stage are contraindicated.

In the acute parenchymatous and interstitial salpingitis originating from the invasion of the ordinary pyogenic cocci, such as streptococci, staphylococci or the colon bacillus, developed in the infection and decomposition of the retained products of conception, the primary attack is very violent, but the activity of the cocci ends with the acute attack, after which absorption of the tubal contents may occur and the tubes regain their patency, thus restoring their functional activity. It is my experience that when the tubes

have become involved, the septic infection has already spread from the uterus to such an extent into its lymphate supply, that the removal of the entire internal genital organs only adds to the gravity of the patient's condition without ridding her of the infection which has become general. If the infected uterus could be removed early enough in the disease, before the infection has become general, that condition might be avoided, but I do not think we are justified in doing such a serious operation upon an already weakened woman when the thorough evacuation and drainage of the uterus would suffice and leave the woman a comparatively good chance of recovery with, perhaps, her reproductive functions unimpaired.

I am reminded of a patient whose uterus I emptied of a mass of decomposing placental debris. She had been ill two weeks before I saw her, and had been curetted ineffectually several times, and was thoroughly septic with both tubes involved. Her condition was such that I sent her to a sanitarium, expecting to do a hysterectomy, or at least to remove her tubes; but she was too ill to permit anything to be done, for I was quite sure she would not survive the shock of an operation. Under expectant treatment she began to improve gradually, and with the improvement she refused further operation. Contrary to my first opinion, she recovered perfectly, all her pelvic induration disappeared and she has been delivered of two living children since then. Had she not been so weak when I first saw her I would have removed her tubes, and while she might have recovered her health, she certainly would have been sterile.

The treatment in this class of cases varies with the cause and the stage of the disease. The uterus should be immediately emptied of whatever foreign material it may contain, flushed out with weak bichloride solution and drained with a light packing of sterile gauze, which should be removed in twenty-four hours or less. Relieving the uterus of this source of infection, if done early enough, will nearly always promote the emptying of the tube through its uterine end. Should the temperature continue elevated, an intrauterine douche once or twice daily, and an ice-bag to the hypogastrium are indicated. If the infection has already traveled out along the broad ligaments and into the tubes and the uterine cavity is clean, intrauterine douches are of no avail. The rupture of a tube and the formation of a pelvic abscess, of course, calls for its evacuation through the posterior fornix, but where the infection has become general, where the tubes are but slightly enlarged, and where the symptoms are due to the general infection, the time has come for the surgeon to keep his hands off and await developments, ready, of course, to operate should any definite condition arise to demand it. The patient should be fully sustained by a highly nutritious diet, whisky, strychnia and quinine; iron in moderate doses, if she can digest it. Hot antiseptic vaginal douches and hot saline enemata several times daily are beneficial. Too frequent vaginal examinations are inadvisable. Of course, should the pelvic inflammation develop into a general peritonitis, the abdomen should be opened. A year ago I saw a woman twelve days after delivery and removed a mass of decomposing placental tissue from the uterus. She had shown evidences of infection shortly after delivery, and was running a temperature of 105° and 106°, both tubes were infected, the infection had extended out in the broad ligaments and how much further I did not know. Thorough emptying of the uterus had practically no effect upon her condition, and I realized that the infection was so general that to remove her tubes and uterus would only lessen whatever chances of recovery she might have. Metastatic abscesses formed in both gluteal regions and were opened, the pelvic and tubal induration disappeared, the uterus involuted perfectly, and the patient made a complete recovery, although she was ill more than four months. She is now much less likely to be sterile than if I had removed her tubes or uterus, and her recovery is just as complete.

The intravenous injections of antiseptic solutions for general septic conditions is in an experimental stage, and about as much is said and written against the procedure as for it. My personal experience with this plan of treatment is limited, and I am only inclined to employ it in these cases after all other means have failed.

A large proportion of the cases of non-puerperal septic infection of the tubes originate from an ascending gonorrheal invasion, and if preventative measures have failed to arrest the progress of the disease before the tubes have been involved we are confronted by a condition of the gravest import. The advent of the gonorrheal infection of the tubes is not so severe as that of puerperal salpingitis, but the inflammation is more persistent and self-perpetuating, the attacks being especially prone to recur, and while the dangers of a fatal termination are comparatively slight, the patient is almost inevitably doomed to a life of invalidism until the tubes are removed.

The first effects of the tubal invasion seems to be to seal up their fimbriated extremities, thus limiting the involvement of the pelvic peritoneum; but as these adhesions are weak, too active measures in the local treatment would tend to break them up. After the tubes have been infected curettage may not have much direct effect upon the course of the salpingitis, but the removal of the diseased endometrium gets rid of a source of reinfection. Curettage should be done as early in the disease as possible and with as little unnecessary manipulation of the pelvic contents as is compatible with thorough work.

The removal of the infected tube should only be undertaken during an interval between the exacerbations of the disease, unless absolutely demanded to save the patient's life. Each individual acute attack must be treated according to the

symptoms it presents with rest; restricted diet; ice-bag to the hypogastrium, or hot fomentations, whichever is best borne by the patient; high enemata and turpentine stupes for the abdominal distention; calomel in divided doses; castor oil or sulphate of magnesia for constipation; hot bichloride douches, 1-5000 or 10000, several times daily; temperature 110°-120°, with the patient recumbent. If the temperature rises above 101° an ice-bag or an ice-water coil to the abdomen not only relieves the pain, but controls the accompanying peritonitis. Severe pain may be relieved by codeine, by mouth or suppository. Morphine should only be used when absolutely necessary.

The pus of an old pyosalpinx is seldom entirely reabsorbed, but where the collection is sufficiently large nature endeavors to establish an opening and a pelvic abscess is the result. Where the collection is small, its fluid contents may be absorbed, leaving in the tube a granulated cheesy material, in which the cocci are in a quiescent state, ready, however, to be awakened into activity when occasion presents. This constitutes the cause for the recurrent attacks of salpingitis after the original gonorrheal infection. Adhesions about the tube as the result of localized peritonitis are to be expected, but a general peritonitis from rupture of the tube is uncommon.

When extensive destruction of the mucous and muscular layers of the tubes occurs, resulting in the formation of new connective tissue, the tubes become distorted and perhaps adherent to the adjacent structures, producing such a change in its vascular and nerve supply that an anatomic reconstruction is frequently impossible. It is in the treatment of this condition, chronic interstitial salpingitis, that the greatest diversity of opinion exists. Whether to remove the tube at once or to endeavor, by local and constitutional treatment, to absorb the inflammatory products and thereby restore the organ to as nearly a normal state as possible, and perhaps restore its function, is a question not easily decided. We frequently find women whose pelvic organs are in a deplorable condition where the most rational course would seem to be the removal of one or both tubes, but who positively refuse operation, preferring rather a lengthy course of treatment, and in these cases we are often surprised how much can be done by palliative measures.

Many cases of chronic salpingitis can be relieved entirely of their symptoms, and so much can be done by time and appropriate treatment that every case ought to have the benefit of such measures before subjecting the patient to the dangers, slight though they are, of an operation for the removal of her diseased adnexa. If the results of salpingectomy were always what we hoped for there would be very little room for any diversity of opinion, but the symptoms from which a patient suffers are not always relieved by the removal of her adnexa and she then frequently has added to her discomforts the additional ones of an enforced menopause and the formation of new adhesions, to say nothing of the liability to ventral hernia, which is not to be overlooked.

The plan to be followed is to improve the patient's general health by diet, tonics, a suitable admixture of rest and exercise, the avoidance of all sexual excitement and of all violent exercises, as golf, bicycling, tennis, bowling and automobiling. Exposure to cold and dampness should be guarded against, especially during menstruation, and the patient should be kept absolutely quiet during this period; the bowels should be kept free by gentle catharsis, and the kidneys stimulated by high enemata. Pain and tenderness in the ovarian regions may be controlled by hot vaginal douches, counterirritants to the groin and to the vaginal vault, or an occasional fly-blister over the point of tenderness. As these patients very readily form drug habits, morphine and alcoholic stimulants should be avoided. When the endometrium is diseased, curettage is indicated as a preliminary step in the treatment of the salpingitis.

In the medicated tampon and the hot vaginal and rectal douches we have the best local agents for the treatment of the indurations and adhesions which have formed about the affected tubes. They certainly relieve pain and assist in the absorption of exudates and in the restoration of the pelvic circulation. The most satisfactory douche will be found to be a normal salt solution, temperature 110° to 120°, four to six quarts given twice daily, with the patient upon her back with her hips elevated. Considerable time should be consumed in taking the douche, the vagina being kept distended by the fluid during its entire administration.

The greatest benefit is to be obtained from vaginal tampons, made from sterilized absorbent lamb's wool. Other tampon materials are used, such as absorbent cotton, sterile gauze, wood wool, and lamp wick, but the lamb's wool is to be preferred on account of its elasticity and because it does not pack into hard lumps in the vagina. The pressure it makes is even and more easily borne by the patient, and produces far better results. Tampons are made of various shapes and sizes, but those I have found most satisfactory are made by rolling the wool rather loosely the long way of its fiber into cylinders about an inch in diameter and cutting them into pledgets about two inches long. These are tied separately on a thin, strong twine, about four or five inches apart. Three or more pledgets are used, according to the size of the vagina. Tampons are introduced most conveniently, and with the greatest benefit with the patient in the knee-chest position, using a Sim's speculum to retract the perineum. The vagina is thus ballooned by the inrushing air, and the uterus falls downward and forward, drawing the tubes with it and putting any posterior adhesives on the stretch. Tamponing the vagina in this posture retains the uterus and appendages in

a more nearly normal position, assists in draining the tubes, favors the emptying of the congested pelvic veins, aids in the absorption of the inflammatory exudates, and stretches the adhesions, binding the tubes to the adjacent organs. The first tampon is soaked in a 10 per cent. boroglyceride, to which 5 per cent. of ichthyol is added, and introduced lengthwise with a dressing forceps into the vagina and then turned crosswise and placed behind the cervix in the posterior fornix. The second tampon is placed crosswise below the cervix, and the other tampons are so arranged as to fill the upper part of the vagina, resting upon the pelvic floor. There should be no distention of the vaginal orifice, nor should the tampons be packed too firmly; a certain amount of motion should be allowed the pelvic contents, which the tampons aim to support. The tampons may remain in position twenty-four to forty-eight hours, and are removed by making traction upon the string to which they are attached. A douche is then taken, and until the next treatment the patient should be instructed to assume the knee-chest position at intervals. The tampons should be of such a size and so arranged as to require the least amount of traction in their removal, for when too much force is needed the pelvic contents are liable to be dragged downward, thus exaggerating the condition they are intended to remedy. The presence of tampons in the vagina should never cause discomfort to the patient, who should rather experience a sensation of relief from the backache, sideache and bearing-down from which she suffers.

After the absorption of the tubal induration has been accomplished, if one can be certain there is no septic material remaining in the tubes, gentle massage of these organs may be undertaken for the purpose of stretching or breaking any tubal adhesions which may be weak enough to respond to this method of treatment. The proportion of cases in which this may be done with safety is limited, for the majority of tubal adhesions result from the agglutination of the tubes to the adjacent viscera, the process being a conservative one in nature's effort to protect a point where the tube has been in danger of rupturing, owing to the erosion of its walls in the septic process, and to break up these adhesions would cause a rupture of the tube and the escape of its contents into the peritoneal cavity.

When there is a large tubal collection, whether of pus, blood or serum, which fails to be absorbed and which, by reason of its size, contents, location or adhesions, may be considered a menace to the patient's health or life, the only rational course is its extirpation by the best available route, but much can be done by palliative treatment in the majority of these cases to allay the existing local inflammation and to improve the patient's general health before subjecting her to operation.

It is not my intention or desire to belittle the necessity for surgical interference in suitably selected cases of salpingitis, but I wish to emphasize the necessity for conservatism in the treatment of organs so important to a woman's procreative functions, and to insist that until every effort has been made and failed to relieve by simpler methods the train of symptoms attending and following an attack of salpingitis, removal of the tubes is unwarranted. A woman's fertility is far too important a function to be jeopardized by a surgical operation when that operation is not undertaken for the purpose of saving her life, or at least to relieve her of what might cause a lifetime of misery or danger.

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Text-Book of Gynecology—(Reed).
Diseases of Women—(Byford).
Text-Book of Gynecology—(Byford).
Practical Manual of Diseases of Women—(MacNaughton Jones).
Clinical Gynecology—(Keating and Coe).
Medical and Surgical Gynecology—(Pozzi).
Text-Book of Diseases of Women—(Penrose).
American System of Gynecology—(Mann).

DISCUSSION.

Dr. W. M. Polk, New York, said that the presentation of this subject so ably made by Dr. ill and the gentlemen who succeeded him brought to mind the fact that very much of the confusion which had arisen in the past might have been avoided could we have reached some understanding as to the pathology of the condition at the outset; but those who believed in its origin as a cellulitis had stood out for their contention, while those who held to the origin from the inside of the uterus, and then along the tract of the oviduct, had to fight their way by operative procedure to a proper recognition on the part of the profession. By so doing they managed to strew the road with a great many unnecessary operations. If they could have reached the conclusion that had already been gained by those who contended along the lines of cellulitis, they would have been spared the necessity of doing very many operations. Nothing was clearer to-day than the knowledge of the fact that, in a large majority of cases, the delay which had been asked for, and the treatment looking toward resolution, gave the best possible results, not only as regards the local inflammation, but looking beyond to the function of the organ. We knew that no organ could be said to be restored unless it were restored in its entirety. It, therefore, seemed to him that the cry which had been raised here and elsewhere for a judicious conservatism had ample justification. We could at last bring together the contending factions on pathological conditions which exist.

He would call attention to the enormous advantages to be derived from those threatening cases of pelvic inflammation having their origin in these structures by the prompt and free incision into the cul-de-sac for the purpose of evacuation. There was nothing new in this, although there might be something new in the mere technic of the procedure; it was nothing more than an application of the old surgical principle of giving vent to inflammatory exudation as soon as possible. Not only was the patient saved from extension of the disease, and its attendant dangers, but the best possible was done for the preservation of the organs involved. In all likelihood drainage never took place through the Fallopian tube, but the fact that a considerable degree was obtained from an organ having close and intimate vascular connections with the inflamed part was sufficient to explain the process. If such treatment was carried out, it was almost certain that there would be very few cases in which one was obliged to remove these all-important organs, and when such an operation was required, it should be borne in mind that the preservation of ovarian tissue was very important in the case of a woman under 35 years of age.

Dr. C. Bonifield, Cincinnati, O., said that the papers were certainly very interesting, and, in the main, he indorsed them. We all know that in a certain percentage of cases we could get the abscess well without radical operation, yet all who had been in this field for a good many years knew that the number of such cases was comparatively small. He recalled a case that he had treated at intervals for twelve years for recurrent attacks of salpingitis. This showed the discouraging nature of this line of work, but in view of the beneficent results from saving ovaries and tubes, it was often worth while to make the effort. Our treatment must depend somewhat upon the social condition of the patient. He was often told that the poor woman should have just as good a chance as the rich one to get well, but the fact that she did not was not our fault. A woman who could take an unlimited amount of rest and have the necessary medical attention could often be relieved when a person less fortunately situated could not be relieved. He would say that in the treatment of these acute conditions we had a drug of decided value, that was not very commonly employed; he referred to veratrum viride. This drug would relieve the pain in these cases very markedly without any of the objections belonging to opium. In case of acute peritoneal inflammation with a rapid, thready pulse, it would be found that almost invariably the character of the pulse would improve under the administration of veratrum viride, given always to the point of producing its physiological effect. If the stomach could not tolerate the drug, it should be administered by deep subcutaneous injections. The ordinary dose, to be of value, was eight to fifteen minims, which should be repeated in eight to twelve hours. He believed it had a very decided influence in limiting the inflammation. It not only affected the circulation, but it stimulated the skin, the kidneys and the liver, all desirable effects in the treatment of septic conditions.

Dr. J. Riddle Goffe, New York, said that the Association was to be congratulated on this series of complete and instructive papers, and they left but little to be said on the subject. We were all pretty well agreed as to the etiology and pathology of salpingitis, and this had been well presented in the paper. For the removal of the appendages we had a technic which was well-nigh perfect at the present time. When, however, we took up the conservative side of the question and endeavored to apply it to the individual case we found a great field opened up. He would be very glad when he had statistics enough which would convince him that it was wise and conservative to open the cul-de-sac in the presence of acute pelvic inflammation, but when the inflammation was chronic, and was accompanied by adhesions, much could be done in the way of conservative surgery. Cases of long-standing inflammation, with slight adhesions, could be treated successfully by breaking up the slight adhesions and setting free the tubes. Cases in which the fimbriæ were inverted so that their peritoneal surfaces became adherent, producing a club-shaped tube, could be likewise treated conservatively. It was his custom to strip those cases from the uterus toward the end under a douche of saline solution, and gradually massage them with his fingers until the fimbriæ were opened out. Then, with a spray of saline solution, he washed out the interior of the tube. He was doing this constantly, and his results certainly justified him in continuing this course. When there were collections of pus or other fluid in the tube, the procedure to be adopted depended very largely upon the judgment and experience of the individual operator. Cases of hydrosalpinx, he believed, could be treated conservatively by simply opening the tubes, stitching the interior mucous lining to the peritoneum, or sewing this up, opening the end and lifting the tube. When pus was present, he was guided by the duration of the disease, because it was known that gonorrheal inflammation was self-limited, and most of these cases were of this nature. When there were present evidences of recent inflammation, he removed the tube, but if certain portions of the tube were free from engorgement, proving that some time had elapsed since the original infection, then he did not hesitate to amputate the portion of the tube containing the pus and leave the stump. In doing this, he always enlarged the opening very much like enlarging the prepuce for circumcision. The latest extension of conservative work upon the tube was in connection with cases of ectopic pregnancy. In New York City there was one case on record in which the operator found the appendages on the opposite side had been removed, so he opened the tube,

scooped out the products of conception, sewed up the rent and left her with functionating organs. The woman had been perfectly well since the operation, but had not yet conceived.

SUGGESTIONS FOR THE EXAMINATION OF THE PRESUMABLY INSANE.[1]

BY R. H. HUTCHINGS, M.D.,
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THERE is no question that in undertaking so serious a duty as declaring a man to be of unsound mind and depriving him of his liberty, the practitioner assumes a grave responsibility, and must be prepared in doubtful cases to defend his course if the patient or his friends feel aggrieved at the commitment. There are many practitioners, who, not feeling themselves to be fully posted on the varieties and forms of insanity, often hesitate to examine a person whose mental condition is subject to question, and refuse at times to commit a patient where subsequent events have shown that it would have been the wisest course. I have, therefore, undertaken in this paper to take up such problems as are likely to be encountered by a physician who has had no special training in psychiatry, in making an examination of a person supposed to be insane, and discuss them from a practical point of view, giving such hints as are likely to help him to decide in doubtful cases.

So far as the legal requirements are concerned, the law requires only that the certificate of lunacy show that the person is insane, and that it be made by two qualified examiners in lunacy, who, in conducting the examination, employ ordinary diligence and skill. The statute specifies that such physicians shall make a joint examination, which is to be considered the date of the certificate. If they fail to comply with this requirement, even though they have each fully examined him upon the same day, but at separate hours, the patient would have ground for contesting the commitment. As to how this examination should be conducted different opinions are held. Some physicians seem averse to questioning the patient directly upon the subject of his delusions or insane conduct, and in their examination avoid all direct reference and hope the patient will himself refer to it, which he may or may not do. Sometimes a patient's insanity is so evident that it may seem unnecessary to question him, yet I believe from what patients have told me that it is much the better plan to approach the case directly, though, of course, with tact, and draw out from the patient as many delusions and other evidences of insanity as possible. I have had a patient complain that the doctors only talked to him about the weather; another patient said that he did not recognize the examiners to be physicians at all; one took them to be nursery agents; others have said that the doctors came in on some very different errand, such as to see another member of the family, and only casually spoke to them. Patients get an idea from such irregular examinations that there is some trickery and it is difficult to make them understand that they have been committed to the hospital for the purpose of treatment and detention.

What is the best method to pursue in dealing with a case known to be doubtful in order to obtain the most information and form the best opinion as to the sanity or insanity of an individual? As in general medicine no one would expect to make a diagnosis without having obtained a history of the case, so also and even more so in insanity the personal and family history is of the first importance.

The history should start with brief inquiries as to the father and mother of the patient and of any grandparents of whom information can be had. If any of these were insane, epileptic, feeble-minded or became dotards in old age, the fact should be stated in the certificate. Very often peculiarities in a parent amounting to actual insanity are glossed over for the reason that the person was never legally committed to an asylum. I once had a mother sit in my office and express wonder and surprise at the insanity of her daughter, saying that such a thing had never been known in her family, when she herself expressed delusions and gave other evidences of insanity that were unmistakable. In another instance a maiden lady was committed to a hospital whose family history was negative, and when some weeks later she was visited by her sister, I found the sister more insane than the patient.

We are sometimes able to recognize traits of insanity running through families, which are often overlooked by those whose attention is not called more closely to such things.

After the important facts of the family history have been obtained (and it should not require more than a few minutes ordinarily), important facts in the patient's early life should next be taken up. Whether he was born at term, how old when dentition began, when he first walked and when he began to speak. Was there during infancy convulsions attributed to teething, worms or any other cause? If so, how many years did they continue? Have they not occasionally occurred even up till now?

How did the patient learn at school? Was he backward or precocious? Did he appear like other children, or was he shy, seclusive, or, on the other hand, did he exhibit in childhood any unnatural degree of independence amounting to waywardness and truancy? Was he difficult to control, and did he appear deficient in moral instincts?

Has there been at any time (especially inquire about puberty and early maturity) any emotional disturbance, hysterical symptoms or actual attacks of insanity? If so, how long did they last and how did they terminate? It is important to ascertain positively whether the attack terminated in improvement or whether there was complete

[1]Read by title at the Twentieth Annual Meeting of The New York State Medical Association, New York, October 19-22, 1903.

recovery. This is not easy to ascertain in all cases. The friends of the patients have a loose way of looking at such matters. While one relative may assure you that he was perfectly recovered, another would think differently. All of these questions can be readily asked when you are first consulted about the case; also obtain at the same time a general outline of the early symptoms of the present attack. Some questions like these: What is the first thing that attracted your attention to the possibility of his mind being disordered? The answer will usually have reference to some act or speech of recent occurrence. And then: Looking back in the light of present knowledge, what date would you assign as the beginning of the trouble? The relative may answer that a great many things happened a month or two months, even six months, ago, which were then hardly noticed, but can now be understood as giving evidence of mental unsoundness.

Having now in mind a clear picture of the family history, the early life of the patient, and the beginning of his present trouble, as well as the reasons why his examination is now desired by his friends, it is easy to approach him in the rôle of a physician and make inquiries as to the subject of his health.

I usually begin this with such familiar and natural inquiries as How do you sleep? The patient may frankly acknowledge that he has slept badly, which will leave an opening for inquiry as to the cause of his bad sleep, whether there was noise to disturb him, ringing in ears, possibly sounds of one kind or another.

Have you ever at night, when all was quiet, thought you could hear a name called, your own name? In this way draw out hallucinations of hearing. Once the ice is broken, patient will tell of them freely. Express interest and understanding of these symptoms detailed by the patient and it will encourage him to tell more. It is a good plan never to express surprise at anything told by a sensitive patient. They are frequently themselved a little frightened at their hallucinations, and are reassured when told that other cases like their own are met with.

Have you ever thought you could see or smell strange things? Have you had prickly sensations in any part of your body? Have you had cold and hot sensations, unpleasant inward feelings? If the patient acknowledges that he has perversion of any of the special senses, either in the form of hallucinations or illusions, it is easy to draw out his opinion and belief as to the origin and significance of these, to him, strange phenomena.

Why is it that your name is called aloud when there is no one to be seen, and the voice comes apparently from the roof? Who is it that you hear talking to you? Why does he do it? By such questions as these the patient is encouraged to tell of delusions which he may entertain, and which are usually entertained with reference to disturbances of special sense.

If the subject of sleep has been gone over, and nothing important elicited, ask about the other bodily functions, as appetite. If the appetite is acknowledged to be poor, Why do you refuse food? He may say that it is because there is an animal in his stomach, or it may be that the stomach is already full from what it has eaten last week, or that the food is poisoned.

If the questions of appetite and sleep do not draw out delusions, the other bodily functions can be gone over in the same way, and next the habits of the patient. Why are you not working now? Why do you not go out to walk as you used to do? And similar questions based upon any change in his habits which may have been ascertained from the relatives.

The most important point to be made out in any case is that there has taken place a change in the habits or feelings of the patient which cannot be adequately explained. No standard can be set up which will cover every case, and conduct which would be normal in one individual would be a clear evidence of insanity in another. If the physician will bear this in mind, and the change has taken place, it will clearly establish the proof of insanity that may otherwise be difficult. In the words of Dr. Isaac Ray, "Compare a man with himself, his acts and thoughts now with his acts and thoughts at some previous period when his mind was in undoubted health, you will the better detect what is morbid than if you set up a general comparison with the thoughts and acts of mankind."

If, after a careful study of the patient, you find that he presents symptoms of insanity and is in effect insane, the next question to be decided is what to do with him. The mere fact that his mind is unsound does not justify his commitment to an institution for the insane and his confinement there unless it can be shown that he requires the peculiar care and custody which is maintained in an institution for the treatment of the insane. The law in expressing itself in similar terms does not intend that only dangerous people shall be committed, but it means that persons who can get along in safety to themselves and others should not be committed, unless there is a reasonable hope that they can be benefited by treatment. A man or woman who has become feeble-minded by reason of old age, though admitted to be of unsound mind, cannot be shown to require the peculiar care and treatment to be had in an institution for the insane, since they cannot be cured, and are usually not dangerous to themselves or others, but are merely a burden to their relatives. For this reason we refuse to receive such cases. Any patient, other than a dotard, an idiot or a paretic can usually be benefited by treatment if the duration is not too long. After two years a cure can scarcely be hoped for, though the regulated life in an institution and the removal of the patient from intemperate habits and other disturbing influences will frequently benefit a case of

long-standing, though the person is not completely restored.

If it is decided to commit him to an institution, the physicians should make a final examination of the patient jointly in order to comply with the statute and proceed to fill out the medical certificate of lunacy, and in this paper the condition of the patient should be described as accurately as possible. Of course, all the information you have received cannot be written in the certificate, as there is not room on the sheet for more than the essential facts upon which your opinion is based. Yet it is desirable to avoid loose expressions, such as "dangerous, excited, etc.," and instead, state briefly what he did that was dangerous, or how he evinced excitement. So in the same way an unsupported opinion that he expressed delusions or even that they were delusions of grandeur or suspicion, is weak and should be strengthened by a statement of the delusion as he expressed it. State, for example: Patient said he was worth a million dollars, which is a delusion, or patient said the neighbors poisoned his food or his horse, which is a delusion. Here is a cold, hard fact, which cannot be controverted or explained, and renders a certificate strong and sound.

It is of the highest importance for an institution to know whether the patient is suicidal or not, and upon the answer to this question depends whether the patient occupies a room alone or sleeps in a dormitory with others; whether he is granted ány small privileges or is kept under close observation night and day.

Passing on to the next question, What is the supposed cause of insanity? the physicion should give as clearly as he can ascertain the real cause, bearing in mind that the causes of insanity are usually physical rather than mental, which is contrary to the popular belief. Such vague statements as domestic trouble, worry, abuse by husband, etc., do not possess one-tenth the significance of such an answer as syphilis, injury to head, chronic ill health due to Bright's disease, etc.

In undertaking the medical treatment of an insane person, the first question to be asked is: What caused his mental breakdown? And the answer to this question involves not only a thorough investigation of every organ of the body, but also the history of the patient, and it is just at this point that the family physician can do much toward assisting us in treating the case appropriately by suggestions as to the health of the patient and habits during past years. There are two classes of cases which are likely to present to your mind many difficulties. These are the alcoholics and habituates of morphine. We usually discharge a number of patients as not insane after observation for a week or two each year, and I can scarcely recall a case that would not fall under one of the two above heads. I can readily see that such patients are the despair of the physicians who have them in charge. Their conduct is extremely unreasonable, and sometimes even dangerous, and it seems at times inhuman to leave them at home with their relatives or commit them to jail. Yet it requires only two or three days of abstinence from liquor to convert the maniac into a man of sound mind and fair judgment, and the hospital would not be justified in retaining such a patient. It is sometimes impossible, and the only course to pursue in such cases is to keep the man in some safe place until the effects of drink have worn off, which will usually not require more than a few days.

If you are called upon to examine a man who is reported to be insane, you are under no obligation to commit him as such, unless you are fully satisfied that he is so; yet should such a man subsequently commit an act of violence, some odium would necessarily fall upon the doctor who had pronounced him sane, unless he could show that the presumably insane man was of sound mind and answerable for his actions before the law at the time of the examination. This could sometimes be shown by having notes of the examination, which should be made at the time or immediately after giving briefly the questions and answers with a few words expressive of his appearance, attitude and emotional state, and ending with a summary of the facts upon which the opinion is based.

In this paper I have limited myself to a practical discussion of the subject. There is nothing here that is original, and perhaps to many of you nothing new; yet, if it will help any one to approach this subject with a better plan of investigation or enable him to arrange his facts to form a clearer judgment in any doubtful case, it will have accomplished all for which it was intended.

DISCUSSION.

Dr. Charles E. Atwood, White Plains, N. Y., said the manifestations of insanity are more varied than those of any other disease. Diagnosis, therefore, often taxes our ingenuity and patience. Correct diagnosis is most important because on it may hinge not only treatment, but the personal liberty of the patient. Competency, then, on the part of the examiner to pass an opinion is a *sine qua non.* If the family physician is in doubt in any case, he should, in justice to the patient, associate himself with a specialist. Early symptoms are most amenable to treatment, and are the most important for the general practitioner to recognize.

Before seeing the patient, I would recommend that as much as possible be learned about the case from the relatives and near friends. *First,* respecting predisposing causes, *e. g.,* (a) heredity, both with regard to insanity and allied nervous affections in relatives, and also respecting family traits and peculiarities, outbreaks of ungovernable temper in antecedents and intemperance, etc.; (b) previous attacks in the patient

himself; (c) disposition and character of the patient when in health and at time of examination, noting change or exaggeration. *Second,* inquire concerning causes exciting or determining the attack, *e. g.,* intemperance, excesses, worries, business reverses, general ill health, etc.

As we enter his apartments, let us not permit anything to escape our quiet inspection of the patient and his environment. It may perhaps require courage in some cases to enter. On one occasion I was confronted by a rifle; on another by a shot-gun, and on another by two revolvers. Some friendly pretext is necessary to overcome the patient's suspicions. Whenever it is possible, however, it is advisable to be introduced as a physician, as it is better usually to avoid deceptions which may later be discovered.

Many cases may be diagnosticated on inspection, *e. g.,* some cases of acute mania, acute melancholia, dementia and general paralysis. Their appearance and manner, at least, give us the cue for the line of our inquiries and examination. If by inspection we learn but little, we begin our inquiries much as we would with a presumably sane person, allowing the patient to do as much of the talking as possible. Questions on ordinary or natural topics test the power of attention and condition of the sensorium regarding orientation, etc., and establish confidence in the examiner. Gradually the patient may be induced to talk about himself, his health, relatives, friends, business, property, religion, ambitions, etc. It is necessary to get his own ideas in reference to things, and it may be necessary to discuss many topics, *e. g.,* politics, science, new discoveries and inventions, secret societies, etc., before you can hit upon something delusional.

Certain conditions simulating insanity and perhaps leading to it, must be carefully differentiated, *e. g.,* neurasthenia, temporary effects of alcohol and sunstroke, senility, etc., in order that we do not do our patient an injustice. The mental picture in some neurasthenics is that of paranoia. The same is true of some masturbatics. Certain cases of hysteria may puzzle us on account of changes in the character of the individual. Feigned insanity must be guarded against where there is reason for feigning.

A diagnosis in some cases is at first impossible, and prolonged observation may be necessary. In cases of depression, however, immediate action is usually necessary to prevent attempts at suicide.

A "sympathizing gentleness," with tact, courage, keenness of observation, knowledge of human nature, common sense, patience and a general fund of knowledge are essential in the examination of many cases. The time allotted to me will not permit further discussion.

A REVIEW OF SOME STATISTICS OF INSANITY.[1]

BY WILLIAM MABON, M.D.,
New York City.

THURNAM, in his work on the statistics of insanity, says: "The public good appears to call for the regular publication on a uniform plan of statistics of institutions so liable to neglect and abuse as are those for the insane.

"To insure the success and ready cooperation of those interested it would be essential that any such plan should be pursued in a liberal spirit; and that the primary object should both appear to be, and really be, that of obtaining information and eliciting truth, not that of favoring any party or of supporting any favorite or exclusive system." This statement is as true to-day as when it was made, sixty years ago.

Prior to the organization of the State Commission in Lunacy in 1888 each institution for the insane in the State of New York prepared such tables as seemed to meet the views of its superintendent. Since then the statistics regarding the insane in this great commonwealth have been uniform.

The State of New York has invested in real estate and buildings for the insane the sum of $22,522,672.43, while the value of its personal property is $1,838,766.60. The hospitals of the State occupy over 7,500 acres of land, of which about 4,000 are under cultivation. The total amount of money received for maintenance during the year 1901-1902 was over $3,990,000, all of which save about $250,000 was provided by the State Treasury. The entire amount expended for maintenance was $3,722,000. The above does not cover the amount appropriated and expended by the State Commission in Lunacy for office and other expenses; neither does it include expenses incurred by the Pathological Institute. In addition to the ordinary receipts, there were raised on the farms and in the gardens belonging to the different hospitals products to the value of $250,000, while the estimated value of articles made or manufactured by patients during the year amounted to over $223,000. It must be remembered in connection with these last figures that a large part of the clothing of patients is manufactured at the hospitals by the patients themselves, under the direction of competent employees. These figures are large enough to cause us to stop and ask if the State is getting value for funds invested and expended. It is my belief that no right-thinking person, after becoming familiar with the facts and knowing the work that is being carried on, will have cause for dissatisfaction and criticism. The weekly per capita cost of caring for the insane amounts to only $3.11, and this provides all the means to pay the salaries of officers, attendants, nurses, and other employees, as well as for food, clothing, furni-

[1]Read at the Regular Meeting of the New York County Medical Association, New York, December 21, 1903.

ture, fuel and light, amusement and diversion, and keeping the buildings in good repair. A few years ago the State Commission in Lunacy made the assertion that in most of the jails of the State $3.12 a week was paid for maintenance of prisoners. While this amount of money may not have represented the actual cost of caring for these prisoners, still the counties had to pay a sum exceeding that charged at present for the maintenance of the insane—a class who are sick and irresponsible and need peculiar care as well as medical treatment. In addition to the funds received for maintenance, $846,000 was appropriated for extraordinary improvements, including the construction of new buildings for the accommodation of the increased number to be cared for. With this sum only partial provision could be made for relieving the overcrowded condition of a number of State hospitals.

The total number of cases remaining in the hospitals on October 1, 1901, was 22,654. The total number admitted during the year was 7,619, and there were discharged 7,003. The entire number, therefore, under treatment was 30,273, and the daily average population was 23,021. The number remaining at the end of the year was 23,270. Naturally, the results obtained in the treatment of this large number of patients, as well as the analysis of the statistical tables, have peculiar interest for every taxpayer in the State of New York, and added interest for our profession, who look at the results from a medical point of view. The above facts, although briefly outlined, are, I believe, of sufficient importance to warrant me in presenting this paper.

Comparing the statistics for the insane committed to public institutions under the supervision of the State Commission in Lunacy during 1902 with those for 1890, we find that there has been not only an actual increase in the number of the insane, but also an increase in the proportion of the insane to the population. Twelve years ago there was one committed insane person to 374 of the population, while at present there is one to every 303. At the time the State assumed the care of all the dependent insane many of the chronic cases were cared for in county almshouses and in places other than State and county asylums. The State Care Act has done much to bring to light cases suitable for care in State institutions, and instead of our hospitals being frequently looked upon with grave suspicion, as formerly, we now find it difficult to prevent the commitment of unsuitable cases. In other words, the improved provision for the insane has been taken advantage of by the public generally, and cases are now received whose relatives were formerly unwilling to have them committed, and who were therefore cared for at home, and hence were not registered.

The causes of mental alienation, as represented by the statistical tables of the State Commission in Lunacy, are divided into moral and physical, although this arrangement is not entirely satisfactory. Greisinger, in his "Mental Pathology and Therapeutics," says: "A closer investigation of the etiology of insanity soon shows that, in the great majority of cases, it was not a single specific cause under the influence of which the disease was finally established, but a complication of several, sometimes numerous causes, both predisposing and exciting." This statement conforms to the views held by all alienists, but it is oftentimes impossible to obtain sufficiently detailed histories of the cases to arrange them otherwise than as classified in our tables. Tuke, in his "Dictionary of Psychological Medicine," reports that 23.7 per cent. of cases admitted to the hospitals of England and Wales during ten years owed their insanity to moral causes; that 55.6 per cent. were due to physical causes, while in 20.7 per cent. it was impossible to ascertain facts regarding causation. In New York State during the past year 15.31 per cent. were ascribed to moral causes; 53.16 per cent. were said to be due to physical causes, while in 31.51 per cent. the cause was unascertained. In looking over our tables we find that the moral causes, which include loss of friends, business troubles, mental strain, worry and overwork, religious excitement, disappointed affections, fright and nervous shock, act more frequently among women than among men. Among the physical causes, as might be expected, intemperance occupies the first place. It caused the insanity in over 14 per cent. of the cases admitted, and was a contributing factor in not less than 30 per cent. of all the cases received. As one writer says: "Alcohol acts upon the brain directly as a poison. It acts indirectly by impairing nutrition and interferes with the depuration of the blood. It acts morally by lowering the social condition, and it indirectly leads to injury, exposure and other damaging influences. It also acts by imparting to the progeny of the drunkard a lack of brain resistance." A single debauch seldom brings about an attack of insanity, although we occasionally see attacks of mania of short duration occurring as a result. "Frequent debauches do much to damage the central nervous system, and sometimes result in producing insanity of a maniacal type, but more frequently its result is seen in a progressive mental deterioration, where the self-control is impaired, the judgment warped, the whole moral nature affected, the character changed, and the memory weakened, so that finally the case goes on to complete dementia." It is a well-recognized fact that some cases of insanity due to alcoholism resemble general paresis, and in other cases alcohol has a marked contributing influence in producing this most hopeless form of mental disease. Among the various other physical causes may be mentioned pregnancy, lactation, the menopause, fevers, privation and overwork, epilepsy, epidemic influenza, sunstroke, trauma and autointoxication. Many of these

causes might not have produced insanity had the patients not been victims of an inherited taint. Many individuals will pass through all degrees of mental and physical stress without becoming insane, while there are others who break down from slight causes, and, if we stop for a moment to consider, we cannot fail to reach the conclusion that the apparent cause does not account for the breakdown. This latter class represents the weaklings, and therefore it is our duty as physicians to watch them and endeavor so to increase their stability, whenever possible, as to enable them to withstand the trials and storms which come sooner or later in life to each individual. The statistics regarding the hereditary tendency to insanity are of some interest. Of those admitted during the year, 162 women and 190 men inherited the tendency to insanity from the father's side, 241 women and 196 men inherited it from the mother's side, 57 women and 56 men received their inheritance from both paternal and maternal sides, while 353 women and 171 men had a collateral taint; this makes a total of 1,426 cases, or 18.71 per cent., with a definite history of heredity. In 50.63 per cent. heredity was denied, while in 31.66 per cent. it was impossible to ascertain facts regarding its transmission. Since October, 1888, nearly 73,000 cases have been treated in the State hospitals, and of these 2,020 women and 2,245 men had a paternal heredity, 2,710 women and 2,297 men had a maternal heredity, 474 women and 422 men had a paternal and maternal heredity, and 3,110 women and 2,433 men had collateral inheritance; a total of 15,714 cases, or between 21 and 22 per cent. of the number treated. Of all these cases, the percentage was higher among the women than it was among the men. In 45 per cent. heredity was denied, while in about 30 per cent. the history regarding it could not be ascertained. In England it is claimed that one-half of the admissions present evidence of some hereditary taint. It is to be noticed in the figures given above that in 30 per cent. of the admissions since October 1, 1888, it was impossible to ascertain facts regarding an inherited tendency, while in over 45 per cent. it was denied. Naturally, it is impossible to obtain reliable histories in a large number of the cases, and in many instances none at all. Stearns says: "It is extremely difficult to arrive at the truth in all cases, inasmuch as many persons are inclined to deny that any such tendency exists in their families, lest such a fact should appear to its prejudice in some way or other."

An analysis of the table giving the forms of mental disease indicates that over 22 per cent. of those admitted manifested symptoms of mania; 33 per cent. suffered from melancholia; 6 per cent. were afflicted with general paresis; while 31 per cent. had dementia. These results are somewhat different from those we usually find recorded, and Dr. Pilgrim, of the Hudson River State Hospital, in "A Study of a Year's Statistics," calls attention to this fact, and shows that the proportion of cases of melancholia, as compared with those of mania, is greater than that given by the English writers. In his institution he found that 41.5 per cent. were cases of melancholia, while 32.5 per cent. were cases of mania. Tuke, in his "Dictionary of Psychological Medicine," quoting from the forty-third report of the English Commissioners of Lunacy, gives 49.1 per cent to mania, and 24.9 per cent. to melancholia, whereas the eleventh annual report of the Asylum's Committee of the London County Council shows that of the 4,555 cases admitted 36.1 per cent. were cases of mania, while 29.03 per cent. were cases of melancholia. These last English figures would seem to indicate that the type of mental trouble is changing, because there is a great reduction in the percentage of those admitted with mania and a moderate increase in those having melancholia. Kirchoff affirms that mania is not so frequent as melancholia. Certainly, the statistics of New York State force us to the conclusion that melancholia is far more frequent than mania.

The civil condition in its relation to insanity is a disputed question, and the figures in our cases show that among men 50 per cent. were single, 36 per cent. married, while the balance was made up of widowed, divorced, and those whose civil condition was unascertained. Among the women we find that 38 per cent. were single, 43 per cent. were married, and the remainder were either widowed, divorced, or the civil condition was unascertained. Of the total admissions of both sexes, over 44 per cent. were single, 39 per cent. were married, and 13 per cent. were widowed. According to the English commissioners' table for five years we find there was a larger proportion of single women admitted than there were in New York State, and the ratio was also higher for married men than it was in this State; in fact, in our cases, more married women than married men were admitted. Of the total number admitted to the English institutions, 6.7 per cent. of men and 12.69 per cent. of women were widowed, while in New York State 7.5 per cent. were men and 17.5 per cent. were women. The percentage in our cases is slightly higher than in the English returns, still the proportion between the sexes in the two countries is practically the same; in other words, there were twice as many widowed women as there were widowed men received. Our figures confirm the statement of Greisinger that insanity is more frequent among unmarried men and that among women more married persons become affected, and he explains the fact by the earlier marriage of the women. Our statistics also bear out his statement that of the widowed more belong to the female sex, which he attributes to their helpless and unprotected condition in such circumstances. We believe, as the largest number of admissions come from people in the lower walks of life, that

among the single men, in many cases, regular habits of living do not exist, and hence those who already have a tendency to insanity soon pay the penalty of their shortsightedness or dissipation.

Almost all authorities on insanity recognize that during the middle period of life mental alienation is most frequent; indeed, there is a gradual rise up to 40 years of age, after which there is a gradual decline in the number of admissions. Thurnam says: "From 30 to 40 years of age the liability is usually greatest, and it decreases with each succeeding decennial period, the decrease being gradual from 30 to 60 years." In our statistics we find that the admissions between the ages of 30 and 40 exceed very largely those of any other decade, over 28 per cent. of all admissions occurring during these years. Between 10 and 20 years of age the percentage is only 4.5 per cent., while between 70 and 80 years the percentage is 4 per cent. These figures are somewhat different from those of Tuke, who believes that the largest number of cases occur between the ages of 20 and 30. It is natural to expect that derangement of the mind is most likely to take place during the time of its greatest activity, and it is fair to assume that the statement of Blandford, in the "Twentieth Century Practice of Medicine," is correct. He says, in discussing Thurnam's statistics, with which he agrees: "We may take it that the time of the highest development and specialization of the brain centers is that when they are most prone to disorder, the time when an inherited weakness is most likely to assert itself, and when the last and least organized structures are most liable to disturbance and loss of equilibrium."

There are said to be more women who become insane than men, but this statement is not borne out by our statistics. Naturally we have to consider that there are more women than men, and that women are subject to additional causes, such as pregnancy, parturition, lactation and the menopause, as well as uterine and ovarian troubles, all of which have more or less effect in bringing about a lower vitality and consequent danger of breakdown. Among the men, intemperance, sexual excess and the mental strain which comes from a strenuous life and keen competition in business have a great influence in causing mental disease. At the end of the year there were 1,298 more women than men in the hospitals, and during the year 265 more women than men were received. Since October 1, 1888, however, there have been admitted more men than women, the figures being 36,422 men and 35,806 women. Our experience teaches us that the average duration of life among women in hospitals for the insane is greater than among men, and that more men recover or die from their insanity than women.

But little need be said regarding occupation in its relation to insanity. In foreign countries soldiers and sailors are said to occupy the first place. In our country, where a large standing army is not maintained, we find that the largest percentage occurs among laborers, domestics, farmers and mechanics, while the smallest number is present among the professions. Indeed, out of the 7,619 admissions, only 112 led professional lives, and the professions included were the clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers and surveyors. This statement is interesting simply from a statistical point of view. Occupation should not be regarded as standing in an etiological relation to insanity, as there are many qualifying conditions which must be taken account of. Of course, any occupation which involves long hours of work and insufficient rest, as well as privation, will have a tendency to bring about mental disease, particularly in those who are unstable. In these cases the blood is very apt to become impoverished, and hence the brain cells do not receive proper and sufficient nourishment.

The recovery rate, based on original commitments, are 24.6 per cent., while 54.3 per cent. were discharged as either recovered or improved. Among the cases of mania we note that 31 per cent. recovered, and in melancholia we find a recovery rate of 24 per cent. We may be permitted, therefore, to express the belief that mania in acute forms offers a slightly greater hope of ultimate recovery than melancholia, which comes second on the list. This statement applies only to cases treated in hospitals for the insane, because under favorable conditions and surroundings it is possible to treat many cases of simple melancholia at home, but in cases of mania the difficulty is so great that the majority of cases are sent at once to institutions for the insane. It is utterly impossible to keep in an ordinary home a patient suffering from acute mania, who is restless and disturbed. Of the recovered cases we find that the average length of treatment was ten and one-half months.

It is well for every practicing physician to remember the importance of early treatment, and it is only necessary to point out the fact that of the entire number discharged "recovered" during the year 82 per cent. had been insane a year or less previous to admission, and of those fully 71 per cent. had been insane three months or less. When we consider the length of time the recovered cases were under treatment, we find that in 79 per cent. the duration of hospital residence was under a year. Contrast this with the duration of insanity previous to admission and the period under treatment of patients who died during the year, and we find among the latter that only 35 per cent. had been insane a year or less previous to their admission, and that 44 per cent. had been under treatment less than a year. The largest number of deaths took place in those who had been hospital residents more

than a year, and who had a duration of insanity previous to admission of twelve months or over. Among those who recovered 66 per cent. were 40 years of age or under, and the decade of life showing the largest number of recoveries was from 20 to 30 years. These figures are in marked contrast with those found among the deaths, where only 26 per cent. occurred before the 40th year, the balance—namely, 74 per cent. —occurring after this period of life was passed. We feel justified in drawing the conclusion that the period of life presenting the most favorable outlook for recovering is between 20 and 30 years of age, and this view is in full accord with the experience of other observers.

The death-rate based on the total number under treatment was 5.97 per cent. Mental diseases were the causes of death in 410 cases, and of these 297 deaths were due to general paresis, it being the most frequent single operating cause. Next to the above we have specific infectious diseases, including tuberculosis; then, in the following order, diseases of the circulatory system, diseases of the respiratory system and diseases of the nervous system, aside from mental diseases, etc. Only eight cases died from accident, and but five patients committed suicide. This latter fact is particularly gratifying, as it indicates the close supervision and care patients receive in hospitals for the insane. It is indeed remarkable that in over 30,000 cases of insanity treated during the year only this small number died by their own hands.

There are many other facts in connection with the statistics of the insane which might be referred to, but time does not permit; and, in concluding this subject, I beg in a word to refer to the medical work that is now being done in hospitals for the insane, not only in New York State, but throughout the entire civilized world. Dr. Osler refers to it as follows: "One of the most remarkable and beneficial reforms of the century has been in the attitude of the profession and the public to the subject of insanity, and the gradual formation of a body of men in the profession who labor to find out the cause and means of relief of this most distressing of all human maladies. The reform movement inaugurated by Tuke in England, by Rush in the United States, by Pinel and Esquirol in France, and by Jacobi and Hasse in Germany, has spread to all civilized countries, and has led not only to amelioration and improvement in the care of the insane, but to a scientific study of the subject, which has already been productive of much good."

"Not until the various clinical pictures," says Stewart Paton, of Baltimore, "which are at present grouped together under the general title of mental diseases can be referred to their correlated structural changes, not in the brain alone, but in the other organs as well, will alienists be in a position to study intelligently the causes of these conditions." It is perhaps during the past fifteen years that the greatest advance has been made in the practice of mental medicine. The study of the clinical side of cases is now supplemented by laboratory work. Most of the institutions are provided not only with pathological laboratories, but also with physiological, chemical and bacteriological departments, where special work bearing upon individual cases can be successfully carried on; and it is now routine practice to examine the urine, the blood and the various discharges and secretions of the body with a view of determining the actual bodily conditions and their bearings upon mental disease. By this means not only is information obtained regarding the diagnosis and prognosis of our cases, but also very valuable indications for treatment. Notwithstanding all that has thus far been accomplished, we are still in the dark concerning many of the complex problems of psychopathology, and we trust that the cordial support and cooperation of the entire medical profession, which has heretofore done so much to bring about improvement in the care of the insane, will be still vouchsafed and will stimulate to greater efforts, so that eventually that which is at present dark and hidden may under the full light of science be made plain.

ABDOMINAL PAIN OF INTESTINAL ORIGIN.[1]

BY FREDERICK HOLME WIGGIN, M.D.,
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THE importance of a correct interpretation of the meaning of abdominal pain, when considered in connection with abnormal intestinal conditions, can hardly be overestimated, as in all serious disorders of this portion of the body, the advent of pain in varying character and degree is often the first warning given that the patient is suffering from a disease, which, if not promptly recognized, and the condition immediately relieved by the performance of a more or less serious surgical operation, may soon terminate his life.

Failure to heed this warning or to reach a correct conclusion as to its cause has been in the past, and too often still is, responsible for the untimely ending of many valuable lives; while delay caused by an effort to make an exact differential diagnosis in doubtful cases is still responsible for the high rate of mortality attending surgical operations undertaken for the relief of acute intestinal disorders.

Abdominal pain, as has been stated, is common to all serious disorders of the intestines; its peculiarities in only one or two instances, however, being sufficient, when considered alone to at once suggest to the physician's mind the general character of the disease; consequently, in arriving at a reasonably correct diagnosis in the cases we are discussing, it is necessary to take into consideration, in addition to the pain, other important factors, such as the previous history of

[1]Abstracted from *Medical News*, February 13, 1904.

the patient and other accompanying bodily symptoms.

In a general way it may be stated that abdominal pain of a sharp and persistent character indicates involvement of the peritoneum, whereas, a dull and aching pain points to involvement of the connective tissue only, while a cardialgia considered in connection with abnormal intestinal conditions, would limit the disease to the duodenum; tenesmus indicates limitation of the disease to the lower third of the intestinal tract, whereas colicky pains occurring several times a year in the same person who is not habitually constipated, would be suggestive of entero-stenosis.

INTESTINAL ULCERATION.

A continuous abdominal pain, associated with tenderness on pressure, always localized in the same spot, is symptomatic of intestinal ulceration. When the ulcer is located in the first portion of the duodenum, the pain is situated in the right hypochondriac region, radiates down toward the pelvis, and comes on about two hours after eating and usually occurs in an adult male, 30 to 60 years of age, who also passes blood with more or less frequency, or in a woman who has within a week or two suffered from an extensive burn. If a patient suffering from typhoid fever in the third or fourth week of the disease, complains of increased abdominal pain in the hypogastric region, associated with irritability of the bladder with pain extending to the penis, early perforation of an intestinal ulcer may be looked for, as these symptoms indicate extension of the inflammatory process.

APPENDICITIS.

A sudden abdominal pain at first referred to the epigastric and umbilical regions, and later becoming localized in the right inguinal region, accompanied by abdominal distention, rigidity and tenderness on pressure, is symptomatic of appendicitis, especially so when occurring in a young adult male, following unusual physical exertion, or in a female at or near the menstrual period, who is also suffering from constipation, gastric disturbance, a moderate amount of fever, irritable bladder and a rapid pulse. It must, however, constantly be borne in mind that, as the location of the appendix varies, the pain accompanying it does also, and may be located in the right lumbar, lower epigastric, or umbilical region; in this last case it may sometimes even be to the left of the median line, instead of in the right iliac fossa. The tenderness on pressure, however, ordinarily remains at this point, with a dart of pain to the umbilicus, as the attachment of the appendix to the cecum is fixed. Constantly recurring attacks of appendicular colic are probably due to violent and irregular contractions of longitudinal muscular fibers in the effort to expel mucus.

OBLITERATIVE APPENDICITIS.

A constant abdominal pain over McBurney's point, with tenderness on pressure, is indicative of chronic obliterative inflammation of the appendix.

CHRONIC RELAPSING APPENDICITIS.

Recurring attacks of pain in the right inguinal region at varying intervals, occurring in an anemic and emaciated individual, who complains also of digestive disorders and constipation, is suggestive of chronic relapsing appendicitis.

IMPORTANT DIFFERENTIAL DIAGNOSIS.

A diagnosis of appendicitis should never be made until a careful examination of the patient's chest has been made, for the writer has knowledge of a case occurring in the practice of another surgeon where the patient gave a history of recurring attacks of appendicitis, complained of pain in the right iliac region, had gastric distention, fever, rapid respiration, and high pulse-rate, but it being hot weather the chest was not examined. The condition was diagnosticated as appendicitis and operation was decided upon. The operation proved that the patient had previously had attacks of the disease, but was not at that time suffering from the trouble, and further investigation revealed the fact that the patient was really suffering from a right-sided pneumonia. Unfortunately the patient did not survive.

TEMPERATURE.

It must not be forgotten that in some virulent cases of appendicitis we have a normal bodily temperature with a high pulse and rapid respiration rate.

INTESTINAL PERFORATION AND OBSTRUCTION.

Sharp recurring abdominal pain, increasing in severity, at first localized and then becoming general, followed by muscular rigidity and marked localized tenderness, vomiting, rapid pulse and respiration, prostration and collapse, is indicative of intestinal perforation, when associated with a history of any variety of intestinal ulceration, stab and gunshot wounds or severe contusion of the abdomen. Similar symptoms associated with constant and violent peristalsis, absolute constipation, more marked abdominal distention, occurring in a patient giving a previous history of external hernia, operation, peritonitis, tubercular intestinal disease or tumor, is indicative of acute intestinal obstruction, or the obstruction may be due to an internal hernia, Meckels Diverticulum, a long adherent appendix or Fallopian tube, or the paralysis following plugging of mesenteric vessels by a thrombus or embolism. The last condition may be suspected when a patient having a diseased heart or arteries, or pulmonary disease complains at first of severe general abdominal pain and tenderness, which is out of all proportion to the accompanying constitutional symptoms, and whose constipation does not yield readily to treatment, or who passes a quantity of blood by the bowel. Unless the condition is recognized and the patient relieved promptly by the excision of the diseased gut, the general symptoms of obstruction and perforation already alluded to soon follow.

It may be well to bear in mind that the patient generally rallies from the shock following intestinal perforation, and if the operation is performed within twelve hours the chances of recovery are usually reasonably good. A hypodermic injection of ergot and strychnia, with an intravenous injection of saline solution, may be used with great advantage to rally the patient before the operation is undertaken.

CONCLUSION.

From what has already been said, it is clear that the chief value of abdominal pain as a diagnostic symptom in abnormal intestinal conditions is not only to call the attention to the fact that the patient is suffering from an intra-abdominal disorder of greater or less severity, but in the class of cases requiring surgical intervention for their relief, to indicate to the surgeon the locality of the trouble; hence it becomes the duty of the physician in all cases in which severe abdominal pain is a prominent factor to make careful notes of the patient's condition and symptoms when he first sees him, to refrain from the administration of narcotic and cathartic drugs, until a surgeon has seen the patient, a diagnosis made, and a definite line of treatment decided upon.

It must constantly be kept in mind that a severe, sharp and persistent abdominal pain almost invariably means peritoneal involvement, provided the chest has been carefully examined and its diseases excluded, and that sudden cessation of such a pain accompanied by a rise of pulse-rate and increased frequency of the respiration, with or without a lowering of the bodily temperature, usually denotes gangrene of the gut and its perforation. Many lives will be saved and thousands of others made more comfortable when physicians generally come to recognize that in all cases of persistent abdominal pain of obscure origin, exploratory operations should be performed, for it has been the writer's experience that a cause always does exist when such a pain is present, and that it is usually found with ease when looked for; in other words, when in doubt operate, for, as Osler has wisely said, "The surgeon is often called too late, never too early."

THE VALUE OF FRESH AIR.

If the present popular crusade against tuberculosis should fail in its purpose and "the great white plague" still continue to be more or less an important factor in the mortality, which we cannot reduce beyond a certain definite point, it will have nevertheless worked out an immense amount of good in the mere fact that it has educated the people to the value of fresh air. In our northern climate, the changeable seasons and the necessity of guarding against extremes of temperature make us too apt to neglect ventilation both in public and private buildings. In the colder season Nature helps us to some extent against our will, as natural ventilation is then more active through entrances that cannot be altogether obliterated by artificial means. Our buildings that are heated by grates, furnaces or stoves, when properly constructed and with air inlets suitably arranged, partly meet the conditions in supplying fresh oxygen to the inmates, though they are far short of sanatorium ideals. In our crowded city flats and tenements, however, the evil of vitiated atmosphere, with its germs and other impurities, forms one of the most serious of the disease-breeding factors in our midst. The tuberculosis crusade shows that open windows even in our northern climate are not unendurable by invalids, to say nothing of healthy people, and that by coming back to more natural conditions we can escape many of the evils that have grown up about us. In the course of civilization man has gotten very far away from Nature—part of this of necessity and part from luxurious indulgence and the neglect of proper elements of health. We would be a hardier race if we coddled ourselves less, and the worst form of coddling from which we suffer is in our overheated and ill-ventilated apartments. Steam and hot-water heated flats, with storm windows and rubber-stripped doorways, are direct possibilities of lung and other infection. The awakening of the people to this fact, as well as to the dangers of crowded assembly rooms, street cars and other conveyances where fresh air is a dreaded and carefully avoided intruder, is an excellent thing. —*Journal of A. M. A.*, February 6, 1904.

SOME SIMPLE THERAPEUTIC EXPEDIENTS.

Treatment September, 1903, Wynter.—Patients with pulmonary or cardiac diseases who are compelled by orthopnea to sit up in bed suffer much in addition to their other troubles from the discomfort and insecurity of their position. On an ordinary flat mattress, and perhaps more so on a feather one, the pelvis is flexed, and the weight received obliquely on the lower part of the sacrum and coccyx, which, owing to its irregularity, and the thinness of its covering, soon becomes sore. Moreover the body, supported only by what the engineers term "skin-friction," tends to slide away from support, the clothes become "rucked," and he is only maintained in his precarious position by muscular effort and the frequent attentions of the nurse.

By placing a firm bolster across the middle of the bed below the mattress a double-inclined plane can be formed, like a Singapore chair, which, with the pillows or bed-rest, affords thoroughly comfortable and firm support. The weight of the body is then received through the ischial tuberosities in a line with the spine, without tendency to displacement and its attendant troubles, or any necessity for muscular effort. The abolition, too, of the flexure of the lumbar spine does away with the consequent compression of the abdomen and the sense of suffocation and oppressive flatulence which so often afflicts patients in this position. The bolster may be put

in position while making the bed, otherwise it is best arranged by lifting the lower half of the mattress, and pushing it up from below till it meets and supports the buttocks. Those who have not attempted to sit up in bed for hours or perhaps days and nights at a stretch can scarcely realize the effort and discomfort it involves, and the amount of ease this form of support affords. Not the least of its benefits is the partial flexion of the knees with support, relieving the tension on the nerves and tendons at the back of the thigh, as well as the pressure on the heels, while the security from slipping downward permits the weight of the trunk to be freely transferred to the pillows at the back.

HEADACHE.

Almost every individual has from time to time mild attacks of headache due to exposure, emotions, and dietetic imprudences, which demand merely palliative treatment, but all headaches that are severe or long continued or of regular recurrence should in simple justice to the patient be carefully studied and some curative measures adopted if possible. The most satisfactory temporary treatment in my experience has been the following, varied according to the age and other conditions:

℞ Acetanilid, ʒj;
Sodii bromid., ʒij;
Caffein. citrat., gr. iv;
Elix. guaranæ, q. s. ad ʒij.

M. Sig.: One teaspoonful every three hours for headache.

Some such formula is just the thing for the ephemeral headaches, and will relieve for the time being many of the toxic and reflex headaches, but for those due to cranial disease it is absolutely useless, and in those due to nephritis or other organic disease it is worse than useless, as tending to establish a false security. The treatment of permanent headaches resolves itself into the treatment of the disease of which they are symptoms.—Ellice Alger, *Therapeutic Gazette,* January, 1904.

THE SURGERY OF THE DAY.

A Criticism of Hasty Postgraduate Methods by Dr. Charles B. Kelsey.

A pamphlet containing a reprint of an article entitled "The Surgery of the Day," by Dr. Charles B. Kelsey, of this city, from the New York *Medical Journal* is causing some discussion. Dr. Kelsey begins: "Dr. Van der Warker's arraignment of the gynecology of the day in the New York *Medical Journal* and Philadelphia *Medical Journal* for October 10, 1902, should not be allowed to pass without comment. As a simple statement of cases under the observation of one man it is appalling, and that he may not stand alone we will add one more in his own line, worse perhaps than any of his."

The writer then gives the details of a badly handled operation, and continues:

"But of what use is it to record these things unless a remedy can be found? They cannot be told to the laity without discrediting the whole profession, and telling them to the profession is useless—because they are already known, though few, perhaps, could make such a deadly presentment as Van der Warker. And this, alas! is not only his arraignment, but is coming to be the accepted opinion of the surgical world—that America furnishes some of the best and most of the worst surgery of the day.

"The point to which we wish to take exception is the author's explanation of this condition, which he attributes to the text-books on special surgery written for students and general practitioners.

"Where do the amateur surgeons of to-day gain the superficial knowledge which emboldens them to attempt the most difficult feats? Not from the text-books, but from the postgraduate medical schools. To these it is due that surgery has become much the same sort of mechanical art as plumbing, only practiced without any apprenticeship or restrictions.

"And this, be it distinctly understood, is not because the surgery taught is not good in itself and taught by masters, but because it is taught to those incapable of understanding, and with no restrictions upon their use of it.

"Not many years ago it was found necessary to call upon the Legislature to protect the public from the manufacture of doctors; now, as a rule, in this and many other States, a man has to know something before he is even allowed to study medicine, and the State examines into his fitness to practice after he has his diploma. The time was not long ago when every doctor was a legalized vivisectionist, and the most ignorant physician in the State could commit its greatest statesmen to the lunatic asylum. The simple fact is the postgraduate schools of to-day are perpetuating all the worst features of the undergraduate schools of a few years ago—no preliminary examination, no compulsory attendance, no examination for what answers all the purposes of a diploma.

"It has been found necessary, wise and practicable within a few years to establish by law that, merely because a man has obtained a diploma, he should not be allowed to practice or to do brutal vivisection or commit citizens to the lunatic asylum, and it would seem that more needs to be done.

"What would be the effect of legislation which should demand that an utterly unknown person from Central America, with a diploma of unknown value, desiring postgraduate instruction in New York, should submit to the same preliminary examination required of undergraduate students? And, since no postgraduate school has the legal right to issue a diploma, what would be the effect of prohibiting the issuing by them of certificates of attendance, made intentionally to look as much like diplomas as possible, eagerly sought and paid for by the student for business purposes at home, and requiring merely a matriculation fee and a graduation fee, but not demanding actual attendance as an indispensable condition from each recipient of a certificate?

"If, in the opinion of the majority, it is for the honor of the profession and the good of the public, whose lives are in their keeping, that any 'legalized' practitioner from Patagonia to Maine absolutely without identification or question as to his mental attainments, moral character, or the conditions requisite where he becomes a legal practitioner, should be able to come to New York, deposit $5 for matriculation, $20 more for six weeks' instruction, disappear and return at the end of the six weeks; pay $5 more, and carry away an imitation diploma on imitation parchment, which says he 'has attended a full course in general surgery or gynecology, or anything else he has paid for, at, say, the Royal College of Surgeons, and which is signed with an imposing list of names of president, secretary and professors, and is intended to convince his patients that he is fully endowed to practice these branches—why, let the work go merrily on.

"There are many who think, however, that this condition of affairs should be brought under legislative control."—*Evening Post, January* 30, 1904.

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THE

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(For list of other officers, see lost pages of reoding matter.)

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March 1st,	992
Increase,	7
Total April 1, 1904	999

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Published Monthly by The New York State Medical Association.

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BILL TO ABOLISH THE OFFICE OF CORONER.

The bill introduced by Senator N. A. Elsberg into the State Senate provides for the abolishment of the office of Coroner in New York City upon the expiration of the terms of office of the present Coroners, and enacts a bureau of medical examiners in the Department of Health to exercise the powers and perform the duties now lodged with the Coroners. The bill provides for one chief medical examiner, and other medical examiners, not to exceed six for the Borough of Manhattan, four for the Borough of Brooklyn and to each of the Boroughs of Bronx, Queens and Richmond. These medical examiners are to be appointed from the Coroner's physicians in office when the change is made, and afterward from the eligible lists prepared by the Civil Service Commission.

HEARING ON THE ELSBERG BILL AT ALBANY

ALBANY, March 22.—The Elsberg bill, abolishing the office of Coroner in New York City, had a public hearing in the Assembly Cities Committee to-day. Coroner Flaherty, of Brooklyn, and Dr. Albert Weston, Coroner's physician for Manhattan, opposed the Elsberg bill, and urged the McManus proposition, reducing the number of Coroners to one in each borough. Dr. Weston said that the former was thoroughly bad in that it obliterated the Coroner's inquest, and would tend to overburden the already too busy Health Department. The bill he declared to be full of all sorts of inconsistencies and contradictions. All those in favor of it were interested only from the medical side of the proposition, and overlooked the fact that there were many other phases of the question. Coroner Flaherty dwelt on the fact that there had been no criticism of the conduct of affairs in the Coroner's office, except in Manhattan, and therefore it was unfair to all the other Coroners to pass a sweeping bill abolishing them all.

Favoring the Elsberg bill and against that of Mr. McManus was a large number of physicians. Headed by Dr. E. Eliot Harris, chairman of the Committee on Legislation of The New York State Medical Association, the party included Prof. Stephen Smith, consulting surgeon of Bellevue Hospital; Prof. Andrew H. Smith, president of the New York Academy of Medicine; Prof. A. Jacobi, of the College of Physicians and Surgeons; Prof. George D. Stewart, of New York University and Bellevue Hospital Medical College; Prof. Alexander Lambert, president of the New York County Medical Society; Dr. H. R. Purdy, and J. T. Lewis, counsel for the New York State Medical Association. All followed much the same line of argument as Dr. Harris, who said in part:

"The Coroner adds another terror to sudden death in the City of New York, for if he suspects suicide, then Section 775 of the Code of Criminal Procedure commands that his jury must be present while the inspection of the body is being made. The Coroner is higher than the Sheriff, and replevins merchandise from him in civil suits. The Coroner system in the City of New York is a relic of by-gone ages and has outlived its usefulness. In analyzing the so-called Coroners' bill, we can understand how the several existing departments of our city government can do with a great saving of the city's money the work of the Coroners' office much more satisfactorily than it has been done heretofore. The bill transfers the judicial functions of the office of Coroner to the present city magistrates, whose duties are not mixed, but essentially those of judges, and the legal duties attending the inquest will be conducted by the District Attorney in a magistrate's court and will have the character and dignity which befit proceedings always of solemn import to parties immediately concerned and often of far-reaching influence upon the welfare

of the community in which the suspected crime was committed.—*N. Y. Tribune.*

ALLEGED PROFESSIONAL CRITICISM OF A PHYSICIAN'S BILL.

The following letter was received by a prominent specialist of New York City from a citizen of prominence and means of a western city, whose son he had treated, in response to a letter requesting payment for his services, no attention having been paid to his bill, which had previously been rendered:

Dear Sir—Your letter of the 9th inst. came to hand in due course of mail. I have taken a little time, because I wanted to have your bill submitted to some specialist in New York City, and I have a friend living in your city to whom I wrote, requested that the bill be submitted to some specialist there, and he now writes me that the specialist says that it is not usual where a person comes to the office for a course of treatment *for the doctor to charge $5 after the first visit* for each treatment, and the consensus of opinion from the specialists consulted was that your bill was just about double what it should be.

You say: "Of course, if you are not actually able to pay my fee, I would be very glad to assist you, but this is not the case."

In reply to that I would say that I am not a pauper, neither am I a millionaire, but I regard your bill as excessive, and if you would reduce it to about one-half of the amount that you charged I think the matter could be adjusted without much difficulty.

I do not believe that if I lived in New York City you would have rendered any such bill as you have. I feel certain, doctor, that you ought to readjust your bill.

Yours respectfully, ——— ———.

UNIFICATION OF STATE MEDICAL ASSOCIATION AND MEDICAL SOCIETY.

The following letter is of interest:

Albany, N. Y., March 26, 1904.

To the Officers of County Medical Societies:

Action has been taken for consolidation of the medical profession of the State by both the State bodies.

The committee thereon deem it advisable to take the necessary legal steps before the Supreme Court in May.

Before doing this it is important that every County Society shall take action upon the Ratification Resolutions, which were sent to you in February. Less than half the Societies have acted.

We urge you, therefore, to secure a special meeting of your Society during April, getting a quorum at least together after due notice to all the members, and to act in this matter, using the form of Resolutions which has been sent to you.

All are interested in having no obstacle in the way of perfecting this unification, and we hope you will secure speedily this action by your Society.

H. D. Wey, President. F. C. Curtis, Secretary.

There are fifty-three County Societies. Up to March 26th, Ratification Resolutions have been passed by 24. While the number of counties is less than half, the number of members who have acted is over three-fourths of those who compose the membership in County Societies, in affiliation with the Medical Society of the State of New York, and who, under the new arrangements, will be members of the State Society, as well as of their respective County organizations.

DEFENSE IN MALPRACTICE SUITS.

October 26, 1903.

Dear Doctor—Your communication of the 19th was received, but I have been prevented from answering it before this by the rush incident to the annual meeting of the State Association. If you desire to make application for the assistance of The New York State Medical Association in defending you *in a specific case* of suit for alleged malpractice, you should make application to the secretary of that body, Dr. Guy D. Lombard, 14 East 31st street, city. I judge from your letter that you are under the impression that every member desiring to have the protection of the State Association must make application, whether he has any suit against him, pending or not. Such, however, is not the case, for, it is only when threatened with such a suit that the member need apply. This answers your question as to the percentage of members availing themselves of this privilege. Naturally, only a few have had any occasion to ask for such defense, and those who have done so have been very enthusiastic over the aid they received.

Very truly yours,

Ogden C. Ludlow, Secretary.

CAPILLARY BRONCHITIS AND OTHER MISNOMERS.

The statement has been made that there are some attacks of illness in young children too severe to be called ordinary bronchitis, but not bad enough for pneumonia. This is a kind of argument that has led to much confusion and uncertainty in medical writing and practice. There are but few diseases which may not appear in very mild form. As well might one say that a very small potato is not really a potato, as to say that a very mild diphtheria, or mild pneumonia is only capillary bronchitis. A small potato is, nevertheless, a potato, and, if planted in good soil, is capable of producing very large potatoes. A mild scarlet fever is, nevertheless, scarlet fever, and is capable of producing a virulent attack in another child, even though the doctor calls it rose rash. This propensity to call mild cases of disease by some other name does great harm. The patient usually receives less careful attention from doctor and attendants than he would were the more serious sounding name used, and is apt to take harm during convalescence. In the case of the infectious diseases this custom may be the cause of spreading them broadcast. Mild cholera is known as cholerine, mild typhoid fever as continued malarial fever, mild scarlet fever as scarlet rash, mild diphtheria as ulcerated sore throat, mild smallpox as varioloid. It is better for the patient and better for the community that these names, one and all, together with capillary bronchitis, should be abandoned. They can serve no good purpose, but often befog the mind of the practitioner and lead him into error, and may cause widespread injury. —*N. Y. Med. Jour.*

Association News.

COUNTY ASSOCIATION MEETINGS FOR APRIL.

Albany County—Tuesday, April 5th.
Cattaraugus County—Tuesday, April 5th.
Herkimer County—Tuesday, April 5th.
Rensselaer County—Tuesday, April 5th.
Seneca County—Thursday, April 7th.
Broome County—Tuesday, April 12th.
Kings County—Tuesday, April 12th.
Niagara County—Tuesday, April 12th.
Oneida County—Tuesday, April 12th.
Sullivan County—Tuesday, April 12th.
Wyoming County—Tuesday, April 12th.
Orleans County—Wednesday, April 13th.
Cortland County—Friday, April 15th.
New York County—Monday, April 18th.
Genesee County—Tuesday, April 19th.
Tompkins County—Tuesday, April 19th.
Orange County—Wednesday, April 20th.
Rockland County—Wednesday, April 20th.
Lewis County—Tuesday, April 26th.
Monroe County—Tuesday, April 26th.
Dutchess County—Wednesday, April 27th.

SPECIAL MEETING OF THE NEW YORK STATE MEDICAL ASSOCIATION.

Held at the New York Academy of Medicine, March 21, 1904.

The meeting was called to order at 8.35 P. M. The president, Dr. William Harvey Thornton, in the chair. The secretary, Dr. Guy Davenport Lombard, stated that the purpose for which we meet this evening is in answer to a request addressed to the president, Dr. William H. Thornton, and is as follows:

NEW YORK, Feb. 16, 1904.

DR. WILLIAM H. THORNTON, President, The New York State Medical Association, 572 Niagara Street, Buffalo, N. Y.

Dear Doctor—We, the undersigned fellows of The New York State Medical Association, request that you call a special meeting of all the members of the Association, to be held at the Academy of Medicine, 17 West 43d street, New York City, on March 21st, 1904, at 8 P. M. The object of the meeting is to take action upon the following:

"*Resolved*, That the Report of the Joint Committee of Conference be accepted, and that the proposed agreement for the consolidation of the Medical Society of the State of New York and The New York State Medical Association be, and the same is, hereby approved, and the president of the Association is hereby authorized and directed to execute the same in the name and behalf of the Association, and the secretary is hereby authorized and directed to affix the corporate seal thereto; and be it further

"*Resolved*, That the committee of the Association heretofore appointed for the purpose of bringing about the consolidation, namely, Dr. E. Eliot Harris, Dr. Julius C. Bierwirth, Dr. Alexander Lambert, Dr. Parker Syms and Dr. Wisner R. Townsend, be, and they are, hereby continued as such committee, with full power and authority to do whatever may be necessary to carry the agreement into effect."

And also to ask the County Medical Associations in affiliation with The New York State Medical Association to ratify the agreement.

Very truly, (Signed),

E. ELIOT HARRIS, W. B. MARPLE,
PARKER SYMS, J. RIDDLE GOFFE,
J. C. BIERWIRTH, HENRY MANN SILVER,
ALEXANDER LAMBERT, CHARLES E. QUIMBY,
WISNER R. TOWNSEND, FRANCIS P. KINNICUTT,
C. E. DENISON, CHARLES H. CHETWOOD,
JOS. D. BRYANT, D. BRYSON DELAVAN,
W. TRAVIS GIBB, J. E. JANVRIN,
FRANCIS J. QUINLAN, H. R. PURDY,
HENRY A. DODIN, WM. G. LE BOUTILLIER,
N. E. BRILL, FREDERIC W. LOUGHRAN,
J. H. BURTENSHAW, GEO. TUCKER HARRISON,
JOHN F. ERDMANN, S. LOWENGOOD,
L. W. HOTCHKISS, STEPHEN SMITH,
E. L. COCKS, W. H. LUCKETT,
FRED'K P. HAMMOND, CHARLES A. WALL,
S. BUSBY ALLEN, CHARLES G. STOCKTON,
IRVING S. HAYNES, C. C. FREDERICK,
EMIL MAYER, ALLEN A. JONES.
H. H. SEABROOK,

Dr. Bryant rose to offer a resolution, but at the request of the president it was held over until after the reading of the report of the Joint Committee of Conference by Dr. E. Eliot Harris, chairman of the Committee on Conference of The New York State Medical Association. Dr. Harris stated that as his report was a very lengthy one that the reading might be suspended at any time if the members so requested. The report of the committee is as follows:

To the Council, Fellows and Members of The New York State Medical Association:

Your committee appointed and empowered to confer and unite with a committee of the Medical Society of the State of New York, for the purpose of forming a union of the two State medical organizations, respectfully submits the following report:

The first communication the committee received was from your secretary.

DR. E. ELIOT HARRIS, Chairman, Committee on Conference, 33 West 93d Street, New York.

Dear Doctor Harris—I have the honor to inform you that at a meeting of the Counsel and Fellows of The New York State Medical Association, held at the Academy of Medicine, on October 1, 1903, you were appointed chairman of the Committee on Conference, by the president, with power to do whatever is necessary and expedient to bring about a union of The New York State Medical Association and the Medical Society of the State of New York in a just and equitable way.

I am enclosing herewith the text and preamble

and resolution, following which your appointment took place. Yours very sincerely,

Guy Davenport Lombard, Secretary.

The following are the resolutions:

Whereas, The members of The New York State Medical Association desire a union of the medical profession of the State of New York, and

Whereas, It is deemed expedient for the attainment of this purpose, to make further effort to bring together The New York State Medical Association and the Medical Society of the State of New York.

Resolved, That a committee of five be appointed by the chair, and said committee is hereby empowered to do whatever is necessary and expedient to bring about such a union in a just and equitable manner.

Resolved, That the committee so empowered may confer, cooperate and unite with a committee of the Medical Society of the State of New York, for the purpose of forming said union of the two State medical organizations.

Resolved, That a copy of these resolutions be transmitted to the secretary of the Medical Society of the State of New York, with a request that their Conference Committee be granted similar power.

The committee appointed in accordance with this resolution: E. Eliot Harris, chairman; Julius C. Bierwirth, Alexander Lambert, Parker Syms, Wisner R. Townsend.

Office of the Secretary of the Medical Society of the State of New York.

Albany, N. Y., Oct. 14, 1903.

Guy Davenport Lombard, Secretary, The New York State Medical Association.

Dear Sir—At a duly called meeting of the Medical Society of the State of New York, held in the City of New York, on October 13, 1903, the following was adopted unanimously:

Whereas, The New York State Medical Association, at a recent special meeting, duly assembled, has by unanimous vote appointed a committee with full power to meet a similar committee of the Medical Society of the State of New York, to arrange for the unification of the two organizations under the corporate name of the Medical Society of the State of New York, therefor be it

Resolved, That the Committee on Conference of the Medical Society of the State of New York, already appointed, be given powers equal to and commensurate with those granted the committee created by The New York State Medical Association, for the purpose of unifying the two State medical bodies in the Medical Society of the State of New York.

I have the honor to transmit this to you, as the action of this Society, pursuant to that of the Association, of which you are secretary, referred to in the preamble of the resolution.

Respectfully,

Frederick C. Curtis, Secretary.

The chairmen of the Committees on Conference arranged for the first joint meeting, which was held at the Academy of Medicine, on the afternoon and evening of October 30, 1903. At this meeting the Joint Committee on Conference was organized by electing Dr. A. Jacobi chairman and Dr. Wisner R. Townsend secretary. A draft of a bill to be presented to the Legislature was read and adopted. A Sub-Committee of three, consisting of Dr. A. Jacobi, Dr. E. Eliot Harris and Dr. George R. Fowler, was empowered to employ legal counsel to arrange the draft of the proposed bill, for the consolidation of the two State medical bodies, in proper legal form, to be introduced in the Legislature of 1904. The Sub-Committee unanimously agreed to select as counsel, Mr. Howard Van Sinderen, of New York City, a lawyer well known in the medical profession, he being the counsel of the New York Academy of Medicine.

Mr. Van Sinderen framed in legal form a draft of the proposed bill, "Entitled An Act" for the consolidation of The New York State Medical Association and the Medical Society of the State of New York, and accompanied the proposed bill with a written opinion, attacking its constitutionality, on the ground that mandatory legislation affecting the vested rights of the members of the two State medical bodies was illegal.

Several members of the Joint Committee on Conference secured opinions from constitutional lawyers in this State, and they all confirmed Mr. Van Sinderen's opinion as to the unconstitutionality of the proposed mandatory legislation. Since mandatory legislation was declared illegal, Mr. Van Sinderen suggested a plan of securing permissive legislation, and the Sub-Committee, with his aid, laid before the Joint Conference Committee a bill to be introduced into the Legislature, entitled, "An Act, to authorize the consolidation of the Medical Society of the State of New York and The New York State Medical Association," which was adopted unanimously by the Joint Conference Committee, at a meeting held at the New York Academy of Medicine on January 5, 1904. This so-called permissive act was passed by both Houses of the Legislature, and was signed by the Governor on January 21, 1904. The following unanimous report of the Joint Committee is self-explanatory. (See February issue, page 38.)

Respectfully submitted,

E. Eliot Harris, Chairman;
Julius C. Bierwirth,
Alexander Lambert,
Parker Syms,
Wisner R. Townsend.

After the report of the Joint Committee of Conference had been partially read, Dr. Bryant moved that the reading be discontinued, on the ground that the report had already been in the hands of every member of the Association, and the members were therefore familiar with it.

Carried. Dr. Ferguson then asked if in the report there were reasons given for the action advised, to which Dr. Harris answered that it was the official report of the "Act" which had passed the Legislature, and was the Constitution and By-Laws of The New York State Medical Association. Dr. Bryant then offered the following resolution:

"Resolved, That the report of the Joint Committee of Conference be accepted, and that the proposed agreement for the consolidation of the Medical Society of the State of New York *and* The New York State Medical Association be and the same is hereby approved, and the president of the Association is hereby authorized and directed to execute the same in the name and behalf of the Association, and the secretary is hereby authorized and directed to affix the corporate seal thereto, and be it further.

"Resolved, That the committee of the Association heretofore appointed for the purpose of bringing about the consolidation, namely, Dr. E. Eliot Harris, Dr. Julius C. Bierwirth, Dr. Alexander Lambert, Dr. Parker Syms and Dr. Wisner R. Townsend, be and they are, hereby continued as such committee, with full power and authority to do whatever may be necessary to carry the agreement into effect."

The president, Dr. Thornton, then stated that in considering these questions it should be borne in mind that the committee appointed by President Wiggin, was one which, perhaps as well as any committee could have done, had commanded the respect and confidence of the entire Association. The report of the Joint Committee of Conference, as it had been partially read by the chairman of the Committee on Conference of the State Association, represents in a very small degree the tremendous amount of work involved in the consideration of these questions, which has required a great sacrifice of time and patience, courtesy and energy on the part of the members of the Joint Committee. A matter of such great importance as the question of reconciling so many diverse interests, cannot be possibly accomplished without concessions and sacrifices by both parties, and I feel that the members of the Committee on Conference will have represented the interests of The New York State Medical Association, in that they have been able to carry out as far as possible the wishes of the Association. In considering these questions I also feel that we should consider not only what is for our present interests, not our feelings for the present time, but should take into consideration the question of the future welfare of the medical profession of the State of New York, and look upon this action, not as it appears for the present, but as it will appear in future years. The adoption of the resolution is now open for discussion by the members of the Association.

Dr. Ferguson said that he would like to have any one favoring the report say whether the plan of union is for the best interests of the Association, and if it carried out the statement of the Association in the resolution, that the plan of union should be a "just and equitable" one for the Association would be true. The question was not answered. I have a word to say if no one wishes to speak, and I trust that the time will be given to me to say it by the Association. It is twenty-one years that I have worked for The New York State Medical Association, and I feel that I have the right to ask for a few minutes—ten, fifteen, possibly twenty. I am not here tonight, Mr. Chairman, to vote against the action of this committee, for I know what an awkward position would be created by the rejection of their report, but I am here to express my sentiments, and not mine only, but those of a large majority of the Association, that we have not been justly treated, and in giving up what this Association has stood for in this movement toward a union, we know that we have been snared. The American Medical Association years ago let the old members of the State Society come and read their papers, if they were so inclined, but when the line was drawn at the meeting of the American Medical Association at Denver, and it was said that no one could be in proper affiliation from their State without being a member of the Association representing the American Medical Association in that State, from that moment the membership of the Association in the State of New York increased, and from that moment a desire to get into the American Medical Association, in some form, shape or fashion, was constantly being pressed. There was one door that was open, one door that was honorable, and that door was through membership in The New York State Medical Association. Many men came and took their membership and took it honestly. Then there began to be a struggle, I can see it now, but the State Association stood squarely upon its basis, and the Medical Society of the State of New York came and asked for union. They did this over two years ago. We did not ask for it, but we were willing to give it. And after the meeting at Saratoga, the Committee of the Medical Society of the State of New York expressed their willingness to accept the conditions as they were, but they did not carry it out. When our committee was first appointed I was especially urged not to have upon the committee any of the old men, that there should be new blood in the committee. There were no old warriors on our committee, but the committee of the Medical Society of the State of New York was made of ex-presidents and old members, and I did not like it when I heard it. At the meeting at New Orleans there was a movement made for a new Code of Ethics; God knows we did not need it; it was strong enough as it was for any honest man, and no one can make one strong enough for a dishonest one, and now the Code is not part of the union.

What are the terms of union? They are the

plan of organization as planned by the American Medical Association. It is not the original plan of organization of The New York State Medical Association; it may not be the plan that is best for any one; it is not proved yet that it is the truest and best plan, nor is it proved yet that the bodies will not be controlled by cliques. We have simply yielded everything, and I would ask the committee the question if their plan is just and equitable to the State Association. And I wish to say that from the very bottom of my heart I feel the injustice of it. I feel that The New York State Medical Association has simply been bereft of everything that it stood for. The committee had the power to do this, it is true, but if the committee had asked for different terms of union those terms would have been granted, with more honor to us, and they know it.

And now to the Committee itself. For this betrayal of the Association, I am impelled to utter the words that, to the best of my memory, Shakespeare put in the mouth of the outraged queen:

"Thou little valiant, great in villainy!
Thou ever strong upon the stronger side!
Thou Fortune's champion, that dost never fight
But when her humorous ladyship is by
To teach thee safety! thou art perjured, too,
And sooth'st up greatness; What a fool art thou
A ramping fool; to brag and stamp and swear
Upon my party! Thou cold-blooded slave,
Hast thou not spoke like thunder on my side?
Been sworn my soldier? Bidding me depend
upon
Thy stars, thy fortune and thy strength?
And dost thou now fall over to my foes?
Thou wear a lion's hide! doff it for shame,
And hang a calf's skin on those recreant
limbs."

I am done. My Association work is finished. I cannot say good-by to you, the word means too much, I cannot say farewell for the Association is about the die, and I am even debarred the thin Gallicism of au revoir. Nothing is left to say, I go.

Dr. Bryant then moved that the County Associations in affiliation with the State Association be requested to ratify the action of the State Association. Both resolutions were unanimously carried.

Dr. Thornton then acknowledged with thanks the courtesy of the New York County Medical Association for its kindness, and moved that if there was no further business before the Association that the meeting be adjourned.

COUNTY MEETINGS.

Erie County Association.—The annual meeting of this Association was held at the University Club, Buffalo, on Monday, March 14th. There was an attendance of fifty-six members. The annual reports of the secretary, treasurer, executive and standing committees were read and approved.

The following resolution was offered and adopted:

Resolved, That the Erie County Medical Association heartily indorses the plan of union presented by the Joint Conference Committee of The New York State Medical Association and the Medical Society of the State of New York, and earnestly requests that the State Association take the necessary steps to make it effective; and, further, that it binds itself to such action and to everything in its power to make it a success.

In the scientific session papers were read on "Fracture at the Lower End of the Radius," by Dr. Vertner Kenerson, which was discussed by Dr. William C. Phelps. The president, Dr. Allen A. Jones, gave as his presidential address a paper on "Some Diseases that Demand Immediate and Accurate Diagnosis." The discussion which followed was taken part in by Drs. C. G. Stockton, W. Scott Renner, F. Park Lewis, E. E. Blaauw, W. Harry Glenny, Lucien Howe and Delancey Rochester.

The following officers were elected for the ensuing year: President, Carlton C. Frederick; vice-president, Arthur G. Bennett; secretary, David E. Webster; treasurer, Adolph H. Urban.

Dr. Allen A. Jones was elected member of the Nominating Committee of the Fourth District Branch.

The following fellows were elected: Delancey Rochester, William C. Phelps, Charles G. Stockton, F. Park Lewis, Alvin A. Hubbell, Charles A. Wall, Bernard Cohen, George F. Cott, Francis W. McGuire, E. E. Blaauw, William G. Taylor, Marcel Hartwig, Grover W. Wende and Stephen S. Green. Alternates: Charles S. Jones, Frank A. Helwig, Vertner Kenerson, Marshall Clinton, Earl P. Lothrop, Albert E. Persons, O. G. Strong, Julius Ullman, Jacob S. Otto, Albert J. Colton, Ray H. Johnson, Thomas F. Dwyer, William H. Heath and Carlton C. Frederick.

Jacob S. Otto, Secretary.

* * *

Jefferson County Association—The annual meeting of this Association was held at the Young Men's Christian Association Chapel, Watertown, N. Y., on Tuesday, January 12th. There were about twenty members present. In the scientific session Dr. F. E. Lettice read a paper on "Appendicitis," which was discussed by Drs. F. C. Peterson and C. E. Pierce, and Dr. F. C. Peterson read a paper on "Tubercular Salpingitis," which was discussed by Drs. F. E. Lettice, F. R. Calkins, A. J. Dick, J. R. Sturtevant, B. C. Cheeseman and C. E. Pierce.

The following officers were elected for the ensuing year: President, F. E. Lettice; vice-president, Andrew J. Dick; secretary, W. D. Pinsonneault; treasurer, Charles Campbell Kimball. Dr. Henry G. Dawson was elected member of the Executive Committee. B. C. Cheeseman and C. C. Kimball were elected fellows, and F. C.

Peterson and F. R. Calkins alternates. The following committees were appointed: Committee on Legislation—B. C. Cheeseman, F. R. Calkins, C. J. Severance, Alfred Goss. Committee on Ethics, Discipline and Membership—F. C. Peterson, E. C. Minor, C. E. Pierce.

C. D. PINSONNEAULT, Secretary.

* * *

Kings County Association.—The regular meeting of this Association was held at 315 Washington street, Brooklyn, on Tuesday evening, March 8th, Dr. G. H. Treadwell presiding, and about thirty members and guests present. The paper of the evening, "Some Remarks on the Treatment of Anomalous Pelvic Developments in the Female, with Reports of Cases," was read by Dr. Joseph F. Todd. The cases included cribriform, annular and imperforate hymen, membranous obstruction in the vagina, both partial and complete, rudimentary uterus and vagina, uterus bicornis, etc. The paper was discussed by Drs. L. Grant Baldwin and J. O. Polak.

F. C. RAYNOR, Secretary.

* * *

Monroe County Association.—The annual meeting of this Association was held at 74 South Fitzhugh street, Rochester, on Tuesday, March 1st. An interesting paper was read by Dr. Peter Stockschlaeder on "Non-Surgical Treatment of Appendicitis." The following papers were read by title: "Quarantine," Dr. George W. Goler; "My Technique in the Treatment of Typhoid," Dr. Richard Mott Moore; "Report of Infants' Summer Hospital," Dr. E. Mott Moore; "Some Interesting Cases During the Past Twenty-five Years," Dr. George M. Snook.

The following report was read by the secretary:

"The Monroe County Medical Association was organized on February 27, 1903, with eight members present. Dr. J. W. Morris, president of the Fourth District Branch of The New York State Medical Association, aided materially in this organization. There have been eight regular and two special meetings, with an average attendance of seven. The Association sent a fellow to attend the State Meeting in New York, and a delegate to the Fourth District Branch, which met in Buffalo last June. This Association extended an invitation to the Fourth Dictrict Branch to hold its annual meeting at the Genesee Valley Club, on June 28th, and it has been accepted. There have been five new members added during the year, making a total membership of sixteen. Dr. B. L. Hovey, of this Association, has been appointed a member of the Committee of Legislation of the American Medical Association."

The treasurer reported that after all bills were paid there would still be a balance left in the treasury.

Dr. Bleecker L. Hovey, a member of the Legislative Committee of Munroe County and American Medical Association, presented the following preamble and resolution:

WHEREAS, The United States of America is about to undertake the construction of a ship canal across the Isthmus of Panama, and a commission is about to be appointed for the supervision of the work, and

WHEREAS, The experience of recent years has demonstrated the beneficent result to life and health in tropical climates of scientific sanitation under professional supervision, without which the construction of such a canal will be attended with unnecessary loss of life and impairment of health of those engaged in the work,

Therefore, Resolved, That the Hon. Theodore Roosevelt, President of the United States, be and is hereby respectfully petitioned to appoint upon the Panama Commission a representative of the medical profession of such attainments and experience in scientific sanitation as to guarantee appropriate professional supervision thereof; and further

Resolved, That the name of Col. W. C. Gorgas, a surgeon of the United States Army, be and is hereby respectfully presented as such person.

Colonel Gorgas is a man who is eminently fitted for this position by reason of his long experience in southern climate, and is especially qualified to deal with diseases of such climate.

Resolved, That a copy of this resolution be sent to the President of the United States, to each of the United States Senators of the State of New York, and the Representatives in Congress from this district.

On motion, the foregoing preamble and resolution was adopted by the Monroe County Medical Association.

The following officers were elected for the ensuing year: President, Thomas A. O'Hare; vice-president, E. Mott Moore; Secretary and treasurer, James Clement Davis. Daniel F. Curtis, Richard Mott Moore and S. Case Jones were elected members of the Executive Committee. The following committees were reappointed:

Committee on Legislation—Bleecker L. Hovey, Richard M. Moore, George W. Goler.

Committee on Public Health—E. Mott Moore, Daniel F. Curtis, S. Case Jones.

Committee on Ethics and Discipline—S. Case Jones, Peter Stockschlaeder, James C. Davis.

JAMES CLEMENT DAVIS, Secretary.

* * *

New York County Association.—The stated meeting of this Association was held at the New York Academy of Medicine on Monday evening, March 21st. The meeting was called to order by the president, Dr. Alexander Lambert, and a recess was immediately taken to permit the members to attend the special meeting of The New York State Medical Association. The meeting of the County Association was resumed at 9.30. After the reading of the minutes, Dr. Jarvis presented the following resolution:

WHEREAS, In the recent war between the

United States and Spain and the subsequent insurrection in the Philippine Islands, comparatively unimportant struggles, there has been demonstrated the necessity for a decided increase in the Medical Department of the United States Army, and

Whereas, Much avoidable disease and hardship were inflicted upon our troops by the insufficiency of the Army Medical Department and the lack of experience and technical training on the part of civilian surgeons in military sanitation and administrative work, conditions resulting from the absence of appropriate legislation; therefore, be it

Resolved, That the New York County Medical Association, conscious of a patriotic duty, desirous that it shall put itself on record in an effort to avoid a repetition of needless suffering to the America soldier, most earnestly urges the immediate passage by the Congress of the United States of the bill now under consideration for an increase and reorganization of the Army Medical Department, and

Resolved, further, that a copy of these resolutions and preamble be forwarded by the Association to the Military Committee of the Senate and House of Representatives, and be entered in the proceedings of the Association.

Upon motion the resolution was duly seconded and adopted. A communication was then read from the secretary of the State Association, Dr. Guy D. Lombard, notifying the County Association of the action of The New York State Medical Association in relation to the union of The New York State Medical Association and the Medical Society of the State of New York. Dr. Dougherty read the form of certificate, and moved its adoption by the New York County Association. The motion was seconded and unanimously passed.

It was unanimously voted to approve of Senate Bill No. 615, abolishing the office of Coroner in the City of New York, and establishing a bureau in the Department of Health under a chief medical examiner who shall be a skilled and practical pathologist, having had laboratory experience in bacteriology and pathology for at least three years after graduation in medicine.

Resolved, That the Committee on Cities of the Assembly is respectfully petitioned to favorably report Senator Elsberg's Coroners Bill No. 615, and that the secretary forward a copy of these resolutions, signed by the president, to the Hon. Jean L. Burnette, chairman of the Committee on Cities.

A new instrument for the introduction of dressings within the male urethra was shown by Dr. Samuel F. Rucker, of Chattanooga, Tenn. It was a tough glass cylinder, with a plunger. The cylinder was the size of a sound of about 22 Fr., and after invigoration of the urethra, the doctor introduces the instrument as far as the place of inflammation. He then pushes fine cotton cloth, which he finds holds medication better than gauze, into the cylinder, and by withdrawing the instrument slowly, while pressing in the medicated dressing with the plunger, he is able to have a perfect dressing with good drainage.

The application he uses is made of ichthyol and balsam of Peru, with castor oil as a base.

Dr. Rucker also exhibited some glass sounds which he had found highly satisfactory in his practice.

Dr. Reilly moved that a committee be appointed by the president to draft suitable resolutions on the death of Dr. Ogden C. Ludlow, secretary of this Association. Motion was carried. The president appointed Drs. Thomas W. Reilly, Parker Syms and C. E. Denison.

The following nominations were made for the officers for the ensuing year: For president, Francis J. Quinlan; first vice-president, H. A. Dodin; second vice-president, S. Busby Allen; secretary, W. R. Stone; corresponding secretary, J. J. Nutt; treasurer, Charles E. Denison; member of the Executive Committee for three years, Alexander Lambert; member Nominating Committee Fifth District Branch, Frederick W. Loughran.

John J. Nutt, Corresponding Secretary.

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Orange County Association.—The regular meeting of this Association was held at the Russell House, Middletown, on Wednesday, March 16th. The president, Dr. W. E. Douglas, presided. There was an attendance of eight. The secretary, Dr. C. I. Redfield, gave a report of the special meeting of the Orange County Medical Association, stating that it was the sense of the meeting that as soon as possible a union of the two county medical bodies should be made, but that at present no action would be taken until the State body had acted. The Medical Society of the County of Orange extended a cordial invitation to the Orange County Medical Association to their annual meeting the second Tuesday in May, and if further progress toward union had been made, to take action accordingly. A very instructive and interesting paper was read on "Intestinal Parasites in Children," by Dr. E. D. Woodhull, which was discussed by all present. Dr. Mary Dunning reported a very interesting case of malignant disease involving the under side of the liver, and completely obstructing the colon.

Charles Ira Redfield, Secretary.

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Saratoga County Association.—The fourth annual meeting of this Association was held at the Hotel Leland, Mechanicsville, Tuesday, March 29th, at 11 A. M. The following papers were read: "Gastric Ulcer; Report of a Case," by Frank F. Gow, Schuylerville; "Aortic Mitral, Tricuspid and Pulmonary Regurgitation; Report of a Case with Autopsy," by Dr. George H. Fish, Saratoga Springs; "The Business Side of the Profession, from a Country Practitioner's Stand-

point," by Dr. Francis W. St. John, Charlton; "Preparation of Cumol Catgut," by Dr. Douglas C. Moriarta, Saratoga Springs; "Poliomyelitis, Report of a Case," by Dr. John Cotton, Burnt Hills; "Home Treatment of Pulmonary Tuberculosis," by Dr. Dudley R. Kathan, Corinth; "History of a Case," by Dr. Frank Garbutt, Mechanicsville, which was folowed by a Symposium on Pneumonia, in which the following men took part: Dr. G. Towne Scott, "Etiology and Pathology," Dr. John B. Ledlie, "Symptoms and Diagnosis," and Dr. John F. Humphrey, "Prognosis and Treatment."

JAMES T. SWEETMAN, Secretary.

ADDITIONAL LIST OF MEMBERS OF THE NEW YORK STATE MEDICAL ASSOCIATION.

SECOND DISTRICT BRANCH.

Essex County—Melvin H. Turner, Ticonderoga.

Warren County—Thomas H. Cunningham, Glens Falls; Virgil D. Selleck, Glens Falls.

FOURTH DISTRICT BRANCH.

Orleans County—John T. James, Medina; William E. Goodsell.

Wayne County—Garde W. Foster, Clyde.

FIFTH DISTRICT BRANCH.

New York County—Charles Graef, John E. Herrity, Augustine T. Kingston, Herman T. Radin, John B. Shotwell, Henry Wahn.

NEW MEMBERS IN THE AMERICAN MEDICAL ASSOCIATION.

John Dodds Flagg, Buffalo.
Edwin A. Goodridge, Flushing.
Philip S. Goodwin, Perry.
Joseph Archibald Robertson, New York City.
William R. Sitler, Suffern.
Edward Torrey, Allegany.
Alsert Ferree Witmer, New York City.

OBITUARY.

Thomas B. Cosford.

Dr. Thomas B. Cosford, of Lockport, N. Y. died on February 26th from consumption, at Redlands, Cal., where he had gone for his health. Dr. Cosford was a graduate of the Trinity Medical College, Toronto, Ontario, Class of 1876. He was a member of The New York State Medical Association and the Medical Society of the County of Niagara.

* * *

Ogden Curtis Ludlow.

Seldom has such a shock come to the members of the profession of this city, and particularly to the members of The New York State Medical Association, as the news of the death of Dr. Ogden C. Ludlow, secretary of the New York County Medical Association.

Following his attendance at the meeting of the State Society in Albany, he was stricken with typhoid fever. He was seen by eminent consultants, and for three weeks everything progressed smoothly, when suddenly, without warning, a severe hemorrhage occurred, from which he rallied only to have another within a few hours, during which he passed away.

He was born in Staten Island, forty-five years ago. After attending the schools of his native place and Trinity Academy, of this city, he entered the academic department of the New York University. After obtaining the bachelor's degree, he attended the medical department of the same institution. He served a term as interne at St. Luke's Hospital and two terms at the Nursery and Child's Hospital.

Since then he has been connected at various times with the New York Dispensary and the New York Polyclinic. At the time of his death he was visiting physician to St. Joseph's Hospital.

It is safe to say that no man in general practice was so well and so widely known among the profession throughout the country. His constant attendance at medical society meetings in the interest of various medical publications made him a national figure, and among the thousands of the profession with whom he came in contact, it is no exaggeration to say that there never was a single enemy.

When the inside history of the early struggles for the reorganization of the New York County and State Associations shall be written, the names of a handful of earnest workers will stand boldly forth. These men sacrificed time and money, and for the most part their steady, faithful work was not seen nor appreciated at large; among that number none did more valiant work than the friend we know. When it became apparent that a State Association directory was a *sine qua non* for our advancement, a committee of which Dr. Ludlow was a member, was selected to do the work. Not finding that the treasury could afford the entire cost of the publication, all the members subscribed a fund amounting to several hundred dollars out of their own pockets, in order that the work might be a creditable one. Dr. Ludlow devoted his entire time during the greater part of two seasons to the work. The resulting success is well known, and the card indices, etc., designed at that time have been of inestimable value ever since. Such unselfish actions are indeed rare in this money-getting age, and one who did not know the man would scarcely believe it possible.

Many other services did the Doctor render the Association. For two years he edited the annual volumes of transactions, and he has been secretary of the New York County Association continuously for the past four years.

His kindness alike to his confrères and patients made him beloved by all. His rare discernment made him the first of medical reporters and editors, and we will not be apt to look on his like again.

News Items.

THE NEW YORK STATE MEDICAL ASSOCIATION.

Step by step the details are being completed in making the medical profession of New York one united body, which shall press on to greater achievements for the honor and triumph of medicine. The change is a great one, and perhaps—as the details have worked themselves out—it becomes more of a change to the members of The New York State Medical Association than to those of the Medical Society of the State of New York. The latter body has approved of the plan of the union, and its county societies are rapidly following its lead and approving the action. On the 21st of this month the Association will meet to ratify the action. This appears to some, and no doubt is in truth from one point of view, a termination of the career of The New York State Medical Association. Its name ceases, and its separate existence ends, but in a far broader and more practical sense it now enters into a new life. The New York State Medical Association has an enviable history of over twenty years which requires no apology. Organized through stanch loyalty to the national body at a time when discord rent the New York profession, it has maintained the principles of the American Medical Association these years without discredit. Through circumstances over which there appears to be almost universal congratulation, the sources of the discord have been removed. Having served faithfully as the representative of a portion of the medical profession of the State of New York, the Association now steps out into the wider sphere and represents the whole profession. By remarkable liberality and courtesy, it relinquishes its own name to take another, but it is the spirit of the Association which lives on. It is a noble act, one fitting to close such a twenty year's record as is now about to be handed down to history as a finished product. It is not easy to surrender the traditions of even twenty years without some pangs, and it is only natural that the members of the Association—some of them more than others—feel that the sacrifice they make in this reunion is very great. It is a feeling that all will respect; but the purposes and ends of all this labor seem thus far to triumph over lesser considerations. The spirit of loyalty and of sacrifice shown by the members of the Association is one of the grandest legacies which they can bequeath to the new organization. The medical profession of the whole country owes its thanks to the members of The New York State Medical Association, a body which will always have its honored place, and none the less for what sacrifice it has made, in the medical history of our country.—*Journal A. M. A.*

HEALTH INSPECTORS.

An excellent bill is now before the Assembly relative to the grading of inspectors on the staff of the Board of Health of New York, which merits the support of public-spirited citizens. It amends the charter of New York by the addition of a section providing that on and after January 1, 1905, all Health Department inspectors who have been for fifteen years in that work shall be classified in the first grade; those of ten and less than fifteen years' service in the second grade; those of from five to ten years' service in the third grade, and all of less than five years' service, including all who may hereafter be appointed, in the fourth grade. Continuous and faithful service will entitle an inspector to be advanced from a lower grade to a higher grade as he passes the five, ten and fifteen year periods, respectively. The pay of the several grades is fixed as follows: Fourth grade, $1,200 per annum; third grade, $1,500; second grade, $1,800; first grade, $2,100. These salaries are subject to such deductions for sickness, absence on vacation, fines and forfeitures as the Board of Health shall prescribe by rules applicable to all grades alike.

The work of the Health Department is a service of experts. It calls for special knowledge, and in no branch of the public work is experience more valuable. It is not to be expected that any one qualified to pass the civil service examination and undertake the duties of an inspectorship can be had for less than $1,200 a year. He should be a physician or an engineer, and to secure promotion he must give up all opportunity for another career. If after five years he is not worth $1,500 he does not belong in the service, and if after fifteen years, by which time the average inspector will have reached or passed 40, he cannot be sure of a salary of $2,100 at least, he has absolutely no incentive to make the work of the department more than a temporary convenience, to be abandoned as soon as any other opportunity is offered. Above all things, the faithful inspector who attends to his duties and not to his "pull" must be protected against the injustice of remaining stationary in his position and salary while new men with more potent influences are appointed at higher salaries and put over him.

The efficiency of the public sanitary administration depends upon the judgment and experience of our Health inspectors. If they are inefficient or corrupt the Board of Health is powerless. The salary demands of the inspectors are extremely moderate, and the principle for which they contend in urging the enactment of the bill referred to is too sound to permit discussion.—*New York Times.*

The passage of this bill will provide an incentive for each man to remain in the employ of the city and to render the best possible service.

Because the inspectors of the Health Department are charged with great responsibilities. Upon their care and efficiency depends the safety of the city against an invasion of plague. The health, comfort, the very lives of the citizens are in their keeping. We believe the citizens of New York, possessing the best in every other department, are desirous above all other things in having the highest standard of merit and efficiency in a department so intimately associated with all the people, and are ready and willing that the men of science and skill who devote the best years of their lives to the service of the city should receive adequate and just compensation. Is it fitting or just that the great City of New York should require men who have devoted years to the study of medicine and sanitary science to work for less than is paid to many day laborers and clerks in other departments?

PNEUMONIA.

It is literally true that hundreds of thousands of well-to-do people in our cities live indoors at least twenty-two out of the twenty-four hours. And there they sit and steam and wonder why they have caught such dreadful colds. It is a significant fact that pneumonia rages among all classes, the rich and comfortable as well as the poor. It was a real eye-opener to some of us, after the coal famine, to find when the winter was over that we and our families had enjoyed better average health during the season of limited fuel supply than before in a decade.

If we are going to live in this climate we must not forget to keep on calling terms with it. Our forefathers undoubtedly sacrificed considerable human life by having to live in conditions which may be described as the other extreme. They were too often baked in front and half-frozen in back by their ancient system of open wood fires; and the weaker ones had a perilous life journey. But we are going to the opposite limit of efficiency. It is as if the polar bear shaved off his coat of fur and tried to live on the ice pack in a muffler and a $12 overcoat. Evidently the climate is here to stay; it is the business of those who live in it to keep in touch with it by a proper amount of physical exposure.

There is a lot of medicinal virtue in "braving the elements"; for they are really kind to one who values a certain intimacy with them. The mere habit of turning up one's coat collar against the cold air has probably killed off thousands of people since civilization came in, for a throat may become delicate in no time because of superfluous covering.

The fundamental problem for a well man or woman is to keep up the general health; special conditions, of course, always apply to those who lack natural vigor or have been enfeebled by disease. To keep up the general health is to keep such diseases as pneumonia, colds and coughs at a distance. But when you take every means to deacclimatize yourself by forever evading contact with the rough embraces of our wintry weather, you make the climate your worst enemy. Keep on good terms, if possible, with the climate. It will pay you well.—*Springfield Republican.*

SHALL THE CONSULTANT DIVIDE FEES WITH THE GENERAL PRACTITIONER?

The interest manifested by various correspondents in the question of division of fees between general practitioner and consultant proves, in some sense, the prevalence of the custom, and the need of some well-defined ethical principles that should govern both of the parties concerned.

One of the main troubles that would reasonably explain the condition of affairs is the necessarily keen competition for business among all classes of medical men, growing out of the overcrowded state of the profession. Under such circumstances there is always a temptation to cross lines in the struggle and skirmish for individual advantages. This has been the state of affairs more particularly since specialism has separated itself from general practice.

There is no doubt that the general business of the family physician has suffered in consequence of this innovation, but he is nevertheless made the better practitioner in the end, in benefiting directly and indirectly by the work of pioneers in all the special branches. The specialist, on the other hand, must curtail his work within proper limits, and confine himself entirely to the particular branch of his specialty. The conscientious general practitioner should always be ready to advise consultation with an expert, when such service is demanded, and when any operation requiring special skill in its execution is necessary, he should temporarily resign the direct care of his patient to the specialist. On the other hand, the operator, as soon as he has rendered the particular service required of him, should deliver the patient to the former regular attendant. There should be no question as to the relative duties and privileges of either party in the transaction. This is the proper ethical line of division between general medicine and specialism, and needs no argument to prove the equity of its assumption. When this much is admitted, we may be perhaps better prepared than otherwise to discuss the question of division of fees between the regular attendant and consultant.

It is plain to be seen that as each has his place in the case, each should be paid for what he actually does. As the patient is the payer for both, he should be the one to be satisfied that the fees are properly apportioned. This is a purely business matter that can always be discussed on the broad principle of justice and right to all, as it places the giver and receiver in direct and proper contact with each other.

If the contrary is the case by any collusion of the recipients there is an implied reason for concealing dishonest practices. The operation or expert advice has its distinct price and should go entirely to the one who performs the special service, otherwise he is cheated of his just due. No middle man has a right to levy toll or commission, as he is in no way entitled to the profits of another's skill. If the consultant charges an extra amount to cover the commission, he is plainly obtaining money under false pretenses and defrauding a patient who trusts to his common honesty. The giver and receiver of the extra money are thus equally guilty of fraud. The fact is evident enough in there being something that must not be explained on the basis of an honorable understanding.

Another element of fraud in the business is the absence of unbiased judgment in the selection of the consultant. Herein the patient is the direct and innocent sufferer. It is not the man who is best fitted to perform the operation or to consult on the case, but the one who will "divide up" most handsomely. Thus the patient, by the intervention of an interested agent, is

deprived of the services of the self-respecting man whom he would be glad to choose for himself.

Taking, then, all the main facts into account in considering the question of sharing fees, there can be no question as to the conclusions to be drawn. The practice is wrong from any point of view, and the man who gives or takes under the circumstances, is unjust to himself, his patient, and his profession.—*Medical Record*, March 5, 1904.

DOES LODGE DOCTORING PAY?

The lodge doctor accepts his position for the small pecuniary consideration, which is, as he calls it, a steady income. He is inclined to be careless in his work and negligent in his duties, for this reason. The benefit he may derive from his experience as a medical attendant he places at a minimum, for the reason that he is not called in in serious cases, and patients with simple ailments, who are clamoring for sick benefit, constantly appear before him. Altogether the position of lodge doctor is anything but an enviable one, and while he makes acquaintances by reason of his position, yet he is regarded always as "the lodge doctor," and this does not add to his reputation. If he be a good, careful practitioner of medicine and anxious to succeed, he may, by conscientious work, make himself felt, in spite of all this. Certainly, if he wishes to study a case particularly, he may do so without causing his patient to feel that he is making unnecessary visits in order to run up a bill.

The advantages enjoyed by the lodge doctor seem to be:

First, he has a steady income from his lodge work, whether he is otherwise busy or the reverse. Second, he becomes acquainted throughout the lodge and section where he resides. Third, he may study special cases without being criticized for making frequent observations. Fourth, he may, by good, careful, conscientious practice, benefit and add to his reputation.

The disadvantages he has to contend with are: Small remuneration for services rendered, the name he has to bear as a "lodge doctor," the fact that he is asked to treat trivial ailments, and his subordinate position as a consequence, and, finally, the criticism he is subjected to in regard to the granting or not granting of sick-benefit certificates. To these might be added the liability of becoming careless and negligent in his diagnosis and treatment of disease, because of these disadvantages. A final possibility is that his private practice may be cut into by his private patients joining the lodge he attends, and thereby being able to benefit in the matter of lessened fees.

As regards the lodge, one may at once arrive at the conclusion that the lodge is always the gainer. By hiring physicians who contract to take care of their sick for so much per head they gain according to the amount of labor performed. We may therefore state that the lodge or lodges hiring lodge physicians are the gainers by the contract system at present in vogue.

Another phase of the question to be considered is the interests of colleagues who as a majority do not perform lodge work. Many of these physicians have patients belonging to families some of the members of which affiliate with sick-benefit societies. These will often call in the "lodge doctor," who is not benefited at all, but with a consequent loss of legitimate fees to the family physician. Here is where the lodge doctor does real harm to the profession. Taking it all in all, however, our colleagues who do not perform lodge work are injured by the workings of the "benefit" lodges.

Dr. Magnus A. Tate in a recent article stated: "Contract doctors are governed by but one object, which is self. Watch them through life and see if this diagnosis is not correct. They are making medical paupers out of thousands and doing irreparable harm. It is no wonder that insurance companies have inaugurated their liberal method of dealing with physicians on what they term business methods."

In reference to the lodge doctor's patients who are not members of lodges something should be said. It might well be asked: Is it fair for the lodge physician to contract to perform services for a lodge at a cheap rate and charge his own patients in private work the regular fee? Logically one would be led to answer in the negative. When it comes to doing a favor for any one, we should favor those who help us most. This the lodge doctor does not do in the case of his own private patients.

Frequently lodge members will say to a lodge doctor's private patients: "I can have your doctor's services any time I want them, and it will not cost me anything, either." This is certainly not fair to our private patients, and we are sure to lose good and well-meaning patients on this account. We should look out for our private patients' interests always. They are those one must depend on for his success. To perform contract doctoring is to invite the criticism and reproach of our private patients and their families, because they will often reason that they are not being fairly dealt with, inasmuch as their neighbor next door, who belongs to a lodge, may obtain our services for little or nothing, while our private patients are obliged to pay the regular fee for the same services. If for no other reason, in justice to our private patients, we should therefore not perform lodge work. It seems fair to conclude that contract service in medicine and surgery is not desirable from any point of view.—Robert Coughlin, *in Brooklyn Medical Journal.*

DUTY AND TRUTH.

Duty and truth are terms often used, frequently juggled, seldom, if ever, entirely comprehended. An article recently published in one of the leading medical journals of this country discussed at length the question so often considered from many viewpoints, and yet so differently settled by different observers, namely, Is it ever justifiable to state an untruth in the practice of medicine, the question relating particularly to disease, and more directly to malignant disease? Many honest men, some of them the most distinguished of our profession, have concluded that it is justifiable to prevaricate; indeed, to state an absolute untruth, under circumstances where it is considered that damage would seemingly be done the patient by stating the exact facts. That there may be no question where the writer stands, let it be said at the outset that he does not believe that falsehood is ever justifiable under any circumstances whatever, and to particularize, it is not justifiable in the practice of medicine; nor does he believe that there is a situation conceivable where falsehood could in the end be more beneficial, all things considered, than the truth. It has been said that the old practitioner may speak the truth with impunity, but the young physician dare not if he would hold his case, as if there could be a standard of right for certain periods of life or certain decades of medical practice.

It is not always easy to speak the truth, that must be admitted, and, as already said, it is not always necessary, but what medical man that has tried the telling of falsehood with a view to making his way easy or the patient more comfortable is there, who will not say that telling a lie, while it may be easy at the time of its utterance, yet brings as a sure reward, increasing hardship. There is no condition where a falsehood is justifiable any more than there is a condition where wrong is right, and if there is any part of a man's career to which he can turn his eyes with thankfulness and pardonable pride it is to that part of it unstained by falsehood. Truth is a living thing, and as such it grows. Frankness is a thing greatly to be desired. After all is said and done, the doctor does not deceive his patient or anxious friends as often as he imagines, for though his lips may have framed a falsehood his face marked with the impress of anxiety and fear has told the truth.—*The Medical Herald.*

THE PROFESSION FROM THE FINANCIAL STANDPOINT.

The adoption of medicine as a profession has generally a more immediate influence on the purse of the candidate's relatives than on his own. In pursuing it the one advantage of the average healthy man in this relation is that it will bring a practically assured livelihood; he will live among people who are either being born, or struggling more or less successfully to live, or about to die, and at every stage he will find that there is a demand for services, such as he alone can render, which should result in the income of, say, £400 or £500 a year. There are a few who become what a business man would consider moderately rich by the exercise of their profession, but probably not 1 per cent. of all practitioners in this country achieve this financial success. The pecuniary disadvantages of medicine as a profession are the prolongation and costliness of the period of training, and the more or less lengthy time of waiting, with expenditures going on, after qualification before any considerable income is received. Perhaps a more serious drawback is the large amount of what may be called the working expenses, including house, carriage and dress, in proportion to the gross income of the man in active practice, so that the chances of being able to save, even to the extent of the return of the original capital, are in not a few cases slight; while reasonable provision for old age, after family expenses are met, is too often a practical impossibility. What, however, is at once the glory of the profession and one of the most serious drawbacks from a financial point of view is that the true doctor is working, year in year out, to reduce the incident of disease in general, and so is directly helping to destroy the sources of his income. One bearing an honored name in the profession said some years ago that enteric fever was worth perhaps a steady hundred a year to many a town and country practitioner, not counting the "luck of epidemics," and yet many of them had striven hard to do away with this source of income, thereby often offending not the poor but the rich, to whom they had to look for the principal part of their livelihood. On the one hand the medical man, unlike the manufacturer, who can employ his thousands of helpers and reap a financial harvest through the work of each, with but few exceptions, must gather every grain of corn for himself. On the other hand, a medical man's standard of success, whatever it is, is certainly not—to his honor be it said—the magnitude of his professional income.—*British Med. Jour.,* September 5th.

MATRIMONY.

At the reopening of the Spanish law courts in Madrid not long ago the Minister of Justice, in speaking of certain reforms which he proposed to introduce, mentioned among these the need for medical sanction of marriage contracts. He stated that the documents to be produced by all candidates for the estate of matrimony would in future include a medical certificate of constitutional soundness. The marriage of the unfit, said the Minister, only helped to fill the hospitals, asylums and prisons, and as a means of preventing this it was necessary that the magistrate should refuse to recognize unions which on scientific grounds seemed likely to have evil consequences. We are unable to say whether any definite measure of the kind has yet been submitted to the Cortes, and we await news of its fate with interest.

It may incidentally be mentioned that the prohibition of the marriage of the unfit is no new idea. The canon law recognizes certain physical infirmities as impedi-

ments to the contraction of marriage, or as rendering it null if already contracted. Quite recently we came across a reference to a case, the record of which is said to be preserved in the archives of the town of Luçon, in which epilepsy was adjudged to be a valid reason for the cancellation of a betrothal. This was in 1533. Nearly twenty years earlier Sir Thomas More, in his *Utopia,* had written as follows:

"Farthermore, in chuesing wyfes and husbandes, they observe earnestly and stratelye a custome whiche seemed to us very fonde and folyshe. For a sad and an honest matrone showeth the women, be she mayde or widdowe, naked to the wower. And likewise a sage and discrete man exhibyteth the wower naked to the woman. At this custome we laughed, and disalowed it as foolishe. But they, on the other part, doo greatlye wonder at the follye of al other nations, whyshe, in bying a colte, whereas a lytle money is in hazard, be so charye and circumspecte, that though he be almoste bare, yet they wyll not bye hym oneles the saddel and all the harneies be taken of, leaste under those coverynges be hydde som galle or soore. And yet in chuesinge a wyfe, whyche shalbe either pleasure or displeasure to them all theire lyfe after, they be so recheles, that al the resydewe of the woomans bodye binge covered with cloothes, they esteme her scarselye be one handebredth (for they can se no more but her face), and as to joyne her to them not without greate jeoperdye of evel agreinge together, yf anything in her body afterward should channce to offend and myslyke them. For all men be not so wyse, as to have respecte to the vertuous conditions of the partie. And the endowments of the bodye cause the vertues of the minde more to be esteemed and regarded: yea even in the marriages of wyse men. Verely so foule deformitie may be hydde under these coverings, that it maye quite alienate and take awaye the mans mynde from his wyfe, when it shal not be lawful for theire bodies to be saperate agayne. If such deformitie happen by any chaunce after the mariage is consummate and finyshed, wel, there is no remedie but patience. Every man muste take his fortune wel a worthe. But it were wel done that a lawe were made wherebye all suche deceytes myghte be eschewed, and advoyed before hande."

Not long ago a German physician suggested that the Roentgen rays should be employed to ascertain whether a bride was fit for the chief end of marriage—the reproduction of the species. There would, he says, be no indignity in such an examination, which would be the means of detecting any pelvic contraction that would make delivery difficult or impossible. With what we suppose to be Teutonic jocularity, he suggests that the bride should be required to supply such a radiograph to any suitor for her hand. He thinks this method would be invaluable to members of royal and noble families to whom the birth of an heir is a matter of great importance.

Neither the canon law nor Sir Thomas More, however, seems to have given any heed, except indirectly, to the healthiness of the offspring, which is the object aimed at by modern reformers. With that object every lover of his kind must have the fullest sympathy. But in regard to the means to be adopted for its attainment there is room for doubt. We have already expressed a strong opinion that the absolute prohibition of marriage to the diseased and the degenerate would be not only cruel, but futile. However strong the law of the land may be, the laws of Nature are stronger still. At any rate, as other countries are disposed to make the experiment, we may well be content to await its results. When Walt Whitman's dream is fulfilled, and the States where Edwin and Angelina are properly certificated before they are made one are peopled by "magnificent persons," it will be time to think of asking our Government to make the medical referee the arbiter of love's destiny. In the meantime the family doctor can do much to prevent unwholesome marriages, and we look with greater confidence to the fruits of his teaching and persuasion than to legislative enactments, which would necessarily tend to place him before the public which marries and gives in marriage in the position of a peculiarly odious devil's advocate, and thus nullify his power for good.

THE SENSATIONS OF DROWNING.

Dr. James A. Lowson, in the Edinburgh *Medical Journal* for January, gives a graphic account of his experiences and sensations in an escape from drowning. He was awakened from sleep in the P. and O. steamer Bokhara, in the Straits of Formosa, by a terrific crash.

"My costume consisted at the time of a suit of pajamas, a singlet and a life-belt. Getting out on deck I at once made for the bridge and was climbing up the steps when a perfect mountain of water seemed to come from overhead, as well as from far below, and dashed me against the bridge companion, steps and legs seeming to be inextricably mixed up. The same sea washed my head up against the bridge, causing, as I afterward found, a deep incised scalp wound about four or five inches long and knocking me insensible. The next thing I remember was trying to struggle through the rails of the upper bridge, which was now at the level of the water. The ship was evidently going down rapidly, and I was pulled down with her, still struggling to extricate myself. I got clear under water and immediately struck out to reach the surface, as I thought, but evidently only to go further down. This exertion was a serious waste of breath, and, after what appeared to be ten or fifteen seconds, the effort of inspiration could no longer be restrained, and pressure on the chest began to develop. Probably the most striking thing to remember at this period of time was the great pain produced in the chest, which increased at every effort of expiration and inspiration; it seemed as if one were in a vise, which was gradually being screwed up tight until it felt as if the sternum and spinal columns must break. * * * The pressure after ten rapid 'gulps' seemed unbearable, but gradually the pain seemed to ease up as the carbonic acid was accumulating in the blood. At the same time the efforts at inspiration with their accompanying 'gulps' of water occurred at longer and longer intervals. My mental condition was now such that I appeared to be in a pleasant dream, although I had enough will power to think of friends at home, and still retain vivid recollections of the clearness of the sight of the Grampians, familiar to me in boyhood, which was brought to my view. Before finally losing consciousness, the chest pain had completely disappeared, and sensation was actually pleasant. What time I had then passed in the water I cannot possibly say, but I should think about two minutes. I was greatly handicapped below water by the previous exertion in getting on deck and then by the stunning blow on the head, with the result that instead of going down after the full inspiration there was actually very little more than residual air in the lungs. Then the useless attempt to reach the surface would further reduce the time necessary to produce unconsciousness. What happened when inspiration was attempted was that the mouth was immediately filled with water, and, the epiglottis closing or closed down on the larynx, the act of swallowing at once occurred. I think the only time the epiglottis was not closed down was during the short expirations which took place after every attempt at inspiration.

"To go on with the narrative, consciousness returned, and I found myself at the surface of the water and managed to get about a dozen good inspirations. A hurried glance showed me the land about 400 yards distant, and I proceeded to utilize first a bale of silk and then a long wooden plank to assist me to the shore. These and the life-belt were of the greatest use also in saving my body from being dashed about on the reef in the tempestuous sea. As it was, feet, knees and the regions of the anterior superior iliac spines were considerably lacerated. On landing and getting behind a sheltering rock no effort was required to produce copious emesis. I do not think that much, if any, water could have got down the trachea."

Book Reviews.

Text-Book of the Diseases of the Eye. For Students and Practitioners of Medicine. By Howard F. Hansell, A. M., M.D., Clinical Professor of Ophthalmology, Jefferson Medical College; Professor of Diseases of the Eye, Philadelphia Polyclinic; Ophthalmologist, Philadelphia Hospital; Consulting Ophthalmologist, Chester County Hospital, and William M. Sweet, M.D., Demonstrator of Ophthalmology, Jefferson Medical College; Assistant Ophthalmic Surgeon, Jefferson Medical College Hospital; Assistant Ophthalmologist, Philadelphia Hospital; Associate in Ophthalmology, Philadelphia Polyclinic; Consulting Opthalmologist, Phœnixville Hospital, with chapter by Christian R. Holmes, M.D.; Casey A. Wood, M.D., D.C.L.; Wendell Keber, M.D., with 256 illustrations. Published by P. Blakiston's Son & Co., Philadelphia.

The authors have compiled an excellent text-book on the eye in a comprehensive manner. Due consideration has been given to the examination of the patient and the external and functional examination of the eye, its purpose being to show how to examine the eye and how to diagnose from such examination diseases of the eye. The book is valuable for the special chapter on "Diseases of the Lacrimal Apparatus, Orbit and Cervitier Accessory to the Orbit," "Ocular Symptoms in General Disease" and "The Pupil in Health and Disease." Many of the illustrations are original and add greatly to the value of the book.

The International Medical Annual. A Year-Book of Treatment and Practitioners' Index. Twenty-first year, 1903. Published by E. B. Treat & Co., New York.

The twenty-first volume shows the interest of the profession in a work of this character. An excellent review of the therapeutic progress for 1902 and a clear, concise epitome of new treatment. The illustrations are clear and add materially to the articles.

Atlas of the External Diseases of the Eye. Including a brief treatise on the Pathology and Treatment. By Prof. D. O. Haab, of Zurich. Second edition, revised. Edited by G. E. de Schweinitz, A.M., M. D. Published by W. B. Saunders & Co., Philadelphia, 1903.

With Professor Haab's Atlas of Ophthalmoscopy and Ophthmoscopic Diagnosis this book forms an excellent companion. The best methods of investigating the eye for the detection of disease is markedly shown. The most important diseases are clearly described and the best therapeutic measures recorded. The text has been amply illustrated and a number of new plates added.

A Compend of Diseases of the Skin. By Jay F. Schamberg, A.B., M.D., Professor of Diseases of the Skin, Philadelphia Polyclinic and College for Graduates in Medicine. Third edition. Revised and enlarged. With 106 illustrations. Cloth. Pages, 291. Price, 80 cents. Philadelphia: P. Blakiston's Son & Co., 1903.

This compend is excellent as portraying the most popular text-books of the day, being useful for rapid reference and clear, concise and readable. Especial attention has been given to diagnosis and treatment. The illustrations are very good, being shown only in black and white.

King's Manual of Obstetrics. By A. F. A. King, M.D., Professor of Obstetrics and Diseases of Women in the Medical Department of the Columbian University, Washington, D. C. Ninth edition. Revised and enlarged. Cloth. Pages, 628. Price, $2.50 net. Philadelphia and New York: Lea Bros. & Co., 1903.

The book is a reliable treatise on obstetrics. Concise in expression and having passed through nine editions, is evidently appreciated by the profession and found entirely satisfactory. The illustrations are well selected and up to date.

Plain Hints for Busy Mothers. By Marianna Wheeler, Superintendent of the Babies' Hospital, New York, since 1891, and author of "The Baby." Published by E. B Treat & Co, New York. Price, 35 cents.

This book is rightly named and is written in a plain manner, so as to be readily understood by all mothers. It is full of common sense as to clothing, fresh air, training and amusement, food and emergencies. "It is a great mistake to put too much clothing on an infant. It is not the quantity but the quality and the way it is distributed that determine the warmth. Numerous clothes cause wrinkles, which crease and injure the tender flesh. Nothing strengthens the muscles of a child so much as exercise, but held down by heavy clothes the baby simply cannot use his legs."

Social Disease and Marriage, Social Prophylaxis. By Prince A. Morrow, A.M., M.D., Emeritus Professor of Genito-Urinary Diseases in the University and Bellevue Hospital Medical College, New York; Surgeon to the City Hospital; Consulting Dermatologist, St. Vincent's Hospital, etc. New York and Philadelphia: Lea Bros. & Co., 1904.

"Of all the problems of social hygiene, one of the most important, certainly the most difficult and delicate, is that of the prophylaxis of a class of diseases, which, in their essential natures, are most intimately blended with the sources of human life. Venereal diseases in their mode of origin and pathological effect strike at the very root of nature's process for the perpetuation of the human race. From the many points at which they touch the relations between the sexes, social morality and the welfare of society, they are preeminently social diseases." This statement of the author in his preface once more calls the attention of the surgeon to a problem, the grave importance of which cannot be overestimated. This book will fill a long-felt want, and will prove of lasting benefit to mankind, not only to present but to future generations, and we sincerely wish that a copy of it could be placed in every household. We congratulate the author on the forcible and delicate manner in which he has accomplished his task, and would especially recommend to physicians the chapter on "Professional Discretion" and to the heads of families that on "hereditary risks to the offsprings."

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles by Leading Members of the Medical Profession Throughout the World. Edited by A. O. J. Kelly, M.D. Volume IV, thirteenth series. Philadelphia: J. B. Lippincott Company, 1904.

The present volume of International Clinics begins with a paper by Dr. James Tyson, of Philadelphia, on The Clinical Features and Treatment of Ulcer of the Stomach, which is practical and comprehensive. The treatment of the condition is especially detailed, but one is inclined to question why Mayo's statistics of operation, both for perforation and for excision, are not included. The second paper on The Treatment of Pneumococcic Infection of the Lung, or Croupous Pneumonia, by Dr. John H. Musser, of Philadelphia, is masterly. The present reviewer knows of no American medical writer to-day who handles his subjects more systematically and clearly than does Musser. It is a pleasure as well as an education to read what he writes.

Dr. T. A. Claytor, of Washington, contributes a readable paper on The Treatment of Chronic Bronchitis, and Julien, of Paris, one on the subject with which his name has been identified for many years—Subcutaneous Injections of Mercury for Syphilis. His arguments appear convincing. Syphiliographers will be interested in the reiteration of his claim that calomel, subcutaneously injected at the very beginning of syphilis, exerts an abortive effect upon the disease. He believes that the use of mercury be continued for at least five or six years after the acquirement of syphilis, and that the patient should not pass from the observation of his physician for some years more. On the Importance for Students of Physiognomical Diagnosis in Disease is the title of an instructive article by Duckworth, of London, in which

he urges more methodical ocular examinations of patients. "The greatest clinical masters have always excelled in the art of physiognomical diagnosis," he says, "but it is to be feared that many of our bedside teachers are now so engrossed with minute 'research' that they omit to cultivate or enjoin this simple and natural preliminary method of instruction. * * * The same malady has a separate significance in the case of each patient, and we have always to reckon with the personal factor in every individual who claims our attention. Physicians, let it be ever remembered, treat *patients* and not *diseases.*" Too many medical writers, be it also remembered, treat neither the patient or the disease, but the "case"!

Two papers on the kidney, one entitled Some Clinical Aspects of Diseases of the Kidneys, by Dr. H. B. Favill, of Chicago, and the other on The Treatment of Chronic Nephritis, by Dr. L. F. Bishop, of New York, are instructive, but incomplete. More detail in Bishop's method of treatment would have greatly enhanced the value of his article. Duncan, of London, writes on Tropical Dysentery, with remarks on the Diagnosis, Prognosis and Treatment. This paper is scholarly and well written and demonstrates the author's thorough knowledge of his subject. A paper on Palpitation; Abnormal Rhythm; The Frequent Pulse, is contributed by Dr. T. E. Satterthwaite, of New York, and one on The Parallelism Between the Clinical Symptoms and Pathological Lesions of Rheumatic Fever, by Poynton, of London, an especially scientific article and deserving of careful study. The case of Syphilitic Aortitis, reported by Dr. R. B. Preble, of Chicago, is of interest.

The surgical division of the volume opens with a report of a Case of Interilio-Abdominal Amputation for Sarcoma of the Ilium and A Synopsis of Previously Recorded Cases, by Drs. W. W. Keen and J. C. Da Costa, of Philadelphia. It is a remarkably comprehensive report of a remarkable operation which has been performed but nineteen times, and has been successful in but six instances. Dr. Nichols Senn, of Chicago, contributes an interesting report of a surgical clinic, at which the affections ranged from vesical calculus to adenomatous goiter, and Albarran, of Paris, writes on The Radical Cure of Prostatic Hypertrophy. This author absolutely ignores American statistics and American methods of treatment. It might possibly be to his advantage to study both. The Differential Diagnosis of Acute Abdominal Conditions Which Require Surgical Treatment is by Battle and Corner, of London. It is a timely and interesting contribution.

It is unfortunate that the illustrations of Davenport's article on The Non-Surgical Treatment of Displacements of the Uterus are faulty in almost every case. The days are past when the picture of a uterus sandwiched in between a rectum and a bladder distended to their fullest capacity and with arrows arbitrarily placed to denote the direction of the abdominal pressure carry the least amount of conviction of the soundness of an author's views. But, on the whole, the text of the paper is good, although it is a question whether the use of the soft rubber ring pessary is to be commended. Dr. F. H. Wiggin, of New York, writes well on the subjects of The Technic of Manual Surgical Cleansing, Salpingectomy, Ovarian Resection and Celloidin Wound Closure, and Pinard, of Paris, does the same in a paper on Hysterectomy in Acute Puerperal Infection. The latter's conclusions are in line with those which he presented at the Gynecological and Obstetrical Congress at Rome one year ago and which are well known.

The neurological section of the book contains two papers: Hemiplegia in the Young and in the Old, by Dr. A. James, of Edinburgh, and Multiple Sclerosis and Delirium Tremens, Cerebral Hemorrhage and Right-Sided Hemiplegia Without Aphasia, Tabes Dorsalis, by Dr. D. R. Brower, of Chicago; the orthopedic section, one on Congenital Dislocation of the Hip, Infantile Cerebral Paralysis, Congenital Club Foot, by Dr. J. L. Porter, of Chicago; the ophthalmic section, one on The Preparation of the Patient for Cataract Extraction, by Dr. Casey A. Wood, of Chicago, and one on The Diagnosis and Treatment of Acute Glaucoma, by Valude, of Paris. The volume concludes with an extremely well-written article by Dr. Joseph McFarland, of Philadelphia, on The Present State of our Knowledge of Immunity.

On the whole, this is an instructive volume of the Clinic series, but in many respects less so than many of its predecessors, which it has been the privilege of the present reviewer to examine in detail.

BOOKS RECEIVED.

Relation of the Cervical Sympathetic to the Eye. Papers read before the Section on Ophthalmology of the American Medical Association at the annual session, New Orleans, May, 1903. "The Physiology of the Sympathetic in Relation to the Eye," by G. E. de Schweintz, A.M., M.D., Philadelphia; "The Influence of Resection of the Cervical Sympathetic Ganglia in Glaucoma," by William H. Wilder, M.D., Chicago; "Influence of Resection of the Cervical Sympathetic in Optic Nerve Atrophy, Hydrophthalmos and Exophthalmic Goiter," by James Moore Ball, M.D., St. Louis; "Pathology of the Cervical Sympathetic," by John E. Weeks, M.D., New York. Chicago: Press of the American Medical Association, 103 Dearborn street, 1904.

Experiments Concerning Tuberculosis. United States Department of Agriculture, under the supervision of the Biochemic Division. Part I. The Virulence of Bovine Tubercle Bacilli for Guinea Pigs and Rabbits, by Marion Dorset, M.D., Assistant Chief of Biochemic Division of Animal Industry. Government Printing-Office, 1904.

Obstetrics for Nursrs. By Joseph B. De Lee, M.D., Professor of Obstetrics, Northwestern University Medical School; Obstetrician to Mercy, Wesley, Provident, Cook County, and Chicago Lying-In Hospitals; Lecturer in Nurses' Training School of same. Fully illustrated. Philadelphia, New York and London: W. B. Saunders & Co., 1904.

A System of Physiologic Therapeutics. A practical exposition of the methods other than drug-giving, useful for the prevention of disease and in the treatment of the sick. Edited by Solomon Solis Cohen, A.M., M.D., Senior Assistant Professor of Clinical Medicine in Jefferson Medical College; Physician to the Jefferson Medical College Hospital, and to the Philadelphia, Jewish and Rush hospitals, etc. Volume VII. Mechanotherapy and Physical Education, including Massage and Exercise, by John K. Mitchell, M.D., Fellow of the College of Physicians of Philadelphia; Physician to the Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases; Assistant Neurologist to the Presbyterian Hospital of Philadelphia, etc., and Physician Education by Muscular Exercise, by Luthur Halsey Gulick, M.D.; Director of Physical Training in the Public Schools of Greater New York; President of the American Physical Education Association; Chairman of the Physical Training Committee, Louisiana Purchase Exposition; Chairman of the National Basketball Committee, etc., with special chapters on Orthopedic Apparatus, by James K. Young, M.D., Professor of Orthopedic Surgery in the Philadelphia Polyclinic; Assistant Orthopedic Surgeon to the Hospital of the University of Pennsylvania; on Corrective Manipulations in Orthopedic Surgery (including the Lorenz Method), by H. Augustus Wilson, M. D., Clinical Professor of Orthopedic Surgery in Jefferson Medical College; Orthopedic Surgeon to the Philadelphia Hospital, etc., and on Physical Methods in Ophthalmic Therapeutics, by Walter L. Pyle, M.D., Assistant Surgeon to Willis Eye Hospital, Philadelphia. With 229 illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut street, 1904.

Preventive Medicine. Two prize essays. "The General Principles of Preventive Medicine," by W. Wayne Babcock, M.D.; "The Medical Inspection of Schools: A Problem in Preventive Medicine," by Lewis S. Somers, M.D. Published by the Maltine Company, Brooklyn.

Original Articles.

REMARKS ON THE GUNSHOT WOUNDS OF THE CIVIL WAR.[1]

BY ROBERT F. WEIR, M.D.,
Then in charge of the U. S. Army General Hospital, Frederick, Md.

I HAVE been asked to resurrect some dead facts concerning gunshot wounds of the Civil War, and hence my remarks may partake somewhat of a funereal tone. To me has been assigned a brief review of the effects and treatment of gunshot wound in the Civil War that raged from 1861 to 1865. During that time I was in the regular service in the capacity of an assistant surgeon, and as our rank was less than that of the volunteer surgeon, and as the regular troops were few, the regular assistants were largely placed in the U. S. Army General Hospitals. By such action it fell to me early in 1862 to be assigned to the charge of the General Hospital at Frederick, Md., which served as the base hospital of the various campaigns in the Shenandoah Valley, and also later of the battles of South Mountain, Antietam and of Gettysburg. It was also the reception hospital after the small but bloody battle of Monacacy Junction, which saved Washington from General Early's last raid. This fight occurred within three miles of the hospital. The hospital grew from a capacity of 150 patients in 1861, to one of 3,000 beds in 1865, when I withdrew from army life. During this time over 30,000 patients were treated there, of which about two-thirds were wounded men.

The wounds that were met with were principally gunshot and shell wounds, and the personal experience there obtained was confirmed by the larger results gathered in the "Medical and Surgical History of the War." This valuable publication states that there were 246,712 wounds treated during the war, of which only 922 were sabre or bayonet wounds; that is to say, only 0.37 per cent. were of other origin than from gunshot wounds. This small number of wounds that resulted from hand-to-hand conflicts was less than was similarly encountered in the various wars such as the Crimean, the Austro-Prussian and others occurring from 1850 to 1870, when the percentage was 2.4 of the whole number of men wounded, which percentage was again lessened to 1.4 per cent. in the Franco-Prussian War. All this only meant that battles and other military contests were being decided at greater distances.

Projectiles.—Under the head of gunshot wounds were classed wounds from all missiles, and these latter varied from the round lead bullet, weighing 387 grs., to the round bullet with three buckshot made into a cartridge—a very effective weapon at close range. There was also the conical bullet, known best as the Minié ball, which varied in size and weight from the lighter Spencer rifle bullet of 434 grs., to the Enfield bullet of 450 grs., and to others of 671 and 760 grs., with a caliber of 69 to 71. These larger bullets were very destructive, and even in these days, when the military tendency is towards a lighter missile in order to incapacitate rather than to slay, in hunting, when the intent is to bring down the game, the larger bullets, I am informed, are yet preferred. The smallest lead projectile then most in use was the Colt's pistol bullet, with a weight of 207 grs. The larger iron or steel projectiles were grape shot, canister, shrapnel and other shells; these latter damaged most by their fragments. Rarely did wounds result from a round cannon-ball. No injuries from the windage of cannon-balls were encountered. It may be of interest to note that of the 245,000 gunshot wounds there were but 359 from solid shot, 12,250 from fragments of shells, 1,153 from grape and canister, and the balance was from various kinds of bullets.

The *wounds* produced varied considerably, but the general rule held good, whether they were from a round or conicle bullet or from a shell fragment, that the wound of exit was usually larger than that of entrance. The conical ball did not, however, always hold true to the direction of its long axis, either from some cant given to it external to the body, or by some impact on a fascia or a bone by which either the wound of entrance or the wound of exit was unduly distorted, or the bullet, *conical* or *round,* flattened by an external ricochet, produced large lacerations, both on entering and on leaving limb or body. These ricocheting bullets, as well as others, likewise carried earth and foreign bodies into the wounds, not only altering the entrance wound and producing extra dangers, but also adding complications of interest both to the surgeon and to the patient. While the general rule as to entrance and exit wound was fairly true, yet so many variations were encountered that their proper interpretation demanded much experience and acuteness on the part of the observer, who, after all, was often wrong in his deductions. Of the vagaries of bullets, I would like to refer to one where, in opening an abscess in the submaxillary region in a soldier, I found that of a molar tooth. On looking into the patient's mouth, it was seen that he had his full complement of teeth. He, however, recollected that in the fight in which he was wounded his comrade was shot through the cheek. This same bullet had evidently passed the broken tooth of soldier No. 1 to soldier No. 2. Another man from whom I extracted a piece of trouser material of some size, with his lodged bullet, said: "I never had a pair of pants of that pattern." I once found a Minié ball split from its tip to its undivided base and resting with one-half on each side the sharp edge of the tibia, which was unbroken. In another man the bullet entered the orbital region laterally and well forward. It was supposed, as he had no special symptom, to have lodged in the

[1]Read at Stated Meeting of the New York County Medical Association, New York City, January 18, 1904.

superior maxilla. He returned to the ranks and did his duty, and some six months later, while at home on a furlough, died suddenly. At the autopsy the bullet was found resting on the sella turcica, where by pressure it had finally eroded a vessel. Another time at an autopsy a conical bullet was discovered suspended in the folds of the omentum. It was remarkable that it should have stopped there. Occasionally the wound of entrance was very obscure. This was especially instanced in the case of Maj.-Gen. Phil. Kearney, a dashing, brave cavalry officer, who was ambushed with his attending staff at Chantilly, Va. The General, with those not killed outright, spurred lustily and escaped, crouching low on his saddle to avoid the shower of bullets. He reached his troops, but was found to be mortally injured, and died soon after. No wound was found on his person, and it was only at the autopsy that it was ascertained that the bullet had entered at the anus and had raked upward through the abdomen to the thorax.

From looking at some of these old specimens acquired in my military hospital service, one might almost think that some of them must have been caused by explosive bullets, but this was probably not so. For though in the beginning of the war the Government issued 30,000 explosive bullet cartridges, 10,000 of these were early abandoned in the field, and as it is roughly stated that it takes a ton of bullets to kill a man the statistics of the Surgeon-General's office seem to prove this rule, for only 130 wounds were supposed to have been produced by explosive bullets, and a similar infrequency was observed on the Confederate side.

For the *detection* of lodged bullets all medical officers were furnished with the porcelain-tipped probe of Nélaton, who successfully recognized the long imbedded bullet in the ankle of the Italian patriot, Garibaldi, by the mark made by the lead on its surface when it was used. When this was not at hand during my short term of field duty, having learned the trick from my esteemed preceptor, Dr. Gurdon Buck, I used several times with good result either the stem of a clay pipe or the squarely cut end of a round sliver of Georgia pine, which would likewise show the telltale marks of the hidden bullet.

For the *treatment* of bullet and shell wounds in general, we found, and by "we" I mean the medical corps of our hospital, which embraced men who have since won distinction, such as Keen, of Philadelphia; Andrew H. Smith, of New York; Porter, of Bridgeport; Dunott, of Harrisburg; North, of Waterbury, and others who were then assistant surgeons in the army, and doing good and patriotic work. To repeat, we found that we did best by the simpler means of cleanliness, with plenty of water and good ventilation. The wounds were covered by lint, smeared with either simple cerate or an ointment of Balsam of Peru. Towards the end of the war the wounds of entrance and exit were often enlarged at once to allow of self-drainage. We had plenty of suppuration, plenty of pyemia, and, alas, at times, too much hospital gangrene. Of this latter disease, at first the best treatment was the repeated application of pure nitric acid, with about 60 per cent. of failures, but later, in 1863, Dr. Goldsmith, of Louisville, Ky., suggested strong solutions of bromine, and even pure bromine, when the failures diminished to 2.6 per cent. It has since become an extinct disease, and we never knew its germ. May it remain so. It and the more frequent pyemia were due to overcrowding and bad air and bad surgery. For, looking backwards, the surviving surgeons of that day must admit that they were unwittingly more fatal to those under their care than the battle was; that death followed the path of the surgeon, with his poisonous technique and dressing. What indeed was more provocative of infection than the care, for instance, of the sponges used at an operation. These were used repeatedly, whether for clean or septic cases, as we now say. Washed repeatedly, it is true, in fresh water, but, after all, germ laden. Kept, too, soaking in water until again required, and reproducing millions of virulent germs, which, by the surgeon's act, were at the next operation smeared freely over the wound. The Borgias never did as much! though they knew what they were doing! Maggots from the many flies also invaded wounds frequently; they were troublesome, but did but little harm; a few drops of chloroform on the wriggling mass usually destroyed them. Of the wound complications we had two serious ones to contend against. One, the greatest, was pyemia; the other was the frequency of secondary hemorrhage, and particularly after amputations. You will understand the condition of our wounds, when I tell you that in over 300 major amputations, that is to say (not including hands and feet), in only one case was total primary union obtained. What a contrast to our present results with the aseptic treatment! After the battle of Antietam I had, as the field hospitals were rapidly emptied to permit McClellan's army to take up the pursuit of General Lee, to receive in my wards nearly 130 cases of compound fractures of the thigh; and more harrowing still, nearly 60 suppurating gunshot fractures or wounds of the knee joint. The lesson then just learned from Dr. Gay that such joints when suppuration ensued should be freely laid open, was followed by but few, and among the first to employ it in the army was Dr. J. W. S. Gouley. With these patients, received six to ten days after the battle, with joints distended with pus, for the bullet-holes seldom drained themselves, naught remained but free incisions and drainage, with rubber tubing, the use of which had just been evolved by Chassaignac. This brought many to a condition warranting amputation, with all its risks.

It was not until the last year of the war that an approach to antisepsis was made. A mixture of dry earth and cresylic acid was furnished for use

in hospitals, but its employment was not well received, nor did its results balance its messiness and discomfort. In the treatment of sinuses and suppurating cavities, empirical means were successfully used, such as solutions of bichloride of mercury, of nitrate of silver and pure Balsam of Peru, which substances, at a later period, were recognized as more or less potent antiseptics, and this explained their efficacy.

The treatment of penetrating gunshot wounds of the abdomen was then in its infancy. It consisted mainly in opium, and generally in the large doses suggested by the distinguished clinician, Dr. Alonzo Clark. I have records of several successful results, even where fœces had escaped from the bullet holes immediately following or soon after the wounding. There were recorded in the Surgeon-General's office 3,653 of such penerating wounds, of which 80 per cent. died and 20 per cent. recovered. The mortality after amputations of all kinds was 20 per cent. Of the major amputations—that is to say, of the thigh, leg, arm and forearm—the mortality was about 42 per cent.

For fractures of the thigh the extension treatment of Buck or the anterior suspension splint of Nathan R. Smith was employed and for many fractures of the leg and upper extremity the recently introduced plaster of Paris bandage was resorted to, with great comfort to the patients, especially where transportation to other hospitals was necessary. This method of treatment was first brought to New York by Dr. Buck from abroad, and the first splint of this kind applied in America was by his house surgeon, Dr. Hoffman, about 1855. Later Dr. Little improved the method, and by his efforts it was introduced generally into military use.

I should like to allude, in concluding, to a quasi medical complication, though it was not of necessity associated with gunshot wounds.

There existed among the lesser trials of the medical officer not only at this time, but also in the time of my predecessors and probably under the jurisdiction of our successors in the army, the difficulty of successfully carrying out the proper treatment of the medical or surgical malingerer. He was worse than a wounded man. He was a bad example; a fraud on the Government. I always tried, in managing these intractables, to preserve the humane feelings that should belong to our profession, but the closest approach I ever made to savagery was in the treatment of the sound or restored soldier, cowardly at heart, whose mass of deceit and inertia taxed one's endeavors to the uttermost. I failed often by mild measures, such as by extra work, guard-house duties, increased so as to make such men appreciate that it was a "softer job" at the front than in the hospital. But disappointment was most common in those who feigned chronic rheumatism or loss of voice, both hard to pronounce assumed diseases. Later on, an old army medical officer told me as he inspected my list of supposed humbugs, that his rule, based upon his experience in Mexico and subsequently, was for chronic rheumatism cases to shave the head and then apply a fly-blister 2x6 inches centrally on the shaven part, and every second day to put on a similar one at a lower level along the spine, until the patient could not sit down. With this was conjoined a mixture of castor oil and tincture of aloes, which was given fasting every second day in alternation with the blisters. A rough treatment, you will say, as I did, but nevertheless I tried it, and had a real success in many cases, especially in those when I placed the blister at the lowest situation first!

But when I came to the lost voice malingerer I was often foiled, for such a deceiver was of a higher type than the rheumatic soldier. Usually, if watching by a detective nurse brought no evidence, the suspect was given enough ether to set him talking. One such man, however, passed through such a trial as that without uttering a word. A surveillance of two months revealed nothing wrong. We had laryngoscoped him and found nothing. He came finally before the Examining Board and was recommended for the desired discharge from the army. As these papers had to be approved at Washington, a delay of two months ensued, and he was put on as an assistant nurse at night, watching in Barrack E, under Dr. Paullin. In these large hospitals there is a Medical Officer of the Day, whose duty is to be ready for emergencies during twenty-four hours, and he slept in a specified room with his name on the sign outside. This particular night that I am about to refer to, Dr. Shimer, one of the other surgeons, was on duty as Medical Officer of the Day, but, being taken ill, asked Dr. Paullin to relieve him for the night. After midnight the doctor's door was opened, a man rushed in and awakened the surgeon, with the cry: "Come to Barrack E quick, for God's sake, Doctor. Jones is bleeding to death," and as the man said this the doctor turned over and recognized the malingerer, who said, weakly: "I didn't know you were on duty." His discharge was revoked and he was sent to the front to develop more patriotism.

Pardon, Mr. Chairman, this digression, as it is not altogether germane to my subject, but it may be considered a parting shot.

SOME FEATURES IN THE MODERN TREATMENT OF GUNSHOT WOUNDS.[1]

BY LOUIS A. LA GARDE,
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THE modern treatment of gunshot wounds is indicated by:

1. Experimental evidence.
2. X-ray evidence.
3. Local and general symptoms.

We may start out with the fact that all gunshot wounds are unclean, and, therefore, infected.

[1]Read at Stated Meeting of the New York County Medical Association, January 18, 1904.

Ordinarily when a surgeon is called to treat an infected wound, he proceeds to clean it, and, having dressed it with approved surgical methods, he has reason to expect favorable results in the vast majority of cases. Can we treat gunshot wounds in this manner and expect the same results of uninterrupted healing? To determine this point extended experiments were conducted by Muller and Koller on rabbits. They tried different methods of treatment of the channel track in gunshot wounds caused by projectiles that were primarily infected as follows:

1. Controls for which nothing was done.
2. Those treated with glass drain.
3. Those treated with an iodoform gauze drain.
4. Those treated with a 5 per cent. solution of carbolic acid.
5. Those treated by rubbing with a cotton mop soaked in tincture of iodin.
6. Those treated by cauterizing the channel from the wound of entrance to the wound of exit.

All the wounds were dressed with a clean sterile dressing. The results demonstrated that the animals treated with simple dressings did best of all, and that those treated by the radical measures mentioned, such as swabbing with iodin and the application of the cautery, gave evidence of active suppuration in every instance. Von Bergmann's first efforts to treat gunshot wounds in war radically, ended as disastrously. In the early part of the Russo-Turkish war "he disinfected, drained, and dressed antiseptically, but the results disappointed his sanguine expectations (Senn)."

The vain efforts of these investigators are easily explained by experimental evidence. In some recent tests, we find that carbon particles, when rubbed in the skin of rabbits, are driven as far as 17mm. into the tissues surrounding the channel of a gunshot wound, and that the distance to which tissues may be thus invaded by the carbon particles depends upon the velocity and sectional area of the bullet used. We must assume that infection of any kind which finds lodgment on the ball, the clothing, or skin, would be dispersed similarly, and that all attempts to reach the infection by the ordinary means of cleansing wounds must fail. Speaking generally, we should be content to treat a gunshot wound by cleansing the skin and applying a clean dressing at the earliest practicable time after the receipt of the injury.

In military practice in active campaign when the number of wounded, the lack of time and supplies, and the environments generally, preclude the proper cleansing of wounds, the surgeons or members of the relief corps remain satisfied to apply a first aid dressing, and the results reported are very satisfactory. It goes without saying in these days that the surgeon should refrain from using a probe of any kind, or his finger, however clean he may be able to make it, because the X-ray has supplanted all other methods of exploration.

Again, there are gunshot wounds that require more than a simple dressing. They demand treatment of a radical kind. This can always be practiced in your civil hospitals, and with us, in times of peace only. I have reference to shot wounds that exhibit more or less laceration, contusion and hematoma. They are caused generally by shots at close range, often at contact. They are marked by the presence of powder grains, singeing and pieces of wadding at times. The toy pistol is responsible for many of these wounds in this country. In a case of this kind the surgeon should at once resort to the use of tetanus antitoxin, after which he should proceed to clean and dress the wound as thoroughly as he would an infected, contused, lacerated wound from any other cause.

Wounds offering the characters mentioned are specially prone to suppuration. Of the virulent infections tetanus is specially prone to develop. In accordance with the reports from various sources, it is estimated that 400 cases of the disease developed after toy pistol injuries in this country last July. To appreciate the cause of this susceptibility to infection, as well as the indications for an intelligent line of treatment, we must again turn to experimental evidence. There is no question of the prophylactic value of antitoxin in the laboratory, and its use in isolated cases recently substantiates the claims of the laboratory, in practice. In recent studies Strick has called special attention to the fact that hematomata specially predispose to the development of tetanus, whilst we have demonstrated that burn also adds to the susceptibility. By inoculation experiments Strick has shown that hematomata increase the susceptibility to infection from tetanus a thousand times more than is found in clean incised wounds, and, further, that the susceptibility to development of the same infection is even greater in gunshot wounds. We have shown in some of our recent work that gunshot wounds are specially prone to exhibit hematomata in the channel track and surrounding tissues. The lesion varies to a depth from 8 to 30mm. around the channel track, depending upon the velocity and sectional area of the bullet. When the injury occurs from powder burn at close range, or from the toy pistol, the wound is one mass of contusion, and microscopic sections show hematomata disposed around each powder grain when these happen to make an individual wound. The influence of black and smokeless powder in producing the necessary lesion and thereby adding to the predisposition is probably the same, since Deubler reports seventeen cases of tetanus from accidental gunshot injuries by blank cartridges loaded with smokeless powder. As to the other virulent infections that occur in gunshot wounds, the limits of this paper will not allow me to say much.

The character of the lesion in gunshot wounds favors the development of all the infections. Tetanus is specially cited because it is more often

present than the other virulent and fatal infections. If infection from malignant edema or bacillus ærogenes capsulatus develops, the treatment must be prompt and radical, including free incisions, the hot bath, and amputation, if necessary. We might here recall the fact that Welch, in his Shattuck lecture, points out that infection from the bacillus ærogenes capsulatus is most frequently seen in compound fractures, and next in gunshot wounds.

In criminal attempts, when one suspects the use of a poisoned missile, a thorough examination of the weapon and ammunition should be made for medico-legal reasons, at least. Cultures and cover-slip preparations should be made from the wounds of entrance and exit, and the ball, when removed, should be dropped in media. The treatment, if any, should be determined by the result of the examination.

In the bone structure of the body, experimental and X-ray evidence have done much to formulate the modern treatment of gunshot wounds. Among the surgeons in the experimental field we were able to assume the favorable results of all joint wounds by the modern military armament, and, reasoning from the knowledge thus obtained, we were able to advise the employment of a simple dressing and fixation, as principal features of treatment. If we take the knee joint as an example of such wounds, we find that the assumption was correct to a gratifying extent. Thus of nineteen cases of gunshot injury of the knee joint in the Santiago campaign, from the Mauser bullet, treated by clean surgical dressing and fixation, there were neither amputation nor death, and 73.6 per cent. of the cases recovered the use of the limb so thoroughly that they were restored to duty. In the civil war the mortality for this class of cases was 53.7 per cent., amputation was the rule of treatment, and no case was therefore restored to duty. Reyher and Von Bergmann in the Russo-Turkish war, 1877-1878, were able to demonstrate the use of antiseptic treatment in gunshot wounds of the knee by the large caliber lead bullet. Their mortality in thirty-three cases so treated was 11.1 per cent.; two of the deaths resulted after amputation. No case was restored to duty. The small, steel-clad bullet of the military rifle is responsible to a large extent for the favorable outcome in joint wounds in war to-day, and the same is true of the reduction in caliber and hardening of the lead projectiles used in pistols, revolvers and rifles. Penetration with little or no fracture is more often noticed in gunshot wounds of joints in civil practice now. In other words, the harder lead bullet of the revolvers to-day makes a more humane wound than the weapons of a generation ago.

In the diaphyses experimental evidence has done much to formulate the extent of lesion in accordance with, first, the resistance on impact; second, the sectional area and deformation of the bullet, and third, its velocity. Knowledge so obtained, coupled with X-ray evidence, guide our treatment in gunshot wounds of the diaphyses and epiphyses as well. Thus lodged balls, and great displacement of fragments indicating extensive destructive effects from high velocities, prompt surgical interference; whereas, perforations, with or without tendency to fissure and isolation of fragments, such as occur with lower velocities, require conservative treatment.

Chest wounds are classed among the humane wounds in war to-day, and this fact, guided by the minimum degree of resistance of the lung, was at once appreciated by the experimenters, long before the present armament was used in battle. Penetrating gunshot wounds of the chest gave a mortality of 62.5 per cent. in the civil war as against 27 per cent. in the Spanish-American war, and Makin reports from South Africa that "chest wounds furnish the most hopeful class of the whole series of trunk or visceral injuries. Cases of wounds of the heart and great vessels afforded the only exceptions to an almost universally favorable course, both as regards life and non-occurrence of serious after effects." The treatment consists in removing loose fragments of bone when present, a clean dressing, and quiet. The value of the latter is specially shown in military practice where, as often happens, the exigencies of active campaign compel transport before the wounds have sufficiently healed. Under these circumstances complications, like hemothorax and pyothorax, were noted in as many as 90 per cent. of the cases in some of the recent wars.

To an audience like this it would be presumptuous in me to offer suggestions upon the treatment of gunshot wounds of the abdomen. Your statistics of successes gathered by Grant, Morton and Coley specially exhibit one of the enduring triumphs of modern surgery in the well-appointed civil hospitals. Under the best of conditions your mortality is about 53.8 per cent., whilst ours in military practice is reported to be all the way from 70 to 100 per cent. Makin reports from South Africa that perforating wounds of the small intestine are very fatal. He writes that "every patient in whom the condition was certainly diagnosed died." Macormac, Dent, Treves and others testify to the high mortality of these wounds in the same campaign. In cases where a laparotomy was attempted the result was nearly always fatal. Of three cases operated upon in the Santiago campaign our mortality was 100 per cent. The great drawback to our results in war comes from environment. In civil practice you master your surroundings, whilst in military practice in war the surroundings master us. These difficulties were so keenly appreciated by our own surgeons and the eminent men who worked with the British forces in South Africa, that the policy of non-interference is at present preferred by military surgeons in active campaign.

In the South African campaign wounds of the large intestine and stomach showed a mortality

of only 50 per cent., without surgical intervention, and the perforating gunshot wounds of the liver without complicating wounds nearly all recovered. In close shots, where the remaining velocity of the rifle projectile is great, the mortality in all perforating abdominal wounds is high and rapid. The amount of destruction is specially marked when the stomach or intestines are loaded with fluid contents.

Early and free exploration of all cases of gunshot fracture of the skull is universally recommended in both civil and military practice. The principal value of the X-ray in this class of wounds lies in the localization of the bullet and the pieces of metal which become detached from it. These are often strewn along the channel track, and resemble a stream of small pearls upon the negative. The fatality of gunshot wounds of the head by the new armament is as great as it was by the old arm. Glancing shots are less frequent now. The armored bullets are animated with greater energy, and as a rule they travel in a straight line from the point of impact. If the projectile makes a normal impact a perforation is apt to occur. Shots striking at a tangent are apt to furrow or gutter the bone.

The treatment of gunshot wounds of blood-vessels has been much simplified by the absence of sepsis. In treating shot wounds in proximity to blood-vessels, military surgeons have lately been struck with the number and variety of aneurisms that are apt to develop in the stage of convalescence. This is attributed to contusion or laceration without perforation, and again there may be partial or complete perforation. From a limp wound perforation of a vessel is at times marked by a tendency towards spontaneous cessation of hemorrhage, and the subsequent development of diffuse aneurism. This is attributed to the small channel track, which may become distorted when the limb assumes a position other than that in which it was placed at the time of injury.

In military practice we forbid the removal of lodged missiles during the confusion and stress of battle. On the field the surgeons are limited for time and supplies, and, besides, an operation wound to remove a ball at this time means an additional danger of sepsis amid questionable surroundings. None of these objections obtain with you in civil practice, and you act wisely when you remove the lodged missile as soon as it has been accurately located by the Roentgen ray.

Thanks to antisepsis and the Roentgen ray, the remote and ulterior consequences of gunshot wounds have been reduced to a minimum. Formerly at least one-half of the suffering from war wounds was due to dead bone, lodged balls, pieces of clothing, pieces of the equipment, etc. Now we are apt to clean wounds of all lodged particles at the time of the injury or soon thereafter; the absence of sepsis precludes necrosis; so that the only remote effects we now see are those arising from hits in certain anatomical parts involving loss of function, etc.

In conclusion, I desire once more to call attention to the debt which the modern treatment of gunshot wounds owes to the knowledge which we have gained by experiments. The experimenters reasoned out distinct effects in this class of injuries by an intimate study of the mechanics of projectiles when colliding with tissues of varying degrees of resistance. It is only from such observation that one can possess a proper understanding of the lesion in each wound that he is called upon to treat. Aside from the evidence adduced by the calibre, shape, density, remaining velocity and energy of a bullet, as well as a correct knowledge of the resistance offered by the tissues traversed, the practitioner should seek to confirm his opinion in each case by X-ray evidence. It is only from the foregoing, and whatever in addition may be offered by local signs and general symptoms, that the modern treatment of gunshot wounds can be intelligently formulated.

Impressed by the value of direct observation of the lesion caused by projectiles upon animals, cadavers, etc., the Army Medical School of the French, Au-Val-de-Grace, has taught its students the subject of gunshot injuries for more than one hundred years, by making each student fire into animate and inanimate matter. No better plan has ever been suggested for a proper understanding of the effects of bullets.

DISCUSSION.

Dr. Enoch V. Stoddard, of Rochester, N. Y., opened the discussion. He pointed out that, during the War of the Revolution, very little time was spent by the army in malarial sections, whereas during the Civil War a large part of certain campaigns was carried on in and about sections of the country pervaded by miasmatic influences. His own term of service was from 1862 to 1864, during the first part of which he was on hospital duty, and, hence, saw chiefly secondary conditions and secondary operations. The frequency of hospital gangrene at this period he was disposed to attribute, not alone to imperfect methods of treatment, but to the fact that most of the wounded were raw recruits. It was the general experience of the surgeons in that war that, as the troops became more seasoned, the wounded did better. In 1863 and 1864 he was on duty in the field. Quinine was used very freely. He wished especially to urge the claims of Peruvian bark, a substance quite different from quinine, for recognition and an important place in the armamentarium of the military surgeon in active service.

Dr. Alexander Lambert spoke of the use of tetanus antitoxin in cases of wounds made by the toy pistol. He said that in 1900 the New York City Health Department supplied to the dispensaries of the city tetanus antitoxin for use in injuries of this kind occurring about the Fourth

of July, and recommended that a dose of 10 c. c. be administered in every case of this kind. Not a single case of tetanus was reported as having occurred as a sequela of the injuries received during that year's Fourth-of-July celebration. It could not be too strongly insisted that the development of trismus was not the beginning of tetanus, but rather the approach of death; hence, to obtain good results from this method of treatment, the tetanus antitoxin must be administered before the occurrence of lockjaw. In ordinary cases, the dose should be 10 c. c., and it was advisable to give this remedy to all persons receiving wounds of this kind without waiting to see whether or not they had become infected with tetanus.

KNOWLEDGE OF THE EYE THAT IS OF USE TO THE GENERAL PRACTITIONER.[1]

BY S. BUSBY ALLEN, M.D.,
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IT is accepted as a truism that the specialist should have had some previous experience in general medicine. That something akin to the reverse of this is also true is not so frequently thought of; nevertheless, it is true that the general practitioner must be familiar with and aware of the import of much knowledge that formerly belonged to the field of the specialist. We not infrequently hear the general practitioner confess to an honest ignorance of the eye as though he were thus absolved from further responsibility. But there are many things about the eye easy to learn, a knowledge of which will make possible a diagnosis of the presence or approach of serious disease, months, and even years, before it would otherwise have been detected. Nor do we here presuppose a knowledge of the use of the ophthalmoscope, an instrument whose efficient use is difficult to attain, and easy to lose, unless daily practiced. Take the average doctor answering an urgent call; he finds a patient suffering from apparent gastric symptoms; thus there is profuse vomiting, with an accompanying chill, the patient's face expresses great anxiety, and there is marked prostration, one eye is swollen and injected, with great pain, over the corresponding side of the forehead and perhaps over the whole side of the head. The patient states that the attack came on suddenly, without any premonition. A diagnosis of biliousness is made, or if the lids and surrounding skin are very red and glistening, erysipelas is said to be present; or it is pronounced a severe neuralgic attack. Calomel, an anodyne, and some local treatment is prescribed, and the hurried doctor leaves his patient at a crisis, when the most energetic, and immediate, interference is required to save the eye from partial or total loss of vision. Now, what would have saved the physician from this deplorable mistake? If he had simply taken the tension of the globe. If he had pressed gently with the tips of his index fingers on the lid over the sclera, and then repeated the same on the other eye, he would have found the affected eye very much harder than its fellow. This would have been sufficient evidence of acute glaucoma, and he would have called for the immediate aid of a specialist, thus not only saving himself from mortification, but the patient from loss of vision, as an iridectomy usually gives the most brilliant result in such cases. Of course, a further inspection would have revealed a dilated and totally inactive pupil, with a hazy and anesthetic cornea, and a shallow anterior chamber. Only last week such a case, a child of 13, was brought by his father to the clinic. Parting the lids a swollen membrane such as follows an enucleation presented, and at first I thought it such; the eye, hard as a rock, was forced back into the orbit by the great chemosis of the conjunctiva; usually the eye is protruded. This case had been treated by the family doctor for several days; the result was total and permanent loss of vision; absolute glaucoma. Sometimes there are slight warnings of these attacks; there may be transient attacks of dimness of vision, with rainbows or halos around lighted lamps. But though the physician should never make the mistake of not recognizing a case of acute primary glaucoma, the detection of the chronic form is very difficult, yet even here he may render great service to his patient. The symptoms are so mild that besides the slow loss of vision, there is hardly anything to call attention to the condition. And even loss of vision may be mistaken for presbyopia, as glaucoma simplex is apt to occur at about that time of life from 40 to 50. It will be enough to remember that if at this period of life there be progressive loss of vision not restored by glasses, the case is suspicious, and should be sent to the specialist; more especially if the patient has small eyes, and there is a history of rheumatism in the family, or a family history of glaucoma. Tension here is so intermittent that its absence has little significance.

Again in tabes; in about 30 per cent. of these cases there occurs more or less paralysis of the orbital muscles, and a progressive loss of vision, especially a narrowing of the field of vision, precedes the lightening pains, loss of knee jerk, and other spinal symptoms by a period of from two to twenty years. At first one eye only may be effected, color blindness is constantly associated, green being the color first lost. If the paralysis be complete the eye will be incapable of motion, and whilst distant vision will be normal, near vision will be very much impaired. The most usual paralysis, however, preceding tabes is that of the sixth nerve, producing diplopia. Not at all infrequently the levator palpebrarum is involved, resulting in ptosis.

These paralyses are also precursors of diabetes, but here it is most common to have a partial paralysis of the accommodation, seldom a complete loss, but rather a restriction of the range of ac-

[1]Read at the Twentieth Annual Meeting of The New York State Medical Association, New York, October 19-22, 1903.

commodation, difficulty or inability to read ordinary print, or ability to read only large print, whilst distant vision is unimpaired. This is one of the earliest evidences of diabetes. It is important to notice that the pupils may not be, and generally are, not affected. The onset and steady increase of presbyopia at an unusually early age should excite suspicion of diabetes. Less frequently we have partial paralysis of the sixth or fourth nerve, giving diplopia, and we may have complete paralysis of all the intra and extra ocular muscles of one, or even both, eyes, though such a condition is very rare. These paralyses may occur when the disease is mild or when it is severe. Rapidly failing vision in both eyes in the young or middle-aged may point to diabetic cataract, producing a myopia; such myopia occurring in persons over 45 is certainly produced by cataract or by a change in the antero-posterior diameter of the eyeball, produced by diabetes. Whilst as a rule the pupil is not affected in diabetes, tabes and general paralysis are very apt to be preceded by myosis, or by inequality of the pupil. When myosis is present, but cannot be increased by throwing light upon the pupil, but is increased by efforts at convergence, or accommodation, we have what is known as the Argyle-Robertson pupil—a very early premonitory symptom of either tabes, or general paralysis. Inequality of the pupils with great headache is frequently the only indication of a cerebral syphilis.

I have at present a barber coming to the clinic suffering from cerebral syphilis, who was driven to the clinic by the inequality of the pupils alone; he had headache, but not severe enough to cause him to seek medical aid; the inequality and the cephilalgia have yielded after several weeks of the daily administration of 450 grains of the iodides with inunctions. Inequality in size of the pupils is always a matter of serious import, as it denotes inflammation in the course of the consensual pupil reflex, which in a normal condition is always equal to the direct pupil reflex. The method of testing both direct, and consensual reflex, is important. The patient should be placed facing a window, closing both eyes till the pupils have had time to dilate; he is told to open them suddenly and look at some distant object. The oscillations (Heppus) of both pupils are observed till they become fixed. Then he is made to look at the head of a pencil, brought closer and closer till he can no longer get single vision; the contraction of both pupils are to be noted; this is the reflex of convergence. Shading one eye he is told to look at a distant object, and this time only one eye is used for looking at a near object, the other eye being covered; this gives the reflex due to accommodation. Again closing both eyes, a card is held in front of one eye, say the left, so as to exclude the more direct rays, he is told to open both eyes and look at a distant object. Light is thus thrown only on the exposed pupil; the contraction of both pupils should be equal, though one is excluded from the light; this is consensual reflex. The same process should be repeated on the other eye. If the pupils be found of different sizes, the least movable one is usually the pathological pupil. I say usually, though this is often difficult to determine. This holds good except in myopia of high degree, and any departure from the normal is sufficient evidence to justify referring the patient to the expert. Consensual reflex should always equal direct reflex. It must be remembered that psychical influence, anger, fear, etc., will cause the pupils to dilate, and that in many delicate, nervous, excitable people the pupils are habitually much dilated. There is no absolute standard for the physiological size of the pupil; in health it depends chiefly upon the intensity of the light to which the eye is exposed; persons with blue irides have generally smaller pupils than those with black irides, as more light reaches the retina through the iris. In elderly people the pupils are apt to be small and to become smaller as they grow older; this is due to loss of energy of the sympathetic and to a sclerosis of the walls of the vessels of the iris, and rigidity of its stroma. During sleep, and during the administration of an anesthetic, the pupils are contracted, and their medium dilatation in healthy people is due to psychical and sensitive stimuli, acting through the sympathetic. A pinching of the skin on the side of the face will cause rapid dilatation of the pupils in some people. The recognition of intraocular disease is beyond any one except the expert. A history of gradual failure of the eyesight should always arrest attention. Frequently a patient comes to the office of the specialist to be fitted for glasses, and tells the usual story, of wandering around from one optician to another, having his glasses changed without benefit. An examination shows destruction of the retina, or choroid, or nerve. Nothing can usually be done except to prevent further destruction. In contradistinction to this slow loss of vision, we have the sudden and complete loss of vision, that occurs in acute parenchymatous nephritis, uremic amaurosis, distinguished by a rapid and complete recovery from amblyopia, which is a permanent, partial or total loss of vision, due to some toxic disease, drug or gas. A list of such diseases and drugs is almost endless; chief among the disease is nephritis, diabetes, syphilis; among the poisons are alcohol, tobacco, lead, carbon bisulphide, quinnea, ergot, chloral, mercury, iodoform, and many others. Hysterical amblyopia must always be born in mind so as not to be mistaken for a genuine case. There is another instance of the sudden loss of vision, lasting for a moment to half an hour, when the vision returns unimpaired. Here the fundus may be normal, the patient able to read fine print, the field all right; in fact no pathological condition discoverable. These cases are due to an increase of the cerebrospinal fluid in the third ventricle pressing on the optic com-

missure, or to disturbances of the circulation affecting the visual centers.

The whole question of a causal relation of ocular strain to epilepsy and chorea was thoroughly thrashed out a number of years ago, and whilst a difference of opinion still persists, this good has resulted from the discussion: The question of eye strain has been emphasized and a knowledge of it spread, so that the physician has a more just estimate of its importance. Some eighteen years ago I had as a patient a strapping fellow about 30 years old, a most powerful man, the very picture of robust health, who gave the following history: Several times a month, or several times a week, with varying frequency, and without any warning, he would suddenly become unconscious and fall to the floor. In a short time consciousness returned, and in a few hours he felt all right again. Sometimes he sustained injury from the fall, but there was no wounding of the tongue; the most careful examination never revealed any organic or functional disease. He had been the subject of these attacks for a number of years. An intelligent man, he could not suggest anything in his mode of life that effected their frequency. He had been treated by a number of physicians without effect. Choosing a physician, he would place himself under his care for eight months; if at the end of that time there was no improvement he would select another, and remain with him for a like period of eight months, passing thus from one physician's care to another without benefit. My experience was similar to that of my predecessors. Eight months treatment was of no service to him, and we were mutually pleased to part company. About four years ago we met, and at once recognized each other. Talking with him, he explained that after leaving me he had a similar experience with two other physicians, having treated with each one for eight months without benefit. He was then advised to consult an ophthalmologist, who cut one of the muscles of his eye. The attacks ceased at once; he never had a subsequent seizure. If such a profound impression could be produced upon a man of this stamp, we can easily see what might take place with delicate women and children, overworked, in poor health, nervous, and excitable.

That some forms of epilepsy may be cured by correcting refractive errors and balancing the muscles, is quite possible. We know for certain that there is quite a common form of chorea in school children, in which every spring the children have to be removed from school, when the chorea ceases. When in these cases no endocarditis, or rheumatism, or any toxic condition can be found, refractive errors will be found to be present, and their correction will prevent its recurrence.

DISCUSSION.

Dr. Frank W. Higgins, Cortland, said he was very much interested in the paper, and agreed with all the statements made therein except one. He believed those who treated the eye should be required to first gain a general knowledge of medicine, and that the time had come when it was not right for a physician to say calmly that he knew nothing about the eye, and yet allow cases to go on without any attention or relief. He would take exception to the statement that all intraocular cases of disease should be turned over to the specialist. There were many which could and should be recognized by the general practitioner. All neurologists made use of the ophthalmoscope, and so many diseases give important information through the ophthalmoscope that the progressive general practitioner should make use of this aid to diagnosis. The up-to-date physician was not allowed to work without his microscope; why should he be satisfied without the ophthalmoscope? Choked disk was an important sign, and yet it was one which could be very easily recognized. It had often been said that "a little knowledge is dangerous," and that if general practitioners became accustomed to use the ophthalmoscope many serious mistakes would be made; but it seemed to him to be much better to recognize the existence of some disease of the eye, and if the case were not clear, then refer it to a specialist in that department, rather than let the case go entirely unrecognized. In some conditions the whole fundus became pale, as if there were an embolus, and a great white plaque would form, pointing to nephritis and albuminuria. Such a picture was so plain that any one who could use a microscope should be able to use the ophthalmoscope. Expense was no longer a bar to the use of this instrument, as a very good one could be purchased for $5.

Dr. James J. Walsh, New York, said that when a specialist spoke of a family having a "rheumatic tendency" he always wondered what was meant by it; it meant no more to him than if the statement were made that there was a pneumonic heredity. Rheumatism was an acute infection. What, then, was meant by the eye specialist when he said that glaucoma occurred in families having a rheumatic heredity?

Dr. Allen, in closing the discussion, replied that the etiology of glaucoma was not well understood, but it was certainly found more commonly in rheumatic subjects. He had no objection to the use of the ophthalmoscope by the general practitioner, provided he did not assume too much responsibility. Many persons found it very difficult to use the ophthalmoscope satisfactorily because they could not properly relax their accommodation. However, the general practitioner should be able to tell pretty well whether or not the fundus was normal. But finding a little scattered pigment in a case of myopia might lead him to thing the presence of pigment was unimportant, and so overlook a case of retinitis pigmentosa.

MINUS CYLINDERS—THOSE WHO PRESCRIBE THEM AND THOSE WHO WEAR THEM.[1]

BY F. W. HIGGINS, M.D.,
Cortland, N. Y.

MY paper is modeled after a Scotch Covenanter's sermon. My text is, "And if the righteous scarcely be saved, where shall the ungodly and the sinner appear?"

My firstly is the proposition that fitting a pair of glasses is a problem that requires all the skill which medical training can bring to it. My secondly shall be the conclusion that this problem is totally beyond the so-called graduate optician. As thirdly may appear the exhortation that we, as physicians, should give more attention to the symptoms of eye strain.

The symptoms of eye strain are multiple and their origin in the eyes is often overlooked. About the eyes themselves it will be seen that the lids are red, the edges crushed or styes appear; the lids feel rough as if there were sand or sticks in them; it is difficult to hold them open after reading a short time. The eyeballs ache. There is supraorbital pain or a pressure back of the eyes. Letters on the page run together if one persists in using the eyes and black spots dance about in the field of vision. All these local symptoms are easily referable to the eyes. But other symptoms at a distance may be added, or be present when the patient gives none of these plainer evidences of eye strain.

Pain in the occipital region is due to eye strain in almost all cases. The feeling termed a pressure at the base of the brain, described in connection with neurasthenia, is to be treated by glasses, not medicines. When patients call themselves nervous and cannot put their bad feelings into words, the eyes are often the cause. Nervous dyspepsia and gastralgia demand an examination of the eyes before any other treatment. Chorea in young persons and the various jerkings of the face and contortions of the body we call choreiform can often be stopped by fitting proper glasses. While true epilepsy may not be cured by glasses I have recently seen a marked case of relief in epileptiform convulsions. These symptoms of eye strain, some of them manifest in the most distant parts of the body, must be met by every practitioner. They may be due to astigmatism or want of muscular balance. They are often induced or made worse by badly fitting glasses. The mistake most often made is in putting on minus cylinders. In looking over my last 500 refraction cases I have noticed eight whose symptoms had been greatly aggravated by trying to wear minus cylinders given by opticians.

Allow me to give some details. One case was a student 24 years old. She had nervous symptoms enough to occupy my whole paper. She came to me with the diagnosis of floating kidney, which I could not detect. Her abdomen was tense, her hands numb, she had no feelings, her head felt heavy and dull. I found she was wearing minus cylinders. -75 ax 90° for each eye. She had esophoria of 15°. Here was evidently cause enough for her multifarious symptoms. Examination showed that she had a marked degrce of mixed astigmatism accepting -75D.= 1.75D. ax 85. With this correction and gymnastic exercise for the internal recti muscles she was enabled to go on with her school work, her condition greatly improving from week to week.

Another case of mixed astigmatism which was wearing improperly fitted minus cylinders was a bank cashier, aged 36 years. For many years he had worn -4.00.D. cylinders with the rule. He had frequent attacks of migraine, and a constant bad feeling in the back of his head. The blood vessels in his temples stood out like whip cords. His proper correction proved to be R. -2.75 = + 4.75 ax 95. L. -2.75 = + 5.00 ax 90. By wearing the changed lenses he has been able to perform his exacting work with great relief.

A similar case is that of a typesetter, aged 32. He could see at a distance with his minus cylinders, but everything blurred at close work. He also proved to have mixed astigmatism. His lenses were decentered in to assist his very weak interni muscles. He reported six months later that he could do his work comfortably.

One typical case was a farmer, aged 35. He came wearing weak minus cylinders fitted by an optician 15 months before. They had made him see distinctly but his eyes were blood shot. His glasses were changed to weak plus cylinders against the rule, which entirely relieved him, as he informed me by letter three months later. I will pass over other similar cases to mention one only. This was a traveling salesman, aged 42. He had a heavy feeling over his eyes, his lids were red. He could not read long, he was nervous, and had frequent headaches. At times his eyes would blur, he would become dizzy and stagger in walking. One would suspect some cerebral affection. But he was wearing minus cylinders and had esophoria. The weakest plus glass blurred his vision, but by argument and explaining the reason for it he finally began wearing the same strength cylinders made plus instead of minus. Eight months later the symtoms were greatly mitigated; overwork was still possible, but he was comparatively happy.

It is easy to see how the mistake was made of requiring these people to wear minus cyl-

[1]Read at the Twentieth Annual Meeting of The New York State Medical Association, New York, October 19-22, 1903.

inders. Astigmatism was present in all cases. Astigmatism is a greater curvature in one meridian of the cornea than in the meridian at right angles to it. The endeavor to produce a distinct retinal image with such a distorted corneal lens calls for excessive and unnatural action of the ciliary muscle which controls the accommodation of the crystalline lens. This often results in spasm and overaction of the ciliary muscle, and thus an increased curvature of the lens and a transient or functional myopia. If now this apparent myopic astigmatism be corrected by minus cylinders, the overaction of this muscle must be kept up constantly in order to see plainly at all. Thus the eye strain is aggravated rather than relieved by the glasses. In these cases the use of a mydriatic may be absolutely necessary in order to refract the eye properly. But opticians cannot use atropine in the eyes even if they suspected its necessity.

Another condition which complicated almost all these cases which were in misery from trying to wear minus cylinders was the presence of esophoria. Esophoria is a tendency of the eyes to turn in. This overconvergence is to be expected with hyperopia or hyperopic astigmatism, and often disappears when they are corrected by convex lenses. Convergence and accommodation are such associated actions normally that the nerve centers for each come to act conjointly. So when one is called upon for excessive action the other acts excessively. Glasses which would lessen the action of the ciliary muscle would also correct the overaction of the internal recti. But if there is already esophoria wearing minus cylinders would call for increased action of the ciliary, this would produce a consensual stimulation of the convergence and so the esophoria would be made worse and a vicious circle established.

When we begin to understand how complex is the problem of fitting the proper lenses in such cases we do not wonder that opticians fail. The surprising thing is that intelligent patients and even physicians expect that they can succeed. The usual history is that the sufferer has gone back to some optician time after time to have his glasses changed. Finally the optician becomes tired and the wearer of the lenses desperate, and the patient appears in a doctor's office willing to pay a fee for examination of his eyes.

Is it not passing strange that on all hands it should not be deemed necessary that one should have a medical training before undertaking the treatment of the most delicate organ in the human body? But I suppose doctors are found in every place who tell their patients to go either to an oculist or to an optician and get their eyes fitted. One clever young physician of my acquaintance gives up his office two days in a month to a peripatetic optician.

The case would be bad enough were all the opticians as honest as some of those whom I know. But from the glasses peddler of Hebrew persuasion to the so-called professor who puts up at the best hotel in the city for a few weeks, many of the opticians are out simply for the money there is in the business. Much harm results. Let me illustrate by one case only of several I have seen. A stenographer had severe headaches after obtaining a fine position. Six months before I saw her she had consulted a professor who came to our city monthly for a few days. He had furnished her a pair of glasses at a price which precluded her getting another pair for some time. Her headaches grew worse. She was on the verge of giving up her position, when I chanced to examine her eyes. I found she had one diopter of astigmatism with the rule, in each eye. Her glasses, which she was faithfully wearing in the fond hope that they would cure her headaches, were plain window glass. With the proper cylinders she did her work easily.

At times physicians also fail to give entire relief to symptoms of eye strain, as I know to my sorrow. My only contention is that if they succeed only moderately well while recognizing the factors which complicate the problem, where shall the ungodly and the sinner appear who do not know and sometimes do not care for the conditions of success.

I have reserved to the last one case in order to illustrate the evil effects of wearing minus cylinders and also the close connection which should subsist between fitting glasses and the rest of the practice of medicine. Mrs. M. was brought to me by Dr. Forshee, of McGraw, on July 15 of this year. She had all the symptoms which each one of us has heard detailed by little, frail, nervous women. She could not sleep; she felt in a constant nervous strain; her face was flushed. Three times recently she had fallen to the floor in an epileptiform condition, having had several lighter attacks. Together we searched for causes of her nervous breakdown. She had borne one child, and the uterus was tender and large. I suggested her eyes, but she had worn her present glasses about eight years, and thought they were all right. So she was treated for the uterus and by general measures for a short time, but with little relief. Her physician then insisted that she come back for a study of the eyes. It was found she had been wearing strong minus cylinders all these years, when her true correction was R. +1.00 D. cyl. ax 90 L. +25 = +.75 D. ax 80.

She is still under observation, but very greatly improved. Imagine how impossible it would have been to have restored her to household duties if she had continued wearing minus 1.25. D. cylinders! I am sure that I would have an attack of vertigo in one day by wearing that amount of improper lenses.

I conclude that to prescribe glasses properly requires a medical training, and that as physicians we all should recognize the symptoms of eye strain.

ARTERIO-SCLEROSIS AND ITS BEARING UPON CERTAIN LESIONS OF THE RETINA AND OPTIC NERVE.[1]

BY CHARLES STEDMAN BULL, A.M., M.D.,
New York City.

WE are all familiar with the usual ophthalmoscopic picture of endarteritis and endophlebitis of the retinal vessels, and with the occasional results of such endovasculitis in the guise of hemorrhages of various forms into the tissue of the retina, and even into the vitreous. But it has seemed to the writer that we have devoted so much attention to the pathology of this condition that we have rather lost sight of the clinical side of the question, and more or less ignored the more distinct, far-reaching effects of such vascular changes upon the functional powers of the eye.

We recognize certain changes in the retinal vessels, characterized by the appearance of white stripes along the vessels, and we know that this means that the walls of the vessels have become visible through infiltration by some inflammatory exudation, which has converted them into an opaque whitish tissue. We look upon this as an evidence of general arterio-sclerosis, and do not associate these signs with inflammation of the retina or chorioid. There may be undue tortuosity or alteration in the size and breadth of the arteries in places, which cause them to present a beaded appearance. There are alterations in the reflections from the arterial walls and in the translucency of these walls, caused by actual degenerative changes in the arterial walls and infiltration into the perivascular lymph-sheaths. We are also familiar with the signs of an impeded venous circulation, where a diseased artery crosses a vein, caused by the pressure of the artery with its thickened coats on the vein and contracting its caliber. We also recognize that such a condition of the retinal vessels is of importance as an indication of similar conditions existing in other parts of the body. When this condition is observed in the eye, whether accompanied by retinal hemorrhages or not, it is often a warning signal of impending cerebral apoplexy.

Such vascular degeneration is frequently met with in renal diseases, but we have learned to look on it as the cause and not as the result of nephritis. It also arouses the suspicion of the existence of diabetes, for we know the frequent association of nephritis with the late stages of diabetes.

It seems possible, from the later investigations of Raehlmann that a differentiation may be made between sclerosis of the adventitia and that of the intima, pathologically, if not clinically. The proliferation in the adventitia appears like a "cloudy tube" around the vessel, which in extreme cases makes the entire vessel appear like a white cord. We are familiar with these changes in cases of retinitis albuminurica, and we find them also in young persons with hemorrhages into the retina.

The disease of the intima is a proliferation which may double the thickness of the wall, and narrow or close the lumen, without being visible with the ophthalmoscope. It turns the vessel into a homogenous yellowish tissue, which optically is the same as the retina. These changes are not demonstrable by the ophthalmoscope, and can only be surmised by an increasing diminution of the blood column for short distances.

Another point brought out by Raehlmann is the close resemblance between closure of the lumen of a vessel by an embolus or thrombus, and the same condition due to endarteritis obliterans nodosa. He has proved by the microscope that this condition may occur without a thrombus, by proliferation of the intima and complete closure of the lumen of the artery with all the clinical symptoms of sudden blindness from embolism.

Microscopical examination of cross-sections of the optic nerve in these cases has shown that the vessel walls are most frequently involved at the point of bifurcation. The vessels in front of these points are dilated, so that the vessel sometimes appears like a string of pearls. The veins are also often dilated, mainly in the peripheral branches, and especially where arteries and veins cross each other, and their caliber is sometimes entirely lost.

A very thoughtful and suggestive paper on this subject of arterio-sclerosis has been published by Adler in the New York *Medical Record* for May 10, 1902. He calls attention to the important fact that arterio-sclerosis and interstitial induration invariably go together. In all instances of arterio-sclerosis, the process is not confined to the blood vessels, but the tissues of the parts supplied by these vessels participate in the form of interstitial inflammation or proliferation, ultimately leading to fibrosis, circumscribed or diffuse.

We are told that arterio-sclerosis begins in the smallest vessels, and thence extends to the larger branches. The sclerosis of the arterioles and the resulting fibrous induration of the parenchyma cause the local increase in the blood pressure and the retardation of the blood current. There are many important clinical changes in the metabolism of persons of advanced age, and senile arterio-sclerosis and fibrosis is the most frequent and typical of these changes. Adler believes it possible that definite local or systemic metabolic derangements may be conceived as a cause for indurative and degenerative lesions in vessels and connective tissue. They occur almost regularly in gout and very frequently in rheumatism. But these dangers are by no means always associated with advanced age, for they have been met with in the vessels in infancy, childhood and youth. The recognition of localized retinal arterio-sclerosis in young persons is a difficult task, for there is no single symptom always present which can

[1]Read at the Twentieth Annual Meeting of The New York State Medical Association, New York, October 19-22, 1903.

be regarded as pathognomonic. Adler himself calls attention to the fact that the increase of blood pressure, so long regarded as characteristic of arterio-sclerosis, is by no means a constant symptom.

For some time pathologists and clinicians have recognized three distinct types of arterio-sclerosis—the cardiac, the renal and the cerebral.

First. In the *cardiac* type, the early clinical symptoms are almost nil, though there may be bradycardia.

Second. The *renal* type is characterized by occasional headaches, urine of low specific gravity, with a trace of albumen and constantly granular casts.

Third. In the *cerebral* type we meet with diffuse headaches, vertigo on change of position of head or eyes, which may end in cerebral hemorrhage and softening. The coexistence of indurative processes in the brain is proved by a train of psychic disturbances, such as failure of memory, irritability, and various forms of senile dementia. Adler is inclined to add a *fourth* type of arterio-sclerosis, the *spinal*, in which the symptoms simulate those of tabes, but differ from the latter in the lack of progressiveness and in the absence of all typical sequence of symptoms.

I think it may be conceded that we are fairly well acquainted with the effects of arterio-sclerosis upon the retina and the clinical symptoms observed in these cases. The microscope has also revealed to us the pathological condition of the vessels and tissue of the retina underlying these clinical symptoms. But of the more far-reaching effect of these lesions upon the optic nerve, our knowledge is less accurate. One of the first to call attention to changes in the optic nerve as the result of arterio-sclerosis was Otto (see a brief paper in the Archiv fur Augenheil Kunde, vol. 43, 1901). He describes cases of circumscribed atrophy of the optic nerve caused by sclerosis of the internal carotid and ophthalmic arteries, which induced dilatation of caliber of these vessels in places, hardening of the walls and pressure of the optic nerve by mechanical means. Sections of the optic nerve in these cases showed the effect of pressure by the dilated carotid and ophthalmic arteries on the optic nerve behind the foramen, in the form of flattening and incurvation of the nerve as a whole, and flattening of the central nerve fiber bundles, and circumscribed atrophy of the central and marginal nerve fiber bundles. He also traced out both ascending and descending atrophy of the nerve fibers in these cases. He affirms that the flattening of the central nerve-fiber bundles on both sides, distal and proximal of the atrophic zone, corresponding to the pressure of the dilated vessels, is always present.

The typical form of the first appearance of this change in the optic nerve is the flattening of the central nerve-fiber bundles. Secondary changes subsequently show themselves in the optic papilla, but these visible ophthalmoscopic changes are always anticipated by failure of vision and defects in the visional field.

From the clinical standpoint we know very little of the effects of this arterio-sclerosis on the optic nerve and its functions, and many of our cases furnish very contradictory evidence. We have all seen cases of absolute central scotoma, with no demonstrable ophthalmoscopic change in the retina or disk. We occasionally meet with paracentral scotomata, eccentrically inwards from the optic nerve, with no ophthalmoscopic change. There are not a few cases of temporal limitations of the field of vision, with pale optic disks but with perfect central visual acuity. If in such cases we can find no cause for the defects in the visual field, except the presence of arterio-sclerosis, may we not be justified in regarding the arterial condition as a cause?

If in addition to the defects in the field of vision there are marked impairment of vision and marked discoloration of the optic disk, and no cause for these conditions can be found in the brain or nervous system, I am inclined to look upon the existing arterio-sclerosis as the cause.

I am very strongly disposed to regard many of the cases of so-called simple chronic glaucoma as cases of atrophy of the optic nerve due to retrobulbar arterio-sclerosis of the ascending internal carotid, or ophthalmic artery, or anterior cerebral artery, which by pressure on the optic nerve posterior to the foramen, has caused the descending atrophy.

Liebrecht (Archiv fur Augenheil Kunde, vol. 44, 1901-1902) has called attention to what he believes to be the effect of arterio-sclerosis on the optic nerve, with special reference to the field of vision and the visual acuity, and asserts that the following injuries to the functions of the optic nerve may recur:

First. In the frequent "middle furrow" formation in the optic nerve at the point of entrance of the ophthalmic artery, the resulting scotoma in the field of vision will be found close to or removed from the fixation point, according as the ophthalmic artery has entered the optic nerve in the center or laterally. This atypical position of the scotoma points to arterio-sclerosis as the cause.

Second. The widely extended pressure on the optic nerve at the inner edge of the ligamentum clinoideum by the ascending rigid diseased carotid would cause partial or complete atrophy of the optic nerve, with the usual effects on vision and the visual field.

Third. A partial atrophy of the optic nerve within the cranial cavity, not discernible with the ophthalmoscope, might be caused by pressure of these diseased rigid vessels in crossing each other's course. The resulting disturbance of function would depend on the relative anatomical position of these vessels. But this atrophic zone in the optic nerve extends at first but a short distance in the distal direction; and we are justified in assuming that atrophy of the disk,

demonstrable by the ophthalmoscope, is only met with in very chronic and advanced cases.

For some years the writer has been convinced that arterio-sclerosis of the ophthalmic and internal carotid arteries may affect the optic nerve more frequently and seriously than we have hitherto suspected. I have no certain data, corroborated by autopsy, in regard to the lesions, which would transform a theory into fact. The slight initial effect of pressure by the sclerosed vessels on the optic nerve, which Liebrecht calls the "cicatricial fold," or "furrow formation," would probably cause no great visual disturbance, though it would give rise to a paracentral scotoma. The atrophic zone must diminish rapidly in extent in both directions. But if the sclerosed conditions of these large vessels increases and extends, the pressure on the nerve would correspondingly increase, and would inevitably cause impaired vision, and eventually complete amaurosis by flattening of the nerve, such as we sometimes find at autopsies in cases of tumor of the chiasm or anterior lobe of the brain.

In some of the cases which have been under my observation for years, with the presence of scotomata and increasing loss of sight, there have been no evidences of arterio-sclerosis of the retinal vessels as long as they were under observation, until the atrophic process reached the disk.

The location of the pressure points would naturally vary with the course and distribution of the vessels in individual cases. It might be in the prolongation backwards of the bony optic canal towards the skull, where very often the ophthalmic artery enters the optic nerve in a longitudinal direction. It might occur near the upper sharp border of the fibrous optic canal, where the optic nerve is broadly pressed upon by the ascending carotid. Or, finally, it might occur midway getween the fibrous canal and the chiasm, at the point where the carotid and the anterior cerebral artery cross above and below the optic nerve.

Wherever the location of the pressure, the resulting atrophy of the nerve is at first a pure "pressure atrophy," which is propagated downwards and forwards toward the disk, and upwards and backwards toward the chiasm. Later in the course of the disease there is probably added to the "pressure atrophy" a secondary proliferation of connective tissue between the nerve-fiber bundles, which induces a more extensive atrophy and perhaps the development of new vessels. The atrophic zone at first extends but a short distance in both directions from the zone of pressure. Where it actually reaches the disk, we must assume the existence of a secondary complicating atrophy in the optic nerve, the result of connective tissue proliferation.

The *therapeutics* of arterio-sclerosis are still in their infancy. It is doubtless true that when that stage in the progress of the disease has been reached, when we are enabled by the ophthalmoscope to recognize the evidences of the lesion in the disk and retina, the process must be already far advanced. In the present state of our knowledge, we cannot expect to restore the caliber of the diseased vessels or to reduce the infiltrated and indurated tissues to their normal condition. All that we can hope to do is to arrest the progress of the disease and limit its extension. The correct recognition of the nature of these cases is therapeutically important, for in the long-continued use of the iodides, especially the iodide of potassium, we have an excellent means of arresting and putting a stop to the changes induced by arterio-sclerosis, or at least of retarding the extension of the lesion. Where the toxic influences, leading to its development, are known, they should be primarily dealt with, and any therapeutic measure instituted may be greatly assisted by a carefully regulated dietary.

DYSMENORRHEA.[1]

BY CHARLES L. BONIFIELD, M.D.
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PAINFUL menstruation cannot be called a disease, it is rather a symptom of disease. It often, however, so completely overshadows all other symptoms of the disease of which it is a manifestation, as to appear to be the disease itself. It at least is that for which the patient seeks relief.

The first step toward the understanding of a morbid condition is its classification. Numerous classifications of dysmenorrhea have been proposed, none of which are entirely satisfactory; the one which seems most rational to me is to divide it into uterine, tubal, ovarian, constitutional and reflex. The imperfection of this classification is evident. The types merge into one another. The uterus tubes and ovaries may all contribute to the pain in a case of dysmenorrhea. But recognizing this fault, the classification is a valuable one at the bedside.

The vast majority of cases of dysmenorrhea have their origin in disease of the uterus or its appendages, but there are some in which no local lesion can be discovered, and for them the more comprehensive term constitutional is to be preferred to neuralgic, under which name they are usually described.

First and foremost among the causes of uterine dysmenorrhea is lack of development of the uterus.

The development of the uterus is seldom arrested in infancy, but from some fault of civilization it is frequently arrested at or near the time of puberty. The infantile uterus is rare, and seldom makes an effort to menstruate. The pubescent, or undeveloped uterus, is common. It menstruates painfully. It has a long narrow cervix, a small body, and is sharply flexed, usually, but

[1]Read at the Twentieth Annual Meeting of The New York State Medical Association, New York, October 19-22, 1903.

not invariably, forward. A pinhole os is frequently present.

One can readily see how the long, narrow cervical canal of such a uterus, made narrower still by the existing flexion, might offer resistance to the exit of the menstrual flow and cause pain; but the fact that many girls with undeveloped uteri menstruate for a number of years without pain and then suddenly begin to have intense dysmenorrhea, prevents our acceptance of an explanation so simple. If such a patient be subjected to examination an endometritis will be found. The endometritis is the immediate cause of the dysmenorrhea. The size and attitude of the uterus predisposed to the endometritis, and the endometritis in such a uterus is productive of more pain than it would be in one normal in size and position.

Another condition of the uterus which gives rise to dysmenorrhea is the chronic, painful metritis of some authors, the subinvolution with endometritis of other. Such a uterus is enlarged and tender, usually retroflexed or retroverted. It is in a state of chronic congestion, and the increase in congestion which precedes and attends menstruation is painful.

Adhesions of the uterus are made taut by this pathological congestion of the organ and cause pain.

Membranous dysmenorrhea is usually, and I think correctly, now regarded as an exfoliative endometritis.

Stricture of the cervical canal as a result of violent inflammation, the use of caustics, or of operative procedures is a cause of dysmenorrhea. Dysmenorrhea frequently has its origin in disease of the tubes. Acute salpingitis, associated as it is with more or less pelvic peritonitis, renders the menstrual congestion of the contents of the pelvis exceedingly painful.

Chronic interstitial salpingitis and pus tubes cause dysmenorrhea; hydrosalpinx much less frequently does so.

Ovarian dysmenorrhea may be due to lack of development. The ovaries, like the uterus, often have their growth interfered with at about the time of puberty.

Cystic disease of the ovaries, as well as sclerosis, chronic inflammation, septic, or gonorrheal infection, may cause dysmenorrhea. Ovarian prolapse is a common cause of dysmenorrhea, but as it is frequently a complication of uterine retroversion, the pain is often attributed to the latter, and the ovarian displacement overlooked in the diagnosis and ignored in the treatment. Adhesions of the ovaries, as well as those of the uterus and tubes, cause dysmenorrhea.

Of the constitutional causes of dysmenorrhea anemia is possibly the most important. Neuralgia has been said to be the cry of a nerve for healthy blood, and one can readily see how a physiological process which so closely resembles a pathological one as does menstruation might serve as the exciting cause for such a cry. The gouty diathesis must not be overlooked as a cause of pain at the time of the menstrual flow, and functional disturbance of the liver and kidneys may aggravate, if not actually produce it.

Organic or functional disease of the heart and blood vessels may readily interfere with the proper circulation of the blood and cause pain at the menstrual time.

Malaria and syphilis are both important causes of neuralgic symptoms, which may take the form of dysmenorrhea.

Indigestion, especially of the intestinal type, may be the primary cause of dysmenorrhea by producing anemia, or by reflex nervous action.

Fliess about five years ago called the attention of the profession to the fact that certain spots in the nasal mucous membrane are sensitive during menstruation, and that the menstrual pain is relieved by cocainizing these spots.

It may require the most careful examination of the patient by all methods known to modern medicine to discover the cause of dysmenorrhea in a given case. Physical examination of the chest and abdomen should not be neglected in one's effort to ascertain the cause, and the whole cause of dysmenorrhea, and an examination of the urine and blood may give valuable information. But the patient's description of the pain, its location, character and time of appearance, are suggestive of the direction in which the search should first be made.

Pain in the hypogastric region indicates that it is of uterine origin. If the pain precedes the flow and is relieved by it, a congested condition of the uterus will be thought of, while if it is greater during the flow, but does not have the character of uterine contractions, the constitutional origin of the trouble will be suspected. If the pain precedes the flow and continues spasmodically during its continuance, mechanical obstruction is suggested. Pain in the iliac regions is a symptom of disease of the appendages. Pain on one side would seem to indicate that only one appendage was involved though the pain may be on the opposite side from that on which the disease is located.

Pain radiating down the thigh is also frequently found when the dysmenorrhea is of tubal or ovarian origin. In the undeveloped uterus, when dysmenorrhea first manifests itself the endometritis is of atropic form and the flow is scant, if the endometritis is not cured it later assumes the hypertrophic form, the body of the uterus is enlarged, its cavity dilated, and the flow becomes profuse, but the dysmenorrhea is in no way lessened. Such a history points to the condition named.

A bimanual examination of the contents of the pelvis is the most important means at our command of making a diagnosis. By it will be determined the size, shape and position and mobility of the uterus and its appendages.

If necessary this examination may be supple-

mented by inspection, and the introduction of the sound to ascertain the caliber of the cervical canal, especially of the internal os. The fact that a sound is readily passed does not prove there is no obstruction, however; the swollen mucous membrane may so occlude the cervical canal that fluids pass through it only when forced to do so by painful contractions of the uterus, without offering any obstruction to the passage of a metallic instrument.

The treatment of dysmenorrhea includes means for the relief of the pain, and for the prevention of future attacks. If the pain is not severe, rest in bed, hot fomentation and hot drinks may be all that is required for its relief. Sitz baths are of value when the pain precedes the flow. In the severe cases it will be necessary to administer drugs for its relief. Opium and alcohol should be carefully avoided on account of the danger of their use becoming habitual. The coal-tar products, antipyrin, phenacetin, acetanilid thermol, etc., often act admirably well. A combination of atropin and sodium bromide has been very useful in my hands. Viburnum Prunifolium sometimes acts satisfactorily, but it is uncertain. The same may be said of dioscoria villosa. Veratrum Viride would seem to be indicated in certain cases, but I have never used it.

The salicylates are valuable in cases where there are rheumatic tendencies; guaiacum is useful in the same class of cases. Before beginning curative treatment, in married women a careful examination of the pelvic contents is to be made. In the young and unmarried no local examination is to be made, unless the pain is extraordinarily severe, until prolonged efforts to cure the dysmenorrhea by constitutional means have proved unavailing. The constitutional treatment, to have any chance of success, must be conducted in a rational manner. The routine administration or iron, quinin and strychnin, useful as these drugs may be individually or collectively in certain cases, can only bring failure in the majority. If chlorosis is present, intestinal antiseptics are more valuable than iron. Constipation is usually a contraindication to the administration of iron, though if other indications for its use are clear, it may be given in combination with cascara. In cases where there is malarial poisoning quinin and arsenic are the proper drugs.

Patients with the syphilitic taint should receive the ordinary treatment for that condition. Potassium iodide is also of value in cases of chronic metritis.

Lithium is especially valuable in the rheumatic or gouty; patients of a bilious habit will be much benefited by a free mercurial purge two or three days before the period.

Digitalis, strophanthus and ergot are all of value where weakness of the heart and relaxed blood vessels produce a passive congestion of the pelvic organs.

But drugs are not the only or even the most important means of treating these cases constitutionally. Exercise and rest in the appropriate time for each is important. So is the regulation of the diet. In the anemic the nutrition should be forced. Milk, eggs and rare beef, etc., in quantities as large as the patient can digest are to be recommended. In the gouty and rheumatic lean meat especially is to be avoided, and fruit and large quantities of water are to be taken. Cold sponge salt baths are valuable for their tonic effects.

Sexual hunger greatly aggravates these cases, and novels, plays and associates that have a tendency to turn the patient's mind in this direction should be carefully avoided, while every effort should be made to keep the mind occupied by wholesome thoughts.

That the local treatment of dysmenorrhea depends entirely on the local conditions found to be present by a careful examination goes without saying. If the endometritis is present the proper treatment is curettage. If the endometritis is a complication of undeveloped uterus, the thorough dilatation of the cervical canal precedes the curettement is an essential part of the treatment. Tight packing of the uterine cavity with iodoform gauze is also helpful in such cases, as it causes the uterus to contract, puts it through a miniature labor, if you will, and alters it in a way which no other treatment with which I am familiar will do. Such a case often requires two or more curettements at intervals of from six months to two years. The introduction into the uterus of a strip of iodoform gauze occasionally is also a valuable means of exercising and developing the uterine muscle. The stem pessary was formerly much used in these cases, and oftentimes with benefit. The danger of causing pelvic peritonitis led to its abandonment. Dr. Carstens, of Detroit, has recently recommended them, claiming with much reason, that they acquired their bad reputation in preaseptic days.

The majority of cases of this class can be relieved by the means suggested, but occasionally a case is seen in which no curative treatment yet devised is of benefit, and the only way to prevent painful menstruation is to stop menstruation by the removal of the ovaries. In such cases the ovaries will usually be found to share the lack of development.

In subinvolution the same treatment as advised for the undeveloped uterus is the best. Such a patient should rest in bed for two or more weeks after the curettage to receive the full benefit of the operation.

Retrodeviations of the uterus should be treated by the improved operative methods of the present time.

If the condition is complicated by the prolapse of an appendage no method of treatment that does not cure that will give the patient permanent relief. If the appendage comes into proper position when the uterus is replaced, all that is necessary is to keep the uterus in a normal position and the ovary will take care of itself. But if the con-

trary be true, it will be necessary to suture the ovary to the broad ligament.

Inflammatory conditions may end in resolution or they may lead to organic changes which will require extirpation. This last remark is equally applicable to inflammation of the tube. Cystic disease of the ovary will require its removal.

In all congestive conditions of the uterus, saline purgatives and the application of boroglyceride tampons in the vagina a day or two before the menstrual period will be found useful palliative measures.

For several conditions the removal of the ovaries has been spoken of as the only means of relief. Before resorting to this extreme measure the surgeon must consider well, whether it were not better for his patient "to bear those ills she has rather than fly to others that she knows not of"; whether it were not better to endure discomfort and even severe pain for several days each month than to pass through a tempestuous menopause prematurely induced, into the ranks of the unsexed.

PRESIDENT'S ADDRESS.[1]

Need of More Unity Among Members of the Profession.

BY S. J. SORNBERGER, CORTLAND, N. Y.

SINCE the days of Esculapius, a crying need of the profession has been *more unity,* more community of interest. Disintegration, rather than unity, has been the tendency. This tendency has not been manifest solely between the rival schools of medicine, but between members of the same school. The sentiment, unworded yet expressed, has seemed to be a slight modification of an old saw—"Each one for himself, and the devil take the *foremost,*" instead of the "hindmost."

It is a comparatively easy thing for a physician of one school, when called to succeed a physician of another school, to speak lightly, and perhaps even ridicule, the practice of the man whom he is displacing. This is bad enough, but a thousand times worse is it for one who is called to succeed a brother physician of his own school to allow himself, by look, insinuation or word, to belittle the work of a man who is so unfortunate as to be displaced by him. You may say, "Is it possible that there is any one who would do such a thing?" Better say, "Is there any one who does *not* do it, in one way or another."

Dr. X is called to see a case which has been under treatment by Dr. A. Dr. X is informed that they have become dissatisfied with Dr. A and hence have called him. Dr. X looks wise and serious, and says, "I wish I could have been called earlier. I fear it is now too late." He is possibly asked what he thinks of the treatment which the patient has received, to which he replies, "I never talk about my fellow practitioners. I prefer not to say what I think. Oh, Dr. A is a nice man, and no doubt does the best he knows how, but, you know, a man of more experience ought to be able to do a little better. Well, I won't say anything about him, only I regret that I was not called in the beginning." Do you say this man has said nothing against his fellow-practitioner? He has said volumes. How much better it would have been for him to let dignity of character assert itself; to have walked in, examined the patient, and prescribed, with that dignity becoming a member of the profession, passing over any allusions to his predecessor in silence, or else speaking well of him, in a way that leaves no insinuations behind.

Again, Dr. Y is called to see a case which Dr. Z has been attending. Dr. Y is told that Dr. Z has pronounced it a case of lung disease. Dr. Y examines the case and says, "Too bad this case could not have been diagnosed earlier. The lungs are sound, but there is a bad bronchitis and heart disease, which may terminate in lung disease if not arrested at once. Sorry so much time has been lost." Dr. Y tastes the medicine left by Dr. Z and orders it thrown out at once, and wonders audibly how the patient has lived so long with such treatment.

Dr. McMuckey is out of town, and Dr. McIntyre is called to reduce a fracture of the forearm in one of Dr. McMuckey's families. When Dr. McIntyre is told that Dr. McMuckey is their family physician, he says, "Well, Dr. McMuckey is a very good physician, I suppose, but when you come to surgery, in anything except a little minor surgery, he is not up."

Dr. Peters calls Dr. Piper in consultation. After examination of the case, Dr. Piper, on the sly, tells the family or patient that while he wishes to say nothing against Dr. Peters, he could do better by the case.

Dr. Wig is calling on a patient next door to where a case is being treated by Dr. Wag. Something is said in Dr. Wig's presence about the typhoid fever patient next door being treated by Dr. Wag. Dr. Wig improves his opportunity to say that he does not believe there is a case of typhoid fever in town, that some doctors cannot diagnose a case of typhoid fever.

Dr. Jim was treating a case of pneumonia out in the country. The family was poor, and had no way of providing fuel. Dr. Jim went day after day through snow and sleet, sometimes having to leave his horse by the roadside and go the remainder of the journey on foot because of snowdrifts, and even carried coal from his own bin to keep the patient warm. Recovery was protracted, and another physician was called, Dr. Jam, who at once announced that Dr. Jim had not understood the case at all, and ought to be prosecuted for malpractice. Suit was actually begun against Dr. Jim, but when the facts were ascertained by the prosecuting attorney the suit was withdrawn. A fact.

Dr. Buck was called out into the country to attend an obstetric case, but arrived some time after

[1]Read at the Annual Meeting of the Cortland County Medical Association, Cortland, N. Y., January 6, 1904.

the birth. He tied the cord and left both mother and babe doing well. Some weeks later Dr. Chuck was called to see the baby, and began at once to rail at Dr. Buck, saying that the baby's condition was due to his having tied the cord too soon, and remarked that any doctor who would do such a thing should be prosecuted. Suit was begun, but when Dr. Buck proved that the child was born some time before his arrival, and hence that the cord was not tied too soon, the suit was discontinued, and Dr. Chuck was in disgrace. This is a fact.

Dr. Ping lost a case of pneumonia. Dr. Pong, although neither a relative nor an immediate friend of the family, sends flowers for the funeral and a letter expressing sympathy and condolence. This is also a fact.

Dr. Dick did a breast amputation for malignant disease, the operation said by those who witnessed it to have been neatly and thoroughly done. The disease recurred, as it will in at least 50 per cent. of all such cases. The patient consulted a man whom we will call Dr. Quick, supposed to be eminent as a specialist in a distant city, who told the patient that Dr. Dick did not properly do his work, that he should not have removed the pectoral muscles, and that he left an infected gland which should have been removed. This, of course, turned the patient against her physician, and she would have no more to do with him. Now, gentlemen, such a thing as this is HELLISH. Dr. Quick had no reason for saying what he did. He would just as well have said, and truthfully, "This operation appears to have been thoroughly and well done, but recurrence has taken place, as it does in more than 50 per cent. of such cases. Your doctor has made no mistake. He has done all that any one could do." How much better would this have been than the other plan.

When a man holding a diploma and license to practice allows himself to bid for practice in such a manner medical service is degraded to the level of a commercial commodity, and we all are but menials, common laborers, bidding against each other for a job. This condition is one which rarely works from below upward, but from above downward. Those who consider themselves the *big guns* are the ones who do most of this work. I do not mean that our best men do such things, for they do not; but those who think themselves the *big guns,* while in reality their caliber is small. Your patient breaks away and goes to a so-called specialist, perhaps in a great city, and is told that you have made a great mistake, and your patient is angry at you. Thus a certain class of the profession in the larger cities is striking back at the profession in the smaller towns, and now and then one in the smaller towns follow their example by striking other members of the profession in their own town.

Such things should not be. There are far too many in this world who are ever on the alert for an opportunity to bring a suit for malpractice against the physician, without being aided and abetted by jealous members of the profession. This insinuation of ignorance and incompetence in members of the profession, or the promiscuous striking viciously right and left at other members of the profession, should not be, and we sincerely hope it does not exist in Cortland County.

The time was when there was a warfare between the schools, when a member of one school would not consult with a member of another, but thanks to the action of the American Medical Association, a code of ethics has at last been adopted which is broad and liberal enough for all, and if the profession will accept its provisions in deed as well as word, unity among the schools will be near at hand. If, in addition to this, there can be among the individual members of the profession, more unity, more fraternity of feeling, more community of interests, the profession will merge from the cloud of suspicion, under which it rests to-day, and rise to the exalted position which it merits.

REMARKS ON DIVISION OF THE FEE.

As I have been quite prominently identified with the anti-commission practice in surgery, I feel it is incumbent upon me to answer your editorial on "The Commission Evil."

In the first place I will state that I know of a number of men who pose as "reputable" who openly solicit cases on a "commission basis." Arkansas has legislated against "drumming quacks" who do the same thing! Wherein lies the difference—merely in latitude?

My position is this: When a man recognizes his inability to treat a case and sends it to one who can do so, he is supposed to be acting in the sick person's interests. That person should be made to pay all fees he may owe the first attendant. To attempt their collection surreptitiously is harmful to the profession and does not elevate the doctor in the public esteem. The commission business is dishonest, mean and unprofessional. It is leading to indiscriminate operating for what there is in it. The public will not "stand for it," as editorials in all the Chicago papers have proved.

Now as to "fee division": If the first attendant has rendered honest services in the case, he should be compensated in due and proper proportion, but openly and above board. This is perfectly practicable. My rule is to determine what proportion of the fee is justly due my confrère, add it to my own, and present a joint bill. I also ask him to present to me for record a separate bill on his own part. There is no earthly objection to a "partnership arrangement" on a square basis between physicians.

The man who confesses his inability to operate and then attempts to put himself on the same plane of expertness occupied by him who can, by demanding, in a case which is manifestly not his, a portion of the fee, has most unparalleled effrontery. The laborer is worthy of his hire, but this does not prove the steerer and the bunko man worthy of the fleece.—*Amer. Jour. of Surg. and Gyn.*

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President—Henry Van Hoevenberg.
Vice-President—James L. Preston.
Secretary—Mary Gage-Day.
Treasurer—Alice Divine.
Committee on Legislation—Alexander Stilwell, A. H. Palmer, Benjamin F. Neal.
Committee on Public Health—Frederick Huhne, Eber H. Heston, James Krom.
Committee on Ethics—Arthur J. Benedict, Wilson P. Fuller, Elijah Osterhout.

WESTCHESTER COUNTY MEDICAL ASSOCIATION.

President—Thomas J. Acker.
Vice-President—William D. Granger.
Secretary and Treasurer—Donald T. McPhail.
Executive Committee—Thomas J. Acker, Chairman *ex-officio;* Benjamin Jerome Sands, William J. Meyer.
Committee on Legislation—H. Ernst Schmid, Chairman; William L. Wells, Edward F. Brush.
Committee on Public Health and Medical Charities—William D. Granger, Chairman; H. Eugene Smith, William J. Meyer.
Committee on Ethics and Discipline—N. J. Sands, Chairman; Peter A. Callan, Henry T. Kelly.

THE

New York State Journal of Medicine.

The Official Organ of The New York State Medical Association.

VOL. 4. NO. 5. NEW YORK, MAY, 1904. $1.00 PER ANNUM.

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AMERICAN MEDICAL ASSOCIATION.

Next Annual Meeting at Atlantic City, N. J., June 7-10, 1904.

President—John Musser, Pennsylvania. *First Vice-President*—G. C. Savage, Tennessee.
Second Vice-President—Isadore Dyer, Louisiana. *Third Vice-President*—C. Lester Hall, Missouri.
Fourth Vice-President—George F. Jenkins, Iowa.
Secretary-Editor—Geo. H. Simmons, 103 Dearborn Ave., Chicago, Ill. *Treasurer*—Henry P. Newman, 101 Dearborn Ave., Chicago, Ill.

THE NEW YORK STATE MEDICAL ASSOCIATION.

Next Annual Meeting at New York, October 18-21, 1904.

President—William Harvey Thornton, 572 Niagara Street, Buffalo.
Vice-President—Charles S. Payne, Liberty.
Vice-President Ex-Officiis—J. Orley Stranahan, Rome. Everard D. Ferguson, Troy.
Josiah William Morris, Jamestown. Julius C. Bierwirth, Brooklyn.
Secretary—Guy Davenport Lombard, Graham Court, 116th Street and Seventh Avenue, New York.
Treasurer—Frederick A. Baldwin, 64 Madison Avenue, New York.
Counsel—James Taylor Lewis, Esq., 180 Broadway, New York.

STANDING COMMITTEES.

Committee on Arrangements:

Samuel A. Brown, Chairman, 23 East 44th Street, New York. William Harvey Thornton, Buffalo. Charles S. Payne, Liberty. Guy Davenport Lombard, New York. Julius C. Bierwirth, Brooklyn. Bernard Cohen, Buffalo. John Joseph Nutt, New York. Josiah W. Morris, Jamestown. J. Orley Stranahan, Rome. Johanna B. Leo, New York. William E. Swan, New York. John Bruce Harvie, Troy.

Committee on Legislation:

E. Eliot Harris, Chairman, 33 West 93d Street, New York. J. Orley Stranahan, Rome. Josiah W. Morris, Jamestown. Everard D. Ferguson, Troy. Julius C. Bierwirth, Brooklyn.

Committee on Library:

John Joseph Nutt, Chairman, 2020 Broadway, New York. Henry S. Pascal, New York. Eben Foskett, New York.

Committee on Public Health:

Louis Curtis Ager, Chairman, Third Avenue and Silliman Place, Brooklyn. William Finder, Jr., Troy. Charles A. Wall, Buffalo. Harry R. Purdy, New York. Bernard S. Moore, Syracuse. Charles B. Tefft, Utica.

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Charles E. Denison, Chairman, 68 West 71st Street, New York. Charles G. Child, Jr., New York. W. Travis Gibb, New York. E. Eliot Harris, New York. Thomas F. Reilly, New York.

Committee on Naminations:

Wisner R. Townsend, Chairman, 125 West 58th Street, New York. W. B. Reid, Rome; Douglas Ayres, Fort Plain, 1st District. John M. Humphrey, Saratoga; William J. Hunt, Glens Falls, 2d District. J. G. Orton, Binghamton; C. D. Ver Nooy, Cortland, 3d District. A. G. Bennett, Buffalo; T. D. Strong, Westfield, 4th District. J. W. S. Gouley, New York; William H. Biggam, Brooklyn, 5th District.

Delegates to the Annual Meeting of the American Medical Association, June, 1904.
E. ELIOT HARRIS, New York. Joseph D. Bryant, New York. Joseph W. Grosvenor, Buffalo. Elias Lester, Seneca Falls.

(For list of other officers, see last pages of reading matter.)

Members of the American Medical Association who are members of The New York State Medical Association:

April 1st,	990
Increase,	11
Total May 1, 1904	1,010

Members of The New York State Medical Association:

April 1st,	1,746
Increase,	12
Total May 1, 1904	1,758

The New York State Journal of Medicine.

Published Monthly by The New York State Medical Association.

COMMITTEE ON PUBLICATION:
CHARLES E. DENISON, M.D., Chairman.
Charles G. Childs, Jr., M.D.
W. Travis Gibb, M.D.
E. Eliot Harris, M.D.
Thomas F. Reilly, M.D.

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AGREEMENT FOR CONSOLIDATION.

In the February issue of the JOURNAL we published the "Agreement," drawn up by the lawyer of the Joint Committee of Conference, representing The New York State Medical Association and the Medical Society of the State of New York, which was submitted as part of the report of the committee, and has since been ratified or agreed to by both State organizations and by twenty-two county associations and forty-one county societies.

So far but one dissenting vote has been reported, the County Association of Onondaga. The counties voting in favor of the agreement represent a membership of over 5,000, the one voting in the negative a membership of 14.

The agreement is clearly worded and follows the plan of legal papers, stating that certain things will be done by each party in order to make it effective.

It was not supposed that there was an article, paragraph or portion of one that was not clear, but it seems that some doubt exists in regard to Articles 5, 6 and 7, which are as follows:

Fifth: The Society and the Association mutually agree that before the entry of an order for the consolidation of the corporations, notice of an application for the order shall be given to every county society and association. Such notice may be given by the Society or by the Association. Service of such notice upon any officer of a county society or association shall be deemed to be sufficient and shall bind the societies and associations, provided that the length of time of the notice and manner of serving it may be determined by the order of the court upon the presentation of the petition for consolidation.

If the court shall decline to order the consolidation pursuant to the terms of this agreement, or if for any other reason the joint Committee of Conference heretofore appointed shall deem it to be expedient to submit this agreement, or any question in connection therewith, for ratification or determination to their respective county societies and county associations, it shall order such submission. In that case the agreement shall not be binding upon the corporations parties hereto, until the same shall have been ratified by all such county societies and associations; and a certificate of the ratification of the agreement by any county society or association signed by the president and secretary of the meeting shall be conclusive evidence thereof in any court or place; provided that for the purposes of this agreement no county society or association shall be deemed to be in existence which shall not have held a meeting since January 1st, 1901.

Sixth: The Society and the Association each for itself agrees that in order to facilitate the due execution of this agreement according to the terms thereof, it will prepare or cause to be prepared and delivered to the Society, a roster containing the names and addresses of all its members in good standing at the date of the consolidation, and the Society agrees that as soon as practicable after the consolidation, meetings of the county societies shall be called on due notice to all their members, including all members of the Association in good standing at the date of the consolidation, residing in the counties in which the meetings shall be held, respectively, for the purpose of effectuating the plan of organization under the constitution and by-laws hereto annexed, and for the transaction of such other business as may come before the meeting.

Seventh: It is further covenanted and agreed by the parties hereto that as soon as practicable after the entry of an order for the consolidation of the corporations, the following proposition shall be submitted by referendum to the vote of the members of the Society, namely:

"The principles of medical ethics of the American Medical Association, being suggestive and advisory, shall be the guide of members in their relations to each other and to the public."

A careful study of Article 5 will show that it is not necessary for every county association or society to ratify in order to make the agreement effective, unless the court declines to order the consolidation, or if for any other reason the committee deems it necessary to submit the ratification to each county association or society, then a unanimous vote would be necessary. Owing to the fact that a large majority of county associations and societies have already ratified and that others will follow before application is made to the court, it seems very unlikely that the court should decline to order the consolidation. The committee have seen no reason to insist on unanimous ratification, but feel that the action of the majority should govern.

In Article 6 it is clearly intended that all members of the county associations and of the county societies shall constitute the county society after amalgamation, and that this amalgamated or consolidated body shall meet and "effectuate the plan of organization." In other words, shall meet, adopt by-laws and transact such other business as may properly come before the meeting.

In Article 7, the term "Society" means the Medical Society of the State of New York after amalgamation or consolidation. Said Society will include all members in good standing at the date of consolidation of all county associations or district branches and county societies. The vote will be taken according to Article 8 of the State Society constitution, to be found in "Exhibit B" of the joint Conference Committee report, printed in the February JOURNAL.

Every Association member will be entitled to vote, as he will THEN be a member of the Society. The idea that the Association members will not be entitled to vote is incorrect, as it is clearly stated that the vote will not be taken until after the entry of an order for the consolidation of the corporations (State Association and State Society). At such time Association members will have ceased to be members of the respective associations and will have become members of the Society.

CORONERS BILL PASSED.

The bill abolishing the office of coroner in Greater New York has recently passed both houses of the Legislature, and the force of public sentiment, if nothing else, will, without the slightest doubt, cause the Mayor to approve and the Governor to sign it, thus making it a law.

This is not only a great victory for civilization, but also for the New York State Medical Association. For many years spasmodic and perfunctory attempts have been made to abolish the worse than useless coroner system, but the bills intended to effect this have always heretofore been put to sleep in the committee rooms.

There was never any intelligent, organized effort made to accomplish this much-needed reform until about three years ago, when this association took the matter up in earnest. Since then its members have fearlessly and tirelessly exposed the shocking scandals and maladministration of a worthless office, which has been retained only for the purpose of giving places to men in the lowest grade of party politics.

At last the apathy and habitual inertia toward the acceptance of new and improved methods, so characteristic of our people, have been overcome, and a victory has been gained which all public-spirited citizens rejoice in and that many claim as their own.

The New York State Medical Association did not alone succeed in abolishing a superannuated system, but it offered and had adopted a substitute therefor, which is believed to be an improvement upon any method of verification of the cause of death in the world. It has all the good points of the systems of Vienna, Paris, Berlin and Massachusetts, and none of the bad.

It is better than any of these, in that it places the purely medical functions in the Health Department, where they logically belong, thus effecting a complete removal of the system from the domain of politics and insuring a prompt, accurate and scientific investigation of all deaths due to unknown causes.

This will be a great gain for sanitary science, social order and public safety.

The member of our association who conceived the idea of placing this important work in the Department of Health is the father of our excellent Board of Health law, the Gladstone of the medical profession, Dr. Stephen Smith.

If the city authorities—the Mayor, the Board of Health and the Civil Service Commissioners—perform their duties as well as our legislators have, in this instance, done theirs, the new system will be so successful as to make it a wonder that it had not been adopted years ago.

We predict that it will be copied by all the long-suffering communities in the United States, and that Senator N. A. Elsberg, the man who gave it his name, who helped to perfect it and whose energy and persistence were chiefly instrumental in getting it through the Legislature, will be looked upon as one of the greatest sanitary reformers of his time.

WORDS OF WISDOM.

The Hon. Frank S. Black's after-dinner speech on the patriotism of peace, delivered at the Periodical Publishers' banquet in Washington on April 7, is worthy of being committed to memory. We are living too fast. Let us take heed else we be destroyed:

"My utterances are not inspired and afford no clue. A ship not bound to a schedule may, however, cruise a little on her own account. She

may see places and things that might otherwise be undiscovered or forgotten. The more vessels cruising on their own account the more widely will your commerce spread. The more men seeing and thinking without a harness, the more general will be your information, and the more stable your conclusions.

"There are many new things in the world, but there are no new morals or new truths. We need not try to invent. We shall do better if we remember those we have. It can do no harm occasionally to repeat those reflections which, though old, should be forever paramount. This is an era when things are moving with tremendous energy. No speed can be so great that in itself it constitutes a danger, but speed should not be gained at the expense of safety. Havoc comes when you try to stop or change your course. Time is not the only thing of value. A work is no greater because done in a hurry. It is far wiser to arrive safely at dark than to be brought home mangled an hour earlier. These things I believe should be kept in mind. Large enterprises must be built upon large deliberate plans. Judgment is safer than emotion. It does not create half the enthusiasm, but it stays longer. Nature works slowly, but she never tires and her rules change not. That is why, through all creation and on every side, the marvels of her handiwork, compared with which the puny works of man are as candles to the sun, have in all ages bowed the human head in wonder and adoration. On every rock and river and tree is written the precept, let your head command and your hand obey. Strength without wisdom is like the hurricane speeding unguided across the plain, and piling in its awful havoc alike the empty hut and crowded temple. All things should be controlled by plan and method, for it is true now as it was of old, that when the floods come and the rains descend, no house will stand unless founded on a rock."

SOCIETY JOURNALS.

Elsewhere in this issue the subject of State Society Journals is discussed at some length. If one may judge of the general feeling throughout the State by the expressions that various members of some fifteen county societies have made to the editor, California physicians decidedly approve of the journal plan. The question will soon confront the newly amalgamated New York Society. At last the obstructionists in that State, in both the Society and Association, have given way, and union will be an accomplished fact very soon—as soon as the county organizations can act, and many of them have already ratified the agreement. Shall the Society then carry on the Association's journal? The *Buffalo Medical Journal* discusses the question, in a recent issue, and urges that the journal (of the Association) be discontinued and the old series of annual transactions (of the Society) kept up. The Society has published its transactions for nearly a hundred years, and this seems to be the principal argument for continuing to do so, and ceasing to publish the journal. It is also claimed that copies of a journal become lost or destroyed and then members have not a complete record. The further question of greater expense is about the only other argument adduced to support the plea for discontinuing the journal, when the Society shall have absorbed the Association. How puerile these arguments seem, when compared with the reasons for a State Society publishing a journal! It is reasonably safe to say that the New York Association could not have attained nearly the size, and the influence which it has secured, without its journal. It is also safe and conservative to prophesy that the profession in that State will not be well or fully organized if the journal is discontinued. Twelve messages a year to each member are worth a whole lot more than one; more than twelve times as much as one delayed volume of "Transactions" which nobody thinks of reading. They may look well on the library shelves—but so does a file of bound journals. There does not seem to be any good reason why the volumes of journals cannot be bound and added to the "nearly one hundred volumes of Transactions." Certainly, in the State Society journal one does not find a paid reading notice following a grave editorial in the editorial pages, as is the case in the very journal making the argument against State journals, the *Buffalo Medical Journal*. — *California State Journal of Medicine.*

RIGHT-HANDED.

In an article on why we are right-handed, in the *Sun*, by Austin Flint, M.D., the following statistics are very interesting:

"About 94 per cent. of otherwise normal persons use the right hand in preference to the left; 6 per cent. are either left-handed or ambidextrous; one-third of the 6 per cent. are ambidextrous. Left-handedness is practically an abnormality, and is often associated with defective moral sense. Of a hundred criminals, nineteen were left-handed, these including assassins, incendiaries and burglars. Highwaymen, however, presented the normal proportion. The largest proportion of left-handedness was in incendiaries—28.5 per cent. According to these figures, 68.4 per cent. of the left-handed are not to be classed as criminals.

THE PHYSICIAN'S BILL.

In response to a letter to twenty-five members who practice some specialty of medicine or surgery, fifteen have answered. The letter read:

Dear Doctor—The article in the last (April) number of the JOURNAL, entitled, "Alleged Professional Criticism of a Physician's Bill," has called the attention of one of the members of the Association to the importance of securing some definite idea as to the fixed fees of physicians who practice specialties.

It will not be necessary to publish the names of the

men who give this information, as I only wish it for the purpose of making a summary report for the Journal.

If you will, therefore, kindly send the required information to my office, 68 West 71st street, I will greatly appreciate the favor. Yours very truly,

C. E. Denison.

In the tabulated table shown below there is no maximum fee, but from $10 to $25 for the first visit, according to time and nature of consultation, represent charges of best-known men. Special examinations even command more. Again many specialists require a large amount of time to be spent in making proper examinations, as the oculist, neurologist, gynecologist and orthopedic work in fitting apparatus:

	First Visit.	Succeeding Visits.
1	$10	$5
2	10 to $15	.....
3	25	5 to $10
4	10	5
5	.....	5
6	10	5
7	20	5
8	10	5
9	25 to 10	.....
10	10	5
11	10 to 20	5
12	20	10
13	10	5
14	20	10
15	10	5

DOCTORS AND THEIR INCOMES IN THE UNITED STATES.

There are about 200,000 doctors in the United States, or about 1 for every 350 people. It has been approximately estimated that the average yearly income of these men is $750, or that the public in the country pays $150,000,000 annually for medical attendance, omitting entirely the money spent for patent medicines which bring millions of dollars to manufacturers, or the amounts spent for doctors' prescriptions, or paid to quacks and commercial doctors. The preparation for the practice of medicine that gives a man a good standing in the profession means an expense of, liberally speaking, $4,000 for four years in a reputable medical school, $1,000 for general expenses during two years' hospital service, and perhaps, another $1,000 for setting up in practice. A year or two in Europe is also a help. —*Leslie's Monthly.*

FAREWELL TO THE CORONERS.

At last New York is to be freed from the incubus of the antiquated coroner system. When the present occupants of the office have finished their terms the "crowner's quest" will be no more. Governor Odell acted vigorously for the public good when he sent his emergency message to the Legislature, and the lawmakers were not slow to respond to the demand for the passage of the Elsberg bill.

The Tribune ever since the adoption of the constitution of 1894, which permitted the abolition of the coroner by legislation, has urged the substitution of a saner and more expeditious system for the investigation of fatal crimes and accidents. The action of the Legislature is the fruit of this long agitation.

The nondescript coroners are to be replaced by medical examiners, who shall report to the city magistrates. Thus the medical work will be done by physicians and the prosecuting and quasi-judicial functions of the coroners will be performed by lawyers trained in judicial work.

There's only one thing to be regretted in the situation. The present coroners are not legislated out at once. We must wait till their terms end.—*New York Tribune.*

THE NEW YORK STATE MEDICAL ASSOCIATION

When referring to the manifold advantages of membership in The New York State Medical Association, attention should be called to the following facts:

That The New York State Medical Association does not exist as an entity, but is composed of the United County and District Branch Associations.

That membership in a regularly chartered County or District Branch Association carries with it membership in the State Association.

That The New York State Medical Association is the legal representative and only affiliated branch in New York State of the American Medical Association.

That it is only through membership in The New York State Medical Association that physicians residing in New York State can become members of the American Medical Association.

SUIT FOR ALLEGED MALPRACTICE AGAINST MEMBERS DEFENDED BY THE STATE ASSOCIATION.

By-Laws, The New York State Medical Association.

ARTICLE II, SECTION 7.

The Council shall, upon request and compliance with the conditions hereinafter provided, assume the defense of suits of alleged malpractice brought against members of this Association. The Council shall not undertake the defense of any suit based upon acts prior to the qualification of the accused as a member of the Association. A member desiring to avail himself of the provisions of this section shall make application to the Council through the secretary, shall sign a contract renouncing his own and vesting in the Council sole authority to conduct the defense of said suit or to settle by compromise, and shall make such other agreements as the Council may require. The Council shall thereupon contract with said applicant to take full charge of said suit, to furnish all necessary legal services, to pay all necessary expenses and not to compromise said suit without consent of the accused, but the Council shall not obligate the Association to the payment of any damages awarded by decree of court or upon compromise.

Association News.

DISTRICT BRANCH MEETINGS FOR MAY.

First District Branch, Tuesday, May 3d.
Fifth District Branch, Tuesday, May 3d.
Second District Branch, Thursday, May 26th.

FIFTH DISTRICT BRANCH ASSOCIATION.

Twentieth Annual Meeting, Hosack Hall, New York Academy of Medicine, Tuesday, May 3, 1904, at 3 P. M.

ORDER OF BUSINESS.

1. Calling the meeting to order at 3 P. M.
2. Reports of standing and special committees.
3. Reports of delegates to other district branch associations.
4. Report of treasurer.
5. Unfinished business.
6. New business.
7. President's address.

SCIENTIFIC SESSION.

"Cystitis: Some General Conditions," by Irving S. Haynes.

"Selection of Roentgen Ray Apparatus," by Arthur F. Holding.

"Exophthalmic Goitre: Methods of Treatment," by Ernest Valentine Hubbard.

8. Installation newly elected officers.
9. Reading of the minutes of the meeting and action thereon.
10. Adjournment.

COUNTY ASSOCIATION MEETINGS FOR MAY.

Kings County, Tuesday, May 10th.
Otsego County, Tuesday, May 10th.
New York County, Monday, May 16th.
Onondaga County, Monday, May 16th.
Ulster County, Monday, May 16th.
Orange County, Wednesday, May 18th.
Cortland County, Friday, May 20th.
Lewis County, Tuesday, May 31st.
Monroe County, Tuesday, May 31st.

Broome County Association.—The annual meeting of this Association was held at the office of Dr. Orton, Binghamton, on April 12, 1904. There was an attendance of eight members. The following resolution was adopted, ratifying the plan to consolidate The State Medical Association and Society:

Resolved, That the Broome County Medical Association hereby ratifies, approves and adopts the agreement for the consolidation of the Medical Society of the State of New York and The New York State Medical Association, which was unanimously approved and adopted at the annual meeting of the Medical Society of the State of New York, held at Albany on January 26, 1904, and The New York State Medical Association at a special meeting held in New York March 21, 1904, and the Broome County Medical Association hereby waives notice of an application to court for an order consolidating said corporations pursuant to the terms of said agreement, and hereby consents to the entry of such an order without notice; and be it further

Resolved, That the secretary of this meeting be, and he is hereby authorized and directed to send a copy of these resolutions, duly certified by the president and secretary of the meeting, to the secretary of The New York State Medical Association, and to execute and deliver any and all waivers of notice of an application for such order as the court may require.

In the scientific session, B. W. Stearns read a paper on "Some Encouragements in the Treatment of Malignant Growths." Dr. J. M. Farrington presented a report of the National Auxiliary Congressional and Legislative Committee of the American Medical Association, of which he is a member. The following officers were elected: President, LeRoy D. Farnham; vice-president, John H. Martin; secretary, Clark W. Greene; treasurer, William H. Knapp. John G. Orton was elected fellow and John H. Martin alternate; LeRoy D. Farnham was elected member of the Nominating Committee of the Third District branch. The following committees were appointed: Committee on Legislation, John M. Farrington, Benjamin W. Stearns and John H. Martin; Committee on Public Health, John H. Martin, William H. Knapp and Lester H. Quackenbush; Committee on Medical Charities, John G. Orton, Clark W. Greene and Frank P. Hough; Committee on Ethics and Discipline, John G. Orton, Frank L. Allen and John M. Farrington.

CLARK W. GREENE, Secretary.

* * *

Cortland County Association.—The regular meeting of this Association was held at the office of Dr. Lucid, on Friday, March 25th. There was an excellent attendance. Resolutions were adopted ratifying the agreement for the consolidation of The Medical Society of the State of New York and The New York State Medical Association. In the scientific session a paper was read by Dr. Lucid on "Extra Uterine Pregnancy." The discussion which followed was opened by Dr. Reese, followed by Drs. Sornberger, Brainard and Jennings.

HARRY S. BRAMAN, Secretary.

* * *

Genessee County Association.—The annual meeting of this Association was held at the Court-House, Batavia, on April 19th. Six members were present. A resolution was read ratifying the plan of unification of The New York State Medical Association and the Medical Society of the State of New York, which sanctioned the findings of our committee. The resolution was regularly seconded and heartily sanctioned. The following officers were elected: President, Albert P. Jackson; vice-president, William A. MacPherson; secretary and treasurer, C. Louise Westlake. William D. Johnson was elected fellow and Benjamin F. Showerman alternate. W. A. MacPherson was elected member of the Nominating Committee of the Fourth District branch. The following committees were appointed: Committee on Legislation, Augustus

F. Miller, Benjamin F. Showerman, William D. Johnson; Committee on Ethics and Discipline, Grant A. Neal, William A. MacPherson, Frank L. Stone; members of the Executive Committee, Augustus F. G. Zurhorst; Committee on Public Health, Charles D. Graney and Frank L. Stone.

C. Louise Westlake, Secretary.

* * *

Herkimer County Association.—The annual meeting of this Association was held at Little Falls, April 5, 1904. The president, Dr. C. H. Glidden, in the chair. The minutes of the last regular meeting were read and approved. Upon motion the plan of the union of The New York State Medical Association and the Medical Society of the State of New York was approved. The following officers were elected: President, Dr. C. H. Glidden, Little Falls; vice-president, Dr. S. S. Richards, Frankfort; secretary and treasure, Dr. E. H. Douglas, Little Falls. Adjourned. Edgar H. Douglas, Secretary.

* * *

Jefferson County Association.—A special meeting of this Association was held at the Young Men's Christian Chapel, Watertown, on April 12th. There was an attendance of twelve members. The meeting was called for the purpose of voting on the ratification of the agreement for the consolidation of The New York State Medical Association and the Medical Society of the State of New York. The ratification was adopted.

W. D. Pinsoneault, Secretary.

* * *

Kings County Association.—The regular meeting of this Association was held at 315 Washington street on Tuesday evening, April 12th. The vice-president, Dr. A. C. Brush, in the chair and thirty members present. At the business session the question of ratifying the agreement of consolidation between the two State bodies came up for consideration. After considerable discussion the question was put to the house, and the agreement was ratified. At the scientific session Dr. L. Grant Baldwin read a paper entitled: "The Prevention of Puerperal Sepsis." It was discussed by Drs. M. G. White, V. A. Robertson and J. O. Polak.

The meeting then adjourned by limitation.

Geo. F. Maddock, Secretary pro tem.

* * *

New York County Association.—Annual meeting was held on April 18, 1904, at New York Academy of Medicine. President Dr. Alexander Lambert in the chair. Meeting called to order at 8.15 p. m.

Minutes of the last stated meeting were read by the secretary and approved.

Drs. Austin, Wiggin and Harrison were appointed inspectors of election, and the polls were declared open. The corresponding secretary read the minutes of the meeting of the Executive Committee, which, on motion, duly seconded, were approved.

The following candidates having been duly seconded by the Executive Committee were elected members by the Association:

L. Emmett Holt, M.D., 14 West 55th street.

Arthur T. Holding, M.D., 125 West 58th street.

REPORT OF THE SECRETARY.

Mr. President and Members of the Association—Being appointed by the Executive Committee to fill out the term of office as secretary, made vacant by the death of our late respected brother, Dr. Ogden C. Ludlow, I have the honor to submit to you the following report of the work done by the Association:

The past year has been fraught with much interest to the members of the Association. Much has transpired to make history for the medical fraternity of this State, which has been of vital importance to each and every member of the Association. We are all familiar with the details of the long fight which this Association has made for the abolition of the long-since antiquated and useless office of Coroner. Now that your efforts have been crowned with success, you may well feel that not in vain have you fought the good fight.

Following the plan adopted last year of having a specific subject for discussion at the scientific sessions of some of our meetings, your Executive Committee has arranged several most interesting symposia during the year which has now come to a close. At the stated meeting held May 18th, the subject of "Dysentery of the Epidemic Form" was most excellently presented to the Association by our own members and guests from abroad, who had acquired a wider knowledge of the malady through their intimate contact with it. At a later meeting the older methods of the treatment of gunshot wounds were contrasted with the more improved methods of to-day.

During the past year numerous other papers have been read before the Association, and a summarized list, which is here given, along with the cases and instruments presented, will show that the subjects under discussion have been more in number and of a greater variety than that of last year.

Medical papers	4
Surgical papers	4
Neurological papers	2
Obstetrical and gynecological papers	3
New instruments shown	1
Cases shown and discussed	1
Specimens presented	15
Total	32

Following out the program adopted last year for the prosecution of illegal practitioners in this city, the Legal Department of the Association has been most active. Through the efforts of your counsel, James Taylor Lewis, the monthly average of convictions secured has been about five or six. The work of this department has been further pushed to the detection and indictment of those legally registered and occupied in illegal

and criminal practice. So far one conviction has been secured against such an offender, and another has been indicted by the Grand Jury, and is now awaiting trial.

At the stated meeting held May 18th, the Drug and Food Committee reported that after careful consideration, it was best that the Association should not lend itself to a scheme whereby certificates might be issued to any form of proprietary or patent food or drug.

Respectfully submitted,
(Signed) WILLIAM RIDGELY STONE,
Secretary.

REPORT OF THE COMMITTEE ON LEGISLATION.

To the President and Members of The New York County Medical Association:

Gentlemen—Owing to the zeal and activity of the Committee on Legislation of The New York State Medical Association in State and Local medical matters, little was found to be done by your Committee on Legislation but to follow in the train of the State Committee.

The chairman of your committee and several of its members attended meetings called by those interested in the Elsberg bill for the abolition of the Coroners' office, and some of us went to Albany and spoke before the Senate Committee on Cities in favor of this bill, which has recently passed the Senate and Legislature, and now awaits the Governor's signature to become a law.

Numerous letters were written to Senators, Assemblymen and Aldermen in reference to this and other bills of interest to the medical profession.

(Signed) W. TRAVIS GIBB,
Chairman.

REPORT OF THE COMMITTEE ON ETHICS AND DISCIPLINE.

To the New York County Medical Association:

Your Committee on Ethics and Discipline respectfully reports that but one matter has been brought to its attention during the past year. Following the application of Dr. Follen Cabot for membership in the Association, a communication was received from the Executive Committee requesting the Committee on Ethics and Discipline to report upon Dr. Cabot's professional standing, in view of recent action of the Board of Health in his case. After careful consideration of all the papers in the case, your committee reported to the Executive Committee that, in their opinion, the action of the Board of Health was, from a professional standpoint, without justification, and did not reflect upon Dr. Cabot's professional standing.

Respectfully submitted for the committee,
(Signed) CHARLES E. QUIMBY,
Chairman.

REPORT OF THE TREASURER.

April 1, 1903, to April 1, 1904.

Cash on hand April 1, 1903	$1,626.62
Receipts from dues collected	5,632.00
From fines from illegal practitioners	1,275.00
Total receipts	$8,533.62

EXPENDITURES.

To State Association for dues	$3,620.00
To legal account	1,572.80
To rent	240.00
To general expenses	1,701.80
Total expenses	$7,134.60
Balance on hand April 1, 1904	1,399.02

(Signed) CHARLES E. DENISON, Treasurer.

REPORT OF CORRESPONDING SECRETARY.

The Executive Committee has held its regular meetings and one special meeting at the residence of the president.

The members have attended with remarkable faithfulness, and have freely given of their time, labor and advice in the management and direction of the affairs of the County Association.

The full requirements for membership have been demanded of each candidate for membership, forty-nine having been selected by the Executive Committee, and, recommended to the Association, have been duly elected.

The resignations of five members have been received and accepted during the year.

Three members have moved from the State: C. S. Woodward, William Dolz, Edward F. Merrins.

Transfers of membership have been granted to Percy Bryant, to Kings County; John Logue, to Kings County; Edward J. Gilleran, to Fifth District Branch, there being no Queens County Association.

There have been transferred from other counties to New York County: Henry Levien, from Sullivan County, now at 1847 Madison avenue; William E. Swan, from Saratoga County, now at 62 West 52d street.

Death has removed five of our members: Robert Newman, 627 Lexington avenue, died August 28, 1903; David Franklin, 17 East 129th street, died October 6, 1903; Jean F. Chauveau, 31 West 60th street, died October 17, 1903; Edward Fridenberg, 242 Lenox avenue, died December 9, 1903; Ogden C. Ludlow, 234 West 135th street, secretary of the New York County Medical Association, died March 2, 1904.

At the meeting in October, 1903, it was decided that the New York County Association would assume the expenses of prosecuting illegal practicers of medicine in this county, and $300 was set aside for that purpose for use during the next three months. At the meeting in February it was found that the breaking up of this menace to the public health had been carried on more vigorously than ever before, and great credit has been given to the New York County Medical Association.

The courts were assisting in every way possible. They recognized the fact that the New York County Medical Association was trying to bring the prosecution of illegal practicers of medicine in this county out of the discreditable pit into which it had fallen.

More convictions, with severer punishment to

those convicted, had been accomplished than in any previous three months.

Therefore, it was resolved to pay James Taylor Lewis, the counsel who had accomplished this for the Association, an honorium of $200 for his services during the previous four months and to pay him $150 a month, beginning February 1st, 1904, for his services in continuing this good work.

The Executive Committee has encouraged the counsel to push the prosecution of several cases of criminal abortion which he is now preparing for the courts.

Dr. W. R. Stone was appointed to fill the unexpired term of the secretary, made vacant by the death of Dr. Ogden C. Ludlow, at the meeting of the Executive Committee on April 8th, 1904. Respectfully submitted,

(Signed) John Joseph Nutt,
Corresponding Secretary.

Committee on Public Health, through Dr. Keys, begged leave to state that no matters had been referred to this committee for consideration.

It was moved by Dr. Delphey that the Committee on Proprietary Remedies, not having held a meeting in fourteen months, be dismissed. Motion, on being seconded, was carried.

SCIENTIFIC SESSION 9.10 P. M.

Dr. Frederick Holme Wiggin showed a specimen of a large gall-stone about the size of a medium leghorn egg. The patient from which it had been removed had an inflammatory appendicitis. The kidneys also were in bad shape. Ergot was given the patient previous to the administration of the anesthetic, so that the operation was performed without any alarming features.

Dr. Thomas F. Reilly read a paper on "The Management of Some Forms of Spasmodic Asthma."

Dr. Alfred T. Livingston, of Jamestown, N. Y., read a paper entitled "Ergot in Surgery."

The inspectors of election reported the following officers elected:

President, Francis J. Quinlan; first vice-president, H. A. Dodin; second vice-president, S. Busby Allen; secretary, W. R. Stone; corresponding secretary, J. J. Nutt; treasurer, Charles E. Denison; member of Executive Committee for three years, Alexander Lambert; member of Nominating Committee, Fifth District Branch, Frederick W. Loughran.

The following fellows and alternates were elected:

FELLOWS.	ALTERNATES.
Abraham, Joseph H.,	Alger, Ellice M.,
Adler, Isaac,	Anderton, William B.,
Allen, S. Busby,	Appleton, Mary,
Aspell, John,	Bang, Richard T.,
Austin, David P.,	Beach, Bennett S.,
Beck, Carl,	Bishop, Louis F.,
Benedict, Charles S.,	Boldt, Herman J.,
Berg, Henry W.,	Brickner, Samuel M.,
Brannan, John W.,	Bull, Charles S.,
Brill, Nathan E.,	Chetwood, Charles H.,
Bryant, Joseph D.,	Child, Charles G., Jr.,
Burtenshaw, James H.,	Cocks, Edmund L.,
Coley, William B.,	Dawburn, Robert H. M.,
Collins, George W.,	De Garmo, William B.,
Darlington, Thomas, Jr.,	Delavan, D. Bryson,
Delphey, Eden V.,	Dench, Edward B.,
Dew, J. Harvie,	Denison, Ellery,
Dodin, Henry A.,	Dougherty, Daniel S.,
Ellison, Charles R.,	Ehlers, Edward C.,
Erdmann, John F.,	Ferguson, Jeremiah S.,
Flint, Austin,	Fordyce, John A.,
Gibb, W. Travis,	Gleitsmann, Joseph W.,
Goffe, J. Riddle,	Green, Nathan W.,
Gouley, John W. S.,	Heller, Isaac M.,
Hammond, Frederick P.,	Hemingway, William H.,
Harrison, George T.,	Henry, Nelson H.,
Haynes, Irving S.,	Herrick, William P.,
Hepburn, Neil J.,	Hodgson, John H. P.,
Hotchkiss, Lucius W.,	Houghton, H. S.,
Hubbard, Ernest V.,	Hurd, Edward F.,
Jamison, Monta W.,	James, Charles S.,
Janvrin, Joseph E.,	Jarecky, Herman,
Jelliffe, S. Ely,	Kalish, Richard,
Kerley, Charles G.,	Kilmer, Theron W.,
Keyes, Edward L., Jr.,	Knopf, S. Adolphus,
Kinnicutt, Francis P.,	Leale, Charles A.,
Lambert, Alexander,	Le Boutillier, William G.,
Leo, Johanna B.,	Leszynsky, William M.,
Lewengood, Samuel,	Loughran, Frederic W.,
McBurney, Charles,	Lukens, Anna,
Mayer, Emil,	Messenger, Joseph E.,
Minor, S. Carrington,	Morris, Robert T.,
Murray, Francis W.,	Nagle, John T.,
O'Brien, Michael C.,	O'Brien, John M.,
Oppenheimer, Henry S.,	Oppenheimer, Seymour,
Park, William H.,	Palmer, Edmund J.,
Phelps, Charles,	Quinn, Edward H.,
Pryor, William R.,	Rogers, John, Jr.,
Purdy, Harry R.,	Roth, Henry,
Quimby, Charles E.,	Schminke, John C.,
Quinlan, Francis J.,	Seward, Walter M.,
Reilly, Thomas F.,	Shannon, William,
Rupp, Adolph,	Shufelt, William A.,
Seabrooke, Harry H.,	Southworth, Thomas S.,
Shrady, John,	Stern, Heinrich,
Silver, Henry Mann,	Stewart, Douglas H.,
Smith, A. Alexander,	Stone, William R.,
Smith, Stephen,	Stewart, George P.,
Swan, William E.,	Taylor, Henry Ling.
Syms, Parker,	Tieman, Paul E.,
Terriberry, William S.,	Titus, Edward C.,
Thompson, William G.,	Townsend, Frederick M.,
Tucker, Alfred B.,	Tuffs, Edward G.,
Tuttle, James P.,	Tuttle, George A.,
Van Loan, James C. P.,	Walsh, Simon J.,
Walsh, James J.,	Webb, Z. Swift,
Weeks, John E.,	White, William A.,
Weir, Robert F.,	Wightman, Orrin S.,
Wiggin, Frederick Holme,	Wootton, Herbert W.,
Woodward, Julius H.,	Yankauer, Sidney,
Wyeth, John A.,	Zweighaft, Bernard,

William Ridgely Stone, Secretary.

* * *

Niagara County Association.—The regular quarterly meeting of this Association was held at the Hotel Imperial, Niagara Falls, N. Y., on April 12, 1904.. It was a joint meeting of the Niagara County Medical Association and the Medical Society of the County of Niagara, and brought together a very large attendance from all parts of the county.

The Association and their guests met for dinner at 12 o'clock, following which Dr. Eugene E. Smith, of Buffalo, was introduced, who gave a most interesting address upon "Surgery of the

Gall-Bladder," which was thoroughly discussed by the members present. Following the discussion, a well-deserved vote of thanks was extended to the speaker.

At the business session which followed, the Executive Committee offered the following resolution, which was unanimously adopted:

Whereas, Duly appointed committees of conference on the part of The New York State Medical Association and the Medical Society of the State of New York have agreed upon a plan of union of these two bodies; and

Whereas, The two original contracting parties to the conference, namely, the Society and the Association, have unanimously ratified and confirmed the report of the committees; therefore, be it

Resolved, That the Niagara County Medical Association hereby ratifies, approves and adopts the agreement for the consolidation of the two bodies, so far as it may apply to this Association. And the Niagara County Medical Association hereby waives notice of an application to court for an order of consolidation, according to the terms of the agreement; and be it further

Resolved, That the secretary be authorized and directed to send a copy of these resolutions, duly ratified, to the secretary of The New York State Medical Association.

An invitation from the Medical Society of the County of Niagara to be their guests at their quarterly meeting, to be held in June at Lockport, was unanimously accepted.

A. L. CHAPIN, Secretary.

* * *

Oneida County Association.—The annual meeting of this Association was held at the Butterfield House, Utica, on April 12. The vote to ratify the action of The New York State Medical Association and the Medical Society of the State of New York was unanimously carried.

The following officers were elected: President, Charles B. Tefft; vice-president, Charles R. Mahady; secretary, J. Orley Stranahan; treasurer, John Gorman. F. J. Douglas was elected fellow and W. K. Quackenbush alternate. James H. Hunt was elected member of the Nominating Committee of the First District branch.

J. ORLEY STRANAHAN, Secretary.

* * *

Onondaga County Association.—At a special meeting of this Association, called for the purpose of taking action on the resolution adopted by the joint committee representing The New York State Medical Association and the Medical Society of the State of New York in the matter of the union of the two societies, the following resolutions were unanimously adopted:

Whereas, The Committee appointed by The New York State Medical Association to confer with a corresponding committee representing the New York State Medical Society, for the purpose of making an agreement looking toward a union and consolidation of the said Association and the said Society upon terms of mutual equity and justice to the parties concerned therein; and

"Whereas, The said committee of said New York State Medical Association have consummated, so far as lies in their power, the said agreement with the committee representing the said New York State Medical Society for said union and consolidation, which same, in almost the entirety of its provisions, is contrary to the advice and original conception of principles involved by said committee of the said New York State Medical Association, and is therefore inimicable to the best interests of the said Association and the medical profession at large, as expressed by the mature judgment of a majority of the members of The New York State Medical Association; therefore, be it

Resolved, That we, the Onondaga County Medical Association, forming an integral part of The New York State Medical Association and likewise the American Medical Association, earnestly condemn and repudiate the action of said committee of The New York State Medical Association, and emphatically refuse to ratify the said agreement for union with the New York State Medical Society on the terms indicated therein, and would respectfully urge neighboring county associations to act accordingly; and it is further

Resolved, That a copy of these resolutions be sent to each and every county medical association the State, and to the secretary of The New York State Medical Association.

(Signed) FRANKLIN J. KAUFMAN, President.

C. B. GAY, Secretary.

* * *

Orange County Association.—The regular meeting of this Association was held at the Russell House, Middletown, on April 20th. There was a good attendance. It was reported that Dr. Edward A. Sharp, of Central Valley, had changed his residence to Katonah, Westchester, and would transfer his membership from the Orange County to the Westchester County Medical Association. At the business session the minutes of the previous meeting were read and approved. Several communications were read, among which was one from the treasurer of the State Association, relative to those members in arrears for their 1904 dues, and an appeal from the Onondaga County Medical Association not to ratify the proposed amalgamation of the two State bodies. The Orange County Medical Association had already ratified the agreement, and the appeal was laid on the table. It was decided to meet with the Orange County Medical Society at their annual meeting in Goshen on Tuesday, May 3d, 1904, in compliance with an invitation from that body, the two county bodies being anxious for a union as soon as possible.

At the scientific session, Dr. E. D. Woodhull, vice-president, presided in the absence of the president, Dr. W. E. Douglas, who was unavoidably detained. Dr. C. E. Townsend, of Newburg, read a very interesting paper entitled "Personal Experiences in Emergency Surgery," which was highly instructive to all present. Four cases cited deserve more than a passing notice—extra uterine pregnancy, complicated by puerperal eclampsia, operated upon at term; placenta adherent to under surface of the liver, delivery of living child; death of mother from kidney insufficiency at the sixth day after operation; sarcoma of uterus in a pendulous abdomen, followed by reopening of abdominal incision at the fifth day and complete collapse of all the small intestines; resuture and recovery; ligation of common carotid for injury under cocaine anesthesia with recovery, and a case of bleeding gums, followed by death, in which all modern methods of stopping the hemorrhage had been applied to no purpose. Dr. Dennis, of Goshen, reported a case of enormous hypertrophy of the spleen, and Dr. Redfields a case of splenic leukemia from malarial poisoning.

Charles Ira Redfield, Secretary.

* * *

Rockland County Association.—The regular meeting of this Association was held at the Riggs House, Suffern, N. Y., on April 20. The resolutions passed by The New York State Medical Association and the Medical Society of the State of New York for the amalgamation of the two bodies were adopted. In the scientific session several interesting papers were read—"Thoracic Aneurysm," by S. W. S. Toms; "Candy Poisoning," by N. B. Bayley; "Diphtheria," by Robert Felter. After the meeting, which was a most enjoyable one, those present, at the invitation of Dr. Van Wagenen, visited the Suffern Hospital.

John Howard Crosby, Secretary.

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Saratoga County Association.—At the recent annual meeting of this Association, held at Mechanicsville, N. Y., on Tuesday, March 29th, resolutions were adopted in opposition to the Optometry and Ostro-Therapeutic bills and in favor of the Pure Food bill. A resolution was also passed, favoring the adoption of the amalgamated society of this State of the feature of protection in suits for malpractice, which is now enjoyed by the members of The New York State Medical Association.

The following officers were elected for the ensuing year: President, Francis W. St. John; vice-president, John Cotton; treasurer, Dudley R. Kathan; secretary, James T. Sweetman, Jr.; member of the Executive Committee, Frank Garbutt; fellows, D. C. Moriarta, J. F. Comstock, J. F. Humphrey, M. E. Varney and F. F. Gow.

James T. Sweetman, Jr., Secretary.

Sullivan County Association.—The annual meeting of this Association was held at the Liberty House, Liberty, on April 13, 1904. There was an attendance of thirteen members. The plan proposed to consolidate The New York State Medical Association and the Medical Society of the State of New York was ratified. In the scientific session Dr. Stephen W. Wells read a paper on "Adenoids; Importance of Early Recognition and Removal in Children," and Dr. G. F. Rice read one on "Gastro-Enteric Intoxication of Infants." The following officers were elected: President, Sherman D. Maynard; first vice-president, Howard P. Deady; second vice-president, Harriet M. Poindexter; secretary, Luther C. Payne; treasurer, Charles S. Payne. The following committees were appointed: Committee on Legislation, R. A. DeKay, A. B. Sullivan and L. C. Payne; Committee on Public Health, J. L. C. Whitcomb and H. P. Deady; Committee on Ethics and Discipline, O. N. Meyers and G. R. Bull.

Luther C. Payne, Secretary.

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Tompkins County Association.—The annual meeting of this Association was held at Binghamton, on April 19th. There was an excellent attendance. The secretary and treasurer reported $55.90 on hand after all debts were paid. In the scientific session papers were read by Dr. Burnett on "Scrum Diagnosis of Blood Stains," and by Dr. Homer Genung on "Eczema." The following officers were elected: President, William Chester Douglass; vice-president, Edgar R. Osterhout; secretary and treasurer, Howard B. Besemer; member of the Executive Committee, Marcus A. Dumond; fellows, Archibald S. Knight and Edward Meany; alternates, Chauncey Pratt Biggs and Arthur D. White; Chauncey Pratt Biggs, member Nominating Committee, Third District branch.

Marcus A. Dumond, Secretary.

* * *

Ulster County Association.—A special meeting of this Association was held at the Kingston City Hospital March 29, 2. 30 p. m. The action of the State Association of March 21st was unanimously ratified and the hope expressed that all technicalities and formalities might be speedily satisfied, and the work of reorganizing the county begun, according to the agreement of the Joint Committee of Conference of the Medical Society of the State of New York and The New York State Medical Association.

Mary Gage-Day, Secretary.

* * *

Wayne County Association.—The annual meeting of this Association was held at the Newark Free Library, Newark, N. Y., on Tuesday, March 29. There was a full attendance. The report of the Committee on Amalgamation was

unanimously ratified after a spirited discussion. In the scientific session Dr. Jennin M. Turner read a paper on "Abortion." Dr. George S. Allen reported a case of melanotic sarcomatosis, in which the heart was involved, with the disease throughout its walls, the tumors varying in size from a hickory nut to a hen's egg. Dr. J. F. Myers showed a new splint for thigh fracture. The following officers were elected: President, J. W. Putnam; vice-president, M. Alice Brownell; secretary, George S. Allen; treasurer, Darwin Colvin. J. F. Myers was elected member of the Nominating Committee of the Fourth District branch, N. E. Landon was elected fellow and Gard Goster alternate. W. F. Nutten was elected member of the Executive Committee for two years.

GEORGE S. ALLEN, Secretary.

* * *

Westchester County Association.—The regular meeting was held in White Plains on Thursday, March 24th. There was a full atendance. The president, Dr. T. J. Acker, was in the chair. A resolution approving the consolidation of the Medical Society of the State of New York and The New York State Medical Association was sent to the secretary of The New York State Medical Association. The present officers were all reelected for the ensuing year.

DONALD T. MCPHAIL, Secretary.

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Wyoming County Association.—The regular quarterly meeting of this Association was held at the "Perry Club," Perry, N. Y., April 12, 1904. The weather was very unfavorable and only twelve members were present.

Dr. Allen A. Jones, of Buffalo, presented a paper entitled, "Some Diseases which Require Prompt and Accurate Diagnosis." The doctor made special mention of head injuries, diphtheria, perforating ulcers of the stomach and bowel, as in peptic ulcer and typhoid fever, rupture of pyosalpinx, appendicitis, volvulus, intussusception, etc.

The paper brought out a general discussion, especially on appendicitis.

During the business session the following resolutions were unanimously adopted:

Resolved, That the Wyoming County Medical Association hereby ratifies, approves and adopts the agreement of the consolidation of the Medical Society of the State of New York and The New York State Medical Association, which was unanimously approved and adopted at the annual meeting of the Medical Society of the State of New York, held at Albany on January 26, 1904, and The New York State Medical Association at a special meeting held in New York, March 21, 1904, and the Wyoming County Medical Association hereby waives notice of an application to court for an order consolidating said corporations pursuant to the terms of said agreement, and hereby consents to the entry of such an order without notice; and be it further

Resolved, That the secretary of this meeting be and he is hereby authorized and directed to send a copy of these resolutions, duly certified by the president and secretary of The New York State Medical Association, and to execute and deliver any and all waivers of notice of an application for such order as the court may require.

An invitation from Dr. Cordelia A. Greene, of the Castile Sanitarium, to meet with her in July was read and accepted.

L. H. HUMPHREY, Secretary.

ADDITIONAL LIST OF MEMBERS OF THE NEW YORK STATE MEDICAL ASSOCIATION.

SECOND DISTRICT.

Saratoga County.—Charles M. Keifer, Mechanicsville; J. M. Purcell, Mechanicsville; Roland H. Stubbs, Waterford.

THIRD DISTRICT.

Cortland County.—Michael M. Lucid, Cortland.

FOURTH DISTRICT.

Allegany County.—Francis J. Redmond, Fillmore.

Erie County.—Emil Lustig, Buffalo; Thomas H. McKee, Buffalo; William Henry Mansperger, Buffalo; Henry Jones Mulford, Buffalo; James W. Putnam, Buffalo; Alphonse E. J. Sohmer, Buffalo.

FIFTH DISTRICT.

New York County.—Arthur F. Holding, New York City; L. Emmett Holt, New York City.

Sullivan County.—Howard Deady, Liberty; J. William Davis, Jeffersonville; George C. Gould, Bethel; Frank W. Laidlaw, Hurleyville.

NEW MEMBERS IN THE AMERICAN MEDICAL ASSOCIATION.

Frederick C. Busch, Buffalo.
Frederick H. Goddard, Rochester.
Dudley M. Hall, Glens Falls.
L. Emmett Holt, New York City.
Edward H. Hutton, Corning.
Edward W. Jones, Buffalo.
Charles P. Knowles, Olean.
Richard Francis Murphy, New York City.
John W. Nelson, Jamestown.
William G. Stedman, Rochester.
John V. Sweeney, New York City.

PERSONALS.

Dr. Emil Mayer, New York, has been appointed Adjunct Attending Surgeon to the Mount Sinai Hospital.

Dr. Benjamin H. Grove, of Buffalo, was recently elected vice-president of the medical staff of the Emergency Hospital of that city.

Dr. Vertner Kenerson, of Buffalo, at the annual meeting of the Emergency Hospital, of that city, was elected secretary of the medical staff.

Dr. David Everett Wheeler, of Buffalo, has been appointed visiting genito-urinary surgeon to the Sisters' Hospital of that city.

Dr. John G. Orton, of Binghamton, one of the ex-presidents of The New York State Medical Association, recently celebrated the fiftieth anniversary of his entrance into the medical profession.

Dr. William Ridgely Stone has been elected secretary of the New York County Medical Association, to fill the unexpired term of Dr. Ogden Curtis Ludlow, deceased.

Dr. P. Henry Fitzhugh, of New York City, sailed for Europe on Saturday, April 23d, and expects to return in about six weeks.

Dr. S. Busby Allen, New York City, will retire from practice about June 1st, and after spending the summer at his country residence will go abroad and travel for about three years.

OBITUARY.

Dr. John Gordon died at his home, West Park, N. Y., on April 2, 1904, after a long illness. Dr. Gordon was a graduate of the New York University, class of 1880. He was a member of The New York State Medical Association.

Dr. Crawford Ellsworth Fritts died suddenly after an attack of grip at his home, Hudson, N. Y., on April 6, 1904. Dr. Fritts was a graduate of the College of Physicians and Surgeons, New York, class of 1875. After his graduation he served a term as interne at the Kings County Hospital. He was a member of the American Medical Association and The New York State Medical Association, being at the time of his death president of the Columbia County Medical Association. He was also a member of the Medical Society of the State of New York and the Medical Society of the County of Columbia. He was surgeon to the Hudson City Hospital and consulting physician to the hospital for the State House of Refuge for Women at Hudson.

Dr. Wilbur Fisk Nutten, one of the foremost physicians and surgeons in Wayne County, died very suddenly at his home, Newark, N. Y., on April 19th. He was born on December 2, 1839, at Churchville, N. Y., and was educated in the public schools and at the Genesee Wesleyan Seminary of Lima. He first began to study medicine in Hornellsville, attending one course of lectures at the Buffalo Medical College and one at the Ann Arbor Medical College. He graduated from the College of Physicians and Surgeons, New York, in 1863. He began practicing as soon as he graduated in Newark, N. Y. He was a member of the American Medical Association, The New York State Medical Association, the Medical Society of the County of Wayne and the Central New York Medical Association.

Dr. Grant H. Richtmyer, of New York City, died at the home of his father, Coxsackie, N. Y., on April 21, 1904. Dr. Richtmyer was a graduate of the University of Vermont, class of 1890. He was a member of The New York State Medical Association, the New York Medical and Surgical Society and the Society of Alumni of the French Hospital.

MEMORIAM.

Dr. Ogden Curtis Ludlow.

The committee appointed by the New York County Medical Association presents the following:

Whereas, A Divine Providence has called from our midst Dr. Ogden Curtis Ludlow, and,

Whereas, We, the members of The New York State Medical Association, to whom he was endeared by many acts of friendship, desire in appreciation of his admirable qualities to pay a tribute to his memory. Therefore, be it

Resolved, That we have ever recognized in him a man of sterling integrity, of kind and generous impulses, ever solicitous of the welfare of this Association and ever ready to sacrifice himself in its interests.

Resolved, That we offer to his family our sincere sympathy in their sudden bereavement and trust that their sorrow, like our own, may be mellowed by the memory of a life well rounded by works begun in conscientious endeavor and ended not without benefit to humanity, and further be it

Resolved, That a copy of these resolutions be sent to his family and to the *Medical Journal*.

(Signed) Thomas F. Reilly,
Charles E. Denison,
Parker Syms.

LEGAL NOTES.

During the past weeks there have been prosecuted and convicted of the illegal practice of medicine in the County of New York the following named persons:

Katherine Stack, a midwife on Lexington avenue, was accused of practicing medicine illegally and administering medicine for the purpose of producing abortions, and was fined $200.

Oscar Arnold and a woman alleged to be his wife, at West 21st street, were conducting a clairvoyant and spiritualistic seance parlor. They were caught giving out medicines and cure-alls for any disease the hysterical women and weak men complained of.

The druggist William Brandt was also convicted and fined but $25.

Max Winberg, of East 125th street, who is conducting a massage parlor and who is an extremely dangerous character, was fined but $25, the court being appealed to upon the ground that the man was the possessor of a large family,

and if a large fine was imposed he would go to jail and his family would suffer.

Mary Kroeger, known as the Countess Habeba, a palmist, living in West 18th street, was fined $100.

Julia Davidson, a midwife, for the second offense, having a place in East 78th street, was fined $100.

Caplan, a clerk in a drug store at the corner of Columbus avenue and 99th street, was arrested and convicted of selling amenagogue pills.

The Italian Paride Grasso, who advertises exclusively in Italian papers and is selling medicines guaranteed to cure any disease, "known and unknown," was arrested and for a second offense was fined $75, having pleaded guilty.

Three malpractice suits in the same length of time have been threatened, but when it was discovered that the State Medical Association was defending the doctor they stopped and considered, and have up to date brought no action.

MALPRACTICE DEFENSE AND ITS SUCCESS.

Its Saving to the Individual and Influence Upon the Public.

The success of the defense of the members of the Association who have been sued for alleged malpractice, now at the close of the fiscal year, deserves more than a passing glance, for it shows how absolutely successful this defense has been and adds more proof of the contention that most of such cases were purely blackmailing and strike cases.

1. Philip Kronenberger, brought an action against Dr. McC., of New York, by an attorney named Robert Kuhnert, of this city. The doctor brought a counter claim as part of the defense for services. The result has been that up to the present the complainant has not made a move. Clearly an attempt to defeat the doctor's bill, which is sure to fail.

2. An action brought by Dr. J., of this city, against one Harvey to recover on a bill. This action was originally in the hands of a collector, and when the doctor threatened suit the person attended threatened to sue for malpractice. Counsel for the association was brought into the case, advised an immediate suit for the bill, and the defendant then set up a counter claim of malpractice; both were tried and the doctor collected his bill.

3. An action brought against Dr. von D., of the Bronx, in which counsel of the Association acted as counsel only, the attorney of record having already put in an answer before the application for defense was made. The result was absolutely satisfactory in this case.

4. William Naeher, of Buffalo, brought an action against Dr. G., of Buffalo; the summons was served in April, 1903. It was recently discovered that the plaintiff had left the State, and counsel went to Buffalo and compelled the discontinuance of the action. This was clearly an action brought for strike, but, of course, failed.

5. Maurice S. Casey, of this city, brought an action against Dr. S.; another physician was joined in this action also, the plaintiff charging that both were jointly liable for the death of an infant. This action was brought by Lawyer Oppenheim, of this city. This action has never been put on the calendar—doubtless a strike. If the case is ever brought to trial it is hopeless for the plaintiff.

6. Wood, as administrator, brought an action against Dr. W., a well-known surgeon, of this city, in Queens County. The case was tried before Judge Marean and a jury in Long Island City, who returned a verdict for the defendant.

7. An action was threatened against Dr. M., of New York City, a well-known surgeon, in which malpractice was charged. The doctor promptly turned the case over to the counsel, with instructions to the plaintiff to send all future communications to him. There the case is ended.

8. Another threatened action is that charging Dr. De W., of this city, with malpractice. The doctor has turned over the papers, signed the necessary agreement, with the result that nothing has yet been done in the direction of a suit.

9. There are two other actions now pending at Rome and Utica, respectively, against Dr. C., of Sylvan Beach, and Dr. D., of Boonville, N. Y., one of which will be tried, the other doubtless will be abandoned.

10. This case is that of the Sommervilles, husband and wife, against Dr. Van L., brought by Messrs. Flynn & Kohn, attorneys, of Nassau street, in which it is charged that the damages arose by reason of the defendant going on his vacation. These cases have never been put on the calendar, and were doubtless brought because the physician sued had just purchased a house, and the plaintiff relying on the rumored timidity of medical men hoped for a settlement.

None of these actions could have been defended individually for less than $250, many of them for not less than $1,000, showing what a great saving and benefit generally this malpractice defense has become.

Dr. William Mabon, superintendent of Bellevue Hospital, of New York City, has received from Governor Odell the nomination of president of the State Lunacy Commission, vice Dr. Frederick Peterson.

* * *

A brief circular on consumption, written by Dr. Addison W. Baird, can be had by the general public on application to the New York Association for Improving the Condition of the Poor. It is a very acceptable, short and readable statement, and is to be highly commended.

Book Reviews.

The Care of the Baby. A Manual for Mothers and Nurses. Containing practical directions for the Management of Infancy and Childhood in Health and in Disease. By J. P. Crozer Griffith, M.D. Third edition, thoroughly revised. Published by W. B. Saunders & Co., 1903.

The author has carefully revised every part of the book and has made it one of the best works on the subject. The illustrations greatly increase the value of the book to mothers and nurses. On the whole, the advice is good, and physicians can recommend the work to mothers.

Functional Diagnosis of Kidney Disease, with especial Reference to Renal Surgery. Clinical experimental investigations by Dr. Leopold Caspar and Dr. Paul Frederick Richter. Translated by Dr. Robert C. Bryan and Dr. Henry L. Sanford. Philadelphia: Published by P. Blakiston's Son & Co.

Is the result of practical work and investigation in the course of several years by the authors. The material has been carefully collected and of value to the general surgeon and physician. The chapter on the methods of functional kidney diagnosis is very full and complete. The authors give in one chapter the result of their investigations.

Bacteriology. A Manual for Students and Practitioners. By Fred. C. Zapffe, M.D. Series edited by Bern. B. Gallaudet, M.D. Illustrated with 146 engravings and seven colored plates. Philadelphia and New York: Published by Lea Bros. & Co.

This work is carefully arranged in the form of lectures and is divided in four parts, beginning with morphology of bacteria, non-pathogenic bacteria, pathogenic bacteria and organisms pathogenic for animals only. The general practitioner will find it valuable to read the chapters on antitoxin, infection, immunity and suppuration. The conciseness and the clear illustrations commend it to the general practitioner.

A Manual of the Practice of Medicine. Prepared especially for Students by A. A. Stevens, A.M., M.D. Sixth edition. Illustrated. Published by W. B. Saunders & Co., 1903.

In the sixth edition the section on diseases of the digestive system has entirely been rewritten. Each disease is taken up concisely, the etiology, symptoms and treatment and in a clear manner, and covers completely the ground gone over by the student.

The Refraction and Motility of the Eye. For Students and Practitioners. By William Norwood Suter, M.D. Philadelphia and New York: Published by Lea Bros. & Co.

The author has successfully endeavored to furnish a text-book on refraction and motility of the eye to meet the necessities of advanced students and general practitioners. It is simple enough to be of great value for the understanding prescribing of proper glasses to correct defective vision. The book is divided into the theory of refraction, the normal eye, errors of refraction and disorders of motility.

A Text-Book Upon Pathogenic Bacteria. For Students of Medicine and Physicians. By Joseph McFarland, M.D., with 153 illustrations. Fourth edition. Philadelphia, New York and London: Published by W. B. Saunders & Co.

This work gives a concise description of the technical procedures requisite in the study of bacteriology and a sufficient description of the pathologic lesions accompanying micro-organismal invasions to give an idea of the origin of symptoms and the causes of death. All the subjects treated here have been brought precisely down to date. What impressed us most were the chapters upon infection and immunity. The value of the work as a book of reference has been materially increased by the introduction of a large number of references to bacteriologic literature. Altogether the work in its new edition is very commendable, and practitioners and students will find it of unusual value.

The American Year-Book of Medicine and Surgery for 1904. Edited by George M. Gould, A.M., M.D. In two volumes. Philadelphia, New York and London: W. B. Saunders & Co., 1904.

These volumes are better than any previous issues. The most recent and essential advances made during the year are brought out. The list of contributors sufficiently guarantee the excellence of the work. The illustrations are excellent, with 14 full-page insert plates. They are a practical necessity to every physician's library.

BOOKS RECEIVED.

A System of Practical Surgery. By Prof. E. von Bergman, M.D.; Prof. von Bruns, M.D., and Prof. J. von Mikulicz, M.D., of Breslau. Volume I. Translated and edited by William T. Bull, M.D., Professor of Surgery, College of Physicians and Surgeons, Columbia University, New York, and Walton Martin, M.D., Instructor in Surgery, College of Physicians and Surgeons, Columbia University, New York. Surgery of the Head. New York and Philadelphia: Lea Bros. & Co., 1904.

Annual Report of the Surgeon-General of the Public Health and Marine Hospital Service of the United States for the Fiscal Year, 1902. Washington: Government Printing-Office, 1903.

The Medical Epitome Series. Pediatrics. A Manual for Students and Practitioners. By Henry Enos Tuley, A.B., M.D., Professor of Obstetrics in the Medical Department of Kentucky University; editor *Louisville Monthly Journal of Medicine and Surgery;* Visiting Physician to the Louisville City Hospital, to the Masonic Widow's and Orphan's Home and to the Home for Friendless Women; Visiting Obstetrician to the John N. Norton Memorial Infirmary; Late Secretary and Chairman of Section on Diseases of Children, American Medical Association. Series edited by V. C. Pederson, A.M., M.D., Instructor in Surgery and Anesthetist and Instructor in Anesthesia at the New York Polyclinic Medical School and Hospital; Deputy Genitourinary Surgeon to the Out-Patient Department of the New York Hospital; Surgeon-in-Chief St. Chrysostom's Dispensary; Anesthetist Roosevelt Hospital (First Surgical Division). Illustrated with 33 engravings. Philadelphia and New York: Lea Bros. & Co.

Transactions of the College of Physicians of Philadelphia. Third series. Vol. XXV. Philadelphia: Printed for the college, 1903.

Fiftieth Report. Relating to the Registry and Return of Births, Marriages and Deaths, and of Divorce, in the State of Rhode Island for the year ending December 31, 1902, prepared by Gardner T. Swarts, M.D., State Registrar of Vital Statistics; Secretary of the State Board of Health; Commissioner of Public Health. Providence: E. L. Freeman & Sons, State Printers, 1904.

Transactions of the Vermont Medical Society for the Year 1903. Annual meeting for 1904 at Rutland, October 13, 1904. Burlington Free Press Association, 1903.

The Perpetual Visiting and Pocket Reference Book. Including Information in Emergencies from Standard Authors; also the following comprehensive contents: Table of Signs and How to Keep Visiting Accounts, Obstetrical Memoranda, Clinical Emergencies, Poisons and Antidotes Dose Table, Blank Leaves for Weekly Visiting List, Memorandum, Nurses' Addresses, Clinical Record, Obstetrical Record, Birth Record, Death Record, Vaccination Record, Bills Rendered, Cash Received, Articles Loaned, Money Loaned, Miscellaneous, Calendars for 1904 and 1905. Bound in morocco, red edges. Pages, 124. Price, free. The Dios Chemical Company, 2940 Locust street, St. Louis, Mo., 1904.

Original Articles.

DIPHTHERIA IN THE COUNTRY: ITS DIAGNOSIS AND MANAGEMENT.[1]

BY JEREMIAH R. STURTEVANT, M.D.,
Theresa, N. Y.

TO confine myself strictly to the subject as indicated by the title, necessarily limits the scope as well as the length of this paper, for in all essentials, diphtheria in the country is identical with the same disease in the towns, and it is therefore very difficult for me even to approach the subject without danger of including features which belong to diphtheria under all circumstances.

That the germs of the disease under any and all circumstances are identical, seems to have passed beyond a doubt, and that the symptoms are also identical cannot be disputed, and it therefore remains for me to call attention only to some of the circumstances of environment which differ from those in the cities and to consider the limitations of the disease and also the limitations of the possibility of accurate diagnosis during the early stages when nothing short of a culture in the hands of an expert pathologist can surely determine the exact nature of the sore throat with which we may have to deal.

It is true that the State has generously provided facilities for the gratuitous examination of suspected cases, but it is equally true that in remote country districts, before a report can be received even by wire as to the result, the patient or patients may be beyond the reach of remedies. The case may be miles away from the physician's home, he may be called during the night and it may take twenty-four hours for the obtained specimen to reach the laboratory, while the patient grows rapidly worse and perhaps dies before the report can be wired to the attendant.

It may be said that all physicians should be equipped with facilities for diagnosing their own cases; but the fact remains that most physicians in rural localities are not and will not be so equipped, and therefore they must do the next best thing.

During the summer months isolation of cases is an easy matter in country locations, for a tent or other temporary shelter can usually be easily provided, and isolation in diphtheria is of very great importance. That the disease is decidedly contagious no one will deny, and therefore the more thorough the isolation the sooner can we succeed in stamping it out. I have repeatedly seen several families in the same neighborhood afflicted in turn when the source could not be traced to any common cause other than that of communication. There is undoubtedly one source of contagion which occasionally is noticed in the country and which seldom, if ever, obtains in the towns. I refer to the contraction of the disease from infected poultry. While I have had little observation in this manner of the spreading of the disease, my friend Dr. D. J. Culver, of Harrisville, N. Y., has had some unique experience along this line of which the following is an account.

Some time in May, 1885, the doctor was called in the night to see two children who were suffering from the disease. There were no other cases in that neighborhood. The servant girl had been sent home ill the week before, and her physician had pronounced the case diphtheria.

In casting about for the cause it was learned from a neighbor that the family who had lived in the house during the previous winter had kept hens over the summer kitchen. The present occupant did not know of it until his attention was directed to the matter, when he procured a lantern, repaired to the said summer kitchen loft and, sure enough, found every evidence that the place had been tenanted by hens, but unlike tidy outgoing tenants had not cleaned house, but vacated, leaving roosts, droppings, nests and all.

Notwithstanding all precaution two more cases, a male and a female servant, contracted the disease, but all recovered.

On another occasion the doctor was called in on passing and found a whole family ill from diphtheria; six patients simultaneously stricken. He found that the house had been erected the previous autumn without supporting wall or banking, although a cellar had been excavated. Poles had been placed under the house and the hens allowed to roost thereon. The house was then banked up and an opening left for the ingress and egress of the fowls. Water invaded the cellar. As the winter advanced the stench became very bad and the hens developed disease characterized by a membranous affection of the mouth. The first six cases in the family recovered, but an older girl, who cared for the others, contracted the disease and died. The doctor caused the cellar to be filled up and no more cases occurred on the premises.

During the spring of 1902 diphtheria appeared in a family who used a privy in which had been thrown a dead fowl and where it had been allowed to remain until an intolerable stench resulted, followed by an outbreak of the disease in the family with fatal results. The hennery was situated adjacent to the other out-building.

My own experience in this respect has been limited to numerous instances where bad sanitation has been intimately associated with the permitting of the free access of hens into the open cesspools near the house, into the woodshed and sometimes the kitchen where the people have been too dirty and slovenly in their habits to object to the sharing of their homes with other bipeds. I think I have had abundant reason to believe that the open cesspools which are so often seen at the doors of the farm houses are fruitful sources of diphtheritic contagion; and it is surely the duty of every physician, whether he be the

[1]Read at the Twentieth Annual Meeting of The New York State Medical Association, New York, October 19-22, 1903.

health officer or not, to warn people against carelessness in this regard. Filth in many forms, which is common to both city and country, is fruitful of diphtheritic consequences. So much for some of the causes more peculiar to the country than to the city.

Now what is the duty of the rural practitioner when called perhaps many miles from his home, on finding a case of sore throat with rapid pulse, headache and high temperature? First, I assume that no such practitioner should ever be without one or more doses of anti-toxin and the means to administer the same within easy reach. He should, in fact, always have a supply in his medicine case, so that when called to a remote region of his territory he may have the means at hand, without finding it necessary to return for the same or to send a messenger therefor and thus cause tedious and unnecessary delay.

But to return to our case. In addition to the symptoms already enumerated we find on inspection isolated patches of so-called "canker" on the tonsils. We do not know whether the deposit will increase in extent or not. It may cover tonsils and fauces completely within twelve hours. It may do nothing of the kind. But we are miles from home, the Bender laboratory is hundreds of miles away and what shall we do? With perfectly harmless means at hand we can and should give the patient the benefit of the doubt; and in nearly every case enjoy the satisfaction within twenty-four hours of seeing all symptoms abate, the would-be membrane shrivel and disappear and the patient finally make rapid recovery. In the interest of other possible cases in the same family or neighborhood a specimen can be forwarded to the laboratory for investigation without reflection upon the course already taken in the treatment.

I have said nothing about the use of other drugs. Their indications in the country do not differ from those in the towns. I will say in passing that so far as drugs are concerned in the treatment of this disease I place far greater value upon anti-toxin than upon all the other known remedies combined, and the physician who refuses or neglects to satisfy himself regarding the utility of this remedy in the face of the overwhelming evidence in its favor, should relegate the treatment of his diphtheria cases to some one else. I am not a believer in the general necessity of very large doses. Fifteen hundred units of the concentrated has, in my hands, seldom failed, and without repeating the dose. I am of the opinion that the higher doses are of more utility to the treasury of the manufacturers than to the patients. Very virulent cases may now and then require the larger doses.

If the Chair thinks proper I should like to hear the relative merits of the Mulford, Park Davis & Co. Anti-toxins and that furnished by the State discussed. With the latter I have had no experience.

Prophylaxis is of paramount importance, and absolute cleanliness and the thorough disinfection of the premises just occupied by the patient should by no means be slighted, even in the most rural regions. I have utilized barns and sheds on the premises during warm weather for the reception of convalescents which have frequently included whole families, while the dwelling has been thoroughly disinfected by the old-fashioned remedy, burning brimstone, placed in the cellar in large quantity, with all outside doors and windows tightly closed and the exposed bedding and other articles of clothing spread about for thorough exposure and so much of it as possible thoroughly boiled in a disinfecting solution.

DISCUSSION.

Dr. James J. Walsh, New York, said with regard to the question of diphtheria infection being directly due to unsanitary conditions, that there were many persons who would doubt this, although it might be an indirect cause. It was very curious to study the records of the men who work in the sewers of Europe, where the sewage plants were very large and the records carefully kept. For instance, in Berlin, those who work upon the sewage farms and in the sewers themselves were no more liable than the rest of the population to specific diseases, and especially to specific intestinal diseases, such as typhoid fever and forms of dysentery. These people were, however, liable to a non-specific disease of the throat, from which fact it seemed probable that the emanations from sewers and cesspools were apt to cause pathological conditions of the throat upon which the diphtheria bacillus might very easily be engrafted. Perhaps the most interesting mystery in pathology was as to the origin of the pathogenic bacilli, their habitat and their life history outside of the human body. Certain it was that a good many of the domestic animals did carry certain of these bacilli. This was well known to be true of the cat. This question seemed to be worthy of a good deal of more serious study. He was pleased to know that country practitioners at the present time were so impressed with the value of diphtheria anti-toxin that they carried it in their medicine cases as they formerly did calomel.

Dr. J. Orley Stranahan, Rome, said he differed somewhat with the reader of the paper with regard to dosage, for he was rarely able in severe cases of diphtheria to get any effect from 1,500 units of anti-toxin. He had in mind particularly the case of a little child whose pharynx was completely covered with membrane, and in whom some membrane extended downward into the larynx. The temperature was high and the pulse rapid. The first dose of anti-toxin was 3,000 units, and had no appreciable effect. After an interval of six hours this dose was repeated, and still there was only very slight improvement. The dose was repeated every six hours until the fifth dose had been given, and it was only after this last dose that manifest improvement could be noted. Within two hours after the fifth dose the

membrane peeled off rapidly and disappeared. If anti-toxin were purely antidotal it seemed to him rational to give it in sufficient amount and sufficiently often to counteract the poison of this disease. He had met with a good many other similar cases. The anti-toxin which he used was that supplied by the health board of the State of New York. He had used various anti-toxins, and had noted very little difference in them.

Dr. Rochester said he wished to speak even more emphatically regarding the dose of diphtheria anti-toxin. He had had a good deal of experience with diphtheria in the contagious departments of two hospitals in Buffalo. As a result, he rarely gave less than 4,000 units as the initial dose. If we considered anti-toxin as an agent for overcoming the poison of diphtheria, our object should be to introduce the requisite dose at once. The use of the large dose at the beginning was less expensive, and saved valuable time. He had given to infants up to 1 year of age 5,000 units, and had repeated this dose in twelve hours. As a matter of fact, since he had begun using anti-toxin he had not lost a case of diphtheria, and he believed this was the experience of all who had made prompt use of this remedy in sufficient doses.

Dr. William B. Ulrich, Chester, Pa., said that a question arose in his mind with reference to the unhygienic condition which might produce diphtheria. His first experience with this disease was in 1859. Outside of a slight notice given in our schools he knew nothing of diphtheria at that time, and his attention had been first directed to it by a reference in a secular paper, the New York *Tribune*. The case referred to was not in New York City, but in Albany. At this time, the speaker said, he was practicing medicine in Louisiana, and the disease broke out on the plantation of Gabriel Shields, and six or seven children died within four days. It was immediately recognized as a new disease, and was thought to be the disease referred to in the *Tribune*. For two weeks or more he was in attendance. The loss of so many negroes meant at that time the loss of a good deal of money, and Mr. Shields suggested calling a homeopathic practitioner, named Stanton. Dr. Ulrich then retired. There was a very intelligent overseer on the plantation, and Dr. Ulrich placed some of the sick persons on very large doses of iron and chlorate of potash, and, as they already appeared to be improving slightly, these persons were not turned over to Dr. Stanton, but were kept on this treatment under the direction of the overseer. They recovered, and accordingly Dr. Ulrich was asked to again assume management. Although these persons recovered they suffered for a long time from post-diphtheritic paralysis. Continuing, the speaker said that anti-toxin was certainly an excellent remedy, but it was a very expensive one, and he found it necessary to procure it often at his own expense. He did not use anti-toxin in every case, even of undoubted diphtheria, and his results were good. He thought the physician was justified in not employing the expensive anti-toxin in all cases in localities where it could only be supplied at the expense of the physician. It seemed very doubtful if diphtheria could arise from decaying animal matter, when for years and years before 1859 diphtheria was an unknown disease. He wished, in conclusion, to urge the merits of *ad libitum* doses of chlorate of potash and the tincture of the chloride of iron in diphtheria. For the first thirty-six or forty-eight hours this mixture should be given in large doses every two hours.

Dr. Frank D. Reese, Cortland, said he desired to emphasize the point that whenever the physician met a suspicious sore throat the patient should at once be isolated in charge of a member of the family or a nurse or other competent person. He believed in large doses of the anti-toxin.

Dr. E. D. Ferguson, Troy, said that when anti-toxin was first introduced it was a novelty that had appealed to him at once because its use seemed to him logical. He had accordingly begun its use promptly, and, in a short time, had the satisfaction of seeing five consecutive cases of primary laryngeal diphtheria with intubation recover. This impressed him all the more because he had a large number of such cases die of infective bronchitis or pneumonia. It was evident that the patients who received the anti-toxin were immunized. It was rational, therefore, to use a sufficient quantity of the anti-toxin and give it as soon as possible. He had given 2,000, 3,000, 4,000 and 5,000 units, and although it might be said that this was very expensive, it was certainly much cheaper than a funeral. He did not believe in the State of New York there was any good reason why anti-toxin should not be given in a sufficient dose before there had been time for a bacteriological diagnosis; in other words, before there had been time for mixed infection. It would take twenty to forty hours to get control of the disease, and, therefore, when anti-toxin was given in successive doses one had no right to assume that it was the last dose only which had accomplished the desired result. If the disease were true diphtheria it would be controlled by an efficient dose; if it were not, the anti-toxin would do no harm.

Dr. A. C. Way, Perry Centre, said that as health officer in his town, he had been notified that the State laboratory would provide the anti-toxin.

Dr. C. B. Tefft, Utica, said that the State Board should arrange to have diphtheria and tetanus anti-toxin placed at the disposal of the local boards of health, at least for those who could pay for it.

Dr. Sturtevant, in closing the discussion, said that for persons who could not pay for anti-toxin, it would be supplied by the State, but, at present, there was no provision made for supplying it by the State to those who were able to pay for it;

hence, the physician must see to it that a supply is on hand for the needs of those who were not indigent. His own dosage was based entirely upon his personal experience, a fairly large one with this treatment. Reference was made to the case of a boy who was quite severely ill with diphtheria. He was given a dose of 1,000 units of diphtheria anti-toxin because that was all at hand at the time. The next day the boy was much better, and in two or three days more it was difficult to keep him from going out-doors to play. This had taught him the value even of small doses of anti-toxin.

THE CLINICAL ASPECTS OF ILEO-COLITIS IN CHILDREN.[1]

BY THOMAS MORGAN ROTCH, M.D.,
Boston, Mass.

ALTHOUGH it is my province to speak of the symptoms rather than of the bacteriology and pathology of ileo-colitis, since Dr. Parks has just read on these latter subjects, yet I should like to first state a few general principles by which I have been guided in my investigations on these subjects in order that I can make it clear how very indefinite the symptoms of ileo-colitis may be. In arriving at my results I have made use of the combined pathological and clinical study of 61 cases which occurred in my clinic at the Infants' Hospital during the summer of 1893, and which were examined for me by Dr. Charles Hunter Dunn, of Boston. The bacteriological part of the work was done in the Clinico-Pathological Laboratory of the Massachusetts General Hospital of which Dr. J. H. Wright is director.

The 61 cases examined all had diarrhea and no attempt was made to pick out special cases. Every case was taken as it came so that the bacteriological findings should be unbiased by any idea that the bacillus dysenteriæ or any other organism when found should belong to one of the classes of intestinal disturbances rather than to another. Certain general principles were carried out. In every case an organism was sought for which could be considered the cause of the disease and the bacillus dysenteriæ (Shiga's Bacillus) was considered the cause only in cases where the blood of the patient agglutinated the organism completely in less than sixty minutes in a dilution of 1-200. In all the 61 cases examined, when the bacillus dysenteriæ was found, the organism isolated was of the mannit acid type, and as Dr. Parks has explained we consider the bacillus dysenteriæ to represent a group rather than a specific type. I have made no attempt to separate the symptoms produced by the two known types of the group as with our present knowledge it would seem that this at present would be impossible. In the course of the examination it was determined that of all the many organisms which were found in the 61 cases examined only one was found in such a way as to be considered causative and this was the bacillus dysenteriæ in 10 cases.

In the remaining 51 cases many pathogenic organisms were found, among them the streptococcus pyogenes, the bacillus pyocyaneus, and the bacillus dysenteriæ, but in default of an agglutination reaction with the blood of the patient, there was no definite proof of any causal connection. It was also noted that the fact of the bacillus dysenteriæ being found to be causative did not necessarily mean that the symptoms corresponded to those usually met with in ileo-colitis for three of the cases, in which the bacillus dysenteriæ was found to be causative, presented the symptoms of fermental diarrhea. In one of these cases the clinical picture was especially typical in its sudden onset, sharp rise of temperature, diarrhea with a number of loose, green dejections of bad odor and consisting of curds and mucus but no blood, and the temperature remained raised for only a short time, the recovery being rapid.

It should be said that the cases of intestinal disturbance caused by specific organisms outside of such well known infections as the bacillus of tubercle, the typhoid bacillus and the ameba coli, have so far as my experience goes, and so far as I can learn from the reports of others, been found only in the two divisions of the diarrheas which occur in infancy and in childhood, which come under the head of fermental diarrhea and ileo-colitis. The main clinical distinctions which we have made in the past are represented in the following table.

DIFFERENTIAL SYMPTOMS IN ACUTE FERMENTAL DIARRHEA AND ACUTE ILEO-COLITIS.

Acute Fermental Diarrhea.	*Acute Ileo-Colitis.*
(a) Small intestine mostly.	Large intestine mostly.
(b) 10 to 12 discharges.	10, 15 to 50 discharges.
(c) No or little blood.	Blood.
(d) Mucus.	Mucus.
(e) No tenesmus.	Tenesmus.
(f) Not much abdominal tenderness and pain.	Abdominal tenderness and pain.
(g) No or slight lesions.	Lesions marked.
(h) Temperature high, 104° F., for one or two days and then falling sharply by crisis.	Temperature may be high at first (103°-104° F.) but usually soon moderates (99°-101°) and falls gradually by lysis to normal after some weeks.

From what I have said as to the cause of these diarrheas it is evident that all that we can accomplish in making a diagnosis of these specific infections of the intestine, is approximately to determine whether the disturbance is mostly in

[1]Read at the Twentieth Annual Meeting of The New York State Medical Association, New York, October 19-22, 1903.

the small intestine and represented by comparatively slight lesions, or in the large intestine represented by marked pathological conditions.

A few words will not be out of place as to the general pathological conditions which are found in ileo-colitis without reference to any special organisms but not including the lesions of the bacillus or tubercle, the typhoid bacillus or the ameba coli.

There may be (1) a simple catarrhal inflammation which includes the non-ulcerative form of follicular inflammation.

(2) Follicular inflammation with ulceration.

(3) Pseudo-membranous inflammation with ulceration.

All these three forms although they differ essentially in their prognosis are so often represented by the same symptoms that they can be differentiated only in the most general way.

A symptom common to all of these pathological conditions is found in the temperature which, usually high at the onset, is, as a rule, moderately raised throughout the whole course of the disease and falls after a number of weeks by lysis. In this way usually we can differentiate the marked organic changes from the fermental class of cases where the lesions are slight and where the temperature, as a rule, falls by crisis. The lesions found in connection with the catarrhal non-ulcerative follicular and the ulcerative follicular cases approach each other so closely and the symptoms are so similar that a distinction between them is usually impossible.

The pseudo-membranous form of ileo-colitis may be primary or secondary. The primary form represents what is usually spoken of as epidemic or sporadic dysentery. The secondary form is that which follows certain infectious diseases. These cases may be acute or chronic. The clinical picture of all the cases of ileo-colitis with marked pathological lesions differ somewhat according to the grade of the lesion. Thus, it is usually found in simple catarrhal ileo-colitis when ulceration has not taken place that the symptoms are milder and that there is not apt to be vomiting. This variety begins to improve generally in one or two weeks and may recover entirely in another week. In some cases, however, simple catarrhal ileo-colitis may be represented by symptoms of a very severe type, may run a rapid course and may terminate fatally.

When the inflammation is simple follicular without ulceration the cases are very apt to recover. When follicular ulceration has taken place gastric symptoms are not apt to be present, the temperature is not, as a rule, high, the course of the disease is rather slow, irregular and prolonged, the patient fails steadily and usually dies. A remittance in the symptoms and an improvement in the character of the fecal discharges should lead us to infer that ulceration has not taken place.

Pseudo-membranous inflammation is rare in infants, but when it occurs it is the most severe of all the forms. The temperature is high, 104° to 105° F., there are apt to be blood and membranous detritus in the discharges, the progress of the disease is usually rapid and without remission and death may take place in a week or ten days. In this form nervous symptoms such as restlessness and delirium are quite prominent.

In regard to the difficulty of separating the fermental cases with mild lesions affecting, as a rule, mostly the small intestine and the ileo-colitis class of cases with the more marked lesions and affecting chiefly the large intestine we must acknowledge that this separation can be made only in a most general way according to the pathological lesions, and we should also bear in mind a few facts in regard to the general symptoms which may occur in any of these intestinal disturbances.

It is now well known that vomiting as a symptom is often very misleading in infancy and early childhood so far as a differential diagnosis between the stomach and intestine is concerned and that in certain disturbances of the intestine vomiting occurs without disease of the stomach, so that there is no characteristic symptom of gastric disturbance. On the other hand, the one specific symptom which points towards disease of the intestine is diarrhea and the only symptom which, as a rule, can be relied on in diagnosticating enteric disturbances is diarrhea. We must, however, understand that marked diarrhea may exist during life and no lesions be found at the autopsy, or there may be serious lesions and yet no blood appear in the dejections, and again that blood may appear in the dejections and yet no serious lesions exist, the hemorrhage being only that comparable to epistaxis; also that serious intestinal symptoms during life are often proved at the autopsy to have been produced by no pathological lesions, while grave lesions may be found at the autopsy where the intestinal symptoms during life were very mild. It is also to be noted that the intestinal discharges are often very misleading in making a diagnosis. We must also say that so far as Dunn's observations go the presence of specks of blood in the intestinal contents do not necessarily mean infection with the bacillus dysenteriæ, since in all such cases this bacillus was not proved to be the cause.

My conclusions as to the clinical aspects of ileo-colitis in infancy are (1) That there are no specific symptoms outside of the detection of the bacillus dysenteriæ in the discharges which will necessarily allow us to determine that the bacillus dysenteriæ is the cause of an especial case of ileo-colitis.

(2) That the bacillus dysenteriæ may cause the clinical type known as fermental diarrhea or that classed as ileo-colitis. In 10 of Dunn's cases in which this organism was found it caused symptoms of fermental diarrhea in 30 per cent. and those of ileo-colitis in 70 per cent. We may, however, conclude that in the great majority of cases the bacillus dysenteriæ causes the symp-

toms of ileo-colitis rather than those of fermental diarrhea.

(3) That the distinction between fermental diarrhea and ileo-colitis is principally connected with the extension of the pathological process, and this depends both upon the nature of the infecting organism and the severity of the especial infection; thus a severe infection with a certain organism might cause ileo-colitis in one case where a milder infection with the same organism might cause fermental diarrhea in another.

(4) Infectious diarrheas are probably caused by a variety of organisms of which the bacillus dysenteriæ is the only one proved to have an etiological significance. This bacillus tends in most cases to produce a condition corresponding to ileo-colitis rather than to fermental diarrhea. It remains for the future to prove whether it is the primary infection in all cases of infectious diarrhea.

(5) Finally we must admit that a careful analysis of the means at our disposal for making a clinical diagnosis of intestinal disturbances accompanied by diarrhea does not permit us to say that an exact diagnosis of the disease can be made without a successful and definite bacteriological finding.

We are, therefore, at the present time, when a specific or causative organism is not found in the intestinal contents and where agglutination is not obtained, in the same position so far as diagnosis is concerned as before Shiga discovered the bacillus dysenteriæ. Namely, that we can usually differentiate what is usually known as fermental diarrhea from ileo-colitis, but that we cannot state the cause on the one hand without detecting the specific bacillus or on the other even when such bacillus is detected state definitely without a postmortem examination what lesions are present.

DISCUSSION.

Dr. William P. Northrup said he wished Dr. Park would take his place and speak on the analogy of the essential lesion of dysentery and diphtheria.

Dr. W. H. Park thought that infections of the mucous membranes with diphtheria bacilli resembled in many ways infections of the mucous membranes of the colon with one or the other types of dysentery bacilli. In an epidemic of diphtheria nearly all of the cases presenting slight exudate, even if it was limited to the tonsils, would be thought to be due to the diphtheria bacilli, and such bacilli would usually be found, whereas in another locality in which diphtheria was not prevalent one would meet with similar appearances, and doubt would be expressed regarding their being due to the diphtheria bacilli, and, in fact, the bacilli would be frequently absent. He had been fortunate in having witnessed two rather severe epidemics of dysentery. Every case of characteristic and of slight dysentery in the epidemic of dysentery in the vicinity north of New York City showed the bacilli. In New York City, however, no epidemic of dysentery was found, but cases of ileo-colitis were met with, quite a large proportion of which did not show the dysentery bacilli. The more these cases resembled dysentery the more likely were these bacilli to be present, and he believed that these bacilli would be found in all severe and typical cases of dysentery, except the few due to amœbæ. He thought it was highly probable that the true Shiga bacillus would be seldom found except in typical cases, while the mannite fermenting types would be met with not only in dysentery, but at times in cases of simple ileo-colitis without blood or tenesmus.

The paper of Dr. Rotch seemed to him of the greatest value, because the clinical side of the investigation had gone hand in hand with the bacteriological. This was the first thorough investigation of this kind which had been reported.

Dr. L. Emmett Holt, New York, said that the experience narrated by Dr. Rotch was very similar to his own in New York City during the past summer. One point had not been mentioned, *i. e.*, the pathological lesions found associated with the Shiga infections. The autopsies at the New York Foundling and the Babies' Hospitals during the past ten or twelve months showed no case of typical croupous inflammation of the intestine associated with the Shiga infection. This included about 32 cases. All kinds of lesions were found associated with the Shiga infection, from the mildest to the most severe. The lesions varied with the severity and duration, and not with the nature of the infection. There seemed to be no doubt that we should find a pretty definite set of clinical symptoms invariably associated with the Shiga infection, viz., sudden onset, high temperature and stools of blood and mucus. In the cases last year at the Babies' Hospital, in no instance of this kind was the Shiga bacillus absent, although it was not found in all the cases in which mucus was present in the stools, even in large quantity. It was found in all sorts of infections of the intestine, both mild and severe, acute and chronic.

With regard to the serum treatment, he would say that it had been used in such a small number of cases that no very positive deductions were admissible. In the cases coming on gradually, and in which the infection was not due to the Shiga organism, but to others, there were present the symptoms of inanition and various disturbances of digestion. Here, the serum appeared utterly inert. In a few cases in which the serum was given immediately upon the onset of definite symptoms, some striking effects were observed. One case was that of a child in the hospital with pneumonia, during the course of which a typical dysentery developed. In that sort of case he would not expect in the future to accomplish anything with the Shiga serum. There was reason to believe that a more powerful serum would be produced. In the fermental diarrheas it was not probable that much could

result from the use of the serum. In the sudden, acute cases with severe onset, there was a good prospect of decidedly beneficial results from the serum treatment.

Dr. Joseph E. Winters, New York, said that the remarks he would make would be entirely without forethought. It seemed to him that in these papers and this discussion two totally distinct diseases had been considered, the ordinary fermental summer diarrhea of infants, and the totally unrelated disease, dysentery. If an infant had summer diarrhea and dysentery at the same time these affections would be quite as distinct as if the infant should develop chickenpox and diarrhea simultaneously. The fermental diarrhea was a food disorder; the other was primarily infectious, and dangerously contagious. Dysentery was a far more contagious disease than typhoid fever, for the latter could be easily isolated, and, with proper care, would not spread, which was not the case with dysentery. He had seen in the Hebrew Orphan Asylum several years ago, at a single visit, 112 cases of dysentery. The disease spread despite every precaution until the building had to be emptied, and had it been known how virulent it was going to be, and more stringent precautions had been taken, he felt sure the result would have been just the same. The symptomatology was remarkable; in one crib would be a strong and well-developed child of 12 or 14 years, behaving as if she were laboring under the infection of scarlet fever, having a high temperature, a few stools and being semi-conscious. Perhaps in the next crib would be a child who would be almost constantly having stools, and yet presenting almost no constitutional disturbance. Leaving out the intestinal discharges and throat symptoms, if the clinical history of these 112 cases were written up no physician could tell whether the description applied to dysentery or scarlet fever. This epidemic was very fatal, the treatment being absolutely futile. Dysentery was thought to occur more especially in country districts where there was bad drainage, and was of the worst type in such places, just as was the case with typhoid. He was under the impression that bacteriologically these diseases were practically distinct. In connection with the epidemic referred to, no report was at first received from the health department regarding the water supply, but subsequently it was reported that the epidemic originated in the water supply, there being at the corner of 138th street what was called a "dead end." It was also found that the children affected were all those who drank the water in the morning from the faucet.

Dr. Rowland G. Freeman, New York, said that in the early part of last summer he was on duty in three New York hospitals for the care of children, and ample preparation had been made for a bacteriological examination of diarrheal stools. Altogether, about 44 cases were found to have the Shiga bacillus. In the majority of them blood and mucus were present in the stools, but some of them were very mild. The type of the cases varied in the three institutions. In one, out of 11 cases there was only one death; in another, of 12 cases there were 3 deaths; in the third institution, there were 22 cases and 19 deaths. With the exception of the blood and mucus in the stools and the persistence of the disease there was nothing especially characteristic about the symptomatology of this affection. He believed most of them were cases of true ileo-colitis. It was arranged that every second case should receive the serum treatment, the alternate ones being used as controls. The mortality was only a trifle higher in the cases that did not receive the serum treatment. A few cases were allowed to run on for a time, and then seemed to do better under the use of the serum, and he thought it probable that the dosage employed was not sufficient. The value of the serum treatment was yet undetermined.

Dr. Rotch, in closing the discussion, said that we were much indebted to the pathologists and bacteriologists for our added knowledge on this subject. The word, dysentery, should be dropped entirely from our nomenclature, as it meant nothing. Bacteriologists had shown us that these cases of ileo-colitis varied very much, and investigations show that different organisms could give rise to the symptoms of ileo-colitis. We must find the organism in order to make the diagnosis of the disease. In a certain number of cases of ileo-colitis, different organisms have been found, but the Shiga bacillus is by far the most common. As yet we cannot make our diagnosis from the symptomatology.

COLON BACILLUS INFECTION OF THE FEMALE GENITO—URINARY TRACT.[1]

BY ALBERT H. ELY, M.D.,
New York City.

MY interest in the etiology of certain types of inflammation seen in the lesions of the female genito-urinary tract, which presented factors not with the usual symptoms, have led me to make a series of bacteriological examinations in a series of 33 cases which I have (because of ability to follow more closely) had in private practice, where I find the colon bacillus was present.

All ages seem to be affected, from a child of 6 years to an adult of 76. In all cases there was a history of some exciting cause prior to the time when the examinations showed the presence of colon bacilli, and in most of these cases there were associated pathogenic organisms. In a number of cases it was thought that the lesions were tubercular, undoubtedly due to the mistake in not differentiating the tubercule bacilli from the smegma bacilli. It is in this connection that mistakes frequently are made, especially where there is and has been a cystitis, to believe the process

[1]Read at the Twentieth Annual Meeting of The New York State Medical Association, New York, October 19-22, 1903.

to be tubercular, whereas it is a colon bacilli infection. Because of the anatomy and the safeguards of nature against infection, also because of the secretion of the vagina, the portals for entrance of colon bacilli to the genito-urinary organs is, fortunately, difficult, but that the colon bacilli are carried by the blood current to these organs must also be considered as one of the channels through which infection may occur.

It is not my purpose to consider the bacteriology of this subject, but to confine myself to clinical observation of disease where the bacteriological examinations have shown the true cause of the process to be due to colon bacilli. It may be well for us in considering this subject to divide our cases according to age—that is, those before puberty, from puberty to menopause, and those after menopause. The three cases occurring before puberty (6, 9 and 11 years) each had, prior to coming under my observation, severe attacks of colitis. A child of 6 had for a number of days what was considered by the parent only an attack of summer complaint, and after failure of certain domestic measures to stop the disease, I was called to see the child. At this time the child gave the usual symptoms of a fairly severe attack of colitis. Frequent small stools accompanied with mucus and tenesmus. It was now for the first time she complained of frequent and difficult micturition. Examination of the urine showed the presence of mucus, and colon bacilli were found. Forty-eight hours later no signs of a localized trouble, such as pain or muscular rigidity previously being observed, the child developed appendicitis, which progressed so rapidly, operation was indicated and an unusually long appendix, which was much inflamed and adherent to the pelvic wall, was removed. The child made an uneventful convalescence until the tenth day. The abdominal wound at this time had closed, and the temperature having been normal suddenly—following a severe chill—rose to 104, and the child complained of pain in the epigastric region, and there was constant nausea and vomiting with very rapid breathing. Increased liver dulness was the only physical sign, but the belief that there had been a phlebitis following the appendectomy and the fear of abscess led to exploration. Pus having been found, the abscess cavity was drained through excision of the ninth and tenth ribs in the anterior axillary line, and death followed in thirty-six hours.

R. M. Age 9.

A child reported to her mother that she had constant itching and pain referred to the vulva. A discharge was observed by the mother, who was advised to irrigate the vagina with mild antiseptic solutions. No symptoms referable to the bladder had, up to this time, been felt. Irrigation had been used only a few times in the vagina when the child began to complain of frequent and painful micturition. The urine showed the presence of cystitis, but in other respects was normal, and only after numerous examinations was the presence of colon bacilli found; and no gonococci were found in the vaginal discharge. The bladder symptoms became so severe, a cystoscopic examination was made under an anesthetic. The urethra and trigonum were very hyperemic. With the use of borolyptol argyrol, the bladder symptoms improved for a time, but later returned and it was necessary to change the medication, and ichthyol was used with most satisfactory results.

F. S. Age 11.

Had during the summer a severe attack of dysentery. She came under my observation in November, after having recovered completely from all symptoms of the dysentery, and only a few days prior to the time when I first saw her had given symptoms referable to the bladder. She then began to give the usual symptoms of cystitis, and, in addition, constant pain referable to the left ovarian region. This was worse on exertion and became so constant and severe that an examination was required. Through the vagina a distinctly thickened left ureter was felt. Cystoscopic examination showed the meatus of the left ureter greatly inflamed, and a small area at the trigonum. I believed this case to be one of tuberculosis that had come from kidney lesion. Frequent and careful bacteriological examinations failed to show the presence of tubercule bacilli, and in this case it was not until after a number of examinations had been made that the colon bacilli were found. Believing that the greater number of cases of tubercular cystitis come from lesions in the kidney, not finding an avenue of entrance from below I was much puzzled because of the failure to find any kidney lesion or any constitutional symptoms of turberculosis to account for the thickened and sensitive ureter, which in most of these cases is so diagnostic of tubercular infection. In children it is extremely difficult to make topical application through the cystoscope without a general anesthetic, and because of the necessity of frequent treatment this, of course, is impossible. Accordingly, efforts were made to effect a cure through medication given by the mouth and irrigation. The agent employed was gomonol given both internally and the bladder was irrigated with a solution of gomonol three times a week. The case proved most intractable, and another examination was made to be sure that there had been no mistake in diagnosis. I found it impossible to pass a catheter into the left ureter; fearing to effect a trauma which would bring most serious effects, catheterization was abandoned. By means of a local anesthetic, topical applications were made, employing argyrol and later nitrate of silver. This resulted in greatly ameliorating the symptoms, and yet the ureter continued to remain as it is at the present time—thickened and sensitive.

The second group of cases, those occurring between puberty and menopause (naturally the greatest number coming under my observation).

A large proportion of these have dated their bladder symptoms to catheterization immediately following confinement. Aseptic midwifery and the proper preparation of the patient for labor have undoubtedly done much to prevent cases of cystitis, which formerly occurred so frequently in obstetric practice, and also that barbaric custom when nurses were taught to catheterize the patient without exposure, and by touch and not sight, was the prolific cause of cystitis which by reason of contiguity of parts was undoubtedly caused by direct infection of the colon bacilli. Yet, there are a certain number of obstetric cases that have bladder symptoms which are not simply "irritable bladder" or "neurotic bladder," and even when modern principles of aseptic technic have been employed, come to us with bladder symptoms. These cases were formerly treated with long-continued doses of toxic drugs, such as urotropin, and those allied to it in chemical properties which should not be used, except as an auxiliary for a cystoscopic examination which in the vast majority of cases reveal a trigonitis or cystitis of truly septic origin.

K. C. Age 29.

Menstruation began at 15; had always suffered from severe dysmenorrhea. For relief of this curettage was done, but as is so frequent in many such cases, without any permanent relief. Shortly after this she developed bladder symptoms, and at one time reports to have had quite a marked hematuria which lasted off and on for a number of years; and when abroad consulted medical advice with the result that a diagnosis of tubercular cystitis was made and a bad prognosis given,. There had never been any pulmonary symptoms of tuberculosis. During the summer of 1900, after an unusually long sea bath, taken just prior to the time of her expected menses, she became suddenly quite ill, suffering with general abdominal pain, and the bladder symptoms became very pronounced. Examination revealed a hypertrophied, retroverted and firmly fixed uterus, with an exudate in the left broad ligament. The ureter could be distinguished through the fornix, and was extremely sensitive. Menstruation became established twenty-four hours after she came under my observation, and was accompanied with marked dysmenorrhea lasting for three days. At this time, temperature was 101½, pulse 110°, and leucocytosis of 11,000. She referred some pain to the region of the appendix, and there was rigidity of the right rectus. Treatment for this condition was employed, but without any result, and she became gradually more septic. Leucocytis increased to 19,000. Examination per vaginam now revealed a boggy mass in Douglas's cul de sac; this was incised and drainage established which, for the following four days, gave great relief of all septic symptoms. On the fifth day after the vaginal incision, she again gave symptoms of recurring sepsis, and it was decided, after consultation, to perform abdominal section with the idea of a thorough exploration of the abdominal pelvic organs, and, if necessary, to establish drainage from any focus of septic inflammation with the drainage which had been made per vaginam. A distinct abscess cavity was found about the caput coli containing typical fetid pus, associated with lesions of this type. The second abscess cavity was also found involving the left ovary and tube. Large colonies of colon bacilli were found associated with other pyogenic organisms in the contents of both abscess cavities. The drainage tubes were inserted into the abscess cavities, and also brought out through the vaginal incision. For nine weeks the patient continued to progressively improve and the sinuses had now entirely closed. During all this time the bladder had been a source of great annoyance, and although efforts had been made by frequent irrigation to improve this condition, the distressing symptoms with painful and frequent micturition continued. The urine was filled with pyogenic organisms; and always large quantities of colon bacilli were found. At this time the first satisfactory cystoscopic examination was made, and it was found that almost the entire bladder mucosa had been denuded, and on the left side, about half an inch below the left urethra, was located a distinct depression. Exploration of this depression proved it to be sinus, which extended from the left side of the bladder upward and had undoubtedly been the fistulous tract connecting a left tube ovarian abscess with the bladder. Through the vesicovaginal incision, the bladder was drained for three months, and topical applications were made during this time to the interior of the bladder. The vesicovaginal fistula was then closed, and the patient for the first time in a number of years was able to retain her urine from four to five hours. Her menstruation has continued regularly and comparatively free from pain; yet at this time there are bladder symptoms, as shown by much more frequent desire to urinate and accompanied with some tenesmus. Cystoscopic examination shows the bladder covered with a healthy mucosa, except a small area located in the trigonum. This has been most intractable to every form of medication, sometimes entirely disappearing, again returning but with comparatively mild symptoms.

The third group of cases—those occuring after the menopause—can be illustrated with the history of the following case:

Mrs. M. Age 63.

Mother of four children. Menopause established nine years ago. General health has always been excellent, but at times, as she thought, after some exposure, she would have symptoms referable to the bladder. Six months ago these symptoms became very pronounced, and her sleep was so disturbed by the constant pain and frequent micturition that she became almost a physical wreck, entirely incapacitated from performing her usual duties and in obtaining any recreation. Quantities of various drugs had been

employed, and the bladder irrigated with various solutions, all to no particular effect. During much of this time there had also been a fairly profuse vaginal discharge. Examination of pelvic organs revealed an atrophic uterus, no abnormality of the appendage. The cervix was eroded, and the vagina presented three areas where the mucous membrane was denuded. Cystoscopic examination revealed a trigonitis. Bacteriological examination showed both in the vaginal discharge and in the urine colonies of colon bacilli. Uterine irrigations with double current catheter, topical applications of nitrate of silver to vagina and bladder have effected a complete cure.

This clinical paper has been presented because the writer believes many cases of colon infection of the female genito-urinary tract pass unrecognized. I also believe that causes of apparently simple vaginitis and cystitis often are followed by severe toxemias and septicemias of a very severe type, even in very young children and adults past the age when infections are liable to occur in this tract, and could be diagnosed and more properly treated if the assistance of a competent bacteriologist were employed to confirm the clinical diagnosis. He also desires to caution against the use, without careful observation, of many of the so-called urinary antiseptics, because with the chance of absorption through denuded surfaces toxic symptoms have in his experience not been unusual. Topical applications by means of the cystoscope, with comparatively little practice, can be made with the modern instruments by the general practitioner greatly to the relief of the patients who suffer the distressing symptoms always associated with diseased bladders.

TREATMENT OF SEPTIC AFFECTIONS BY THE INTRAVENOUS INJECTIONS OF COLLARGOL.[1]

BY GEORGE TUCKER HARRISON, M.A., M.D.,
New York City.

IT is well known that B. Credé, of Dresden, has made extensive use of silver in the treatment of wounds for many years past. Whoever is interested in the wide range of application of silver and its salts in wound therapeutics will find a most excellent résumé of the subject in a paper which lately appeared in the *International Medical Journal* by Dr. Edward Wallace Lee. By a process of inductive reasoning, Credé attained to the conviction that if it were possible to introduce metallic silver or its salts into the human organism we would have a powerful means at our command to antagonize septic processes. The difficulty of the problem consisted in the insolubility of metallic silver, and the irritating and other objectionable properties of the salts of silver; but not deterred by this apparently invincible obstacle, he persevered and ultimately succeeded in producing metallic silver in a condition soluble in water. At the suggestion of Credé the chemical manufacturing establishment von Heyden, in Dresden-Radebeul, succeeded in obtaining, in a colloidal way, a soluble silver, collargol, which met all requirements; it was soluble, not poisonous and bactericidal. It was first applied by inunction in the form of a 15 per cent. ointment—the well-known Unguentum Credé. This method was recommended at first by Credé, on account of its absolute freedom from danger, as well as by reason of the facility of the mode of application in the majority of cases in which it was indicated. As early as 1897, however, Credé laid especial emphasis on the value of the remedy where introduced into the circulation by intravenous injection. The method of inunction has received enthusiastic praise in some quarters, while in other quarters it has been declared to be absolutely indifferent so far as results were obtained. It is outside of my province to consider this mode of application of the remedy. I have no knowledge of it from personal experience. My attention was called to the intravenous method of application of collargol last June by reading a paper by Dr. Hermann Schmidt, of Dresden, which appeared in the early part of the year in the *Deutsche Medicinische Wochenschrift.* This paper was read by Dr. Schmidt on January 24, 1903, before the Society of Physics and Medicine, of Dresden. I beg at the outset to acknowledge my indebtedness to Dr. Schmidt in the preparation of this paper. I would advise all who have the opportunity to read carefully the facts and arguments adduced by Dr. Schmidt in proof of the efficiency of collargol. After it had been fully shown by experiments upon the lower animals that the intravenous injection of collargol was devoid of danger, Créde applied the method to man. The first injections were used in cases which might be designated as absolutely hopeless, and when it was ascertained that the method was entirely free from danger, a step further was made and it was applied to all forms of septic infection in man. A recent number of *Langenbeck's Archives für Klinische Chirurgie* Credé gives the result of his clinical experience, and at the same time the theoretical grounds on which he was led to his present views as to the wonderful efficacy of silver in the treatment of septic diseases. As his experience has been so extensive his views may well challenge our attention. Listen, then, to what he maintains: "Applied at the right time before brain or heart has lost its resistive power, and before metastasis has taken place, the soluble silver will express a plainly favorable effect, a few hours after its introduction. The patient will become more quiet, will feel less ill, in time break out in a perspriation, temperature and pulse will improve, xxy. The quicker the depreciation in the condition becomes so much the sooner is the injection to be repeated and so much the larger is the dose to be chosen for each injection. Since a cumulative effect has never yet been observed, many in-

[1]Read at the Twentieth Annual Meeting of The New York State Medical Association, New York, October 19-22, 1903.

jections may be exhibited; even as many as twenty may be given to the same patient. I never, myself, saw the necessity for the exhibition of more than seven in succession." In an article on puerperal sepsis, which appeared, August 18th, in the *Muenschener Medicinische Wochenschrift,* by Prof. H. Fehling, of Halle, the writer declares that his experience with the Unguentum Credé was disappointing. "On the contrary," he remarks, " a certain value is not to be denied to the intravenous injection of collargol. We apply a sterile 2 per cent. solution and give 10 to 20 ccm. in a vein of the elbow joint, directly, with a fine needle. With some practice this is easy and a bad effect was never to be demonstrated. The remedy appears mostly to possess the faculty of lowering temperature and pulse, besides the alleviation of the symptoms of the patient; it, accordingly, has a certain diagnostic value. If still further demonstrative clinical attempts must be instituted, we may still use the means now as a curative factor in the combat against puerperal fever." As Credé informs us in the article above referred to, the collargol formerly furnished was defective with reference to solubility, stability, etc., but since May of last year has been substituted by an improved preparation which answers all the requirements of the physician. As now obtained, the collargol appears in the form of scales and granules of a silvery luster which dissolve easily and completely in water in the proportion of 1:20, using distilled water or a pure spring water. It does not change, even when kept a long time, in heat and cold, and as a concentrated solution, without the necessity of a special protection from light and heat, may be preserved a long time without change or the formation of a deposit. It is but little sensitive to salts or acids. It does not possess great destructive power against bacteria, but, as Fehling and Schmidt maintain, an extraordinarily great inhibiting power. Solutions of the strength of 1:50 only kill virulent staphylococci after the lapse of ten hours, while a solution of 1:5000 after a few minutes inhibits the growth of bacteria. With reference to the technique of the intravenous injection I follow the method recommended by Credé and Schmidt. For convenience, the veins of the extremities are utilized, because they are easily accessible and may be brought to stasis and prominence by constriction of the extremity. As a rule, the left arm is selected and the injection made in the median vein. I have sometimes made use of a vein on the back of the hand. As a preparation for the injection the patient is brought to the edge of the bed in order to let the arm in which the injection is to be made hang down conveniently and in this way produce a venous statis. After a few minutes the arm is centrally constricted by a few turns of a bandage or by a piece of gum tubing and thus the vein brought into still further prominence. The field of operation is carefully disinfected as a preliminary measure. A syringe holding 5-10 ccm. is recommended. I have always used my hypodermic syringe which, with its needle, is thoroughly boiled, distilled water not being absolutely necessary, and while an assistant fixes the arm the needle is carried through the skin into the lumen of the vein. That the needle is in the lumen may be easily shown by the fact that blood regurgitates out of the free end of the needle in drops. As soon as this occurs the syringe is screwed on to the needle, the piston is slightly retracted in order to bring the air above, a slight amount of which may be present, the arm is brought up to the horizontal position, at least, to accelerate the rise of the air bubbles above and finally the bandage is cut. Now the injection is slowly made, the needle in the first instance being slightly drawn upon to prevent a transfixion of the walls of the vein. The injection must be made very slowly, every 5 to 10 seconds, a small quantity being forced in. If the vein is not at all prominent, as may be the case if the patient be anemic, cachectic or very fat, notwithstanding the stasis and constriction, it may be necessary to make an incision so as to expose the vein. After the injection a suture closes the wound. As soon as the requisite quantity is injected the needle is withdrawn; that is, to be accurate, the syringe with its attached needle, is withdrawn and the small wound covered with sterile gauze, held in place by a bandage or a piece of Z. O. plaster. With reference to the quantity of the collargol to be injected, I believe it to be best to use a 5 per cent. solution and thus a smaller quantity need be injected. I have generally used 2 grammes of the 5 per cent. solution; that is, a syringeful. A very important observation is made by Schmidt, and my experience fully confirms it, that temperature and pulse curves give only an incomplete picture of the course of the disease after collargol injections, inasmuch as in them the behavior of the general condition does not come to expression, especially in regard to nervous unrest, sleep, appetite and mental freshness. As a matter of fact, the general condition, in septic diseases, is of more importance than pulse or temperature in forming a judgment upon the course of the disease. After the collargol injections, the improvement is manifested to a more marked degree in the elevation of the subjective condition rather than in the pulse-curve. The effect of the means begins to show itself after the lapse of four to six hours. The nervous phenomena, such as restlessness, headache or apathy, recede, the patient has a fresher look, takes an interest in what is passing around him, gets an appetite and has an inclination to sleep. Usually perspiration appears, sooner or later, and, after the expiration of from seven to eight hours, there is evidence of intestinal activity. In the less severe cases synchronously with this improvement of the general conditions there is a decline of pulse and temperature and the patient may enter upon convalescence after the exhibi-

tion of one injection. When we have to deal with cases that are complicated with primary abscesses, we will usually observe a plain and permanent improvement of the general condition, although not so marked as in the milder cases, while, on the contrary, temperature and pulse will remain uniformly or remittingly high and only be slightly influenced until the pus is evacuated. As Schmidt very appropriately remarks: "That moribund patients and those in whom the force of the heart and vasomotors is almost exhausted cannot be saved by the intravenous injection should excite wonder just as little as that such cases of diphtheria remain uninfluenced by serum injections." The astonishingly rapid convalescence after the use of the injections, in those cases in which the sepsis is removed, is a feature which commends this method to our favorable consideration. Before commenting on my own experience permit me to quote two illustrative cases narrated by Dr. Schmidt:

"*Osteomyelitis Septica.*—Girl, age 14, hitherto well. February 15, 1902, pains and swelling in the left ankle joint, general condition bad. Reception on February 20th, pale and badly nourished, lungs and heart normal, traces of albumen, left leg to a point of the breadth of the hand above the knee swollen and doughy, inner side reddened, nowhere fluctuation, movement extremely painful. Left shoulder joint slightly swollen, very painful, chills, headache, vomiting, quite sleepless. Temperature, evening, 29.0°; pulse, 112. Incision over tibia. No pus, only cloudy serum from the edema. Leucocytes, 13,000. High position of leg. Priessnitz compress. February 22d, in every regard worse. Apathy, great restlessness; leucocytes, 26,000. Temperature, morning; 40.0°; pulse, 120. In the morn- at 10 o'clock intravenous injection of collargol of 0.05. In the evening no more bad pains, no chill and no vomiting. Inclination to sleep. Temperature, evening, 39.0°; pulse, 108. February 23d, morning, slept most of the night quietly, makes almost the impression of being well, has appetite, pains in leg and shoulder much better. Leucocytes, 24,000. In the evening fluctuation over the tibia, incision some pus. February 24th, continued improvement, almost normal condition. February 25th, again restlessness, headache and nausea. Leucocytes, 27,000. Second similar intravenous injection, afternoon, essentially better. February 26th, slept well, appetite, free from fever. From now on normal condition and restoration to health after several necrotomies."

"*Polyarethritis Septica.*—Girl, 21 years old, received on account of wound on knee on February 2, 1902. Fourteen days later short illness of febrile angina. Eight days afterward pain in the right wrist, bad condition, systolic heart murmur. Temperature, 39.5°; pulse, 120. In the next days disease of the knee joint, bad condition. March 6th, intravenous collargol injection. After some hours beginning of improvement of all the phenomena. On March 10th, absolute wellbeing, excellent convalescence." In a recent paper prepared for another society I gave a detailed history of a case, in which I used intravenous injection of collargol, which occurred in my service at the New York Infant Asylum. I shall ask your attention to a brief abstract, giving the more important and salient points: A case of sepsis—parametritis—copied from the records by Dr. G. T. Myers, the house physician, to whom I am much indebted. Mrs. G., age 27, Para. 2. Personal history good, robust in appearance. Her first confinement, two years previous, was difficult, the child delivered by forceps, still-born. Patient taken in labor, June 9, 1903, at 5 P. M. June 10th, 12 o'clock, noon, cervix fully dilated, anteroposterior diameter contracted, a case of simple flat pelvis. Podalic version performed by Dr. Harrison. Child delivered still-born. Placenta expelled by Credé's method. Right laceration of the cervix, laceration of the perineum extending high up into right vaginal sulcus. Primary repair of perineum by Dr. Myers, catgut inside, silkworm outside. The third day there was a rise of temperature, the fever at 6 P. M., 22d, showed temperature 104 2-5°; pulse, 120; respiration, 36. A remitting fever kept up with morning remissions and evening exacerbations until July 28th, when, at 6 P. M., temperature 103° F.; pulse 100; respiration, 28. The patient was extremely emaciated and very weak. Vaginal examination made by Dr. Harrison revealed the existence of a decided exudation in the right broad ligament, parametritis, uterus and appendages sensitive on pressure, pains extending down right thigh. At 6.30 P. M. Dr. Harrison, assisted by Dr. Myers, gave an intravenous injection of collargol, administering 30 minims of a 5 per cent. solution, using one of the veins of the back of the hand. The temperature at the time of the exhibition of the collargol was 103 2-5°; pulse, 120; respiration, 34. Three hours and a half after the intravenous injection the temperature had dropped to 100° F.; pulse, 80; respiration, 24. Pain in right leg had ceased, the patient's general condition so much improved that she expressed herself as feeling well enough to get out of bed and go home. July 29th, 5 A. M., temperature, 99 2-5°; pulse, 84; respiration, 20. From this date until August 6th the temperature remained as follows: Temperature, 98.6°; pulse, 80; respiration, 20, when the patient was discharged well.

Had I time at my disposal I might narrate a case of pyemia of a bad type in which the results obtained by the collargol exhibited by intravenous injection were simply marvelous. Permit me to quote from my paper above referred to: "To appreciate the splendid results achieved by the silver solution in this case it would be necessary to bear in mind the clinical picture at the time of the exhibition of the remedy, the rapid pulse, the elevated temperature, the extreme emaciation, the dreadful paroxysmal pains in the lumbar and sacral region, the sensitive septic right knee-joint

and the swollen left thigh with its abscess formation." I shall now pass on to mention another application of the collargol, which has rendered me invaluable service. About four weeks ago I performed laparotomy for the removal of a pelvic tumor in a young lady. The abdominal wound became infected and it was found necessary to reopen it, there was a deep abscess at the lower angle of the wound and on the right side, above. There was a large amount of pus present when the dressings were removed. The wound was treated with the collargol, a 5 per cent. solution. A plain piece of gauze, saturated with the remedy, was carried to the bottom of each mural abscess. To my great gratification the pus disappeared in a few days, and I soon had an aseptic wound to deal with. No other application has yielded such quick and satisfactory results in my hands. A few weeks ago I incised an extensive abscess in the leg of a woman. After its evacuation I passed in a piece of plain gauze which had been dipped in the collargol solution, and when I removed it in two days there was no pus. It healed in a very rapid way. In conclusion, I would say that the intravenous injection of collargol has been proved by a sufficient mass of clinical material, furnished by observers such as Credé, Schmidt, Fehling, Müller, Fischer, Schrage, Wenckebach, etc., to be the best therapeutical resource at our command in the treatment of septic affections. My own experience, as yet, I admit, limited, goes to corroborate the correctness of this statement, and I hope that other physicians in the dread combat against sepsis may be induced to use this potent remedy which has the surpassing virtue of, at any rate, doing no harm.

SPRAINS OF THE SPINAL COLUMN—(TRAUMATIC LUMBAGO.)[1]

BY ARTHUR CONKLIN BRUSH, M.D.,
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ALTHOUGH not strictly a condition which should be grouped with diseases of the nervous system, sprains involving the joints of the spinal column are found so often complicating injuries to the cord or other abnormal conditions of the nervous system due to trauma, or is of itself mistaken for such conditions, that its consideration by the neurologist is not out of place. Of all the abnormal conditions of the spine or cord which may follow injury, none seems to be less generally understood than this, but its practical importance is in reality much greater than the scant reference to it which is to be found in most of the latest text-books on surgery or neurology would indicate. This, with the confusion which still remains from Erichsen's writings on Concussion of the Spine, Strumpell's and Oppenheim's attempts to establish the existence of a Traumatic Neurosis, and the want of knowledge as to the diagnosis of the diseases of the nervous system for which trauma may be a competent producing cause, has frequently resulted in unfortunate consequences to the patient himself and to the defendant in negligence cases. Sprains of the spinal column are a common result of violence; they may occur either alone or as a complication, and from the fact, as has been said, that their real nature is often unrecognized and the case improperly treated many curable cases terminate in permanent disability. This fact is clearly shown in the study of the histories of 43 cases of my own. I find that of these the condition occurs alone in 15 and as a complication in 28, that 14 of these were recognized and treated as sprains with the result of a perfect recovery in 8, and that of the other 29 cases whose real nature was not recognized until a year or more after the injury only 2 are known to have recovered.

The importance of injuries to the spinal column becomes apparent when we take into consideration its anatomical and physiological relations. The spinal column is not only the channel through which the spinal cord descends, but also forms the base of support for the head, body and limbs, and is the point of fixation for all the voluntary muscles in the various movements of the trunk, neck and limbs. This necessitates a considerable degree of rigidity, which is afforded by the intervertebral cartilages, spinal ligaments, and especially by the numerous muscles which are attached to the spine for its support.

The normal amount of motion allowed at each vertebral joint is small, but varies in degree in different regions, being greatest in the cervical and lumbar regions, especially at the cervicodorsal, lumbodorsal and sacrodorsal joints. In the dorsal region very little movement can occur.

Sprains of the spinal joints are due, like other sprains, to a forced greater movement of the joint than its structure allows. The injury, as a rule, involves a number of these joints, and results in a tearing of their ligaments and capsules; often there is a breaking off of small pieces of bone with displacement of the vertebral bodies in various degrees, and especially there is a stretching or tearing of the supporting muscles. This may be followed in a few hours by swelling and inflammation which increases the disability.

Such sprains are most common at the points already mentioned where the normal amount of movement is the greatest, while between the second and tenth dorsal they are only found between the ribs and the transverse processes.

Sprains of the vertebral joints are then a natural and ordinary consequence of any form of violence which causes a violent bending or twisting of the trunk or neck beyond the normal limit of movement, direct blows to the back which produce an abnormal movement between the vertebræ, and of sudden and violent movements on the part of the patient himself. As shown by

[1]Read at the Meeting of the Kings County Medical Association, Brooklyn, January 9, 1904.

my own cases, this accident was more common in males than in females, due to the greater exposure of the male to violence in ordinary life, 30 being in males and 13 in females. The lumbar region, as shown by these cases, was the part most commonly affected, 38 occurring in that region and 5 in the cervical.

The assigned causes were direct blows over the affected portion of the spine in 15, violent bending of the trunk or neck in 10, falls on the back in 9, twisting of the trunk in 6, and violent muscular efforts to preserve the equilibrium in 3. All of the cervical sprains were due to undue bending of the neck.

Besides the injury to the spine, 28 of these cases presented one or more of the following complications at the time of the first examination: Hysteria in 10, spinal meningitis in 6, cerebral concussion in 4, spinal hemorrhage in 3, fracture of the ribs in 2, myelitis in 2, neurasthenia in 1, cerebral meningitis in 1, traumatic sclerosis in 1 and fracture of the spine in 1.

As is the case in other sprains, the full intensity of the symptoms may not be developed until the secondary swelling and inflammation has occurred, so that the patient may seem to have suffered but little damage at the time of the injury and yet several hours afterwards find himself totally disabled. This was found to be the case in 10 of my 15 uncomplicated cases.

The symptoms in the fully developed cases are quite characteristic. The patient keeps his spine straight and rigid in all his movements, with his head and shoulders drawn back. In rising from a chair he assists himself with his arms. He is unable to bend forward and turns the whole body together in rotation. All his movements are slow and he walks with short steps, not lifting his feet. There is pain referred to the injured part of the spine, increased by its motion or sudden pressure on the head or shoulders. Tonic spasm of the muscles at the sides of the spine is always present on one or both sides opposite the injured part. Pain is present on pressure over the injured joints and over the contracted muscles at their sides, and this tenderness is always more marked over these muscles than over the injured vertebræ. The knee-jerks are increased, but restrained, causing an apparent loss, and there is a loss of power in the limbs with loss of power to expel the contents of the bladder and rectum, due to the pain which occurs in the fixation of the spine in these movements. If we keep this clinical picture clearly in our minds the diagnosis is, as a rule, in uncomplicated cases easily made. The condition with which it is most often mistaken is that peculiar symptom-complex which is found in hysteria and constitutes the well-known hysterical, neuresthenic, or railway spine. In this latter condition we do not find the characteristic spinal rigidity and consequent gait or attitude. In hysteria the patients will voluntarily bend the spine as in picking objects from the floor and they never hold the trunk and shoulders rigid in all movements. Their gait, when it is affected, is that of hysterical hemiplegia, paraplegia, or ataxia. The knee-jerks are increased. The bladder and rectum are unaffected. The pain in hysteria is described as extending over the whole length of the spine and involving the occiput. There is no tonic spasm of the muscles or tenderness over them at the sides of the spine. Light pressure of the spinal bones is, as a rule, much more painful than deep. Tenderness is also found over the sacrum, over the sacral notches and especially over the coccyx. Besides this we usually find one or more points of tenderness localized over the spine in the upper dorsal region. Rumpkoff's test is also of value in the diagnosis of these cases. It rests on the fact that an increase in the pain which is produced by pressure on a painful part is accompanied by a temporary increase in the pulse rate. This never occurs in hysteria.

From fracture and displacements of the vertebræ, the diagnosis rests on the absence of deformity of the spine or of symptoms indicating compression of the cord.

From compression of the cord by displaced bone, hemorrhage into or myelitis of the cord, it is easily distinguished, as a rule, by the loss of sensation and motion below the point of injury with loss of reflexes, the paralysis of the bladder and rectum, followed by more or less spastic paraplegia.

From spinal meningitis, the radiating pains shooting from the spine, the spasms of the limbs with hyperesthesia and anesthesia are sufficient.

The prognosis in uncomplicated cases and as regards the spinal sprain in complicated ones, as has already been pointed out, depends much on the early recognition and proper treatment of the injury. The prognosis also varies with the amount of damage sustained by the ligaments, bones and muscles, and with the severity of the secondary inflammation. Sprains which involve the whole length of the spine are usually associated with involvement of the cord and are of bad prognosis. Complete recovery, when it occurs, usually does so in a period varying from three to twelve months, but if the condition lasts beyond this time, we find, as in other points, that permanent changes have occurred in their ligaments with atrophy of the supporting muscles, and as a result a permanent weak and painful back. These chronic joint changes and loss of the supporting muscular power may also result in curvature of the spine. In persons of low vitality, as those who suffer from some diathesis as the tubercular or rheumatic, injury to these joints may lead, as in other joints, to the development of more serious conditions. Dr. William Browning has also observed necrosis of the vertebral bodies to have followed this condition. Besides the local changes in the joints, the inflammatory reaction may extend so as to involve the membranes surrounding the cord and thus cause

thickening and pressure on the cord and finally inflammatory or degenerative changes in that structure. Of course, in these cases with cord involvement, if we do not see the case until months after the accident, it is often impossible to distinguish from the history whether the cord lesion was directly due to the original injury or is secondary to the joint inflammation.

The results obtained in my own 43 cases were complete recovery in 11; permanent pain and weakness of the back, associated with lateral curvature in 5 of these; flaccid paraplegia in 3, associated with spinal curvature in 2 of these; spastic paraplegia in 6; locomotor ataxia in 1, and the condition of the remaining 5 is unknown.

Of course, this picture only represents to us the results in the more severe type of these cases, for as in other joints, many of these sprains, when slight and occurring in healthy subjects, make a complete recovery without coming under the care of the physician.

The treatment of these cases, when properly conducted from the beginning, is simple and satisfactory. It consists as in other joints in putting the part absolutely at rest for a period of three to twelve months. This is easily done with the plaster jacket, and during the first three months the patient should remain in bed or on a couch. All attempts at muscular efforts must be avoided. After this period, when all signs of inflammation have disappeared, the jacket may be removed and a light corset substituted. Light exercises such as tend to develop the supporting muscles, weakened by prolonged rest and inflammation, should now be commenced; massages and electricity may be used for the same purpose. Counter irritation over the spine by the use of iodin, blisters, or the hot iron is also of service.

THE TREATMENT OF INTERNAL HEMORRHOIDS BY INTERSTITIAL INJECTIONS.[1]

BY EARL H. MAYNE, M.D.,
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IN presenting a paper on the treatment of internal hemorrhoids by interstitial injections I realize that I am advocating a method that is generally misunderstood by the profession, and until recently almost universally condemned by it.

This attitude arises from the fact that this means of treating hemorrhoids has been largely in the hands of irregular and advertising practitioners and quacks, and that it has not been fairly or scientifically presented to the medical profession, but that it has, on the contrary, been hampered by undue prejudice and held responsible for results obtained by those whose knowledge of physiology, anatomy and pathology has been meager and defective.

There seems little doubt but that the method originated with Dr. Mitchell, of Clinton, Ill., in 1871.

[1]Read at the Meeting of the King's County Medical Association, Brooklyn, January 9, 1904.

Unfortunately for the profession and for humanity, this young physician did not possess the broad spirit of the true medical man, but was actuated by a desire for gain, and so kept his plan a secret.

In the course of time he sold the right to practice the method to drug-clerks, irregular physicians and charlatans, and limited them to certain territories. These men went about from town to town injecting all sorts of pathological conditions affecting the rectum. Polypi, external hemorrhoids, *procidentia recti* and even cases of carcinoma were thus treated, in most cases without observing antisepsis or the rules that governed surgical procedures in vogue at that time.

In 1876, Dr. Andrews, of Chicago, a rectal specialist, came into possession of the secret. He at once instituted a careful inquiry, communicating with a large number of these itinerants and regular physicians who had observed the results of this treatment.

In reply he received about 300 letters giving the results in 3,304 cases.

I give herewith his report of the accidents occurring in this number:

Deaths, 13.
Embolism, 8.
Sudden and dangerous prostration, 1.
Abscess of the liver, 1.
Dangerous hemorrhage, 1.
Permanent impotence, 1.
Stricture of the rectum, 2.
Violent pain, 83.
Carbolic acid poisoning, 1.
Failure to cure, 19.
Severe inflammation, 10.
Sloughing and other accidents, 35.

A formidable list, I admit, in view of our modern methods, but to my mind a remarkable showing when we take into consideration the ignorant, unscientific class of men who applied the treatment.

Does any physician here believe that the same number of internal hemorrhoids could have been treated by any of the radical methods used today, viz., the ligature, clamp-and-cautery, or Whitehead's, by these same unqualified itinerants with any better or as good results?

In this connection, for I have strong feelings on the subject, I take the liberty to quote from Dr. Tuttle's very excellent book on "Diseases of the Rectum" his views on this same subject.

Dr. Tuttle says: "The records are not sufficiently complete for analysis, but it is safe to say that they show remarkably good results by the method, under adverse circumstances; any other surgical operation for hemorrhoids in such unexperienced and unscientific hands would have produced a larger mortality and a longer list of accidents. The mortality of less than one-half of 1 per cent. and failures in about one-half of 1 per cent. are certainly not alarming results.

"Can any practitioner cite 3,300 cases of

hemorrhoids operated upon by any other method, with only *two* strictures? The other accidents, embolism, abscess of the liver, prostration, permanent impotence, carbolic acid poisoning, severe inflammation and sloughing, are too indefinite and problematical in their etiology to merit discussion. It is possible that some of them were produced by the injections, but certain that most of them were not.

"These statistics and the abandonment of the method by Kelsey, who, having had over two hundred perfectly satisfactory results, suddenly turned against the operation after one or two accidents, created at one time a strong prejudice against it.

"Lately, however, a better knowledge of the method and the class of cases to which it is applicable have led many surgeons to give it a trial, and their reports are very satisfactory.

"The method is well worthy of thorough consideration."

I have quoted this statement of Dr. Tuttle's together with the report of Dr. Andrews, in full, because I believe the latter to have done more than any other thing to prejudice the regular practitioner against a method which can be proved to produce good results in the great majority of cases.

In several articles on the treatment of hemorrhoids written in 1903 the report above referred to is still held up as final on this method.

In 1877, Dr. Brinkerhoff, of Ohio, a regular physician, who had long been a sufferer from internal hemorrhoids, and who had been refused radical treatment because of the severity of his case, was cured by this method.

Realizing that the possibilities of the treatment were great, he took up the subject and became its best known advocate. He devised a very useful speculum for examining and treating the rectum, which continues to be largely used at the present time; but like his predecessor, he, too, kept his methods secret.

Fortunately a few scientific and liberal observers took the subject up and have placed the method on a sound basis.

Dr. W. P. Agnew, of San Francisco, was among the first of these, and he reported his cures by this treatment in the *Toledo Medical and Surgical Journal* in 1877.

He represents the school which believes in the strong solutions of carbolic acid for injections.

After twenty-six years of work as a rectal specialist he claims he has not had a failure to cure; that he has had no deaths and no serious accidents following his method. He makes a special point of the mixture used which contains 50 per cent. of carbolic acid, and advocates sufficient quantities to permeate the entire hemorrhoidal mass, thereby causing the immediate death of the tumors, which usually separate as a dry eschar about the fourth or fifth day, leaving healthy ulcers which heal by granulation in a similar manner to the ulcers produced by both the clamp-and-cautery and ligature operations.

In April and May of last year I had the pleasure of witnessing much of Dr. Agnew's work, and I am convinced that he accomplishes all he claims. With a record of several thousand cases to his credit, his opinion is certainly valuable.

The other, and by far the larger school uses the weak solutions of carbolic acid, this acid being the essential ingredient in all the formulæ used in the injection method.

The champions of this school are Drs. David and Ives, of Chicago, and E. F. Hoyt, of New York, each having reported thousands of cures, while a score or more of careful observers have reported hundreds.

The testimony of these gentlemen does not substantiate the claim of Dr. Andrews that the method is uncertain and dangerous, but, on the contrary, goes to prove that in the cases where it is applicable (which will include the great majority) the treatment is safe, certain, and free from unpleasant sequelæ.

Probably 5 to 10 per cent. of the cases of internal hemorrhoids are complicated when first seen by either fissure, inflammation, irritable ulcer, extensive ulceration, irritable or tight sphincter muscles, prolapse with partial or complete strangulation, or are mixed hemorrhoids.

These cases are not suitable for the injection method while the complication is present, but should be operated on by one of the radical methods. If, however, the patient refuses the latter, the complication should first be cured, if possible, by palliative measures, and then the case treated by interstitial injections.

If care, patience and good judgment be exercised, practically all cases can be made amenable to this treatment.

The principle upon which the treatment of internal hemorrhoids by the weak solutions of carbolic acid is based, consists in setting up just sufficient inflammation and swelling of the tumors to partially cut off the blood supply, in consequence of which atrophy and absorption of the mass take place, leaving practically a normal mucous membrane.

It is surprising how quickly the unpleasant symptoms in the uncomplicated cases subside. Frequently after the first treatment much relief is experienced, and after three or four, hemorrhoids that prolapsed with slight provocation are prevented from doing so.

The solution I use is the one advised by Dr. Hoyt, of New York, and consists of equal parts of witch-hazel and water with enough carbolic acid (Calvert's) to make it a 10 per cent. solution. It is advisable to add a little glycerine which keeps the acid in perfect solution.

The instruments necessary for the operation are a hypodermic syringe with long and short hypodermic needles, and a speculum with a slide in one or both sides. (The one known as Brinkerhoff's is convenient.)

In making the first examination give the

patient an enema to enable him to force the tumors out; then their extent, location and condition can be determined together with the approximate treatment necessary to effect a cure, and also whether the case is one adapted to this particular method of treatment.

If the patient can voluntarily force the hemorrhoids out, asepticize and inject them, using the short needle; then replace them above the sphincters. If they cannot be thus brought down, introduce the speculum, partially withdraw the slide, request the patient to strain slightly, thus forcing a hemorrhoid through the window, asepticize it, and inject into it from five to ten drops of the solution. Deposit the fluid slowly, giving it time to become thoroughly distributed throughout the tumor, then, with a cotton swab, gently push the mass through the window and withdraw the speculum.

It is best to inject the small tumors first, as it will be difficult to reach them later.

The initial treatment should be limited to one tumor. If the reaction is slight the treatment may be repeated in three or four days; if moderate or severe a week or ten days should elapse before proceeding further. In other words, wait until the inflammation produced by the injection subsides. In many cases it will be possible to inject two or three tumors at one time after the reaction of the tissues in an individual case has been noted. The number of treatments required for a cure in the average case is about ten, though as many as twenty may be necessary. From four to eight weeks' time is required to effect a cure.

Great care should be taken to limit the solution to the pathological tissue; otherwise unnecessary pain will result.

Should the injected tumors become prolapsed within twenty-four hours after treatment, great pain will result unless they are replaced immediately, and this should always be done. Should difficulty be experienced in accomplishing this, an anesthetic—preferably nitrous oxide gas—should be administered, the sphincters stretched, the tumors replaced, and T-bandage with compress applied to hold them in place.

While the treatment is being carried out the bowels should be kept regular and the movements soft. On the day of treatment a free evacuation should be had some hours before the injection. Attention to these details will save the patient considerable discomfort.

This method of treatment is especially effective in those hemorrhoids known as capillary or nevoid growths. This variety does not prolapse but is very prone to bleed, and usually produces the severer types of anemia.

The advantages of this treatment consist:

First, in the ease with which patients are persuaded to submit to the treatment. As you well know, the majority of people, including the members of our own profession, will endure prolonged suffering from this disease before undergoing radical operations requiring a general anesthetic and a more or less tedious post-operative convalescence.

Second, in there being practically no pain, which surely cannot be said of the other methods.

Third, in the fact that no detention from business or one's ordinary duties is necessary, except in cases of imprudence on the part of the patient —an important item in these strenuous days.

Fourth, in that no general anesthetic is required except in complicated cases.

Fifth, in there being no retention of urine, which usually follows both the clamp-and-cautery and ligature operations, requiring the use of the catheter with its baleful results.

Surely these are decided advantages.

It is claimed by the opponents of the method that the cure is not permanent. If only one or two tumors exist at the time of treatment, others may appear after their removal, but they will involve other blood vessels, and will not occur at the site of the former tumors.

There are cases which recur after any method because the original cause remains. These cases do no better under the injection than any other treatment.

Granting that there may be occasional recurrences, the patients are quite willing to take the chance of undergoing a second course of treatment in preference to the more radical methods.

During the past month I have communicated with and personally interviewed a number of surgeons who have been employing this method for from five to twenty-five years, and I have reports of about 20,000 cases treated by them. In all this number no deaths have occurred either directly or indirectly from the treatment. A few cases of severe hemorrhage were observed. No other serious accidents occurred.

Regarding sloughing—the first school aims to produce it in every case, and were it not for the pain following the strong injections this method would be the best, for the results are prompt and positive. As a matter of fact, sloughing is produced in every case treated by the clamp-and-cautery or the ligature, and should not be condemned as a result of the injection method.

During sloughing following any of the operations, hemorrhage may occur, but experience shows that it is rare, and seldom produces alarming symptoms.

If I may take a little more of your time I will report a few cases.

Mrs. F., aged 77, had suffered from bleeding, prolapsing, internal hemorrhoids for thirty years. Examination revealed relaxed sphincter muscles, which enabled the patient to force out three small and one tremendous tumor, the latter excoriated, bleeding easily and rather sensitive. Ten injections were given at intervals of three to five days, resulting in the disappearance of the tumors in about six weeks.

This patient was very feeble, quite anemic, and

had organic heart lesions—certainly not a fit subject for general anesthesia—and would have been refused the radical operations; yet by the injection method she was relieved and her old age made comfortable.

A. M., aged 37. Subject to bleeding, prolapsing, internal hemorrhoids for twelve years. During last two years the tumors not only prolapsed at the time of stool, but whenever the patient was long on his feet. There was marked anemia with its attendant symptoms.

Examination revealed three large and two small tumors, which could be easily forced outside the sphincters, and were treated without a speculum. Seven injections were given in all at intervals of one week, and then no trace of the hemorrhoids could be seen, even with the aid of the speculum.

This patient experienced not the slightest pain or inconvenience from the treatment. Three months later the mucous membrane at the site of the former tumors presented quite a normal appearance. His anemia had disappeared and his weight had increased twenty pounds.

Miss D., aged 30, complained of a protrusion at stool, accompanied occasionally by blood, and for two months followed by pain. Examination showed a fissure lying between two hemorrhoids. The patient refused an anesthesia for the cure of the fissure, so it was cured by palliative measures and the hemorrhoids then treated by injections, four only being required to produce a satisfactory result.

These cases might be multiplied indefinitely, but I think the ones cited fairly illustrate the points I wish to maintain in defense of this treatment.

REPORT OF A DIFFICULT OBSTETRIC CASE.[1]

BY E. B. PROBASCO, M.D.,
Glens Falls, N. Y.

Mr. President and Gentlemen—

I PRESENT to you to-day, not a scientific treatise but a simple record of a difficult accouchement and its outcome and complications.

April 10, 1903, I was called to attend a case of confinement. The patient was a small woman, aged 16 years, a primipara and at full term. When seven months pregnant she had had what was probably a vulvar abscess. I had not seen the woman before and knew nothing more of the history of her pregnancy, which apparently was otherwise normal.

Labor began at 4 A. M. with spontaneous rupture of the membranes during the beginning of the first stage, thus losing a main factor in dilatation of the os uteri. Pains were infrequent and irregular. At the first examination at 9 A. M. the os admitted two fingers only, but was soft and apparently dilatable. A diagnosis of breech presentation was made. The position of the fetal heart-sound was not made out at this time, owing to the lack of a stethoscope. She was given strychnine sulphate 1/30 gr., repeated in one hour, with the idea of strengthening the uterine contractions. The second examination was made at 3 o'clock P. M., when the os admitted three fingers, pains infrequent and ineffective. At this time the examination showed the fetal heart-sound too low for a breech presentation, and a brow presentation was diagnosed with the head oblique and in the right-fronto-anterior position; that is, with the chin posterior and pointing to the left sacro-iliac synchordrosis. The patient was tired out, and fearing a later exhaustion of the uterus, chloral, 15 grs., was given per rectum, the result of which was a fair rest during the night; pains of a weak character continuing at infrequent intervals. An examination at 9 o'clock A. M., the 11th, showed the head solidly jammed in the pelvis and consequently it was too late to do a podalic version. The error in diagnosis of presentation was due to confusing the ridge of the supraorbital prominences, the swollen cheeks and the root of the nose, together with the sulcus between them, with the buttocks and median furrow. The os being still not fully dilated, quinine, 12 grs., was administered to increase the pains and dilatation. Two hours later 9 grs. more were given. Shortly after this pains became somewhat stronger and the os dilated to admit four fingers. Manual dilatation with the fingers now secured complete dilatation. The head was found tightly wedged in the pelvis with no advance and no rotation. Attempted bi-manually to rectify the presentation by converting either into a vertex or face. I found it utterly impossible to accomplish this procedure. Pains became quite strong and regular, but for two hours more no advance or rotation was accomplished. Chloroform was now administered and the hand was passed as far as possible into the uterus, and again repeated attempts were made to convert the presentation into a vertex or face and to rotate the chin forward. No result was obtained. The fetal heart was at this time 160 and the mother's was 130. It was now determined to try the forceps, and failing in this to do craniotomy. Tarnier's axis-traction forceps were applied, the patient being thoroughly anesthetized, and after several failures in application, succeeded in getting a firm hold with the blades, and with great effort and after a considerable time delivered the head, the chin rotating to the pubes. The body readily followed. The child was asphyxiated, but finally breathed with the aid of artificial respiration, etc.

The mother suffered a large post-partum hemorrhage before expulsion of the placenta. This was readily controlled by expression of the placenta (Credé's) and stimulation of the fundus. She had also one drachm of fluid extract of ergot hypodermatically and, later, one drachm by the mouth. The patient was very pale from the loss of blood and the pulse was rapid and very weak.

[1]Read at the Annual Meeting of the Warren County Medical Association, Glens Falls, N. Y., January 13, 1904.

It improved somewhat with stimulants. For several days following she had a temperature of 102½° F., with a pulse of 140 to 160 and very weak, together with a slight foul lochia. She was given an intrauterine bichloride douch, which brought the temperature down to 101° F., and the pulse to 130. The bowels were moved on the third day with calomel and salines. From this on until April 30th, she had a temperature ranging from 102 to 105½° F., with slight chilly feelings at times and a rapid and feeble pulse in spite of the use of strychnine and digitalis. The uterus continued to discharge a thin greenish-yellow pus, with some odor; no blood or detritus. The patient felt comfortable, ate well and the bowels moved with salines. The uterus was irrigated daily for several days with normal saline solution.

On the 19th, an abscess of the left breast developed, which was opened by a large incision and drained and packed. This was followed by multiple abscesses of this breast, which practically honeycombed the gland. A half dozen free incisions in the axes of the ducts were made and others at the base of the breast below. The intravening tissue was broken down with an artery clamp and the cavities and sinuses irrigated with pyrozone and with bichloride solution and packed. After several weeks of this treatment the breast entirely healed. The right breast and the right side of the neck each exhibited one small superficial abscess, which promptly healed on evacuation. The temperature gradually fell to normal and the pulse improved, but remained quite rapid long after the temperature was normal. The patient probably suffered from pyemia, the uterus and other soft parts of the parturient canal being the focus of infection. There were slight lacerations of the perineum; these healed readily with the usual treatment.

The child was a large female, weighing about 10½ pounds. The head showed results of malpresentation and pressure, also several abrasions from forceps blades. There was paralysis of the extensors of the right arm and forearm of central origin. The child developed abscesses of the scalp and sub-maxillary gland, and for two days exhibited spasmodic twitching of the muscles of all the limbs. She did not nurse well, failed rapidly and died on the 22d, of the cerebral hemorrhage and marasmus, being then 11 days old, the hemorrhage, of course, being due to the great pressure and injury the head was subjected to during labor.

Just a few words about brow presentation. It is the rarest of all cranial positions, and is due to a state of instability of the head, which allows of partial extension of the head on the neck. The diagnosis is usually easy. Palpation gives the characteristic feeling of the parts of the face. In a brow presentation one cannot feel the chin per vaginam. In face presentations, the chin can be so felt. The dangers to the child are great. If the presentation cannot be changed to face or vertex, and if the fetal head and the pelvis are normal in size, the chin must rotate to the front for the child to be delivered alive.

The majority of cases are spontaneously converted into vertex or face presentations. If not, and the case is seen early, before the long cervico-frontal diameter is engaged in the pelvis, cephalic version or, if that fails, podalic version is the operation of choice. When impacted and the child is alive use forceps. In such cases, however, the child is usually dead and craniotomy through the orbit or roof of the mouth is indicated.

Tarnier's or other axis-traction forceps are in this case the most serviceable, because they allow of rotation with traction and with no effort of operator, except traction in order to obtain both movements.

Rotation is the essential factor in the mechanism. The chin must come to the front if the relations of the pelvis and the head are normal, in order to save the child.

REPORT OF EIGHT CASES OF POSTERIOR OCCIPUT.[1]

BY EMERSON W. AYARS, M.D.,
Richburg, N. Y.

THIS brief and incomplete report is presented for the purpose of bringing out a free discussion of this subject, for it is the belief of the writer that posterior occiput is a prolific field for study and discussion by the general practitioner. Success in obstetric work is a sort of tribunal before which the physician is brought up for judgment. Nothing that we are called upon to do gives us greater satisfaction than the successful conduct of a confinement, and while I do not wish to pose as an alarmist, I believe that no department of our work is freighted with greater possibilities and responsibilities, and so we cannot be too well prepared for the undertaking of these cases, and so any new hint on the management of these cases that we may get from free discussion may prove of great value.

Of these cases I will give the following facts:

Case I. Multipara. Labor tedious, with no progress by natural forces after head had descended into the pelvic cavity. This case was terminated by forceps delivery.

Case II. Multipara. Labor tedious. After full dilatation had taken place the presentation was changed to that of anterior occiput by a combined external and internal manipulation, and labor completed by natural means. This patient had a hemorrhagic history, and the delivery of the placenta was followed by severe hemorrhage, which, however, was checked by packing the uterus, and patient made a good recovery.

Case III was a primipara. Pains were feeble

[1]Read at the Annual Meeting of the Allegany County Medical Association, Belmont, N. Y., January 12, 1904.

and at long intervals. After this had continued about forty-eight hours the pains became more severe and frequent, and something like twelve hours more, dilatation being complete, the anterior occiputal presentation was substituted for the original one with the patient anesthetized. This patient was very muscular and her tissues persisted in remaining rigid. After this operation the pains were again feeble and infrequent, from exhaustion, so the forceps were applied and delivery completed. The instrument was removed just before the occipito-mental diameter appeared in the vulva, and the head "shelled out" between the pains, thus saving the perineum. Recovery uneventful.

Case IV. Multipara. Roomy pelvis and relaxed tissues. On complete cervical dilatation the forceps were applied and the labor quickly terminated, without any damage to the maternal tissues.

Case V. Primipara. Pains strong and frequent. Delivery spontaneous without restoration. Perineum ruptured slightly.

Case VI. Multipara. Pains strong but lacking somewhat in frequency. Roomy pelvis. Perineum had been slightly ruptured at a previous confinement. This case was terminated by natural forces without any new damage being done.

Case VII. Primipara. Patient muscular. Relaxation of tissues slow. On completion of cervical dilatation the combined external and internal manipulation was made use of to substitute the anterior occipital position for the posterior one, which operation was followed by forceps delivery, with no damage to maternal tissues.

Case VIII. Primipara. Pains feeble and infrequent, and nearly abated entirely before cervical dilatation was complete. When the head had descended as low as it seemed likely to do by natural forces the forceps were applied and the child extracted. Some difficulty was experienced in applying the instrument owing to the incomplete descent and the fact that the occiput had turned somewhat toward the left, in an apparent attempt at a spontaneous substitution. Manual substitution seemed to be impracticable. A slight rupture of the perineum occurred which was repaired.

One lesson that a study of these cases teaches is that, whenever possible, manual substitution should be performed, especially in primipara, as the surest way to preserve the integrity of the perineum. The use of chloroform in these cases, as well as in forceps extraction, is best determined by the exigencies of the case. Manual substitution was practiced in some of these cases with chloroform and some without, and forceps extraction the same. The question of whether to use chloroform was determined by the conditions present.

All cases where manual substitution was practiced were attended by the most happy results, which cannot be said of the other group. The use of forceps following this operation is a question to be determined from its own standpoint.

POSSIBILITIES OF THE PHYSICIAN AS A POLITICIAN.

"These doctors," said a veteran pension functionary to-day, "are the greatest electioneering agents in the whole field. They beat the average spellbinder three times over. A citizen of ordinary intelligence may go to a mass meeting and hear a dozen orators, and when he comes away their arguments drift out of his head like the plot of the passing play or the tricks of the juggler on the variety stage. He reasons, naturally enough, that the speakers are not doing all this work for their health, but expect something in return, and that it is their legitimate business to make black appear white if that is to the interest of the ticket; therefore, he does not lay too great store by their statements or their logic. But when men go to a doctor to be examined for a pension, or when the same doctor makes his round of visits, there is an atmosphere of politics completely enveloping the incident. What is more a matter of course than that the physician should chat with his patient by way of diverting his mind? The weather and the crops, and the general state of business, are not exhaustless topics, and soon they drift into talk about the campaign and the candidates, or what prospects are for somebody's nomination next year, or what not; and the mischief is done.

"The ideas a patient absorbs in this way stay with him. They seem to flow with such unconsciousness and ease that he cannot believe that they were worked up carefully in advance. Probably such a suspician does not occur to him once in a hundred times. Even sick women, who see hardly anybody but their family physician, catch the political infection and communicate it in turn to their husbands and fathers, brothers and sons. You who live in a good-sized city have little conception of what a political power is vested in our 4,500 doctors, most of whom live in small towns. In a town of from 4,000 to 8,000 population, a fair practice for a doctor of the class we get for examiners probably covers an area with a twenty-mile diameter, or still wider. Every doctor has his horse, and spends one-half his day driving out to see his suburban and country patients. When he enters a house at a considerable distance from home, it is not simply to say, 'How do you do?' and hurry out again, but he stays for a call. It is a marked event in the daily life of the family. Thus he gets in his work politically."—*New York Evening Post,* March 21, 1904.

The Conference Club had a most enjoyable dinner at the Yale Club House on Thursday evening, April 28th.

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Second Vice-President—Harriet M. Poindexter.
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Committee on Public Health and Medical Charities—J. L. C. Whitcomb, H. P. Deady.
Committee on Ethics and Discipline—O. N. Meyer, George N. Bull.

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THE

New York State Journal of Medicine.

The Official Organ of The New York State Medical Association.

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AMERICAN MEDICAL ASSOCIATION.

Next Annual Meeting at Atlantic City, N. J., June 7-10, 1904.

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Second Vice-President—Isadore Dyer, Louisiana. *Third Vice-President*—C. Lester Hall, Missouri.
Fourth Vice-President—George F. Jenkins, Iowa.
Secretary-Editor—Geo. H. Simmons, 103 Dearborn Ave., Chicago, Ill. *Treasurer*—Henry P. Newman, 101 Dearborn Ave., Chicago, Ill.

THE NEW YORK STATE MEDICAL ASSOCIATION.

Next Annual Meeting at New York, October 18-21, 1904.

President—William Harvey Thornton, 572 Niagara Street, Buffalo.
Vice-President—Charles S. Payne, Liberty.
Vice-President Ex-Officiis—J. Orley Stranahan, Rome. Everard D. Ferguson, Troy. Josiah William Morris, Jamestown. J. Riddle Goffe, New York.
Secretary—Guy Davenport Lombard, Graham Court, 116th Street and Seventh Avenue, New York.
Treasurer—Frederick A. Baldwin, 64 Madison Avenue, New York.
Counsel—James Taylor Lewis, Esq., 180 Broadway, New York.

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Delegates to the Annual Meeting of the American Medical Association, June, 1904.
E. Eliot Harris, New York. Joseph D. Bryant, New York. Joseph W. Grosvenor, Buffalo. Elias Lester, Seneca Falls.

(*For list of other officers, see last pages of reading matter.*)

Members of the American Medical Association who are members of The New York State Medical Association:

May 1st,	1,010
Increase,	3
Total June 1, 1904,	1,013

Members of The New York State Medical Asso

May 1st,	
Increase,	
Total June 1, 1904,	

The New York State Journal of Medicine.

Published Monthly by The New York State Medical Association.

COMMITTEE ON PUBLICATION:
CHARLES E. DENISON, M.D., Chairman.
Charles G. Childs, Jr., M.D.
W. Travis Gibb, M.D.
E. Eliot Harris, M.D.
Thomas F. Reilly, M.D.

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SHOULD THE PRESENT PUB ICATIONS OF THE ASSOCIATION BE CONTINUED BY THE AMALGAMATED SOCIETY?

The question as to whether or no the present publications of the Association should be continued by the amalgamated society after January 1st is at present a frequent topic of conversation in medical circles. Those favoring the continuance urge the necessity of a journal as a medium of intercommunication between the officers and members, otherwise unobtainable, and call attention to the stimulating effect that the regular publication of their work in their *own journal* has upon the component county associations; to the benefit which might be derived in time to *out-of-town members* from the establishing of a circulating library, based on the books received for review; to the necessity of the control by medical organizations of medical advertising columns; and that in common fairness, as the work of the profession is the foundation of medical journalism, the profit derived from such sources should be used for the *benefit of the members of the profession.*

The claim is also made in favor of the continuance of the publication of the *Directory* by the State body, that in addition to its value as a work of reference it is necessary as an aid in obtaining data for the prosecution of illegal practicers, and that its publication has an uplifting tendency on the members of the profession, placing, as it does, within the reach of every one interested for inspection, the professional history of legally registered physicians.

While, on the other hand, those objecting to the continuance of these publications, put forward the argument of the extra labor and expense involved in editing and publishing them. But these objections seem to have little or no weight, when carefully considered. For an active participation in the affairs of an organization by its members, especially if it involves some sacrifice of personal comfort and welfare, eventually results in great good to both the individual and the organization, tending to make the one altruistic and the other strong, by reason of the loyalty and devotion of its members.

The experience of those in charge of the publications of the Association, during the past few years, serves to show that with the enlarged membership of the amalgamated society, and the resulting increase in the circulation of the publications, that the income derived from the sale to non-members and from legitimate advertising would prove not only sufficient to cover the expense involved in the work, but would soon become a source of decided revenue of the Society. The value of an organization to its members must ultimately be judged by what it does for them, for has it not been written "that by their works ye shall know them"?

FINAL STEPS TO BE TAKEN

To Consolidate The New York State Medical Association and the Medical Society of the State of New York.

At a meeting of the Joint Committee of Conference, held at the New York Academy of Medicine, May 6, 1904, the following resolution was unanimously passed:

Resolved, That the president and the secretary of the Joint Committee of Conference be authorized and directed to make a certificate provided for in the tenth paragraph of the agreement, and the counsel of the committee be directed to proceed with diligence to obtain a final order for the consolidation of the corporations, pursuant to the terms of the agreement.

In compliance with the above the chairman, Dr. Abraham Jacobi, and the secretary, Dr. Wisner R. Townsend, have certified that the terms precedent to the application to the court

have been fully complied with and the petition signed by Dr. William H. Thornton, president of The New York State Medical Association and Dr. Henry D. Wey, president of the Medical Society of the State of New York, will shortly be presented before a Supreme Court Judge. The court will appoint a day when interested parties may appear. As all the ratifications declare that the county society or association ratifying waives notice of an application to court for an order consolidating said corporations pursuant to the terms of the agreement and consents to the entry of the order without notice, the court application notice will only be sent to those that have failed to ratify.

The following county associations have ratified: Allegany, Broome, Cattaraugus, Chautauqua, Dutchess, Erie, Essex, Genesee, Herkimer, Jefferson, Kings, Lewis, Monroe, New York, Niagara, Oneida, Orange, Orleans, Otsego, Rensselaer, Rockland, Saratoga, Seneca, Steuben, Sullivan, Ulster, Wayne, Westchester, Wyoming—29.

Onondaga refused to ratify. Albany, Cortland, Columbia, Tompkins and Warren have not yet reported. Twenty-nine out of thirty-five county associations, representing a membership of 1,694, have ratified; five, representing a membership of 63, have not acted, and one, representing a membership of 14, has refused.

The following county societies have ratified: Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Franklin, Fulton, Greene, Herkimer, Kings, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Queens-Nassau, Rensselaer, Richmond, Rockland, St. Lawrence, Schenectady, Steuben, Suffolk, Tioga, Tompkins, Ulster, Washington, Wayne, Westchester—48.

There is only one society in the two counties, Queens and Nassau. Forty-seven out of forty-eight county societies have ratified. Schoharie has not yet acted. Those ratifying represent a membership of about 5,660 out of a total membership of about 5,699. As many of the county societies do not meet until June, their rosters cannot be accurately made up until the annual meeting. Many of the present county by-laws do not provide for automatically dropping those in arrears for dues and the list is thus larger than it should be.

Rosters are now being prepared according to the sixth paragraph of the agreement, and accurate lists will be kept in the future.

The new county by-laws to be adopted after amalgamation will provide for such conditions in the future and with the new form of organization provided for in the agreement and with active, energetic officers the Medical Society of the State of New York should be the largest numerically and the most important of any in the United States.

There are no county medical societies in the counties of Essex, Genessee, Hamilton, Putnam, Saratoga, Seneca, Schuyler, Sullivan, Warren, Wyoming, Yates—11.

Where associations exist they will become societies, in all other counties new societies will be organized.

MEMBERS IN GOOD STANDING.

On the first day of July, the names of all those members who have failed to pay their indebtedness to the Association shall be dropped from the forthcoming list of members to appear in the Medical Directory, and if those members still further fail to pay their indebtedness by the twenty-second of October, their names shall be dropped from the official roll of members. No member who has failed to pay his dues can retain membership in the American Medical Association, neither can he be on the new roster as a member of the new Society after amalgamation.

MALPRACTICE SUITS.

In England the British Medical Defense Union has been in existence for over ten years, and has a membership of over 5,000.

Sir Victor Horsley, the former president of the British Defense Union, suggested that this protective feature should become one of the purposes of the British Medical Association. Such a suggestion would apply with equal force to the American Medical Association and would increase its membership and usefulness as it has increased the membership and usefulness of the Chicago Medical Society and the New York Medical Association.

A study of malpractice suits reveals the fact that not even 1 per cent. of them possesses any real merit, and that in more than 99 per cent. of the cases the motive was either a desire to avoid the payment of a bill, or an effort to extort money, or a cowardly attempt to secure revenge. And in more than 99 per cent. of the cases an association of three elements is found, namely, a litigeous patient, a shyster lawyer, and the instigation of a despicable doctor. In fact, without a full complement of the above a malpractice suit is almost an impossibility.

It is not our purpose, however, to underrate the importance of such suits. On the contrary, we make a plea for more perfect defensive organization, for therein lies not only the successful defeat of such suits, but also their prevention. The law is unfortunate in that the entire burden of such cases must be borne by the doctor, and since these suits, as a rule, are brought by irresponsible individuals, he is cut off from any damage he might seek when he is successful. More than that, he is liable for the costs because of the irresponsible plaintiff, even though the suit is decided in his favor.

ASSOCIATION MEMBERS—SOCIETY MEMBERS.

MAY 14, 1904.

In the matter of the consolidation of the Medical Society of the State of New York and The New York State Medical Association.

A. JACOBI, M.D., Chairman, Joint Committee of Conference.

Dear Sir—As counsel for your committee, I have been asked whether, by the agreement for consolidation, it was intended to confer membership in the State Society and its affiliated county organizations, upon the members of the State Association, or whether their election to membership was contemplated as a necessary step after consolidation, in order to carry the agreement into effect.

My answer is that it was intended by the agreement to confer such membership upon members of the Association in good standing at the date of the consolidation, and that their election to membership in the State Society and its affiliated county organizations is not necessary to carry the agreement into effect.

It is of the essence of the consolidation of corporations that the members of each corporation shall become members of the consolidated corporation. Corporations are aggregations of persons; and while dissenting members of either corporation may decline to become members of the consolidated corporation, no member in good standing in either corporation can be excluded, against his will, from such membership.

The agreement for the consolidation of the Medical Society of the State of New York and The New York State Medical Association provides that all members of the Association in good standing at the time of the consolidation, shall be members of the consolidated corporation; and it expressly provides that they shall be entitled to membership in the county medical societies in the counties in which they reside.

The words "shall be entitled to membership" are not ambiguous. They confer the right to such membership upon the persons to whom they refer. Their standing in the Association is not to be determined by ballot, but by the certificate of the officers designated in the agreement; and upon the entry of the order of consolidation they will become, by virtue of such certificates, members of the State Society and of the affiliated county societies in the counties in which they reside.

If there were any doubt in regard to the intention of the parties under the clauses of the agreement above referred to, it would be silenced by the provisions of the sixth paragraph. By it the Society and Association, each for itself, agrees that, in order to facilitate the due execution of the agreement according to the terms thereof, it will prepare a roster of the names and addresses of all its members in good standing at the date of the consolidation; and the Society agrees that, as soon as practicable after the consolidation, meetings of the county societies shall be called on due notice to *all their members, including all members of the Association in good standing at the date of the consolidation,* residing in the counties in which the meetings shall be held, respectively, for the purpose of effectuating the plan of organization under the Constitution and By-Laws of the State Society. Here is an express declaration that the membership of the county societies after consolidation will include the members of the Association in good standing at the date of consolidation. It would be idle to notify them of the meetings of the county societies, were it not that they will be entitled to the rights and privileges of members, including the right to participate in effectuating an organization under the Constitution and By-Laws of the State Society. Their right rests upon contract, and is not subject to the test of an election. An election without the power to exclude would be anomalous; but the power to exclude one would necessarily imply a power to exclude all, and hence, the power to nullify the agreement unanimously adopted by the State organizations and ratified with practical unanimity by the county organizations. To suppose the existence of such a power would not be more unreasonable than to suppose that two solid bodies can occupy the same space at the same time.

Upon the entry of an order of consolidation, the *ad interim* House of Delegates will be charged with the duty of causing meetings to be held by the county societies upon due notice, as provided by the agreement. From the rosters in their possession, they will certify to each county society the names and addresses of all members of that society under the consolidation agreement; and in the discharge of their duty, the House of Delegates will naturally receive the aid and cooperation of the officers of the county societies.

At the first meetings of the county societies under the consolidation agreement, the roster of members, duly certified by the House of Delegates, will be the evidence of the right of the persons named to membership therein. The roll-call should be from the roster. The business of the meetings will be the adoption of By-Laws, or of a Constitution and By-Laws, subject only to the limitations imposed by the Constitution and By-Laws of the State Society; the election of delegates to the House of Delegates for a term to begin with the date of the next annual meeting of the State Society, and such other business as may properly come before the meeting. In this way a House of Delegates will be elected to take office on the last Tuesday of January, 1905, and in the interval further necessary details of the consolidation will be arranged and carried into effect by the *ad interim* House of Delegates, or by the Joint Committee of Conference, under the powers conferred upon it by resolutions duly adopted at the meetings of the State organizations.

Yours truly,

HOWARD VAN SINDEREN.

Association News.

AMERICAN MEDICAL ASSOCIATION.

The fifty-fifth annual session of the American Medical Association will be held at Atlantic City, N. J., on Tuesday, Wednesday, Thursday and Friday, June 7, 8, 9 and 10, 1904.

The House of Delegates of the American Medical Association will convene at 10 A. M., Monday, June 6, 1904.

Atlantic City is so well known to all living in New York, it seems hardly necessary to give any details of "the greatest, most popular and most widely known resort on the American continent." It is a great seaside city, with all the attractions of a summer resort. With its board walk and invigorating air, it is well worth the visit. It has a large number of well-appointed hotels and hundreds of desirable boarding-houses, and will accommodate not less than 200,000 visitors. In point of accessibility, there are ample number of trains which make the run from New York to Atlantic City in three hours, with low railroad rates—a rate of one fare plus $1 for the round trip, except within 100 miles of Atlantic City. From New York a rate of $4.25 for the round trip, the details of which will be found in our advertising columns.

SECTION CHAIRMEN.

Members of New York State Medical Association who are section chairmen at the meeting of the American Medical Association, at Atlantic City, are as follows:

Alexander Lambert, Chairman, Section on Practice of Medicine. Address: The Adaptation of Pure Science to Medicine.

Charles G. Kerley, Chairman, Section on Diseases of Children. Address: The Demands of the Child by Virtue of Right.

Oration on State Medicine, Hermann M. Biggs, New York.

Papers by members of The New York State Medical Association:

Charles G. Stockton, Buffalo. Pernicious Anemia and its Relation to Gastric Digestion.

Morris Manges, New York. Diagnosis and Treatment of Perforation in Typhoid Fever.

Charles E. Quimby, New York. Treatment of Cardiac Disease by Means of the Pneumatic Cabinet.

Joseph A. Blake, New York. Diagnosis of Cholecystitis and Cholelithiasis.

Lucius W. Hotchkiss, New York. Treatment of Cholecystitis and Cholelithiasis.

Alfred T. Livingston, Jamestown. Ergot in General Practice.

James P. Tuttle, New York. Amebic Dysentery; Its Local Lesions and Treatment.

J. J. Walsh, New York. Symptomatology of Arthritis Deformans.

Ferd. C. Valentine, New York. How the General Practitioner Should Treat Gonorrhea.

S. A. Knoff, New York. The Family Physician as a Factor in the Solution of the Tuberculosis Problem.

A. Palmer Dudley, New York. The Influence of Ovarian Implantation on Menstruation in Women.

James H. Burtenshaw, New York. Repair of Pelvic Floor Lacerations.

J. Riddle Goffe, New York. The Etiology and Pathology of Cystocele, with a New Operation for its Relief.

Frederic Holme Wiggin, New York. Treatment of Complete Uterine and Vaginal Prolapse.

Andrew J. McCosh, New York. Appendicitis in Children.

J. W. Draper Maury, New York. Experimental Research on the McGraw Elastic Ligature.

Robert F. Weir, New York. The Disadvantages of the Murphy Button.

Joseph A. Blake, New York. The Treatment of Fracture of the Patella by Lateral Suture.

Virgil P. Gibney, New York. The Treatment of Cold Abscesses and Sinuses in Tuberculous Disease of Bone.

Martin B. Tinker, Clifton Springs. The Surgical Treatment of Certain Cases of Arthritis Deformans.

John A. Wyeth, New York. A Successful Removal of Bullet from Brain.

Willy Meyer, New York. Ten Years' Experience with My Method of Radical Operation for Carcinoma of the Breast.

Parker Syms, New York. Prostatectomy.

Alvin A. Hubbell, Buffalo. Blindness and Oculomotor Palsies from Injuries Apparently Not Involving the Optic or Oculomotor Nerves.

Charles S. Bull, New York. Operations on the Eyeball in the Presence of an Infected Conjunctival Sac.

John E. Weeks, New York. Operative Procedures on the Exciting Eye and the Sympathizing Eye in Cases of Sympathetic Ophthalmia.

George T. Stevens, New York. New Views Regarding the Horopter.

W. B. Marple, New York. Brief Report of Additional Cacec of Sympathectomy for Glaucoma.

J. H. Claiborne, Jr., New York. The Axis of Astigmatism.

Sheron W. Kilmer, New York. Whooping Cough; Its Treatment by Means of the Elastic Belt.

Louis Fischer, New York. Some Clinical Observations on Malnutrition and its Relationship to Infantile Tuberculosis.

Edward F. Brush, Mt. Vernon. How to Produce the Best Milk for Infant Feeding.

J. H. Claiborne, Jr., New York. The Effect of Uncorrected Refractive Errors and Muscular Unbalance on the Nervous System of Children.

John E. Weeks, New York. Congenital Occlusion of the Lachrymal Canal and the Acute Inflammation of the Conjunctiva Occurring in Children.

Thomas Darlington, New York. Precautions Used by the New York Health Department to Prevent the Spread of Contagious Diseases in the City Schools.

Wisner R. Townsend, New York. Perinephritis.

William H. Park, New York. The Bacteriology of Summer Diarrhea.

Thomas S. Southworth, New York. The Management of Summer Diarrhea.

Thomas L. Bennett, New York. Some Points on General Anesthesia in Children.

James F. McKernon, New York. The Importance of an Early Aural Examination in Acute Inflammatory Diseases.

L. Emmett Holt, New York. The Prognosis of Pneumonia in Infants and Young Children, in Private Practice.

William B. Coley, New York. The Management of Hernia in Infancy and Children.

John F. Erdmann, New York. Intestinal Obstruction in Children.

Bernard Sacks, New York. Nervous Diseases in Children.

Walter F. Chappell, New York. Lymphoid Affections in the Upper Air Tract of Children.

G. Lenox Curtis, New York. Ankylosis of the Jaw.

M. L. Rhein, New York. Oral Infection and Sterilization.

Arthur C. Brush, Brooklyn. The Nature of Traumatic Sclerosis.

William S. Gottheil, New York. Acute Keratosa.

John A. Fordyce, New York. Report of a Case of Paget's Disease of the Gluteal Region.

Grover W. Mende, Buffalo. Indurated Erythema and its Relation to Tuberculosis.

C. W. Allen, New York. Comparison of Phototherapy, Radiotherapy and High Frequency Therapy in Skin Diseases.

Ludwig Weiss, New York. Treatment of Hyperidiosis, Especially Hyperidiosis Pedum, with Permanganate of Potash.

Francis J. Quinlan, New York. Throat Complications of Typhoid Fever.

W. Freudenthal, New York. The Radical Operation for Chronic Suppurative Frontal Sinusitis.

Philip D. Kerrison, New York. The Present Status of the Treatment for Deafness due to Chronic Catarrhal Otitis Media.

E. B. Deuch, New York. Plastic Operations for the Closure of Post-Aural Openings following Radical and Mastoid Operations.

Seymour Oppenheimer, New York. Bezold's Mastoiditis, with Three Cases.

Robert C. Myles, New York. Operative Treatment of the Faucial Tonsils, with View to Prevention of Cervical Adenitis and General Infection.

William J. Robinson, New York. The Relation of the Physician to Proprietary Remedies. How May Substitutes Be Avoided and the Desired Preparation Obtained Without Unduly Advertising the Manufacturer?

Edward R. Baldwin, Saranac Lake. The Rational Application and Value of Specific Treatment for Tuberculosis.

Egbert Lee Fevre, New York. The Origin and Treatment of Edema.

William S. Gottheil, New York. The Year's Progress in Actinotheraphy.

Fifth District Branch Association.—On May 3, 1904, at 3 P. M., the twentieth annual meeting of the Fifth District Branch was called to order. Dr. Bierwirth in the chair. A quorum was present. The secretary read the minutes of the special meeting held December 15, 1903. It was voted that they should stand as read. Dr. Harris moved that members of counties represented in this meeting shall meet and designate the membership of the nominating committee for this meeting. Motion carried. A recess of five minutes called for the committee to appoint delegates. Those constituting the Nominating Committee who were present were: Dr. Mayer, of New York; Dr. Bayley, of Rockland County; Dr. Conner, of Orange County, and Dr. Acker, of Westchester County.

The Committee on Nominations retired to report later. There were no reports from Committees on Sanitation and Public Health. Report of Executive Committee meeting held just preceding read by secretary. Report of treasurer read by Dr. Dodin. Both of above accepted as read. There were no new and no unfinished business.

Following is report of Nominating Committee: President, J. Riddle Goffe, M.D., New York County; vice-president, H. Van Hoevenberg, M.D., Ulster County; treasurer, Henry A. Dodin, M.D., New York County; secretary, Chas. D. Kline, M.D., Rockland County; members of Nominating Committee to State Association, M. C. O'Brien, M.D., New York County; M. C. Conner, M.D., Orange County.

The scientific session followed. Papers read were: "Cystitis; Some General Considerations," by Irving S. Haynes, M.D.; "Selection of Roentgen Ray Apparatus," by Arthur F. Holding, M.D.; "Exophthalmic Goiter; Methods of Treatment," Ernest Valentine Hubbard, M.D.

The newly elected officers were duly installed. Adjournment followed.

ERNEST VALENTINE HUBBARD, Secretary.

COUNTY ASSOCIATION MEETINGS FOR JUNE.

Wayne County—Tuesday, June 7th.
Erie County—Monday, June 13th.
Tompkins County—Tuesday, June 14th.
Cortland County—Friday, June 17th.
Lewis County—Tuesday, June 28th.
Monroe County—Tuesday, June 28th.

* * *

Cattaraugus County Association.—A special meeting of this association was held at the Masonic Parlors, Salamanca, on May 3, 1904. The reports of the secretary and treasurer were read. The resolutions for the ratification of the consolidation of the Medical Society of the State of New York and The New York State Medical Association were read and adopted.

CARL S. TOMPKINS, Secretary.

* * *

Kings County Association.—The regular meeting of this Association was held at 315 Washington street, Tuesday, May 10th, at 8.30 P. M. The president in the chair and thirty-five members present. Dr. Charles Dwight Napier presented a patient (boy aged 7) with syringo-myelia; discussion by Drs. Brush, Ingalls and Gildersleeve. This was followed by a paper entitled "Comparative Progress of Medicine and Law," by the Hon. W. W. Goodrich. It was discussed by Drs. Sheppard, Sherwell, Baker, Ingalls and McGoldrick. In order not to conflict with the meeting of the American Medical Association at Atlantic City, the Association voted to hold no meeting in June.

F. C. RAYNOR, Secretary.

* * *

New York County Association.—The stated meeting May 16, 1904, was held at the Academy of Medicine, 17 West 43d street. Meeting was called to order at 8.40 P. M., with President Lambert in the chair.

The minutes of the annual meeting, held April 18th, were read and approved.

The minutes of the Executive Committee were read by the corresponding secretary, and on motion, which was duly seconded, were adopted.

The announcement was made by the president that Dr. John C. Slawson, of 288 St. Nicholas avenue, was transferred from Rockland County, also the reinstatement by application of Dr. Herman Knapp, of 26 West 40th street, Manhattan.

The following candidates having been recommended for membership by the Executive Committee, were elected by the Association upon the

setting aside for the evening of Sec. 2, Art. VI, of the By-Laws:

Sigmund Deutsch, M.D., 534 East 87th street.

James Tayloe Gwathmay, M.D., 124 East 16th street.

Thomas Wood Hastings, M.D., 72 West 87th street.

Maximillian Lewson, M.D., 122 Waverley place.

John Duncan Quackenbos, M.D., 331 West 28th street.

Antonio Stella, M.D., 214 East 16th street.

Mortimer Warren, M.D., 103 East 29th street.

AT THE SCIENTIFIC SESSION.

Dr. Frederick Holme Wiggin presented a specimen of an appendix, which was of unusual interest, on account of the mildness of the symptoms and the severity of the pathologic condition found at the time of the operation. The patient, a physician 38 years of age, stated that he had suffered for several years from constipation, and that three months before coming under the speaker's observation, he began to have indefinite abdominal pains, which occurred usually in the morning, while he was eating his breakfast. He also stated, that three days before he was seen by the speaker, that while riding in his carriage he had suffered from severe pain in the cecal region whenever the carriage gave a jolt. When examined on the evening of the following day there was no rise of body temperature and no increase of pulse-rate; there was, however, a moderate tenderness over the cecum on palpation, and a circumscribed area of resistance over the ordinary point of junction of the appendix and the cecum. Largely on account of the previous history of the case, operation was advised and consented to. Two days later, on opening the abdomen, the appendix, which was found to be very much thickened and enlarged, was removed, together with the indurated portion of the cecum. The peritoneal vessels at the junction of the cecum and the appendix were injected and inflamed. On opening the appendix it was found to contain five enteroliths, the largest being at the junction of the cecum and the appendix, and under it was found a deep ulcer, which had nearly perforated. There were also ulcers of greater or less depths under all the other concretions. The patient made an uneventful convalescence.

Dr. Thomas Wood Hastings read a paper entitled "The Bacteriopathology in Cerebrospinal Meningitis," in which he said in part:

Lumbar puncture, since its employment by Quincke for meningitis, had been used for the diagnosis of various other cerebral conditions. In making the puncture the fourth interspace was to be preferred. In certain cases of enuresis the injection of salt solution had been employed. As much as 50 c. c. had been withdrawn from the spinal canal, but for purposes of diagnosis 5 to 10 c. c. was all that was necessary.

Chemical analysis of the spinal fluid for diagnosis was useless except for the detection of chaein, a derivative of lecithin. This was to be found in certain degenerations of the cerebral nerve tissues. In clear cerebrospinal fluids, the bacteria were to be sought for in the febrin flakes. There was present in the beginning of spotted fever a polyneucleosis, but later a mononucleosis.

Early examination of the fluid may fail to reveal organisms of any sort, but later there is no difficulty in finding them. There is no necessity of employing special fluids and media for detecting the presence of the organisms.

In the examination of fifty-three spinal fluids at the Cornell University laboratory for the memugococcus intercellularis, fourteen were found to be infected, and in these the memugococcus was present in thirteen and the pneumococcus in one.

So far, no one has described a case of meningitis due to the micrococcus cattarrhalic, which may be mistaken for the minugococcus intercellularis.

Dr. Joseph E. Winters read a paper entitled "Clinical Symptoms and Treatment of Cerebrospinal Meningitis."

The disease might in two hours kill a sturdy child or would cause life to linger many weeks and then the patient would get well with a speedy convalescence. Again, the patient would seem to be on the road to recovery, when a sudden relapse would quickly end life. A blindness or deafness might be left as a result of the disease, and would defy the most skilful medical treatment for years, to suddenly become normal of its own accord. Recently he had been in consultation on a case of a young lad who had fallen down and cut his forehead. Shortly afterward there appeared difficulty in swallowing. Temperature by rectum was 102.5° F. There was marked involvement of the sensorium. Trismus was present in the case, and this may be the only motor symptom in cerebrospinal meningitis.

A second case which had come under his observation recently was one in which a physician in endeavoring to remove a foreign body from a child's ear shoved it through the tympanum. This was removed later through an external incision and found to be a small bean. Eight days later the boy developed a temperature of 106°. The first thing about the patient which impressed the writer was the marked tremor of the hand and which was absent in the feet. The dorsal spinal region was exquisitely tender. Death resulted in twenty-four hours. The ear condition was but a coincident matter.

A third case was that of a young schoolgirl who had been taken with nausea and vomiting. In six hours and a quarter she was dead.

Several other cases were reported, showing but small and insignificant symptoms, which led to diagnosis.

The chief points to be observed in making a

diagnosis of cerebrospinal fever were: (1) The pulse is exceedingly rapid; (2) there is pyrexia, which is not present in the tuberculosis form; (3) there is involvement of the sensorium in every case; (4) there is more or less tremor in every instance; (5) sudden change in the position of the patient and a tendency to curl up the body; (6) if the patient be raised up the spinal symptoms are increased, the pulse increases, and there is evidence of vertigo and fear on the patient's part.

The Prognosis.—All cases in which there is a sharp, sudden onset result fatally. A gradual onset gives a favorable prognosis. Sunken cheeks, tremor, mottling of the skin, great sensory disturbance with rapid pulse, only too often end fatally.

Treatment.—Just as soon as the diagnosis is fixed, leaches should be applied to the nape of the neck and down the spinal column. Some should be placed upon the temples. Spinal and cranial ice-bags should be kept in place continuously. Great reliance should be placed in opium, as one chief indication is to relieve the patient of pain. No period of life contraindicated its employment. Ergot should be employed from the onset to the end of the disease. There was a close correlation between the lesions and the symptoms. Difference in the degree and of the location of the lesions ameliorates the symptoms.

The discussion on the two papers was opened by Dr. E. Wallace Lee, who asked Dr. Winters exactly what was the medicolegal aspect in the case of the boy who had fallen and cut his head, and stated that he would like to know the exact points in the differential diagnosis between traumatic meningitis and cerebrospinal fever.

Dr. Morris Manges spoke of the disease in the adult, laying great stress upon the occurrence of the rashes and the nervous symptoms. The rashes were slight in children, but at Mt. Sinai Hospital they had been found to be most abundant. Headache was the chief complaint of the patients, and their cries during coma were caused by its presence. Vomiting occurred in many cases. Hemorrhagic nephritis might be an early symptom, and could lead to mistaken diagnosis of uremia. A transient glycosuria had occurred in two cases. The reflexes were exaggerated at the onset, but later were abolished. Both Bowbinsky's reflex and optic neuritis were present in all cases where these symptoms were looked for. Koenig's sign always to be found.

Lumbar puncture was a great advance in the diagnosis and treatment of the disease. Turbidity of the fluid not necessarily an indication that the prognosis was bad. Dr. Manges thought that the reason why lumbar puncture had failed as a therapeutic agent in the hands of so many was because it had not been employed early or often enough to do good. Recently, in Portugal, lysol, in doses of 10 minims of 1 per cent. solution, to be injected into the spinal canal. The hot bath at a temperature of 104° F. was most valuable in the later stages of the disease.

Dr. J. J. Walsh said that the spread of the disease from one community was laid at the door of tramps and vagabonds by the European investigators.

Drs. Leszinsky, A. Palmer Dudley and Huber also entered the discussion.

Dr. Winters, in closing the discussion, remarked that the rashes were of no importance in making a diagnosis, as their appearance depended entirely upon the diminution of fibrinogen in the blood in certain cases. He had never heard of a case being mistaken for uremic coma. The presence of infection of the skin at the joints and other prominent points on the body was the result of vasomotor disturbance, and is present in other diseases. Lumbar puncture was not necessary either for diagnosis or treatment.

Mr. James Taylor Lewis, the counsel for the Association, gave a brief review of the work accomplished by the legal department of the Association during the past three years.

Before calling for a motion to adjourn, President Lambert expressed his thanks to the Association, in that they had elected him as their president, and for its hearty assistance and cooperation in carrying out the work of the year. Meeting adjourned at 10.40 P. M.

W. R. STONE, Secretary.

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Orleans County Association.—The adjourned meeting of April 13th was held at the Alert Parlors, Medina, on April 27th. There were ten members present. The following officers were elected: President, Dr. Edward Maynard, Medina; first vice-president, Dr. John Taylor, Holley; second vice-president, Dr. Charles E. Fairman, Lyndonville; secretary and treasurer, Dr. Howard Maynard, Medina. Dr. Edward Munson was elected Fellow to the State Association meeting and Dr. John Taylor, Alternate; Dr. George F. Rogan, member of the Executive Committee, and Dr. Charles Fairman, member of the Nominating Committee of the Fourth District Branch.

HOWARD A. MAYNARD, Secretary.

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Otsego County Association.—The annual meeting of this Association was held in the County Court Chambers, Oneonta, on April 26, 1904. The Association unanimously adopted the resolution proposed by the joint committee of the Association and Society for the union of the same. The report of the treasurer was read and approved.

Dr. Daniel Luce, who has for some years given special attention to tuberculosis, presented a very interesting paper on the "Early Diagnosis of Uncomplicated Cases of Tuberculosis." The paper provided a lengthy discussion both as to diagnosis and treatment. Dr. Donald S. Barstow, of New York City, was present, and gave a report of his work, with the forced feeding and Russell fats among the poor in the city.

A. J. Butler, of Unadilla, presented a paper on "Asepsis in Medicine."

Dr. A. H. Brownell read a paper on "Alkaloidal Medication."

Both papers were freely discussed.

Dr. Barstow gave a description of an original operation for adenoids.

A vote of thanks was extended to Dr. Barstow for the two helpful talks of the afternoon.

On account of the proposed amalgamation with the Society, the officers of the past year were all reelected. President, Dr. J. C. Smith; vice-president, S. G. Pomeroy; secretary, A. H. Brownell; treasurer, F. L. Winsor.

Dr. A. J. Butler was elected fellow and Dr. Daniel Luce alternate for the State meeting at New York.

Dr. A. J. Cutler was elected member of the Nominating Committee for the Third District Branch.

A. H. Brownell, Secretary.

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Seneca County Association.—The adjourned annual meeting was held at the Willard State Hospital, Willard, on May 5, 1904. There were ten members present. A resolution was read ratifying the agreement of the Medical Society of the State of New York, and The New York State Medical Association for the consolidation of the two bodies. The following officers were elected: President, Dr. William Austin Macy, Willard; vice-president, George A. Bellows, Waterloo; secretary, J. Spencer Purdy, Seneca Falls; treasurer, Carroll B. Bacon, Waterloo.

J. Spencer Purdy, Secretary.

NEW MEMBERS IN THE AMERICAN MEDICAL ASSOCIATION.

Allen, George S., Clyde, N. Y.
Foster, Gard. W., Clyde, N. Y.
McKernon, James F., New York City.

ADDITIONAL LIST OF MEMBERS OF THE NEW YORK STATE MEDICAL ASSOCIATION.

FIRST DISTRICT BRANCH.

Jefferson County—John A. Barnette, Watertown.

THIRD DISTRICT BRANCH.

Seneca County—Chester Lee Carlisle, Willard; Charlotte B. MacArthur, Willard; William H. Montgomery, Willard.

FOURTH DISTRICT BRANCH.

Genesee County—Edward E. Hummel, Darien Center.

Orleans County—Frederick L. June, Waterport; Eli H. Vail, Barre Center.

FIFTH DISTRICT BRANCH.

New York County—Sigmund Deutsch, New York; James Tayloe Gwathmey, New York; Thomas Wood Hastings, New York; Maximilian Lewson, New York; John Duncan Quackenbos, New York; Antonio Stella, New York; Mortimer Warren, New York.

Rockland County—Isaac S. Vreeland, Stony Point.

OBITUARY.

Dr. William Waterworth died at his home, Brooklyn, N. Y., on May 11, 1904. The doctor was born in Salem, Ohio, in 1851. He was a graduate at Adelbert College, and took his degree as Doctor of Medicine at the Bellevue Medical College, Class of 1878. He was a member of the American Medical Association, The New York State Medical Association, Medical Society of the County of Kings and the Physician's Mutual Aid Association. He was Attending Surgeon to the Brooklyn Eye and Ear Hospital.

HISTORY OF THE WORK DONE IN THE LEGAL DEPARTMENT.[1]

BY JAMES TAYLOR LEWIS.

The active interest which members of the Association and the public in general have taken in the work of the investigation and prosecution of individuals charged with the illegal practice of medicine under the statute law of this State, warrants the Association in calling upon its counsel to give some history of the work of the Association in this direction for the past three years, during which period especially this work has been aggressively carried on.

During that time 129 cases have been prosecuted, and close to 700 complaints investigated; of this number of cases prosecuted, 51 were women and 78 were men. Twenty-one were discovered to have been prosecuted for a second or third offense during the trial or as sentence was about to be imposed, and in four cases second offenses were charged. Of this entire number of cases prosecuted 123 were secured on the reports of agents of the Association, and 6 were prosecuted on evidence secured and provided by outside sources. Of these 6 so-called "genuine" cases, 3 were won and 3 lost; of the 123 cases brought on evidence secured by agents of the Association 120 were won and 3 lost—one of the three, a palmist and clairvoyant, has sued the Association. In addition to the above, there were but five cases discharged in the Magistrates' Court.

During the first year the average fine imposed where alternative fine or imprisonment was fixed was $45; during the second year where an alternative fine or imprisonment was fixed the average fine imposed was $67, and during the past fiscal year the average fine imposed has been raised to $85. During the same period where no alternative fine was imposed, and where a term of imprisonment was fixed, the average term of imprisonment was forty-two days; in 11 cases sentence was suspended.

The most marked change and improvement in the prosecution of this class of violators has been the frequency of the imposition of a term of imprisonment without an alternative fine, which, up to within two years ago, was extremely rare. Sentence was suspended usually by reason of the

[1]Read at the Stated Meeting of The New York County Medical Association, May 16, 1904.

fact that the persons convicted had medical knowledge, oftentimes graduates of foreign universities, practicing their profession while they were studying English in order to be sufficiently proficient to pass the requirements necessary, to wit—to write the English language.

The method of prosecuting illegal practicers of medicine was continued along practically the same lines as had been followed by a predecessor in the work, Robert C. Taylor, the present Assistant District Attorney. I followed practically the forms used by him successfully for a number of years as counsel for the Medical Society of the County of New York. The method of bringing cases into court, however, was entirely changed at the suggestion of the City Magistrates, and absolutely no case was begun except it was first suggested or complained that at a certain place or number an illegal practicer of medicine could be found, and during these past years this has been the invariable rule in prosecuting these illegal practicers of medicine. The result has been that physicians and the public at large have come to the realization that the Association was prepared to promptly investigate and bring to court illegal practicers of medicine, and the number of investigations compared with the number of prosecutions and percentage of convictions show the caution and care with which the evidence was secured, as well as the confidence inspired in the minds of the courts in the witnesses of the Association.

It has been absolutely necessary from time to time to discharge witnesses and employ others, for the reason that after months of service they become known, and are therefore inefficient.

In the judgment of the courts, judging from the standpoint of fines or terms of imprisonment imposed, the most dangerous to the public health of this class of wrongdoers are the midwives who are practicing medicine, and the second in importance are the class known as "fortune tellers," who were administering drugs in connection with their violation of the law in another direction. In the past year alone in the public prints column after column of advertising under the head of "personals" and "medical," have been omitted because the prosecution has made their illegal practices a menace to their well-being, as well as unprofitable. We are all familiar with seeing oftentimes in the Sunday edition of some of our newspapers whole pages of such advertising; this now has practically all disappeared, and as one of the legal representatives of the Midwives' Protective Association said to me before one of the magistrates recently: "You have got the midwives scared to death."

Another important change in the method of conducting this work was in the employment of agents upon regular weekly or monthly living salaries, as far as possible, in order that the knowledge of permanent employment would strengthen them against the ever-present temptation to accept bribes and falsify investigations. Formerly agents of the medical organizations were employed by the day and sometimes even by the half days, which, to me, is a serious mistake, both from the standpoint of economy and expediency.

I have been reliably informed that in years past there has been a continuous and persistent grafting, especially among the foreign population, wherein immunity from prosecution was promised in return for money paid, and which I believe is now wholly absent.

One of the unsatisfactory results of these prosecutions has been, during the past year especially, the departure of many of these characters to neighboring boroughs and cities, where they have set up their establishments, as is demonstrated by a few of their advertisements appearing in the daily press. It has been extremely difficult in the few cases brought in the neighboring Borough of Brooklyn to bring the justices to a realization of the importance of these prosecutions, and the few cases brought in the name of the State Medical Association in that county were unsatisfactory, though I believe that the City of Greater New York should receive the attention either of the State organization or through the combined efforts of the various counties within the City of Greater New York to completely eradicate this menace to public health, affecting especially the poor classes.

It must be of interest to the members of this county organization to know the absolute and perfect success which has resulted from the defense of malpractice actions brought against members of the Association throughout the State. Of course, it is understood that this defense is not confined alone to the County of New York, but goes to the entire membership of the Association throughout the State. It might be proper to add right here that this defense will be continued under my contract until February 1st next and then ended, unless in the meantime, through the efforts of the members of our Conference Committee and the votes of the members of the Association, especially in New York County, a new arrangement is entered into under the new united society to provided for its continuance. It is, of course, regrettable that circumstances prevented the beginning of this defense with the reorganization of The New York State Medical Association in 1900, but that was not done and the defense was not taken up until something over a year ago.

As the members know, there are two kinds of malpractice suit threats which are used by patients under the guidance of shyster lawyers; one is the outright claim for damages, and the other is the kind used for the purpose of avoiding payment of the doctor's bill; the latter is, perhaps, the most frequent, and yet comes to light very seldom. Indeed, in the defense of malpractice actions up to date, there have been but two of the latter class where I have received information of doctors being held up by patients for their bills by a threatened malpractice suit if suit was brought to recover on the account. It should be remembered that the Association defends against this class of malpractice

suits quite as readily and as willingly as against the regular, well-known blackmailing variety, but oftentimes the physician would rather give up the amount of his bill than go into court and fight for his rights. The first case brought was one against a well-known gynecologist who had performed an operation on a young married woman living in an adjoining State; fortunately for the doctor, credit had been given to the wife who had the money, and not to the dead-beat husband who had nothing. The bill had been in the hands of a collector or collection agency and suit was threatened to collect the bill, when the retort was received that if suit were brought on the bill an action by way of counterclaim would be instituted for $5,000 for malpractice. The doctor called upon me and I, acting with the attorney who had been employed to collect the bill, advised immediate suit; general denial was interposed to the doctor's claim and a counterclaim for $5,000 for malpractice was set up, with the result that the case having been tried before a jury a verdict was brought in for the full amount of the doctor's bill and setting aside the claim for malpractice; best of all, the bill was paid. A similar case was brought to my attention in New York by a doctor residing in the Bronx, where suit for malpractice was threatened if the account was sued upon, but before the bill was sued upon the action for malpractice had been brought, so that it became necessary for the doctor to set up not only a general denial of the charge of malpractice, but a counterclaim for the amount of his bill. The patient who had brought the action never put the case on the calendar, the result of which proceeding has been that the doctor's bill has been held up for a time until the delay in moving the case will give him the privilege of dismissing their action for failure to prosecute, and the doctor will be able to recover his bill. Not a single litigant up to date, after finding that The New York State Medical Association is behind the doctor who was being sued, has had the courage to bring the case on for trial.

It is easy to see what effect this defense will have upon the public, and how unfortunate and really dangerous would be the withdrawal of it, to members of the medical profession. I trust that I will be believed in saying that with the continuance of this defense for a few years the dreaded malpractice suit will be a memory. No results toward any great good of this kind were ever brought about without hard work, and The New York State Medical Association owes it to the profession of the State to take up this work with energy, to the end that in the annual meeting of the new combined county organization in September, the sentiment in favor of this defense shall be put into expression, and that the medical profession should be brought to the realization of the importance of this defense work being carried on within the family of physicians, and not outside, to be aired in the offices of insurance companies.

News Items.

Dr. William P. Spratling, who has for some years been the superintendent of the Craig Colony for Epileptics, at Sonyea, N. Y., has recently been appointed superintendent of Bellevue Hospital.

Dr. Joseph Brown Cooke has been appointed Adjunct Professor of Obstetrics in the New York Polyclinic Medical School and Hospital.

Dr. Seymour Oppenheimer has been appointed Laryngologist and Otologist to the Mount Sinai Hospital Dispensary.

Lyons, N. Y., April 20, 1904.

Dear Doctor—In answer to your favor of the 15th inst. I have the pleasure of enclosing blank filled out as per request. I suppose consolidation is practically an accomplished result, but hope that the good things of the Association, like the Medical Directory, may be retained in the union. Very truly yours,

J. W. Putnam,
President Wayne County Association.

RAILROAD FARES TO ATLANTIC CITY.

For the American Medical Association at Atlantic City, June 7th to 10th, the Trunk Line Association has authorized a rate of one fare plus $1 from points distant 100 miles or more from Atlantic City. This would make the rate from New York $4.25 round trip. Tickets are on sale June 5th and 6th good to return until June 13th. Tickets under the same arrangements are also on sale June 2d and 3d, with same return limit for the American Academy of Medicine.

The Trunk Line Association covers the territory east of Pittsburg and Buffalo and north of Washington, except New England.

YE ANCIENT DOCTOR.

Sir Arthur Conan Doyle practiced medicine before he began to write, and in one of his scrapbooks he has a newspaper advertisement that he cherishes because it shows well the low standing of many doctors in the eighteenth century. Sir Arthur clipped the advertisement from a newspaper of the year 1787. It reads:

"Wanted, for a family not blessed with good health, a sober, discreet and steady person to act in the capacity of doctor and apothecary. He must often act also as a steward and butler, and occasionally dress hair and wigs. He will be required to read prayers and sometimes, on wet Sundays, to preach a sermon of two. A good salary will be paid and a preference will be given to such an one as, besides the above qualifications, can mend clothes."—*Daily Medical Journal.*

SYMPOSIUM ON GASTRIC ULCER.

Among the papers to be read at the meeting of the American Gastro-Enterological Association, to be held at Atlantic City, N. J., June 6 and

7, 1904, in the symposium on gastric ulcer will be:

"Complications and Sequelæ," M. Manges, New York.

"Symptomatology and Course," Max Einhorn, New York.

"Surgical Treatment," Joseph A. Blake, New York.

"Classification of Gastric Ulceration and Hemorrhage. Report of Case of Perforating Angiosclerotic Gastric Ulcer," A. L. Benedict, Buffalo, N. Y.

NEW LAWS PASSED BY THE LEGISLATURE IN 1904

Relating to the Medical Society of the State of New York

To amend Chapter 379, passed May 29, 1885, which reads:

Section 1. The Medical Society of the State of New York shall have full power to elect such a number of permanent delegates, or other members, as may be provided for by the constitution and by-laws of said Medical Society, said Medical Society being hereby empowered to regulate and control its own membership.

Section 2. All acts and parts of acts inconsistent with this act are hereby repealed.

Section 3. This act shall take effect immediately.

The new law, Chapter 549, Laws of 1904:

Section 1. Section one of chapter three hundred and seventy-nine of the laws of eighteen hundred and eighty-five, entitled "An act regarding membership in the Medical Society of the State of New York," is hereby amended so as to read as follows:

Sec. 1. The Medical Society of the State of New York shall have full power to elect such members as may be provided for by the constitution and by-laws of said Medical Society, said Medical Society being hereby empowered to fix and determine the qualifications and conditions of membership therein, and to regulate and control its own membership.

Sec. 2. Section two of said act is hereby amended so as to read as follows:

Sec. 2. All acts and parts of acts, whether general or special, inconsistent with this act, are hereby repealed.

Sec. 3. This act shall take effect immediately.

To amend Chapter 94, Laws of 1813, which reads:

Sec. 5. State Society Divided into Classes.—The members now composing the Medical Society of the State of New York from each of the four great districts, shall remain divided into four classes, and one class from each of said districts shall go out of office annually.

Sec. 7. Classes in State Society May Be Varied, and How.—In case there shall be an addition to the number of members composing the Medical Society of the State, that in that case it shall be in the power of the said Society, at any of their annual meetings, and as often as they shall judge necessary, to alter and vary the classes in such manner as that one-fourth of the members from each of the great districts, as near as may be, shall annually go out of office.

Sec. 14. Societies May Make By-Laws.—It shall be lawful for the respective societies to make such by-laws and regulations relative to the affairs, concerns and property of such societies, relative to the admission and expulsion of members, relative to such donations or contributions as they or a majority of the members at their annual meeting shall think fit and proper, provided, that such by-laws, rules and regulations made by the Society of the State of New York be not contrary to, nor inconsistent with, the constitution and by-laws of this State, or of the United States; and that the by-laws, rules and regulations of the respective county societies shall not be repugnant to the by-laws, rules and regulations of the Medical Society of the State of New York, nor contrary to, nor inconsistent with, the constitution and by-laws of this State, or of the United States.

The new law, Chapter 544, Laws of 1904:

Section 1. Section fourteen of chapter ninety-four of the laws of eighteen hundred and thirteen, entitled "An act to incorporate medical societies, for the purpose of regulating the practice of physic and surgery in this State," is hereby amended so as to read as follows:

Sec. 14. It shall be lawful for the Medical Society of the State of New York and the respective county medical societies to adopt constitutions and by-laws relative to the admission and expulsion of members and the regulation of their affairs; provided that the constitutions and by-laws of county medical societies shall not be contrary to or inconsistent with the constitution and by-laws of the Medical Society of the State of New York, except that each county medical society shall have full and unrestricted power of disposition and control over its real and personal property.

Sec. 2. Section five and section seven of chapter ninety-four of the laws of eighteen hundred and thirteen, passed April tenth, eighteen hundred and thirteen, are hereby repealed.

Sec. 3. This act shall take effect immediately.

LIABILITY FOR NEGLECT OF PATIENT DURING VACATION.

The First Appellate Division of the Supreme Court of New York says, in the case of Gerken vs. Plimpton, that a physician who undertakes the treatment of a patient is bound to exercise not only the skill required, but also care and attention, in attending his patient until he notifies the

patient that his professional relations are terminated. A physician and surgeon engages to bring to the treatment of his patient care, skill and knowledge; and while, when exercising these, he is not responsible for mere errors in judgment, he is chargeable with knowledge of the probable consequences of an injury, or of neglect in its treatment, or unskillful treatment. And when a physician is employed to attend upon a sick person his employment continues while the sickness lasts, and the relation of physician and patient continues, unless it is put an end to by the assent of the parties, or is revoked by the express dismissal of the physician. Here, a physician and surgeon, whose qualifications as such were conceded, was called in as a surgeon in connection with a physician who was first summoned, who did not consider himself competent to treat a case of the kind, to treat fractured left arm. As a surgeon, the court says, he undoubtedly undertook the case, and in doing so assumed to give it the care and attention required. He put the arm in splints, and directed the patient to carry it in a sling. Thereafter, for about six weeks, he attended the case, and all of the physicians called as witnesses united in saying that the method of treatment adopted till then was proper. Then, however, he went away for a vacation. The bones had not yet united. But when he returned, after five weeks' absence and again examined the arm, he found that the bones had slipped from their position, overlapped, and in this position formed a union. He testified that, prior to his leaving, he told the patient that he was going away on his vacation for two or three weeks, and that, if she desired him to call again, she must send for him. Her testimony was that he stated that he was going away for a vacation, and that he would be back again within ten days or two weeks, and in the meantime directed her to keep her arm in the sling. Under all the circumstances, the court thinks that the jury was justified in finding, if it believed the patient's version of that interview, that the doctor had been negligent in the discharge of his duties which he had assumed in relation to this patient. The jury returned a verdict in her favor for $2,000, which was reduced by stipulation to $500 to avoid a new trial being granted by the judge, who considered the amount of the verdict excessive. And whatever may be said of the original verdict of $2,000, the Appellate Division thinks it quite evident that $500 was not excessive, especially when there was evidence tending to show that the only practicable treatment at that time was to fracture the bones where the union had taken place, and then wire the bones in their proper position, and that the reasonable value for such an operation would be $500, after which the patient would be in the position she was when the doctor left for his vacation, but with no certainty that there would be a union of the bones.—*Medico-Legal Bulletin.*

FOOD POISONS.

The question of dangerous poisons existing in our every day food supplies has long since passed from one of theory to a serious reality. Late experiences of observing physicians justify the conclusion that a new and dangerous menace to human health and life is directly traceable to the modern practice of certain food dealers, of keeping their stock for long periods of time, through the canning and the cold storage methods.

It is a well-known scientific truth that decomposition of organic matter begins the instant that such material is deprived of its life, and that all decomposing matter is pregnant with ptomain and bacterial poisons. The more advanced stages of decomposition reveal the more active qualities of such poisons. In cold atmospheres the process of decomposition is much slower than in ordinary temperatures, but the process is not fully suspended even by thorough freezing. The qualities of food most responsible for ptomain poisoning or toxicosis are the meat products, more especially the fish and poultry, of cold-storage stock. Modern investigators have discovered and named about sixty distinct varieties of ptomains, thirty of such varieties exerting poisonous effects of various degrees of activity, upon the human subject, when taken into the system.

The great multitude of sufferers from digestive disturbances are victims of toxicosis, or ptomain poison, stomach disturbance after eating, colic, nausea, headache, cholera morbus and most of the attacks of diarrhea and dysentery are such results.

In certain instances the toxin has proven to be of such poisonous activity as to partially or wholly paralyze the nerve governing action of the digestive tract, and in fatal cases death is the common result of retaining the poisons in the system, which nature would have eliminated by vomiting and diarrhea had the amount of poison absorbed been of smaller quantity or of a less active quality.

A painful example of fatal exogenic toxicosis, or poisoning from food ptomains, was experienced by the writer in the care of the case of his esteemed friend and patient, the late Louis B. Chesebrough, of the St. Charles Hotel, at Sylvan Beach, N. Y. In this case the ptomain element was of the most pernicious variety, and intestinal paralysis was a marked and early symptom of such intensity as to resist the most active permissible counter remedies.

In the subsequent investigations, as to the sources of the ptomains in the Chesebrough case, the writer learned that the patient had eaten heartily of chicken during the evening preceding his attack of illness, and that the food partaken had been recently received from a certain cold storage house of New York; and that such shipment of poultry was received at the St. Charles Hotel kitchen in the usual UNDRAWN

state. The question as to the length of time that the stock had been in storage in its state of undrawn filthiness will never be answered, but the fact remains that the pernicious general practice of dealers in poultry foods, in storing and handling such goods in the undrawn state, is, in the belief of the writer, little less than criminality, and is responsible for the irreparable loss to our community, his friends and family of that promising young life so undeservedly blotted from existence.

Another significant fact bearing upon the practices of wholesale meat handlers was gleaned through a friend of the writer, who visited a certain cold storage plant of New York, and was there shown a large stock of turkey carcasses which the foreman with apparent pride announced had been in stock and storage for over six months, in a cold, but unfrozen, state. All of this stock was in its original undrawn condition. Another pernicious practice of such dealers is that of overcoming the shrinkage which results from evaporation during long terms in storage by immersing their poultry stock in fresh water to a degree of such saturation as results in plumping the material to its original fullness, just before shipment to their various patrons.

Poultry is bought and sold by weight and generally commands a price of from 12 cents per pound upward. The average producer is sufficiently shrewd to precede the marketing of his poultry stock by liberal feeding, which accounts for the full crops generally found by our housewives in preparing their poultry for the table. Corn or grain at 2 cents per pound thus increases in value 600 per cent. by the preliminary feeding act of the slaughterer.

Let us pause for a moment and consider this matter in detail. Imagine the probable conditions of a piece of poultry, kept in a temperature above the freezing point for six months or over, its crop stuffed with partially digested food in a state of continuous fermentation during this long period, its lung tissue and other delicate internal structures broken down by partial or complete decomposition, its intestinal tract filled with excremtitious matter, in a state of solubility, its extensive anatomical arrangement for absorption; through the means of the lacteal vessels and ducts, which extend from the intestinal lining to various portions of the body of the fowl, and render the absorption of the unclean and poisonous intestinal contents probable rather than possible, and to further mature the specimen for a health or life destroying result, the saturation of the carcass with fresh water, thus rendering the distribution of the ptomains throughout the specimen as complete and thorough as could result from studied planning for such end.

The writer believes that the situation calls for speedy correction, and that the time is ripe for legislative restriction of the present methods of dealers in poultry, by compelling by law as thorough and complete dressing, cleaning and preparation of poultry for storage and the market as is now practiced in the care of beef, pork and mutton before storing.

The question of securing the necessary legislation, to insure protection of the people from existing liabilities, has been submitted by the writer to our esteemed representative in the Assembly, Mr. Fish, and also to the Committee on Legislation of The New York State Medical Association. There is little doubt but that any attempt to secure the enactment of a law which will meet the needs of the people will be hotly contested by the interested dealers, but if the people will but take the time to interview or write in behalf of the measure to their representatives in the Senate and Assembly, success will surely crown the undertaking.—M. Cavana, M.D., Oneida, N. Y.

BILL TO REGULATE "PATENT MEDICINES."

A bill has recently been introduced in the Legislature of Massachusetts providing for the regulation of the nostrum business. This proposed measure requires that the formula of the "patent" medicine be printed on the label of each container, and provides a fine of 50 cents for each original package not so labeled. Only extracts from the proposed law have thus far reached us, but it seems to offer some excellent suggestions. Of course the law should be so constructed as to omit physicians' prescriptions, but, with that exception, it would seem desirable to compel all manufacturers of anything intended to be used as medicine, in its broad sense (any substances employed in the treatment of disease), to advertise just what the so-called medicine is composed of. That such a requirement will be bitterly fought by the enormous interests invested in the trade of debauching humanity is certain. But with a good, strong organization could not the weight of this influence be offset? It certainly would seem almost time to begin the effort, for it will doubtless take a good deal of time to put it through.—*California State Journal of Medicine.*

RESULT OF A PHYSICIAN'S EFFORT TO COLLECT A BILL.

A certain physician, living in the northern part of Nebraska, recently sent a bill for services rendered, and a few days after received his bill back, indorsed as follows:

"Dear Sir—This notice was put in my box and opened by mistake. The party has been dead for about three months, and is no relation to me whatever. It is strange how a doctor's conscience will allow him to dun the dead. You must live a better Christian life, and live and let live, and try and meet this lady in heaven, which is worth more than $41.50 to any doctor. Respectfully,"

Book Reviews.

The American Illustrated Medical Dictionary. A new and complete dictionary of the terms used in medicine, surgery, dentistry, pharmacy, chemistry and the kindred branches, with their pronunciation, derivation and definition, including much collateral information of an encyclopedic character. By W. A. Newman Dorland, A.M., M.D., Assistant Obstetrician to the University of Pennsylvania Hospital; Editor of the American Pocket Medical Dictionary; Fellow of American Academy of Medicine. Together with new and elaborate tables of arteries, muscles, nerves, veins, etc.; of bacilli, bacteria, diplococci, micrococci, streptococci, ptomains and leukomains, weights and measures; eponymic tables of diseases, operations, signs and symptoms, stains, tests, methods of treatment, etc. Third edition. Revised and enlarged. Philadelphia, New York and London: W. B. Saunders & Co., 1903.

This most complete and valuable book, contains not only clear and concise definitions of practically every medical and surgical term, but also those relating to dentistry and pharmacy. It also goes quite extensively into the derivation and pronounciation of the words, giving the compound as well as the simple forms. This, the Third edition, is thoroughly revised, contains a number of illustrations and tables, and is of a convenient size for constant use, while its tasteful red-leather cover makes it an attractive addition to a physician's book shelves. The Fourth edition of this book, published about the same time, is of equal value in regard to the information which it contains; but as its name implies, "The American Pocket Medical Dictionary" is of a much smaller size, and could be easily carried in the pocket if so desired.

Epitome of Pediatrics. A Manual for Students and Practitioners. By Henry Enos Tuley, A.B., M.D., Professor of Obstetrics in the Medical Department of Kentucky University, Louisville, Ky. In one 12mo volume of 266 pages, with 33 engravings. Cloth, $1 net. Philadelphia and New York: Lea Bros. & Co., Publishers, 1903.

The editor of the series, Dr. V. C. Pedersen, in his preface says, "That the aim is to give the maximum amount of information in letter-press and engravings, for the minimum price." This should be the aim of all conscientious publishers and authors, but the size of this series implies that the author was asked to do an almost impossible task, write on 250 pages, 4x7 inches, a manual for students and practitioners. Books of such size that they can be carried in the coat pocket may serve a purpose, and if monographs may be perfectly satisfactory; but combinations of illustrated medical dictionary and abbreviated chapters of a text-book are, in the reviewer's opinion, of doubtful value either to student or practitioner. Dr. Tuley has, however, done his work well.

The Self Cure of Consumption Without Medicine. By Chas. H. Stanley Davis, M.D., Member of the Connecticut State Medical Society; Physician to the Curtis Home for Old Ladies and Children. New York: E. B. Treat & Co., Publishers. Price, 75 cents.

The object of this book is to show how consumption in the early period, before actual decay of the lungs, can be cured without the use of medicine. It contains the results of sanatorium methods in this country and Europe. There is much information condensed in this little volume that is of considerable practical value to the physician in general practice.

The Blues (Splanchnic Neurasthenia), Causes and Cure. By Albert Abrams, A.M., M.D., (Heidelberg), F.R.M.S. Consulting Physician, Denver National Hospital for Consumptives, the Mount Zion and the French Hospitals, San Francisco; President of the Emanuel Sisterhood Polyclinic; formerly Professor of Pathology and Director of the Medical Clinic, Cooper Medical College, San Francisco. New York: E. B. Treat & Co., Publishers. Price, $1.50.

The object of this volume is to direct attention to splanchnic neurasthenia. Being characterized by paroxysms of depression, is properly known as "the blues." Its recognition is of theoretic interest. The author treats of the blues as a heredity in the nervous constitution, and the personal effort in resisting and overcoming an unstable nervous system. He also treats of motor disorders, sensory disturbances, including sexual signs. With the history of splanchnic neurasthenia, the relaxation of the abdominal muscles is given a prominent place, as also enlargement of the liver. The book is commendable and its suggestions very valuable.

The International Medical Annual. A Year-Book of Treatment and Practitioner's Index, 1904. Twenty-second year. New York: E. B. Treat & Co., Publishers.

As usual, this book is an excellent collection of facts which are of practical value. This year the editor has introduced stereoscopic views to facilitate the study of structures, other new and interesting views are shown in the plates on the nature and distribution of the eruption in smallpox. The book is very valuable and will help the busy general practitioner on many a topic.

BOOKS RECEIVED.

The Medical News Pocket Formulary. By E. Quinn Thornton, M.D., Assistant Professor of Materia Medica in the Jefferson Medical College, Philadelphia. New (sixth) edition. Leather; wallet shape for the pocket; $1.50 net. Philadelphia and New York, 1904: Lea Bros. & Co.

Proceedings of the First General Convention to Consider the Questions Involved in Mosquito Extermination. Held by invitation in the rooms of the Board of Trade and Transportation, Mail and Express Building, Broadway and Fulton street, New York City, on Wednesday, December 16, 1903, at 2.30 o'clock P. M. Brooklyn Eagle Book Printing Department, 1904.

A System of Practical Surgery. By Prof. E. von Bergmann, M.D., of Berlin; Prof. P. von Bruns, M.D., of Tubingen, and Prof. J. von Mikulcz, M.D., of Breslau. Volume II. Translated and edited by William T. Bull, M.D., Professor of Surgery, College of Physicians and Surgeons, Columbia University, New York, and Carlton P. Flint, M.D., Instructor in Minor Surgery, College of Physicians and Surgeons, New York. Surgery of the Neck, Thorax and Spinal Column. New York and Philadelphia: Lea Bros. & Co., 1904.

A Practical Treatise on Medical Diagnosis, for Students and Physicians. By John H. Musser, M.D., Professor of Clinical Medicine in the University of Pennsylvania; Physician to the Philadelphia and the Presbyterian Hospitals; Consulting Physician to the Woman's Hospital of Philadelphia and to the West Philadelphia Hospital for Women, to the Rush Hospital for Consumptives and the Jewish Hospital of Philadelphia; Fellow of the College of Physicians of Philadelphia; Member of the Association of American Physicians; President of the American Medical Association, etc. Fifth edition, revised and enlarged. Illustrated with 395 wood cuts and 63 colored plates. Philadelphia and New York: Lea Bros. & Co., 1904.

Original Articles.

CYSTITIS: SOME GENERAL CONSIDERATIONS.[1]

BY IRVING S. HAYNES, Ph.B., M.D.,
New York.

I HAVE been requested to present a short paper on some subject of general interest, and have selected for this purpose a brief consideration of cystitis.

I do not propose to treat the condition systematically nor exhaustively, but rather to bring out some of the more practical features of this disease as illustrated by some few typical cases.

Inflammation of the urinary bladder frequently occurs. Its successful treatment is often difficult and sometimes impossible without surgical interference. Whatever the predisposing conditions, cystitis is always due to germ infection. Those most frequently found are the bacillus coli communis, streptococcus, staphylococcus, gonococcus and more rarely the tubercle bacillus.

These germs may be introduced from without by instruments, or foreign bodies, or they may enter the bladder from the adjacent viscera to which the bladder is intimately connected, functionally or anatomically. The presence of germs is not alone sufficient to cause a cystitis, a solution in the continuity of the bladder mucous membrane, or a decidedly abnormal condition of the urine is needed. Ammoniacal urine favors the development of germs, while normal acid urine is weakly germicidal.

The conditions predisposing to cystitis are many. Briefly they may be grouped as those which are located in the urethra, prostate or bladder, and interfere with the normal evacuations of the urine; those in the bladder itself as calculi, new growths and the like, and those associated with diseased kidneys. We shall limit ourselves to some of the frequent and ordinary factors.

Acute cystitis attacks at any age. In the male, prostatic obstruction is at the bottom of the trouble for old men, and gonorrhea for young men. In women the cystitis is usually due to the bacillus coli communis, streptococcus or staphylococcus, and is more apt to occur at the menstrual periods, pregnancy, parturition and menopause, although gonorrheal cystitis may also occur in the female.

Tubercular cystitis is more often found during the active period of life, and is three times more prevalent among men than women. Simple acute cystitis, due to the colon bacillus or gonococcus, is amenable to treatment, and recovery is usually rapid and complete. Tubercular cystitis is very resistant in treatment, and cures are the exception, inasmuch as it is usually not a local disease, but a part of a constitutional affection. The symptoms in all varieties are similar, although varying in intensity. There is pain all the time, increased, however, by micturition, defecation, and examination; felt in the penis, scrotum and perineum. Urination is frequent, painful, unsatisfactory, accompanied with straining (tenesmus), and occasionally by the discharge of blood in the last few drops (strangury). The urine, on standing, deposits a cloudy sediment, consisting of mucus, cell detritus, and in the sediment also will be found the various germs to the presence of which the attack of cystitis is due.

In order to bring out the symptoms of different types of cystitis and their usual course, I will quote the following cases:

1. Acute Gonorrheal Cystitis. J. S., 24. This man had an attack of acute specific urethritis of about a week's standing, which had been treated by urethral irrigation by probably the bichloride of mercury. The urethritis was apparently benefited, as the specific discharge subsided after a few days, but evidently too great force had been employed in the irrigation and infection was forced back into the bladder. The patient came to me with symptoms of a very acute cystitis, there being painful and frequent micturition, cloudy urine, the last few drops bloody; pain in the scrotum and over the bladder. On examination, I found no urethral discharge, a tender and swollen epididymis and cord, the bladder tender to pressure above the symphysis, the urine passed in small amounts stained with blood and containing stringy mucous. On examination with the microscope numerous gonococci were found.

Treatment.—Patient was put to bed; bowels moved by salines; diet of milk chiefly, and soups; all the water he could drink. Tablets of urotrophin 7½ gr. T. I. D. The bladder was washed twice daily with boracic acid solution, then later with Carl Seiler's antiseptic and alkaline pastelles for ten days, then every second or third day for the following twenty-four days, when he was discharged cured. As the bladder symptoms abated, in about three or four days the discharge from urethra returned. This disappeared three weeks later.

2. Tubercular Cystitis. Mrs. E. S., aged about 27. Previous history, perfectly healthy. Bladder trouble dated from a confinement, which was a long and difficult one. Instruments were required to bring the child, and these were applied without an anesthetic after the patient had been in labor until nearly exhausted. Her sufferings were extreme and unwarranted. The physician did not call to see her for twenty-four hours or more after the confinement; the urine had not been passed during the time, and he drew it with a catheter. She had an acute cystitis, following this extreme distension of bladder, which gradually became chronic in character. As to the treatment used at that time I am in ignorance—she was taking some medicine for several months. When the pain was too severe she had to resort to morphine and have the bladder washed out. She lost flesh, and was as near

[1]Read before the Fifth District Branch of the New York State Medical Association, New York, May 3, 1904.

a perfect wreck as one could well be, but she nursed her baby all this time.

She came to me after suffering this way for about nine months. She had to wear a napkin, the urine came so suddenly and frequently. The passage of urine was attended with severe pain and straining, especially at the end of the act. The bladder was very tender by vaginal examination, and the urethra was hard and thickened. The bladder would not hold more than two or three drachms of urine.

The urine was drawn very carefully by catheter and taken to the Loomis Laboratory. Tubercle bacilli were found in it, and a bad prognosis given. I started out to see what could be done. The bladder was irrigated twice daily with a solution of nitrate of silver—1-20,000 at first, gradually increasing the strength until it was at 1-8,000, but she never could stand it below 1-5,000. This treatment was kept up for six weeks. Everything besides that could help her in any way was done. Urotrophin was given T. I. D. As she was away from home and relieved of nearly all care, she gained in weight, strength and color. The lungs throughout were, and have been, free. Her bladder symptoms improved slowly, but nevertheless they did improve, so that after two months of treatment she felt well enough to go to her own home in a distant town. When she left the bladder had expanded until it held 8 ounces. The urine was passed every two or three hours without pain. No tubercle bacilli could be found on examination. For a year she irrigated the bladder herself, three times a week, for the first few months, then every week, every two weeks, and so on, lengthening the time as the symptoms disappeared. She took the urotrophin twice a day for six months or longer.

She became apparently well, and had no bladder symptoms unless she became excessively tired or held her water longer than four or six hours. A second baby was born about two and one-half years after the first. The birth was easy. The bladder showed some irritation, but she was so skilful in the use of the catheter that she drew her own urine and irrigated the bladder. The irrigation she kept up for some weeks and went on with the urotrophin. Another baby came about three or four years later, but excited no bladder symptoms.

She is at present in perfect health. We have here, then, an unmistakable case of primary tuberculosis of the bladder cured after two or three years' treatment.

The bladder may be seriously damaged and cystitis not ensue, as shown by the following case:

3. Pistol Shot Wound of Bladder. F. D., Italian, 30. Shot in gluteal region during a fight. Examination showed wound of entrance one-half inch directly below posterior superior spine of the ilium. Exit, bullet felt and removed from beneath the skin at root of penis on left side. Size of bullet, 38 caliber. Had evidently traversed great sacrosciatic foramen, as the probe did not touch any bone behind. In front the bullet passed through the pubic bone. In its course it also perforated the bladder, as there was blood in the urine passed per urethram and per catheter. Urine was also discharged from the wound behind, as proved by the urinous odor and finding the bladder cells in the discharge.

Treatment.—The following day a perineal section was performed. Clots of blood escaped from the bladder when opened. No attempt was made to locate the wound in bladder, which was drained with a soft catheter, and the perineal wound packed. To insure against any possible intraperitoneal infection escaping observation, the abdomen was explored through a small suprapubic incision. No lesion was found and the wound sutured.

Course, rapid. Abdominal incision healed by primary union; pistol shot wounds and peritoneal incision by granulation in a short time. Patient discharged cured in twenty-six days, taking No. 18 Eng. sound.

4. As regards the rôle that hypertrophy of the prostate and stricture of the urethra play in causing cystitis we have only to mentally review some of our recent cases. These sufferers are numerous. The conditions are well-known, and I do not propose to discuss their radical treatment.

Granted that we have a cystitis, simple or complicated, due to some one or combination of the causes already mentioned, the vital question to us and to the patient is, What is to be done—then and there?

A consideration of the treatment of cystitis naturally lends itself to the following practical subdivision: Its prophylaxis, the treatment of the cystitis itself, and of the associated or complicating conditions.

The prophylaxis, on last analysis, is the prevention of infection.

Cystitis is clearly of germ origin. To keep them out of the bladder, and to maintain the urine in a state unfriendly to their growth if they should enter the bladder, should be our aim. For instance, in gonorrheal urethritis infection of the bladder often occurs from the germs being forced back into the organ by injections used in the urethra.

For this reason a patient should not be allowed to use any sort of injection during the acute stage of the disease, and when injections or irrigations are performed by the physician, surgical cleanliness and great care should be observed.

The passage of any instrument into the bladder when the urethra is acutely infected should be avoided if possible, and performed only in necessity after proper preparation and precautions. In stricture of the urethra or enlargement of the prostate, by which the unusual flow of urine is prevented, unwise catheterism may lead to serious results. This undertaking should be

attended with strict antiseptic precautions. This seems like kindergarten instruction, but you know and I know that gross carelessness frequently accompanies this proceeding, even when performed by a regular graduate of medicine, and usually when practiced by the patient. Infection may not happen for some time, but is almost inevitable when the catheter has to be used constantly to empty the bladder.

A great deal has been said about the use of the catheter that bears repetition—the kind to use, precautions in its use, the various complications met with in and about the urethra and bladder. Like oft-told tales, these admonitions lose their weight, and the interest of the subject demands their rehearsal. For the full consideration of the catheter, its choice, use and abuse, I refer you to Dr. Gouley's papers. I will only take time for one observation, and this is that a metal catheter in the hands of the patient or the general practitioner is usually a dangerous weapon. The woven catheter with a stylet is even worse. It is surprising how little force is required to make false passages—according to the statements of the parties interested. I have had to relieve retention in cases where there was no stricture present, only a large prostate, with a long and tortuous urethra, and have found the canal punctured in two or three different places by the use of a metal catheter in the hands of a very careful man.

The moral, then, is to remove the obstruction that necessitates catheterism. If a stricture, by gradual or rapid treatment; if a hypertrophied prostate, by removal of the overgrown gland. If the cystitis is due to the extension of infection from the kidneys or ureters, this source must be attacked; medically or surgically, as the indications seem to warrant. If a calculus, new growth, or foreign body is present in the bladder, its removal is demanded, of course.

As to the treatment of the disease, when once started we are confronted by these problems: Is the urethra affected? If so, is must be thoroughly cleansed before introducing any instrument. Is a stricture present that can be passed by a catheter? Deal with the cystitis first. If the stricture is tight, perform a perineal urethrotomy and drain and irrigate the bladder through the perineum. Cystitis with a hypertrophied prostate should first be treated to relieve the bladder inflammation, if a catheter can be readily introduced, and, second, to remove the cause after the acute symptoms have been controlled by taking out or incising the prostate. Of the various solutions recommended I prefer those made with boric acid, nitrate of silver, or Carl Seiler's tablets. The bladder should be filled slowly and to the limit of comfort. Sudden or excessive distension will only aggravate the inflammation.

In the acute stage frequent washings with a mild solution are preferable; in the chronic stage less frequent use of the stronger mixtures.

Urotrophin, salol, or sandalwood-oil seems to exert a beneficial action. Plenty of water to drink and a bland milk diet should be insisted upon.

Do not despair of tubercular cystitis when primary and of recent duration. It may be cured as I have demonstrated and I have seen cases not long since reported of similar cures. In some cases it is not past help.

Regarding the complications, their treatment has been briefly alluded to, and I shall not take up your time for their further consideration. In conclusion, I would emphasize the fact that cystitis is due to infection, and its prophylaxis is no less important than its treatment when actually present.

THE SELECTION OF APPARATUS FOR GENERATING THE ROENTGEN RAYS.[1]

BY ARTHUR HOLDING, M.D.,
New York.

THE difficulty experienced by most physicians and surgeons in deciding what form of X-ray apparatus to purchase has induced the writer to prepare this brief paper. The choice usually lies between a static machine and an induction coil. Here are pictures of good examples of these machines: At first glance, a decision in favor of one of these seems simple; any one who has had to make the decision, however, will agree that his first selection was attended with considerable anxiety and doubt. Frequently it has resulted in the purchase of an apparatus with which he has later been dissatisfied. The practitioner does not make an outlay of hundreds of dollars on apparatus very often, and when he does, he wants to make no mistake. The correct understanding of the merits of the different forms of X-ray apparatus is also of importance to hospital boards, as more X-ray instruments are being installed in institutions than ever before.

Should the purchaser not feel competent to judge for himself, he is liable to cast about for information. In the literature he would find good authorities actively championing the static machine, and vice versa; so that after a careful perusal, the inquirer is usually even more in doubt because of the conflicting opinions.

Visiting expert operators, seeing their work and instruments, will be productive of better results, furthermore, personal interviews are always more satisfactory, and more information can be obtained than by correspondence. At the same time, if the investigator be a novice, he gains much insight as to the most important points, and what to accept as proof of excellence. For instance, he will learn that the beautiful cancellous bone detail in a skiagraph of a hand is not as potent an evidence of excellence as the less impressive but far more difficult skiagraph

[1]Read before the Fifth District Branch of the New York State Medical Association, New York, May 3, 1904.

showing the distinct outline of an adult's hip or pelvis. Needless to say, the more work and workers seen, the nearer to a correct solution will one approach. It is especially not advisable to base a conclusion on one operator's opinion without having also seen other's work, as the best authorities frequently disagree, and the only safe thing for each purchaser to do is to decide which is the *best* instrument for *his* purposes. The greatest drawback to this method of investigation is the time and money it requires. After making a tour of inspection, the beginner could not do better than to go to the best operator he has found, secure his best judgment concerning apparatus, and then learn that operator's technique.

By visiting the different manufacturers the purchaser will receive testimony *for* the individual maker's machine and *against* every one else's, the mention of points of excellence in others being immediately minimized or denied. Under these circumstances a decision is liable to vary according to the cleverness of the salesman encountered and the one you happen to lend your ear to last. Several makers have rooms especially fitted for making exposures and developing the plates in the presence of the customer. Such methods give much satisfaction and are to be commended.

The German and French writers favor the induction coil, and dismiss the static machine with scant or unfavorable comment. This has been explained by the fact that on the continent they do not have the large machines such as are used in this country. In England and America both types of machines are used, but where employed for X-ray purposes only, the coil is preferred.

There is one question, the answer to which will in a majority of cases clearly indicate which form is the better for the individual in question, that is, "Does he want to administer static electricity as well as do radiography?" If it is intended to limit the work to X-ray only, the coil will be more satisfactory. Referring to the administration of static currents, the revenue obtained for such treatments is actual and often an important consideration for the practitioner. The experience of most of the X-ray operators of my acquaintance who have installed static machines is that they are running them certainly as much and usually more for administering static currents than for the generation of X-rays, the demand being so imperative that the operator cannot refuse, even when he prefers to confine himself to purely X-ray work, many times the dollars spent by the beginner in radiography being more than supplied by giving therapeutic treatments.

In deciding which form of machine to purchase especial attention should be paid to the following points: 1, Efficiency; 2, Length of exposure; 3, Probability of causing dermatitis; 4, Space available; 5, Cost; 6, Noise; 7, Strain on tubes; 8, Danger.

Briefly stated, the advantages of coils are:

1. They will skiagraph deeper parts.
2. Require less time to make an exposure.
3. Require less space.
4. Can be made portable.
5. Cost less.

The disadvantages of coils are:

1. Their therapeutic use is limited to radiotherapy and high-frequency currents.
2. They will wear out tubes faster, and therefore require the expensive varieties of tubes.
3. Produce dermatitis quicker.
4. Can only be operated by electricity.
5. Are noisy if mechanical interrupters are used.

The advantages of static machines are:

1. Wider therapeutic uses.
2. Superiority in making long fluoroscopic examinations.
3. If fitted with plane instead of ball bearings they make the minimum of noise.
4. Do not wear out tubes so fast.
5. Can be operated by hand or water power.
6. Less danger of dermatitis.

The disadvantages of static machines are:

1. Only the largest machines will penetrate deep parts.
2. Time required for making exposures is long.
3. Require more space.
4. Cost more.
5. Need more attention to insure dryness of the case.
6. Non-portable.

GRAVES' DISEASE.[1]

BY ERNEST VALENTINE HUBBARD, M.D.,
New York.

MY attention was first specially directed to Graves' disease when I was serving as interne at the Roosevelt Hospital, and marked the improvement in such patients following a certain definite manner of treatment evolved and pursued by Dr. William H. Thomson.

As has been remarked by others, exophthalmic goitre is an unfortunate name, for it emphasizes one symptom, not unfrequently absent, at the expense of others, constantly present. A similar unfortunate naming of a disease is locomotor ataxia, where again the symptom indicated—namely ataxia—is often wholly non-existent and in no sense characteristic. Thus Graves' or Basedow's disease is more satisfactory as a name. The etiology and pathology of this mysterious ailment have been ever a puzzle to the medical fraternity. *Association* with other diseases, such as organic cardiac lesions, chronic progressive nervous diseases, with the growth of new connective tissue, chorea, and so on, has been mistaken for cause and effect. Again, fright, sudden mental ex-

[1]Read before the Fifth District Branch of the New York State Medical Association, New York, May 3, 1904.

citement, shock and the inevitable and ubiquitous "exposure to cold" are ascribed as exciting causes. That the disease is to some extent repeated in succeeding generations of afflicted families seems well demonstrated.

In like manner many varied and mutually inconsistent views of the pathology of the disease have been maintained. The surgeons characteristically ignore the possibility of some physiological—*i. e.*, functional—disturbance as a primal cause, and have only extirpation of the goitre—where there is a goitre—and bilateral excision of the curvical sympathetic nerves to offer in treatment.

Dr. M. Allen Starr, of this city, expounds the theory that Graves' disease is due to hypertrophy of the thyroid gland and excessive secretion, being an antipodal condition to myxœdemia, in which there is diminished or absent secretion of the gland.

J. A. Booth tabulates three sets of theories: First, cases dependent on changes in the central nervous system. Second, cases due to disease of the cervical sympathetic nerve. Third, cases due to excessive or altered functions of the thyroid gland.

Tedeschi concludes from animal experiments that there is some bulbar center governing the Basedow syndrome, and that hypersecretion of the thyroid gland favors development of the syndrome, whereas hyposecretion checks or prevents the syndrome. In a subsequent paper Tedeschi states that in animals in whom the symptoms of Graves' disease have just been produced by loss of the restiform bodies, the removal of the thyroid gland diminishes or completely banishes the greater part of all the symptoms.

Möbius, in his masterly book, "Die Basedows'che," Krankheit, in Nothnagel's System of Medicine, is of the opinion that the disease is due to some poison excreted by the thyroid gland and directly affecting the nervous system.

Rehn regards the disease as thyrogenetic, but begs the question when he says that it is always changed, even if visible externally. It may be completely cured by thyroidectomy and bilateral section of the cervical sympathetic. In view of the fact that some cases are cured by internal medication, there must be a certain proportion in which the affection does not induce permanent structural changes in any organ. Most important is the following: No theory can be regarded as adequate that does not take into consideration the function of the thyroid gland. Rehn is approaching a solution of the matter when he says: "A lesion of any one of these parts (namely, the central nervous system, the connecting fibers of the sympathetic system and vagus, and the thyroid gland), may produce a specific alteration in the others, the consequences of which, together with the exciting cause, may give rise to the symptoms of Graves' disease. * * *"

To turn now to the symptomatology of the disease. As we see these patients in practice, and view the text-books with a truer sense of perspective and less in the foreground of the picture, *other* symptoms than goitre, exophthalmos and tachycardia, compel our attention. One is impressed with the not unfrequent *absence* of exophthalmos, *absence* of goitre, even, and, lastly, in early cases, *absence* of tachycardia. What is there left? Disturbance of the general health, loss of weight, often many pounds; secondary anæmia, with all that this implies; aggravation of a usually pre-existing neurotic temperament. That symptom which should, in the examination of a new patient, bring to our minds the possibility of Graves' disease, is *unrest.* And this unrest is both mental and physical, *always* present, as contrasted with other symptoms. Its degree varies from frequent change of posture and indefiniteness of purpose, mentally, to marked agitation and coarse tremors, with faintness of voice and incoherence in thought.

Following this milder manifestation of nervous unrest, various groups of symptoms develop. They are: The tremor, the nervous and general depression above mentioned, grow more aggravated, even to mental derangement and mania. Headaches, worse in the morning hours, and migraine appear, sometims they preclude other symptoms. Eye symptoms, both muscæ volitantes and amaurosis. Deafness is not unfrequent, and unilateral tinnitus is commonly present. There may be vertigo and aphasia. In one of my patients there was for some weeks a sensation of falling backward, on retiring—as though there were some affection of the semicircular canals. Cramps of the legs and abdomen occur, pains in the vertebræ, fingers, heels; the gastro-intestinal tract exhibits nausea, flatulence, vomiting. Bulimia is common. A vague distress in the bowels may be present. Diarrhea is often present. Sometimes, constipation. In one patient the marked emaciation was checked and ultimately corrected by treatment of the diarrhea as such. Emaciation more or less marked is the rule. There are sometimes present loss of hair, pruritus and diaphoresis. The urinary bladder offers no symptoms other than frequent urination, which I take to be due to the general nervous state of the patient, and a reflex condition. Temporary paralysis may occur. Weakness in the knees is often observed, and ataxia also. Feebleness of the voice is frequent, and it has a quaver all its own. Sleeplessness is also noteworthy.

The cardinal symptoms follow: Tachycardia usually appears fairly early in the disease; it may be the first symptoms, it may be absent entirely. The heart action is characterized in addition by irregularity in force and frequency, and sometimes a functional murmur is present.

The goitre is often absent. This fact deserves further mention than the simple statement that Graves' disease *may* occur without goitre; it very often does so occur; exophthalmos is also

often absent. The name exophthalmic goitre is thus most misleading in our search for diagnosis.

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Much has been learned in the past of the nature of syphilis by the "therapeutic test." What I have to offer in the treatment of Graves' disease is along the same lines. The treatment I am about to outline makes the patients more comfortable, always improves their condition, at least for a time, and in very many instances cures the disorder. Taken empirically, these are the facts; reasoning from these results, in what way are our ideas of the pathology of the disease affected? It is significant that the symptom-complex is so varied, for this very multiplicity of unrelated symptoms necessarily points to some deeper, underlying *cause,* acting sometimes in one way and sometimes in another. The laissez-faire doctrine of therapeutics, to-day so fashionable and imported from Germany, where the patient's comfort is a minor consideration, certainly does not apply to this condition. Dietetics play a large rôle. These patients are forbidden absolutely the use of meat in *any* form. Milk should be freely used. Vegetables, as a rule, agree; if there be diarrhea, potatoes, beans, peas must be omitted also. Oatmeal may not agree. The lighter cereals, as hominy, usually are well borne. Fermented milk, kumyss or matzoon is serviceable. Few eggs should be taken. On first beginning treatment it is advisable to allow only milk at proper intervals or fermented equivalents to milk, and stale bread. When the patient is well under control, other articles of diet may be added, and the effect noted. Alcoholic beverages, tea and coffee are barred, except in case of syncope, where the use of whiskey and cardiac stimulants is indicated.

The drugs used are the intestinal antiseptics in varying combination, given over prolonged periods. Among these are: Sodium benzoate, iodoform, salol, ammon. benzoate, the various combinations of bismuth, as phenol bismuth, beta-naphthol bismuth, salicylate of bismuth, ichthyol, etc.

These are taken thrice daily in capsules after meals. Once or twice a week a blue pill (gr. v.) is taken at night, and is followed by a saline the following morning. It is noteworthy that almost immediately after the purge has operated, the pulse-rate diminishes, often from 10 to 20 beats, and the nervous symptoms are markedly diminished. The treatment must be *continuous;* cessation in the use of the intestinal antiseptics in one of my cases was followed by immediate aggravation of the symptoms. A like result followed a temporary indulgence in meats. Improvement begins in something under a fortnight, and, save for occasional relapses, is continuous. From the results obtained from Dr. Thomson's method, too much cannot be deduced. Still the outlook is very hopeful. My own cases have been markedly benefited, other plans of treatment having wholly failed, and among his own there are many entirely cured, there being no recurrence after several years of health. The patients increase in weight, gain in color, lose their nervous symptoms, and present a very different picture after a few months.

With these results at hand, one cannot help inferring that the origin of Graves' disease is gastro-intestinal; that it is a digestive disorder; and it is but a step to consider that this poison, whatever it may be, is generated in this particular system, and disseminated from it, sometimes affecting one set of organs, and again another. It is, in a word, in all probability, a toxine that best accounts for the multiple symptoms of the disease. In this way, also, are explained the instances of spontaneous recovery.

What the relation of meat is to the causation of the disease, I am at a loss to explain as yet. All I can say is the results follow the treatment as above outlined. It is a pleasure to look forward, if not as yet to a rational, at any rate to a *successful,* method of treatment of this dread malady.

ERGOT IN SURGERY.[1]

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IN the various papers* on ergot which I have lately written I have dwelt at length on the value of that drug as a therapeutic agent for equalizing the circulation. By equalizing the circulation I mean producing an equable or proportionate distribution of the blood to every part of the body, which implies that there will not be an abnormal proportion in any part. This result is effected by its specific action in contracting the abnormally dilated blood-vessels of congested areas and toning those vascular walls that are deficient in tone. A great variety of symptoms is thus relieved. Indeed, the number of single and complex symptoms that depend upon an abnormal disturbance of equilibrium of the circulation is legion. As ergot contracts all relaxed unstriped muscular fiber it is equally applicable to that of the alimentary canal, lymphatics, the hollow viscera, etc., and is, often, as distinctly indicated there, as in vescular relaxation.

I have mentioned the applicability of ergot to the class of nervous diseases, the symptoms of which I believe to be chiefly due to abnormal vascular or circulatory states in or about nervous tissues, brain, cord, ganglia and nerves.

I have referred to its value in inflammatory states, inflammatory fevers and local inflammations, which no one questions as being related to abnormally dilated blood vessels.

[1]Read before the New York County Medical Association at the Annual Meeting, April 18, 1904.

*The Broad Therapeutic Application of Ergot, New York State Journal of Medicine, September, 1902; Some New and Unusual Therapeutic Applications of Ergot, Journal of the American Medical Association, March 21, 1903; Ergot in Pneumonia, New York State Journal of Medicine, May, 1903; Uses of Ergot, Brooklyn Medical Journal, August, 1903; Ergot in Alcoholism, Morphinism and the General Class of Drug Habit Cases, New York State Journal of Medicine, January, 1904; also the Medical News, New York, March 5, 1904; Ergot in Typhoid Fever, New York Medical Journal, April 16, 1904.

I have also referred to its value in zymotic or infectious fevers, whose serious symptoms are more or less directly related to disturbances of the general or a local circulation, especially discussing, in this respect, pneumonia, typhoid fever, and influenza, in which disorders I am confident that ergot will some day be recognized as the most valuable of all drugs to save life, by preventing, or limiting, the conditions that directly cause death.

I have called attention to its utility in some of the disorders of special organs, as the eye, ear, nose, uterus, ovaries, kidneys, liver, etc.; and in atony of the digestive tract by stimulating its muscular coat, and in spasm of sphincters and of the hollow viscera.

I have particularly dwelt upon its great value in disturbed action of the heart, whether excessive or diminished, and explained the apparent contradiction in this assertion, for ergot in ordinary and proper dosage has but one direct effect, viz.: the stimulating and toning of the unstriated muscular fiber, and its action is always especially upon those areas of such fiber as are abnormally weak and relaxed and, therefore, most in need of tone stimulation.

I have called attention to its efficient aid in treating alcoholism, morphinism and drug habit cases generally, especially in calming the nervous agitation that follows withdrawal of the drug, and in restoring a state of nerve and vascular tone that dissipates the impulse to the habituation.

I have uniformly dwelt upon the relief of pain by ergot, which is one of the most notable and beneficent effects of the drug, and have pointed out its splendid alterative action in causing absorption of exudates, especially when recent.

This partial résumé will suffice to suggest to you the broad therapeutic application which I claim for this old, neglected, abused, but remarkable, valuable and effective, as well as harmless, drug. One other field of application I have too briefly considered in the former papers. In a manuscript which I wrote on "Uses of Ergot" in 1885, I mentioned this field, Surgery. I refrained at that time from either reading or publishing the paper because I found, in my personal intercourse with physicians and surgeons, such utter inappreciation of the drug and incredulity or ridicule of my theories and assertions, that I was convinced that neither the paper nor the drug would be heeded.

As illustrating the general inappreciation of and indifference to the drug outside of obstretics and capillary hemorrhage, when I read my first paper on The Broad Therapeutic Application of Ergot before the Fourth District Branch of the New York State Medical Association, at Chautauqua, in August, 1902, so far as I now know, but one man, out of the eighty-six members present, acted upon its suggestions. That man was the then secretary, since president, of the State Association, Dr. Wiggin, and to him I am indebted for valuable aid in bringing the subject to the practical attention of the profession.

The manuscript of 1885 was soon laid aside and forgotten, and only a year ago, by accident, brought to light. The greatest gratification I had in rereading it, was the discovery that so long ago I had some appreciation of the applicability of ergot to surgery.

I quote: "Surgery, I believe, is regarded as separated by quite a distinct line from medicine. At the same time there is one common element, disturbances of circulation, local congestion and succeeding inflammation. This result, I believe, may often be materially modified, if not entirely avoided, by a proper use of ergot. Nor is this quite wholly theoretical, for an accidental relation to a few surgical cases led me to the employment of ergot both preceding and succeeding severe surgical operations, and I cannot, in considering the extraordinary results, dissociate the probable help of that drug toward securing them."

I distinctly recall two of the cases that led to the expression just quoted. One was that of an insane woman who had thrown herself from a height, fracturing the skull and causing so severe a concussion of the brain that she was unconscious for more than three weeks. The surgeon anticipated, from the first, a meningitis that would prove fatal. The only treatment she had after his operation was ergot hypodermically and continuous application of cold water compresses over brow and temples. Before the injury I had used ergot and also stimulation of the cervical sympathetics with the constant current, because of the brain disorder. Within a few days from the first evidence of returning consciousness she was not only well as to the injury, without having had an unfavorable symptom except the unconsciousness, but she was also perfectly recovered from the most extreme suicidal mania I have ever encountered, which had existed during many months; and she has remained sane and well through the twenty intervening years.

The other case was the removal of the entire mammary gland because of a suspicious tumor within it. As the patient was in an extremely nervous condition, I prepared her for about a month by treatment with ergot with the result that she lay down for the operation as serenely as she ever lay down to sleep. There was neither retching nor vomiting during nor following the operation, which lasted about an hour, nor was there post-operative pain. She awoke quietly and within two hours of the operation I gave her nourishment which I repeated every two hours until bedtime, each administration being followed in a few minutes by sleep, that, each time, lasted an hour. After all this she slept well through the night. The extensive wound healed without a particle of suppuration, which was regarded as unusual with such a wound in those days, and the only real suffering was from the

withdrawal of the deep figure of eight wire stitches.

The two conditions most dreaded by the surgeon are inflammation and shock. Before this modern day of asepsis, inflammation was a vastly greater bugbear to the surgeon than it is to-day. The discovery that infinitesimal organisms were causatively related to inflammation and that extreme cleanliness and the use of antiseptics, or bactericides, prevented their access to and development in wounds, determined the greatest era known to surgery. Yet, brilliant as is the present era of surgery, it is by no means uncommon that men and women die in spite of operation, and some even say "*propter hoc.*" However this may be, I am convinced that there is an element of the greatest importance to the surgeon that is not met by the most thorough and persistent antisepsis, viz., *inefficient tone of unstriated muscular fiber.* If vigorous vascular tone is present in a given case I seriously question the so great importance, as is generally accepted, of the extreme efforts toward the destruction of bacteria.

Before the bacterium was seen or dreamed of, surgery had its successes, often brilliant, although the operations were performed under conditions that the gowned, gloved, scrubbed and sterilized surgeon of to-day would be horrified to contemplate.

I do not, however, suggest nor approve of neglect of this measure. Until we can absolutely *know,* in a given case, all the essentials of success, we should give the subject the benefit of whatever *may* be essential, and it is upon this principle that I make this earnest plea to-night to every surgeon to prepare the subject for grave operation by toning the general circulation by a preliminary course of ergot.

We all know that the general state of the circulation as to tone differs as much in the subjects that comprise the province of the surgeon "as one star differeth from another star in glory." However much the surgeon may differ with me as to my theory, he certainly would not hesitate in choosing between two subjects for operation (one being in prime, and the other in poor, vascular tone) to select the one who is in good tone of the circulation. By this choice he will demonstrate his agreeing with me that, other things being equal, that subject will have the greatest number of chances of satisfactory result who has, to start with, the best vascular tone.

The first stage of inflammation is congestion and congestion is an area of abnormally dilated blood-vessels. Ergot contracts dilated blood-vessels and gives tone to the walls of such as are in need of tone. If there is sufficient tone in the blood-vessels that which would otherwise cause congestion cannot have such effect.

The effect of dry cupping is an illustration of what I have just said. You have, doubtless, observed how differently the cups act upon different individuals or upon different regions of the same subject. But, however intensely they at first engorge and even rupture the weak-walled blood-vessels, a series of applications will, in a surprisingly short time, develop such tone in the region so treated that it becomes impossible, with even completely exhausted cups, to produce a marked like effect. While the rationale here is entirely different from that of ergot, it illustrates what I claim, that a given cause will not produce the effect where there is good vascular tone that it produces where there is not such tone. I believe this to be as true of bacterial irritation, or of the conditions that produce "a cold," or of solar heat, or of anything else that tends to abnormally disturb the equilibrium of the circulation, as it is of the mechanical process of dry cupping. To produce general vascular tone in a subject who is to be operated upon, ergot should be applied hypodermically two or three times daily for several days, better, if possible, for a fortnight or more preceding the day of operation. As the surgeon so often comes into relation to the case only at the last moment, this preparation should be made by the family physician. When, in emergency cases, this is impossible, the ergot should be administered as early as possible before and also during and succeeding the operation.

About a year ago I was asked by a patient and his friends to be present at the operation soon to be made upon him, hoping that I might help him through the anesthesia which he greatly feared to undergo because his heart had acted badly at times. Three months before, an elevator gave way as he was stepping out of it onto an upper floor; one foot was caught by the top of the elevator and both bones of the leg were broken above the ankle. He then fell back upon the descending car, striking upon his back, producing a contusion that resulted in a lymphatic abscess of the extent of a square foot. He had been treated in a hospital in your city for ten weeks, but without union of the bones or healing of the abscess. After a fortnight's absence from the hospital he returned for the operation. He was extremely plethoric and must have weighed about 250 pounds. The neck was so short and heavy that as he lay upon his back it was not possible to turn his head to either side to prevent the heavy tongue from falling upon the epiglottis so that it had to be held constantly with the forceps. Altogether he was a distinctly unfavorable subject for anesthesia and one likely to give much trouble during a prolonged operation. At my request he was given a hypodermic of ergot the afternoon and the evening before the operation, also one in the morning, and I gave him the equivalent of four ordinary syringefuls during the operation, which lasted two and a half hours. After apposing and wiring the fragments he was turned and an incision about ten inches long made through the abscess wall and the cavity thoroughly curetted. There was no vomiting nor retching during all that time nor afterward. Having been so drenched with ether, he slept a

couple of hours after the operation. On general principles he was given a hypodermic of morphia (which he did not need) to prevent post-operative pain. He was given neither food nor water for twenty-four hours, though I would not have hesitated to give him either after three or four hours. Because of the fractured leg he was obliged to lie upon that tremendous incision across his back; but he did not suffer. The ergot treatment was continued because he demanded it and the only marked elevation of temperature promptly followed the assurance of the visiting surgeon that he could have it if he wanted it, but he must take all the risk of his toes dropping off. This calorific flurry was dissipated a little later when both surgeon and patient were assured by the latter's sister, who was quite familiar with ergot administration, that "J. was in no more danger of having his toes drop off, than he was of having a baby." While this was purely a lay opinion, I believe it was correct. The bones united and the abscess healed rapidly and there was no unfavorable progress in spite of the many conditions that constituted an unpromising case.

Shock is a paralysis of that part of the nervous system that presides over the vital functions, that gives the natural stimulus to the unstriped fiber, the vasomotor centers. The action of the heart and lungs is more or less feeble in proportion to the degree of shock. The circulation is, therefore, sluggish and the blood is insufficiently oxygenated and arterial tension is lowered. The surface is blanched, or livid, and cool. Certain vital organs are more likely to be affected than others, and the arrest of function may be complete, as of the kidneys, producing that serious result, suppression of urine, and consequent poisoning of the system; or the function of digestion may be arrested.

The indication in shock is stimulation of the unstriped muscular fiber, which is present in most vital organs, blood-vessels and lymphatics. The state of shock is often produced by the injury which has necessitated the surgeon's relation to the case. It is often necessary, if the life is to be saved, to operate immediately, and yet a second shock will be caused by the operation. These cases are most trying to the surgeon and anything that will aid him in such an emergency is not only important, but vital to the subject.

I distinctly recognize that the surgeon is less likely to accept what I am about to say than is the physician, for the former is accustomed to rely mainly upon his especial methods rather than upon drugs, but I do not hesitate to declare that for the purpose of preventing shock from anesthesia or operation, or for relieving shock from injury or operation, or for modifying traumatic shock so as to admit of immediate operation, the surgeon can do no better (nor anything else as efficient) than to administer full and repeated doses of ergot hypodermically. The heart's action will become stronger, the respirations deeper, the extremities warmer, and color will return to the surface; in short, general evidence of improved circulation will appear.

I would not have you infer that I think that the dead may be brought to life by ergot, but if you will use this drug fully, fairly and faithfully, you will more than once have occasion to assert that the living was, by its power, saved from death.

Dr. George Crile, of Cleveland, has recently published his extensive experiments upon means of controlling blood pressure in shock and collapse, in which he demonstrated (as I have repeatedly claimed to be true of the general class of heart stimulants as applied to the exhausted heart) that the measures usually employed, strychnine, alcohol, nitro-glycerine and similar drugs, were not only of no use in shock, but were, on the contrary, absolutely harmful; that "the most convenient and certain method of producing shock for experimental purposes was by the administration of physiological doses of strychnine," and he regards it "as reasonable to treat strychnine shock by administering traumatism, as traumatism shock by administering strychnine." He found that saline solution is of very limited application in pure traumatic shock and that the best drug means of overcoming the condition is adrenalin, which must be infused continuously, as its effects are so evanescent because of chemical change. The action of adrenalin is the contracting of blood-vessels, but it contracts all blood-vessels to which it is applied, and so, if put into the general circulation, would have no tendency to accomplish what I believe to be the desirable object, viz., the equable distribution of blood to all parts, which is only attained by contracting the *weak* and *dilated* vessels, thus producing uniformity of vascular tension. Had the doctor experimented with ergot hypodermically, I think he would have found it not only a more convenient means for his purpose, but more efficient and permanent and applicable both to shock and collapse; in fact, to all the conditions for which the class of heart stimulants is commonly used. A great deal is being written these days upon blood pressure, which is merely an effect of a variety of conditions, and it seems to me of much more consequence and import to consider those conditions and the means by which they may be altered, than the mere matter of blood pressure. Contradictory and irrational as this assertion may appear, I venture to predict that ergot will be found the most effective single therapeutic means with which to correct the conditions that are usually causative of abnormal states of blood pressure whether that state be higher or lower than the normal. I am far from being convinced that mere increase of blood pressure is the desideratum that it is held to be. My own deduction, from a consideration of various states that seemed to be leading to fatality, is that the most desirable thing to accomplish to prevent fatality is the securing of an equable distribution of the blood to all parts of the body. Mere increase of blood pressure has no tendency whatever to accomplish

this, but, on the contrary, does not tend to further engorge any vascular areas that are abnormally relaxed, and so to increasing, instead of diminishing, the unequal distribution of the blood.

Dr. Crile claims to have demonstrated that increase of the force of the heart's action does not materially raise blood pressure. This is not as irrational as might appear at first thought, for the pumping of a certain limited quantity of fluid through a vascular circuit is a very different thing from pumping from an unlimited supply of fluid into a limited capacity.

We all know, too, that mere prodding the heart with the so-called heart stimulants too often fails to accomplish the purpose for which they were applied, the prolongation of life. Indeed, the increased exhaustion of the heart produced by such prodding is undoubtedly a detriment and often directly determines fatality.

It is in just these serious and fatal-tending states that ergot exhibits its power to save life, and I believe it is because it determines a more equable distribution of the blood, by contracting the abnormally dilated vascular areas, and I believe that the equable or approximately equable distribution of the blood secures, within a large range of blood pressure, the best performance of the various functions necessary to the continuance of life in any individual case; that when such equable distribution has been attained by equable vascular tension, the subject has then been best prepared for a judicious application of heart stimulants, tonics, alteratives, eliminants or anything else that may be indicated in a particular case, but, above all, for that from which force is developed in the physio-chemistry of the body, nutrition.

If I have erred in my deductions from the facts, the facts yet remain, and they will doubtless be correctly explained by some more competent observer. In the meantime if any good reason can be stated why, in any given case, an equable distribution of the blood is not desirable, there are many good reasons why mere increase of blood pressure is undesirable, or ineffective, unless preceded or accompanied by an equable distribution of the blood.

In this connection I commend to your perusal and careful consideration a brief, but most valuable and pertinent, paper by Dr. Louis F. Bishop, of your city (see current volume Journal A. M. A., page 820).

Another subject of great importance to the surgeon is means of avoiding the troubles associated with anesthesia, which so often give him annoyance and anxiety, and may be grave in result. The interference of anesthetics with respiration and the heart's action is frequently serious, as may be the retching or vomiting during or following operation. I have found that, with a preliminary course of ergot to tone the vascular system, anesthesia may, even in quite unfavorable subjects, be continued for hours with comparative immunity from respiratory or heart disturbance and without occurrence of retching or vomiting during or following the anesthesia, as was illustrated in the case cited. When previous preparation cannot be made, full doses of the drug should be administered just before and, if protracted anesthesia is required, during that state.

When ergot has been used, the termination of the anesthetic sleep is usually prompt and abrupt, the returning consciousness being more like that succeeding the awakening from natural sleep.

You will find, also, that, when the circulation is under control of ergot, nutrition may be given within a few hours without the usual risk.

Another very important advantage gained by the preliminary and succeeding use of ergot in surgical cases is the prevention or marked modification of post-operative pain.

I believe that pain in general is due to congestion or relaxed unstriped fiber. I know, from much observation, that most pain is promptly relieved by ergot, hypodermically administered. I know, too, that the general discomfort from a state of nervousness is relieved in the same way, and I have observed for a great many years a striking use of the word "comfortable" by the patient after the administration of ergot. It is a comfort wholly different from that produced by an opiate, being merely the absence of all ill or uncomfortable sense, and there is no dreadful reaction (indeed, no reaction whatever) from this, as succeeds the stimulating stage of the opiate. Were there no other function of ergot than its pain relieving and comfort producing, that drug should be classed among the few exceptionally valuable members of the materia medica.

Another function of ergot in surgery is to be mentioned, which is by no means the least important—namely, the developing of that state of the circulation, in and about a wound, that best promotes the healing process.

Healing depends not alone upon sufficient nutritive material in the circulation, but upon the application of that material to the tissues, and this depends upon the caliber of the capillaries and minute arterioles, as determining the lymph spaces about them, which serve the double purpose of conveying the new material to, and the old or waste material from, the tissues.

Ergot contracts unduly and abnormally relaxed blood-vessels, and when in this way the circulation is put in equilibrium, the blood distributed in proper proportion to every part of the body, there is the best possible state, so far as the circulation is concerned, for the best functional action of every part and, therefore, the best state for the functions concerned in the process of healing.

If you keep in mind the single direct effect of ergot, contraction of abnormally relaxed unstriped muscular fiber, there will doubtless occur to you other objects, much to be desired in a given case, which this drug will secure.

I have not spoken of its relation to hemor-

rhage, for you all know its specific action in this respect.

I have but casually mentioned that not uncommon sequel to operation, arrest of the function of the kidneys, suppression of the urine, for the relief of which I think you will find ergot more surely effective than any other means, although in this connection I would mention the constant current, which is a most powerful and unirritating stimulant for many purposes.

Another post-operative and most serious condition, which I have merely mentioned, is paralysis of the muscular coat of the bowel, which gives the surgeon great anxiety and often terminates fatally. The efficiency of ergot in relieving such paralysis has been repeatedly demonstrated.

Again, the surgeon is not unfrequently embarrassed by the state of delirium in his patient, and I can assure him, from thirty years' experience with the drug, that ergot will subdue and dissipate that functional disorder.

Appendicitis has become, of late, so associated with the domain of surgery that, when a case is so diagnosticated, it is passed over to the surgeon. I deem it one of the regrettable facts (or fads) of the present day that appendicitis is treated only expectantly, in other words, practically untreated, until it has reached the stage when surgical methods must be employed, when, too often, even that radical measure fails to save the life.

I am positively convinced that, in its earlier stages, appendicitis is often amenable to ergot or to ergot combined with the constant current and dry cupping. I recognize that in making this statement I subject myself to doubt and contradiction, perhaps even derision; but that does not deter me from expressing a conviction which is founded upon both logic and experience. A case that was diagnosticated emphatically as appendicitis by no less an authority than Dr. Roswell Park was cured by ergot alone. The attacks of pain were in this case the most extreme I have encountered, but they were uniformly relieved by ergot within twenty minutes. The ergot treatment was continued for some time after pain and fever had disappeared. This was twelve years ago, and the subject has continued well since that time. Another case was as emphatically diagnosticated as appendicitis by Dr. Bainbridge, of this city, who insisted that operation was demanded. This case was immediately given a full mercurial dose, after which I thoroughly dry cupped the abdomen and then applied the constant current, which was continued twice a day for a week. He also has remained well since, the attack having occurred seven or eight years ago. This case is mentioned because dry cupping relieves internal congestion in the neighborhood of its application, and because the constant current stimulates the unstriped fiber through which it may be made to flow. The case which was the most extreme in all its phases, of those I have treated, the temperature having been 105° F., and the inflammation having extended over two-thirds of the abdomen, was aborted within twenty-four hours, the treatment being full doses of ergot, thorough dry cupping and applications of the constant current, lasting an hour or more. This subject has, also, had no return of the trouble in the intervening ten years.

Appendicitis begins as a local congestion which, if left to itself, generally progresses through the stages of inflammation to suppuration or gangrene.

I have considered the effect of the ergot and other means used in my cases to have been only upon the blood-vessels concerned, but in view of the interesting study of Dr. Zwalenberg recently reported,* it seems quite possible that the action of the ergot and galvanism upon the unstriped fiber of the appendix may have been another important factor in the relief of pain and the cure, by contracting the tube and expelling the contents that were obstructing the circulation of the blood.

Dr. Zwalenburg's study corroborates what I maintain as to the state of the circulation determining the irritative action of the bacteria, since even injecting bacteria into the appendix did not cause appendicitis, but obstruction to the circulation causing a congestion of the vessels of the appendix at once developed typical appendicitis from the bacteria ordinarily present.

When appendicitis has, in spite of the medical treatment, which should be first applied, developed a condition demanding operation, ergot will be found a desirable means to prevent the inflammation that not infrequently succeeds such operation, and this applies as well to any abdominal, pelvic or thoracic operation.

As already intimated, I do not pretend that this paper embraces all that is implied in its subject; but I trust that I have made clear the general principles which you may apply agreeably to your own consideration of the elements of a given case.

The only method of administration of ergot which I commend is by hypodermic injection, and this for several reasons:

First. Certainty of effect, because the entire dose is placed where, alone, it can have its effect —namely, in the circulation.

Second. Promptness of effect, because it is immediately placed where it can act.

Third. Degree of effect, because this can be determined by the size of the dose.

Fourth. Avoidance of the disturbance of the stomach which is likely to be produced when ergot is administered by the mouth and which I have never known to occur when the dose was injected.

The most satisfactory preparation which I have thus far used is this solution: Solid extract of ergot, one dram, dissolved in saturated solution of chlorotone in sterilized distilled water, one ounce. After filtering the solution into the bottle in which it is to be kept, add two minims of chloroform. The utmost precautions

*Journal A. M. A., March 26, 1904, p. 830.

against sepsis must be taken in making the solution.

Of this solution the dose is from one-half dram, to one, or even two, drams. The smaller dose may be repeated every hour or two, if necessary, the larger every four to six hours, until the desired effect is wholly or approximately secured, after which smaller and less frequent doses will retain the effect.

I will add a word as to the syringe. The ideal syringe (which I have not yet seen, but have commended some manufacturers to make) is a glass one, large enough to be graduated to a dram, or six cubic centimeters. The packing of the head of the plunger should be asbestos. The stem of the plunger should have several guides just large enough to slip through the barrel, which will prevent it from being tipped out of line, while the syringe is being emptied. The base of the barrel should have a sufficiently wide and strong flange, either entirely round or on two opposite sides, to permit the fingers to properly oppose the thumb as the plunger is pressed down. The needle only should be of metal, its base screwing on the threaded, or slipping on a tapering, nipple-end of the barrel. The soft rubber washer in the base of the threaded needle should have a hole at least a sixteenth of an inch in diameter, to prevent it from being occluded when the base is tightly screwed down.

The preparation of the solution and the care of the needle and syringe should always be on thoroughly aseptic principles.

The site for injection which I prefer is the deltoid, especially the left, though if the patient is to remain recumbent it may be either buttock or any of the larger muscles, or, instead of being injected into muscle, it may be given subcutaneously between the scapulæ.

Permit me in closing to recapitulate by modified quotation from a previous paper.

The more important uses of ergot in surgery are to prepare the subject for anesthesia, in order that its undesirable accompaniments and sequellæ may be avoided; to prevent shock, or to prepare a subject, already seriously shocked, for operation; to prevent inflammation, which must be preceded by congestion, which ergot surely controls; to prevent or to control postoperative pain; to restore functions of vital organs, as of the kidneys and bowel; to prevent or subdue delirium; and to secure, with the greatest certainty and the most rapidly, repair of tissue.

The many fatalities that follow the most scientific, skilful and aseptic methods, and the after histories of a large proportion of the cases reported as successful as to the operation, demonstrate that there is something more to be desired than surgical skill and the bacterial destroyer. That desirable thing is a proper activity of the circulation in general, and, particularly, in the region of the operation. That proper activity is only secured by a certain caliber of the vessels which carry to the tissues the nutritive material and from them the elements of waste; and I feel that the most important truth which I bear to you to-night is that ergot, properly administered, will, more surely and effectually than any other single means, determine that proper caliber, whether for repair of a wound after operation, or for aborting or minimizing an acute inflammation, or for raising the blockade that has wearied or exhausted the heart, or for relieving a coma, or paralysis, or convulsion, or for promoting the absorption of exudates, or for restoring normal function in an organ, or for calming an excited nerve center, or for relieving pain, or for simply restoring that general equilibrium of the circulation which warms the cold hands and feet, cools the hot brain and brings to an unhappy mortal calm, comfort and peace.

INTERESTING CASES OF MALARIA WHICH SIMULATED APPENDICITIS.[1]

BY W. J. HUNT, M.D.,
Glens Falls, N. Y.

THE diagnosis of appendicitis is not difficult. The profession to-day is practically united as to what symptoms are necessary to render a diagnosis of this disease reasonably certain. That we cannot always be sure and positive in a diagnosis of this disease is well illustrated in the history of the two following cases:

Ethel M., age 11, was suddenly taken with pain in the right inguinal region, with nausea and considerable prostration; there was slight fever, marked tenderness at McBurney's point, and muscular rigidity. I had no difficulty in making a diagnosis of appendicitis, an ice bag was applied, and alimentation limited to clear soups. For many reasons an operation was not considered justifiable, and the case was allowed to go on. The evening temperature was 101° F., and for the first few days I noticed nothing peculiar about it. Instead of improving, however, the patient continued about the same and I began to notice a marked remission of the fever, every second day. I learned that the family had, a few months previously, lived in a malarial neighborhood, and that within a few weeks this child had visited in Troy, and as the fever took this peculiar type, began to suspect that it might be malaria, either associated with the appendicitis, or, possibly, that I had been mistaken in my diagnosis, and that it was not a case of appendicitis, but one of pure malaria. Accordingly I began to treat the case as if it were malaria, with the result that the little girl very promptly got well. Up to this time my attention had never been called to malaria simulating in its symptomatology the manifestations of appendicitis, but after this I noticed an occasional reference in the journals to this peculiar condition.

Mrs. S. Y., age 52, by occupation a traveling saleslady, and a native of New York State. About

[1]Read at the Annual Meeting of the Warren County Medical Association, Glens Falls, N. Y., January 13, 1904.

August 25th, she was taken with sudden pain in the right side of the abdomen, with vomiting, chills, fever, headache, restlessness and sleeplessness. She was a large, plethoric woman, in good health at the time of the attack. On examination, there was marked tenderness at McBurney's point, some muscular rigidity and considerable pain. The case was promptly diagnosticated as appendicitis, and treated as such. Any suggestion of an operation was declined by patient. This condition continued for one week, and it was noticed that there was a rapid rise of temperature, accompanied by pain, headache and sweating, every second day. A careful examination at this time disclosed a slightly enlarged spleen; there was still marked tenderness at McBurney's point, pain and muscular rigidity. The diagnosis was now modified, so as to include malaria, and 20 grains of quinine with dilute hydrochloric acid was now given daily. On September 3d, the evening temperature was 100°; on September 4th, the morning and evening temperature was normal; on September 5th, the morning temperature was normal and the evening temperature was 100 2-5°; on September 6th, the morning temperature was normal and the evening temperature was subnormal; on September 7th, the morning temperature was normal and the evening temperature was 100 2-5°; on September 8th, the morning temperature was normal and continued normal thereafter, the patient making a rapid and satisfactory recovery.

Now, here we have a class of cases in which the onset is sudden; in which there is pain in the right inguinal region, accompanied by pain, nausea, and sometimes vomiting; there is marked tenderness at McBurney's point and muscular ridigity, and in which a reasonably certain diagnosis of appendicitis can be easily made, and yet treatment with quinine in these cases is all that is necessary to effect a cure.

There is so little malaria in this part of the country, and we see so little of the disease, that I imagine that it is easier for us to be mistaken, and overlook it, than for one who lives in a malarial region, but the possibility of malaria simulating appendicitis has made me exceedingly cautious in making a diagnosis of appendicitis in one coming from a malarial region.

The few scattered references which I have seen have been from men who lived and practiced in malarial regions. In neither of the cases which I have related was there a blood examination made, but I have no doubt, from the prompt and rapid manner in which they responded to quinine, that they were both regular types of tertian malarial fever.

In the American Year Book of Medicine and Surgery of 1902, I find a report of four cases of malaria associated with acute abdominal pain. They are reported by J. A. Clapps, and were published in the *Journal of the American Medical Association*, August 4, 1900. As a general summary of the cases, he stated, "that with intermittent fever and enlargement of the spleen, there was nausea, vomiting and such acute abdominal pain as to lead to the serious consideration of the advisability of an exploratory laparotomy. The acute pain subsided, however, with the other symptoms after the administration of quinine. Typical tertian parasites in somewhat small numbers were found in the peripheral blood.

"Lenkocytosis was absent in all these cases, and this is of some importance in the diagnosis from such conditions as pelvic cellulitis or salpingitis. The pain was believed to be a neuralgia, produced by the malarial toxin in the circulation."

In commenting on the above, the editor of the Year Book says: "We have seen several cases with considerable abdominal pain, and have knowledge of at least one case, in which cœliotomy was seriously considered. The subsequent history of the blood examination cleared up the diagnosis."

PREPARATION OF CUMOL CATGUT.[1]

BY DOUGLAS C. MORIARTA, M.D.,
Saratoga Springs, N. Y.

Mr. President and Gentlemen:

IT is with no small degree of trepidation that I present to you to-day my views concerning the preparation of catgut. I believe the statement that sterile catgut is the choice of all animal sutures admits of no discussion. To properly prepare catgut for surgical operations has been a constant and continuous study since aseptic surgery has been accepted. Everything from macerating the catgut in carbolic acid and juniper oil to boiling in hydrocarbons has been tried, and the advocates of the various methods which have been suggested for this purpose have always had the most positive convictions at the time that the product of their respective methods was surgically safe. The invariable failure of the various suggestions, one after another, demonstrates most clearly how difficult the preparation of sterile catgut is.

All catgut, in its commercial condition, contains bacteria, of necessity from the method of its production, though the bacteria present have various degrees of virulence and some commercial catgut actually contains no pathogenic bacteria. This would perhaps account for the product of a particular sterilization not producing sepsis in a wound, while catgut prepared at another time in exactly the same manner will do so. Whatever method be employed, it is essential: First, that the gut is made absolutely sterile; second, that the life of the gut is not diminished, and, third, that its tensile strength is not lessened. I believe if we have such a method, and it is practicable, every surgeon should prepare his own suture material.

I am aware that I am inviting sharp criticism,

[1]Read at the Fourth Annual Meeting of the Saratoga County Medical Association, Mechanicsville, N. Y., March 29, 1904.

both from the houses that manufacture and place on the market catgut ready for use, and from those surgeons who use the product of these manufacturers, when I say I do not believe it is safe or proper for an operator to depend upon commercial sterilized catgut in his surgical work. Even if the same method is used by the manufacturing houses that is suggested should be employed by the surgeon, there is a greater possibility of the catgut's becoming infected after sterilization before it is placed in the preserving receptacle. My experience has been so unfortunate with catgut thought to be sterile, and found in the market ready for use either in tubes or bottles, that I believe I am justified in making the foregoing statements. I do not hesitate to say that I believe the manufacturer is sincere, and tries to produce catgut that is sterile; and to this end he surrounds himself with what he considers the proper facilities. How do we know what his conception of asepsis is? He is not an operator, and perchance is not aware of the danger if a ligature or suture should become infected. I do not believe it is possible for any set of employees, it matters not how well they are drilled, to follow day after day and all day long, a perfect aseptic technique; they do not know or realize the meaning of a break in the technique of the preparation of catgut. Only a surgeon knows how difficult it is to follow the details of a perfect technique when operating, even though the life of the patient and his reputation are at stake. If this is so, we should not expect the ordinary individual, devoid of surgical knowledge, to follow this work day after day and all day long, with the same care and skill that the surgeon finds so essential and yet so difficult to follow for one hour! Yet if the one operated upon is to be safe, they must do it. Previous to the publication of an article by Dr. Clark in the February and March numbers of the *Johns Hopkins Bulletin* in 1896, I had had two deaths in my operative experience resulting from infections from catgut. Since that time I have used cumol catgut of my own preparation, which has been perfect clinically, as well as bacteriologically.

Cumol catgut is the easiest to handle when operating of any I know, and its tensile strength and life are both increased. The paper by Dr. Clark was written after a number of serious infections had occurred from the use of catgut in Dr. Kelly's clinic at Johns Hopkins Hospital in Baltimore, and shows very conclusively the value of cumol as a medium in which to sterilize catgut by boiling. Dr. Clark's experiments consisted in infecting the commercial catgut by macerating it for four or five days in bouillon infected with stryploccocus pyogenes aureus, streptoccocus pyogenes, bacillus coli communis, bacillus capsulatus and bacillus subtilis. These infected specimens of catgut were then boiled for one hour in cumol at 165° C. The catgut was then examined bacteriologically and proved sterile, while pieces of the same infected catgut which had been dried, but not sterilized in cumol, showed in the media a growth of the microorganism with which they had been infected. These experiments were carefully conducted and repeated many times, and gave the same uniform results, and showed conclusively that catgut boiled in cumol for one hour at 165° C. is sterile, and that spores of the most resistant character are destroyed.

The objections to the preparation of cumol catgut are the time and apparatus required, the experience necessary, and the risk from fire; for while cumol is not combustible, it is highly inflammable. Its advantages are that it is absolutely sterile, that its life and tensile strength are increased, and thus a much finer gut can be employed; that it is pleasant to handle when operating, and that enough can be prepared at once to last several months.

The suggestions of Dr. Clark for the preparation of cumol catgut made in this article are that the catgut be cut into desired lengths and tied into bundles and then dried in a sand bath. After this, it is boiled in cumol in a beaker for one hour, with copper netting over the beaker to prevent the evaporation of the cumol; it is then removed from the cumol and dried in an oven, or beaker. This method is difficult for the ordinary individual to follow with success; at least I abandoned it after several failures.

Very soon after the publication of the article by Dr. Clark, the manufacturing houses gave us a cumol boiler. This proved to be useless in my hands when used alone, because too much was attempted with it. After considerable experience in the preparation of catgut by boiling in cumol, I am now able to prepare it, and have it satisfactory each time, though I assure you I have failed in a great many instances. It is my purpose to give you my conclusions, and the steps and apparatus in detail, which I believe essential to insure a uniform result.

The apparatus that is essential consists of a cumol boiler, an oven, a sterilizer in which to sterilize the retaining tubes, and two gas stoves. In addition, if one can have an autoclave in which to sterilize the cotton to be used in stopping the tubes, so much the better. There should also be a boiler, in which the gloves and forceps can be sterilized. This may be thought considerable apparatus, yet none of it is expensive. An ordinary tin oven can be utilized by lining with asbestos paper, and making an opening for the thermometer, at a cost of $2.50. The ordinary cumol boiler is more expensive, as it must be of copper and brazed together, and it should hold at least two quarts. It is made with a jacket on the outside, which is filled with sand, in order that the required temperature can be maintained. Inside is a wire bucket, one inch less in diameter than the boiler, suspended from the cover and reaching nearly to the bottom of the boiler. This must be *lined perfectly* with asbestos paper. The

cover fits closely, is air-tight, and is held in place by thumb screws. The cover is perforated in two places, one to attach rubber tubing, and the other for the thermometer. A sterilizer large enough to contain all the necessary tubes in which the catgut is to be preserved is required, as these tubes are prepared by fractional sterilization; my sterilizer is adjusted to hold one and one-half gross of ignition tubes. Two good-sized gas burners are necessary, one for the oven and the other for the cumol boiler, as the ordinary Bunsen burner is not sufficient. Then, as I have said, if available, one should have an autoclave in which to sterilize the cotton; both absorbent to cover the catgut, and raw cotton to stop the tubes are essential.

The catgut is cut and tied into bundles as desired, but must *not* be *tied tightly*. It is then placed in the wire cage, previously lined with asbestos paper, and dehydrated in the oven, for two hours at 100° C. At the end of this period, have the cumol heated to the same temperature (100°C.) and place the cage at once into the cumol, not allowing the gut to cool at all. Adjust the cover and connect the rubber tubing with a chimney, or run it out of doors, as the vapor of cumol is heavier than the air and will settle down and ignite from the flame; then raise the heat to 165° C., and keep it there for one hour. (It is suggested to keep the cumol 5° below the boiling point to economize in the use of cumol.) Now withdraw the flame and take the cage from the cumol and replace it without delay in the oven for two hours at 100° C. After this, the catgut is ready to put in tubes. One will now require an assistant. There must be in readiness rubber gloves and forceps sterilized by boiling, while the requisite towels should be prepared with the cotton in the autoclave or other sterilizer. The hands must be carefully prepared as for an operation, and the gloves worn. The assistant removes the tubes one at a time, and a bundle of catgut is placed in a tube, followed by a quantity of absorbent cotton to cover the catgut. The tube is then well stuffed with sterilized raw cotton. As the boiling point of commercial cumol is variable, care must be exercised in purchasing only that which has the proper boiling point.

Possibly the details suggested will seem intricate to those not familiar with laboratory work; as a matter of fact, however, the process is simple. We first dehydrate or dry the catgut at 100° C. for two hours; then boil in cumol for another hour; then place in the oven for another two hours to drive off the absorbed cumol, and the process is ended, other than the aseptic details. In conclusion, I wish to emphasize several points, if the product is to be uniformly perfect:

1. Purchase only cumol that has a boiling point of 165° C.

2. Arrange the capacity of the cumol boiler that a quantity can be prepared at once.

3. Do not tie the catgut tightly, or it will be brittle where it is tied.

4. Place the catgut in the wire bucket, which has been previously lined with asbestos paper, so that the gut cannot touch the metal; if it should do so, it will be brittle where it comes in contact with the metal.

5. Place the wire bucket, containing the catgut, in the oven when dehydrating the catgut.

6. Be sure that the catgut is thoroughly dehydrated, and if a very heavy gut is used, it should be left in the oven two and one-half hours, or the product will be brittle.

7. Have the cumol heated to 100° C. when dehydration is finished, so that the bucket can be placed immediately in the cumol at the same temperature it was in the oven, or the catgut will be brittle.

8. Be sure that the rubber tubing, adjusted to the boiler, connects either with a chimney or runs out of doors, as the vapor of cumol will ignite, as explained before, from the flame under the boiler.

9. Boil the catgut one hour; have the oven heated to 100° C., that the wire bucket and catgut may be at once transferred to the oven to drive off the cumol retained from boiling.

10. Perfect asepsis must be observed when placing the catgut in the retainers.

REMARKS ON THE TREATMENT OF GONORRHEA.[1]

BY G. MORGAN MUREN, M.D.,
of Brooklyn, N. Y.

IF an apology be needed for presenting a paper upon a subject that may appear to have been threshed over and over, and upon which very little can be said that is really new, mine must be that gonorrhea continues to receive comparatively little attention from the general profession, and to infect the innocent and destroy life, to as great an extent as it did before the discovery of the gonococcus.

It is my belief that the physician who undertakes to treat a case of gonorrhea accepts as grave a responsibility as does the surgeon who opens an abdomen, although the latter has the advantage of seeing his errors in many cases, while the former is too often satisfied in the belief that "drying up" the discharge terminates his duty to the patient, forgetting the gynecological possibilities for the woman who may subsequently come in contact with the patient's secretions.

In spite of the many advances made in the treatment of this disease and its complications, during the past ten or fifteen years, the average case is treated in practically the same manner to-day that it was even twenty-five years ago.

There seems to be a feeling among physicians that anything is good enough for the venereal patient, and that, as his disease is due to his own

[1]Read before the Kings County Medical Association, February 9, 1904.

indiscretion, he does not deserve the care and attention given to other patients.

It has been variously estimated that from 30 to 90 per cent. of all gonorrheas invade the posterior urethra. I consider the latter figure about correct. That the prostate gland is included in the process in practically all posterior cases has been proved beyond question, in my opinion. If, therefore, these figures are correct, and there is every reason to believe that they are, why do men who should know better continue to write upon the wonderful gonococcocidal qualities of some new silver compound, used as a hand injection, that cannot possibly reach the most important parts affected?

Within a week I have received a reprint of a clinical lecture on gonorrhea, by the professor of genitourinary diseases in a well-known medical college in a neighboring city, that bears all the earmarks of a commercial article, except the advertisement of the house whose preparation it extols as a hand injection. Nothing is said in the paper about the possibility of the posterior urethra becoming infected, until, in the very last paragraph, the writer advises the deep instillations of strong solutions of the same preparation, if, in the second or third week, the two-glass test shows involvement of the posterior urethra. Nothing is said about prostatic infection.

I have quoted this article as a sample of the sort of gonorrhea literature that is given to the profession, even by men of supposed special training, and of which samples can be found in every edition of the cheaper medical publications that flourish in such large numbers in this country.

It will be noticed in all this literature that nothing is said about the location of the disease, how the diagnosis is made, or what constitutes a cure. It would seem safe to assume that to these writers gonorrhea means a discharge from the urethra, and that the disease is cured when the discharge is controlled. It is due to this idea, which is held by most laymen and by too many physicians, that the disease is so prevalent.

In making a brief plea for the adoption of the irrigation treatment of gonorrhea in all cases, I would ask your attention to the following points in its favor:

1. Complications such as epididimitis, gonorrheal rheumatism, acute seminal vesicultis, etc., are less likely to occur when this plan of treatment is followed.

2. The disease, in a fair proportion of cases, if limited to the anterior urethra, may be cured in a comparatively short time (four to six weeks).

3. Most important of all, it is possible for the physician during the daily treatments to thoroughly impress upon the patient's mind the gravity of the disease, the necessity of abstinence from alcohol and sexual intercourse or stimulation, even for a considerable period after all discharge and other symptoms that he may appreciate have disappeared.

4. The patient becomes fairly well acquainted with the disease, its dangers to himself and others, and is usually willing to be treated until actually cured. This latter is the all-important point.

In the irrigation treatment about 300 c. c. of the fluid is forced into the bladder, either with the wall apparatus or a large syringe, and immediately expelled by the patient. The choice of the solution used is not a matter of as great importance as some men would have us believe. The silver compounds have their advocates, while many prefer permanganate of potassium. I believe that very hot normal salt solution is as good as any other. After the gonococci have disappeared from the discharge, bichloride of mercury 1-20.000 to 1-15.000 acts well upon the remaining organisms. Later, when no germs can be found, for the postgonorrheal catarrh that so frequently continues for several weeks, nitrate of silver solution, 1-10.000 to 1-4.000, Ultzman's solution, or boracic acid have in my experience proved most useful.

The method of irrigation I employ is as follows: After the patient has urinated the anterior urethra is thoroughly flushed with the irrigating solution, and then filled with a solution of cocaine ½ per cent., which is held in the urethra for from three to five minutes by the patient compressing gently the end of the penis. The irrigation then follows. For this I use the large Janet-Frank metal and glass syringe, holding 150 c. c. and twice filled. I would insist upon the use of cocaine in all cases, and in all stages of the disease. In acute gonorrhea the discomfort incident to the first few irrigations is an important factor, but of far greater moment than this is the possibility of so stretching the anterior urethra, before the "cut-off" muscle relaxes (when cocaine is not used) that little tears are made in the urethra which may be the beginning of stricture, or of the eroded areas we so frequently see through the endoscope in chronic anterior urethritis.

The dangers of poisoning have been urged against the routine use of cocaine. In a series of over 4,000 cases treated in one of my out-patient services not a single case has occurred. The risk is so very slight, where such a weak solution is used, that it is certainly to be preferred to the dangers incident to its non-use.

It is my custom to irrigate daily until the discharge has ceased, or in some cases until it has been reduced to a morning drop, then three times weekly until all symptoms have disappeared, or some other form of treatment is indicated by a protracted chronic condition.

It may be suggested that this form of treatment is not suited to the limited time of the general practitioner, indeed several have told me that a couple of irrigations consumed an entire office hour. This is largely a matter of training for both physician and patient. The irrigation of the urethra through to the bladder is quite a

performance, until one is accustomed to it, when it can be done in ten minutes at most, and frequently in considerably less time. The patient, after the first few treatments, can be so trained that he will not waste any time.

Before speaking of the treatment of posterior urethritis and prostatitis, just a word as to their diagnosis. Anterior urethritis gives a clear second glass of urine in the two-glass test. In posterior urethritis both glasses will be cloudy. In anterior urethritis there is no increase in the frequency of urination, in the posterior variety it is markedly increased in frequency from the increased irritability of that part of the canal which receives in its nerve endings the impression of a full bladder, when that organ is perhaps only just beginning to fill. The diagnosis of gonorrheal prostatitis is made by first irrigating the entire urethra, and then, by massage (through the rectum), expressing through it the prostatic secretion, for subsequent microscopic examination, massage always to be followed by a second irrigation.

As it is pretty generally agreed among genito-urinary men that the prostate is infected in practically all cases of gonorrheal posterior urethritis, this special examination may be omitted. The collection of the prostatic secretion in an endoscopic tube carried down to the prostatic ducts is only mentioned to be condemned, though it may be more scientifically correct.

Having determined that the posterior urethra and prostate gland are infected, the only difference in the treatment is that the irrigation is preceded by gentle prostatic massage. Massage should be commenced at once and should be part of each day's treatment. Great gentleness is necessary on account of the possibility of producing epididimitis. The finger should be passed into the rectum, hugging the posterior wall, and simply withdrawn, the only pressure upon the prostate being that which is produced by the tight sphincters. After several days or a week with no contraindications, gentle pressure may be made upon the lobes of the prostate, as the finger is partially withdrawn. Danger signals are, still greater increased frequency of urination and perineal pain or distress.

The only internal treatment that I use is an alkaline mixture known as Cunningham's, consisting of two drachms each of potassium bicarbonate and tincture of hyoscyamus in sufficient water to make four ounces. Half an ounce of this mixture is given well diluted with water after each meal to lessen ardor urinæ in the early stage. I never use the balsams, as the dose required to produce any effect upon the urethra will produce a more marked and exceedingly unpleasant effect upon the stomach, and frequently the backache due to kidney irritation.

Chordee, which is of short duration, if it occurs at all, when this plan of treatment is followed, is usually controlled by 30 grains of sodium bromide, well diluted with water, at bedtime.

The diet should be mild and unstimulating, and from it should be excluded all foods that form irritating compounds in the urine—tomatoes, asparagus, etc. Alcohol in all forms, tea, coffee, and many of the so-called "soft" drinks, particularly ginger ale, should be avoided.

Microscopic examinations of the urethral secretion should be made at regular intervals, and of the prostatic secretion when that gland is infected.

Time will not permit of my speaking in detail of the use of sounds, dilators, the endoscope, etc., in the treatment of chronic gonorrhea; they are all of value and form a very necessary part of the armamentarium of the genitourinary man.

As to what constitutes a cure, it can only be considered complete when the common symptoms have disappeared and the urine remains clear after the beer test. This should be repeated several times. If shreds persist in the urine, it should be centrifuged and the sediment examined microscopically. If pus or organisms are found the patient cannot be considered cured. Even when but a few pus cells are discovered, there is probably some point of infection still present in the urethra or prostate gland, of sufficient activity to need further treatment. A few shreds, when no pus or bacteria can be found, need not be considered, and frequently are present for months, and even years, after an attack.

I cannot miss this opportunity to condemn the use of hand injections. In anterior urethritis where the injection is held in the urethra for five or ten minutes, the pressure upon the "cut-off" muscle must produce relaxation and allow the passage of some germs into the posterior urethra, and the rapid extension of the disease to this part of the canal. Where the posterior urethra is already infected they are of no value.

There is no ideal method of treating gonorrhea, and those who see much of it soon learn that it is one of the most difficult diseases that we have to deal with. Those who undertake to treat it should remember its possibilities for the innocent, and that the physician's function in each case should be as much the education of the patient in this particular as his treatment. By this I mean that to the anxious pleadings of the patient for a hasty cure, the medical man should reply briefly, in such a way that he will understand that a thorough, permanent cure is what he should most desire, whatever time may be consumed in effecting it.

STRYCHNINE POISONING, WITH REPORTS OF TWO CASES.[1]

BY ANNETTA E. BARBER, M.D.,
Glens Falls, N. Y.

STRYCHNINE is one of the two alkaloids to which the properties of nux vomica are due. In small doses it is a bitter tonic, exciting the secretions and stimulating the functions of the body. In larger doses it exalts the

[1]Read at the Meeting of the Warren County Medical Association, Glens Falls, N. Y., January 13, 1904.

functions of the spinal cord, causing tetanic spasms of the extensor muscles. In toxic doses it paralyzes the functions of the cord, arrests respiration, and causes death by suffocation. It is valuable as a general tonic in cardiac failure, in hemiplegia, dyspnea, and in certain forms of amblyopia. It is also found in St. Ignatius' Bean, or ignatia, in the proportions of 1 per cent., and in the bark of the tropical blindweed, a creeping vine, found in the mountains of Tonquin and in Cochin-China.

The poisonous qualities of nux vomica were referred to by Wepper and Valentine in the seventeenth century. Strychnine was discovered by Pelletier and Caventon in 1818. Blumhardt, in 1837, was probably the first to report the death of a human being by this poison. Poisoning by its use occurs more frequently in Great Britain than in America, owing to its being used there more for ratsbane.

Strychnine is one of the most intense and energetic of poisons, acting deleteriously upon almost all forms of animal and vegetable life. There are, however, considerable differences in the susceptibility of different creatures to its influence, and in general those who are destitute of, or have a primitive nervous system withstand it better than higher organisms. It is promptly absorbed by the mucous membrane, and rather freely from abraded surfaces, and from the subcutaneous tissue. It circulates in the blood as strychnine, and is thus eliminated, though a small portion is oxidized. The prompt absorption and slow elimination render it one of the most notoriously cumulative drugs. Tolerance by its continued use is not much increased.

The symptoms of poisoning by strychnine are very characteristic.

If the dose is relatively small, although capable of producing death, there is at first an initiatory stage of nervous exaltation without any violent symptoms, whose duration varies inversely with the magnitude of the dose and the rapidity of absorption. The special senses are much more acute than normally, the mental functions are active, the patient is restless, and experiences a sensation of itching. But with large doses the onset is usually very sudden. Soon twitching of individual muscles occurs, followed by violent tetanic convulsions, chiefly of the extensor muscles. During the convulsions there is in the great majority of cases marked opisthotonos. The head is thrown back sharply, the body is bent backward, the abdominal and thoracic muscles firmly contracted, the lower extremities rigid, and the soles of the feet bent inward and strongly arched. The lower jaw is fixed, the eyeballs protruding, the pupils dilated. The expression of the countenance is distorted, the lips are cyanotic. The lips are marked with froth, which is frequently bloody from the bitten tongue, and the neck is swollen. In some exceptional cases, emprosthotonos and pleurothotonos is observed.

The spasm gradually passes off, the muscles relax, the eyes and pupils become normal, and respiration is resumed. The patient speaks, calls for air, desires to be held, and is in dread of impending death. Indeed, consciousness and intellectual activity do not seem to be impaired during the spasms. Any attempt to move the patient, jarring the bed, a slight noise or a draught of air will bring on a convulsion if the patient is taken unawares.

When the spasms occur spontaneously, the patient usually announces their coming, and asks to be held.

The number of convulsions varies from three to ten, but there may be many more. Their duration is from thirty seconds to five or fifteen minutes. The intervals are variable, too. In fatal cases death results from one of two causes—asphyxia from spasm of the muscles of respiration, or from exhaustion. In most fatal cases death occurs during or after the fourth or fifth spasm. The rapidity of action is modified by the form in which the drug is taken and the time which is allowed to elapse before treatment is begun.

The average period of delay is twenty minutes; the extremes are directly and within three hours. The total duration of fatal cases is one or two hours, or may terminate with the first convulsion.

The disease bearing closest resemblance to strychnine poisoning is traumatic tetanus.

In strychnine:

The attack is more sudden.

History shorter.

Spasms occur at shorter intervals.

No trismus or not until late, and then only during a paroxysm.

There is complete relaxation between the spasms.

Uncertainty of diagnosis between strychnine poison and epilepsy can occur only when the patient dies during a single convulsion.

The diagnosis from hysteria requires attention only a short time.

The smallest dose reported causing death in an adult is one-quarter grain, violent symptoms occurring in ten minutes; one-half grain has produced death in twenty minutes; one-sixteenth grain may kill a child. Cases of recovery are reported from as large a dose as ten grains.

TREATMENT.

The chemical antidotes are iodin in dilute solution and the soluble iodides. Empty the stomach if possible, and wash it with a solution of tannic acid, strong infusion of tea, or powdered charcoal in suspension.

Rectal enema of chloral hydrate, a dram, with the bromides, a dram and a half.

Potassium bromide by some is considered too slow of action for practical use.

Hydrastin hydrochlorate in doses of one grain hypodermically has been successfully employed.

Amyl nitrite, chloroform or ether will control the spasms.

Anesthesia may be continued till the poison is

eliminated, as it is done with considerable rapidity.

Curare is recommended in doses of one-third grain hypodermically.

Butychloral hydrate is a very active antagonist.

Curare is a vegetable extract obtained from Paullinia curare, certain members of the strychnos family. It is a powerful paralyzant of the motor nerves and of the voluntary muscles. Toxic doses cause death by paralysis of the organs of respiration.

Note the following of hydrastin hydrochlorate. In excessive doses the action of the drug somewhat resembles that of strychnine. There are excessive motor activity with cardiac distress, and convulsions which may prove fatal. In the latter event death results from extreme depression followed by respiratory failure.

Strychnine poisoning is a subject with which most practitioners are more or less familiar. Not from its frequency of occurrence, but like other cases of convulsions, it needs only a brief acquaintance to establish its characteristic features indelibly upon the tablets of memory.

To my mind the clinical pictures given by the text-books *was* all sufficient for the early recognition of a case. But the differences between theoretical and practical knowledge have been demonstrated here as elsewhere.

Here is the first case I ever saw:

Mrs. F., aged between 45 and 50 years; mother of six children. At the time of her death, the four oldest had reached years of maturity and were practically self-supporting. The two youngest were aged respectively 4 and 6 years. She was superior to her husband, and much depressed on account of his lack of ambition and their consequent poverty.

She gave the drug to the two small children with their breakfast and took some herself. The children were nauseated and vomited immediately, experiencing no further discomfort. The mother, taking a child by either hand, walked out of the house toward the garden, where her husband was at work, and was seized with a convulsion when a few feet from the door. The husband dragged her into the house and called for help. The convulsions followed each other in rapid succession. I was on the scene in less than twenty minutes from the time of the first attack only in time to see the body in a position of opisthotonos, the face cyanosed, eyes protruding from their sockets, froth and blood issuing from the mouth, and in another instant all was over and life extinct.

Case No. 2 was not so clear:

Mrs. C., aged 18 years, married only a few months. I was called in at 10.30 on Sunday morning. The messenger said she had been taken ill suddenly and could not walk. The woman occupied rooms on the second floor, but had succeeded in getting to the family downstairs. As I entered the room she was the only occupant and lay on a couch, her eyes bright and color good. I asked who was sick. She replied that she was, and began to tell me how she stood beside a table cleaning lamps, when suddenly her knees gave out. She told me in an excited, nervous way, at intervals shivering. Each time that the shaking began I controlled it with a word or by placing my hand firmly upon her arm. I concluded that she was a nervous, excitable woman, for she laughed as she talked, yet seemed frightened. Said her husband had just left the house. She insisted that she could not mount the stairs. She complained of feeling faint. A dose of aromatic spirits of ammonia produced the vomiting of an undigested breakfast. At this juncture the husband arrived, when she went into what was to all appearances an hysterical convulsion of sobbing and shaking, followed by another attack of vomiting. After resting a few minutes she was persuaded to try the stairs which she readily mounted unassisted. But before her clothing could be removed she had an attack which acted like a chill, the teeth chattering. Following the chill the temperature was normal and the pulse 96. There seemed so much restlessness that a dram of triple bromide was administered. This with tincture of valerian, Baer's sedatine, of valerian sumbul and asafetida, were ineffectual. By 11.30 the shaking was practically beyond her control and growing more frequent. At this time she was given 45 grains of chloral with 1½ drams of triple bromide, per rectum. At 1 o'clock there was no doubt of the convulsive type of the seizures, though they were still of the shaking variety. She knew when they were coming on, and reached forth her arms in a piteous appeal to have them held, doing which shortened the attack. Following a hypodermic of one-quarter grain of morphine at 1 o'clock she fell into a dose, which lasted about twenty minutes, succeeded by a continuation of the shaking. At 1.45 another one-quarter grain was given, with no perceptible effect. Since between 12 and 1 the pulse-rate had been at 120 and the breathing was heavier, with an increase of rate to about 24. Slight noises or hasty movements brought on an attack. The attacks were aborted at this hour by inhalations of chloroform. At 2.45 she was given another one-quarter grain of morphine, this with atropine 1/150 grain, which added fuel to the fire. The face became cyanosed, the breathing stertorous, and the tongue swollen. The shaking would begin in the extremities; finally the whole body became a stiff, bounding ball, the legs rigid, the feet over extended. Chloroform partially controlled these paroxysms. At the end of half an hour there was tonic convulsion of the diaphragm and other muscles of respiration. The pulse, which had been increasing in rate, stopped. Artificial respiration was resorted to. A hypodermic of aromatic spirits of ammonia was followed by whisky, this in turn by 1/15 of a grain of strychnine, when dissolution was stayed, and life again asserted itself. Immediately the convulsions were weaker. In

fact, there were no more hard ones. At this time there was an attempt to remove a constipated stool by enemata of soap suds in order to get results from another dose of chloral hydrate. Over three quarts of water were used, all of which was retained. Suddenly the patient began vomiting, and at frequent intervals large quantities of black vomitus were ejected, containing much potato, which had been swallowed without masticating, and which we afterward learned had been eaten the previous night. Between 4 and 5 there was an evacuation from the bowels, following which she retained an enema of 2 drams of sodium bromide, with 1½ drams of chloral. There were no more convulsions. She vomited about once an hour till 9 or 10 o'clock P. M. the same black stuff which always came without warning or effort. Patient slept most of the night, was very lame and almost too weak to move next day. Following day she menstruated, which was two weeks ahead of the regular time. Otherwise she made an uneventful recovery.

The woman said she had headache Sunday morning and took a headache capsule before breakfast at 8 o'clock, and another after breakfast between 9 and 10. She ate potatoes, bread and milk for breakfast. She had always been quite well, except for headaches, which had always been relieved by this same remedy. No amount of questioning threw further light on the case. And to all questions put to me, I affirmed that it was a case of some sort of poisoning. We saved samples of the urine, which had been copiously discharged at frequent intervals. Some of the vomitus was saved for investigation, too. There was evident anxiety as to the cause of the attack, and the following day I said with emphasis that an analysis of the stomach contents would throw much light upon the mystery, whereupon I obtained a confession that she had swallowed a No. 3 capsule, the cover of which was filled with strychnine. I have had that amount weighed, and find that she must have had 1½ grains at least. There was no way of telling whether it was the one taken before breakfast or after. The vomiting at 10.30 must have rejected the one taken last. The black vomitus which I believe was returned from the duodenum following the rectal enema, showed trace of strychnine. The urine was pale. Sp. G. 1008, and showed slight amount of albumin. Patient's intellect was clear till the convulsive seizure, which occurred at 3 o'clock. Nothing seemed to avail much in the treatment of the case until the hypodermic injection of stimulants and strychnine. The patient at once became able to control the convulsions. She said earlier in the day: "If I could sleep a little while I might afterward be able to control myself." So it would seem as if the strychnine helped her to gather the strength she so much felt the need of.

The large enemata had a tendency to stimulate her as well, and also to dilute the poison in her blood. And since strychnine is rapidly eliminated by the kidneys, it certainly facilitated their work, and I have already observed that she voided much urine. The water, too, must have been the cause of the copious black vomiting. That amount of fluid had not been swallowed, and the first two times the quantity was a quart at least.

I find nothing in my text-books relative to the use of strychnine as an antidote for strychnine poisoning, but it seems to have acted admirably in this case. We gave it because the patient was dying. We had not used it earlier in the case because we thought we *might* be dealing with a case of strychnine poisoning, although we had had no enlightenment on the cause of the illness, and the symptoms were not classical. If it had been given earlier, would it not have given the patient more strength to have withstood the convulsions? Does any one know anything further of its practicability in strychnine poisoning?

ABOUT REMEDIES VERY EFFECTIVE IN RESUSCITATION OF THE ALMOST DEAD.

Saline infusions and adrenalin injections, for instance, have their valued place in our therapeutic armamentarium for fighting off the grim reaper when on the threshold of victory, but to look for results so many expect is asking stimulants to supply the vial force that they can only be expected to call into renewed activity if anything remains of the patient's recuperative forces to be acted upon. Only this and nothing more. When, then, the struggle against disease has sapped the last dregs of the sufferer's reserve force, these stimulants often only serve to hasten the end by calling out at once what little is left, rather than letting life ooze out as gradually as it may. We can even conceive how this very craving for patent results may suddenly exhaust the strength and snuff out life before additional strength can develop that might have been saved if the life force had been more economically husbanded. Who can tell how much there is in this?

If we liken life's force to a bank account upon which its owner is living in part until he gets employment sufficiently remunerative to make the drain upon his capital unnecessary, it will serve as a parallel. Now suppose that his capital is almost gone, but that he has an early prospect of desirable employment. Would it not be folly for him to needlessly increase his expenditure at the very time when by increasing his economy he may be able to tide himself over to the time when he will get what he has been waiting for? Likewise would that general be culpable who, in the face of a long and exhausting siege, when relief is yet possible, should order full rations.

We mention this for the double purpose of cautioning against expecting too much from powerful stimulants, and against using them more than just enough to prevent immediate dissolution.—*"Council."*

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THE

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Delegates to the Annual Meeting of the American Medical Association, June, 1904.

E. ELIOT HARRIS, New York. Joseph D. Bryant, New York. Joseph W. Grosvenor, Buffalo. Elias Lester, Seneca Falls.

(*For list of other officers, see last pages of reading matter.*)

Members of the American Medical Association who are members of The New York State Medical Association:

June 1st,	1,013
Increase,	17
Total July 1, 1904	1,030

Members of The New York State Medical Association:

Total July 1, 1904, ... 1,771

The New York State Journal of Medicine.

Published Monthly by The New York State Medical Association.

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NATIONAL INCORPORATION FOR THE AMERICAN MEDICAL ASSOCIATION.

The action of the House of Delegates of the American Medical Association at its recent meeting instructing its committee, with the trustees, to endeavor to obtain a special charter from Congress at its next session for the organization, will be of interest to the members of The New York State Medical Association. It will be pleasing to them to learn that the opinion given by James Taylor Lewis, counsel for the Association, in regard to the possibility of obtaining such a special Congressional charter for the American Medical Association, has been sustained by Judge George W. Ray, formerly and for many years a member and late chairman of the Judiciary Committee of the House of Representatives at Washington, D. C.

In connection with this matter the following report of the Committee on National Incorporation, of which Dr. Joseph D. Bryant is chairman, will be of interest:

To the President and Delegates of the American Medical Association:

Gentlemen—At the meeting of the American Medical Association held at New Orleans in May, 1903, a resolution was adopted by the House of Delegates directing the appointment of a committee of five "to get advice of the best legal talent in the United States as to whether or not the Association could be incorporated under an act of Congress, and to report at the next annual session of the House of Delegates."

In the minutes of the meeting it immediately appears that the preceding resolution was amended by another which was "not seconded," authorizing "an expenditure of $500 for the purpose of obtaining opinions." Also it appears that during the discussion of the question "it was understood that no money should be expended for this purpose."

Under these somewhat perplexing circumstances the committee was quite naturally constrained to limit its efforts to legal consultations that implied no pecuniary obligations whatsoever.

Fortunately, in this respect the committee was especially favored, since it had at its command for the asking the advice of one who had for fourteen years been familiar with the affairs of this country by reason of that length of service in the House of Representatives at Washington. During this entire service in the House, this gentleman had served on the Judiciary Committee of the House, the last four of which (1898-1902) he was chairman of that committee. During much of this time the perplexing constitutional questions arising as the outcome of the Spanish-American war were constantly under consideration in this committee. This gentleman, Judge Ray (who has been a United States Judge since 1902), is therefore, it is believed, amply equipped in theory and actual experience in constitutional matters to solve for us this question beyond the possibility of gainsay. The Judge unhesitatingly declares that the proposed incorporation is constitutional in all respects, and that it has been his duty and pleasure in many similar instances in the past to draft such like bills and to secure their passage on the floor of the House, and that at the present time these bills are operative in the affairs of the country, and are a part of the laws of the land.

In the interest of a renewed understanding of the question now under consideration, we will read the proposed charter of incorporation.

PROPOSED SPECIAL CONGRESSIONAL CHARTER FOR THE AMERICAN MEDICAL ASSOCIATION.

The living ex-presidents of the American Medical Association (by name), the presidents of each State Association (by name), and the then Board of Trustees (by name), and such others as may be associated with them, and their successors, are hereby constituted a body politic

and corporate by the name American Medical Association, with perpetual succession; with power to sue and be sued, complain, or defend in any court of law or equity; to make and use a seal, and alter the same at pleasure; to acquire, take by devise, bequests, or otherwise hold, purchase and convey, such real and personal estate as shall be required for the purpose of its incorporation; to select such officers and agents as the business of the corporation shall require, and make by-laws not inconsistent with the laws of the United States.

Said corporation is empowered to found, establish and maintain, anywhere in the United States, an institution for the dissemination of general medical information to, and education of the citizens of the United States. Said corporation or its House of Delegates or Trustees may hold meetings, and conduct any business of the corporation wherever expedient within the United States with a like purpose, and for the further purpose of fostering the growth and diffusion of medical knowledge, of promoting friendly intercourse among physicians of the United States of America and of other countries, of safeguarding the national interests of the medical profession, of elevating the standard of medical education, of securing the enactment of medical laws in directing and enlightening public opinion in regard to the broad problems of State medicine, and of representing to the world the practical accomplishments of scientific medicine.

We can now do no better than to respectfully give our earnest attention to the written opinion of Judge Ray on these questions.

JUDGE RAY'S OPINION.

"There can be no question that the proposed national or congressional charter for an American Medical Association as just read, if enacted into law, will be free from all constitutional objections. A long line of decisions pronounced by the Supreme Court of the United States has settled the legality of acts of Congress creating this class of corporations. These decisions are clear and free from conflict.

"Under such a charter the incorporated body would be competent to acquire by purchase, gift or otherwise, and hold or convey both real and personal property situated in any State, territory or district within the United States, and would be also authorized to hold its meetings and transact business anywhere within the limits of the Union. It would be necessary, of course, that these places for holding meetings and transacting business be designated in advance from time to time, and due notice given. It would also be necessary and proper that the corporation have a principal place of business, but such main office or principal place of business might be fixed in any State, territory or district in the United States. The advantages of a national incorporation when the purposes of the organized body are national in their scope and character and the membership is scattered throughout the entire nation, are manifest and important, and such an association as the American Medical Association, with a membership coming from forty-five different States and our Territories and the District of Columbia ought not to be compelled to work within any one State or under the laws of any one State, as would be the case if incorporated under the laws of a State. These considerations in similar cases have had controlling weight with the Supreme Court of the United States as bringing the charter or act of Congress plainly within the scope and language of the constitution.

"The persons created a body corporate by act of Congress constitute an independent body or corporation, and such body can in no way interfere with or take away the property or other rights or the privileges of a corporation having similar aims or purposes heretofore or hereafter organized and incorporated under the laws of a State."

It therefore appears to your committee that there is no legal obstacle to securing a national incorporation of the American Medical Association.

In this connection it will not be amiss to listen to the opinion of the learned Judge on the question of State incorporation of the American Medical Association.

JUDGE RAY'S OPINION ON STATE INCORPORATION.

"No corporation created by the act of a State Legislature direct, or organized under the general statutes of such State, has the power to hold its meetings or transact its *corporate* business outside the State of its creation. Such a corporation may, however, transact *certain* business in another State, provided such other State permits foreign corporations to do business within its borders, either generally or on compliance with certain conditions, and such conditions have been complied with. Sometimes the same persons incorporate in two or more States under the laws of such States respectively, and under the same name and for the same purpose. In such cases the corporations are not the same, but each is a distinct body corporate in the State in which organized. It has been suggested that a State may grant a charter allowing the corporation to have its office and transact its business in some other State or in all the States and bind the corporation. This is beyond the power of any State. If such power existed, a State might authorize its corporations or citizens to do acts in a neighboring State unlawful there under its laws and then protect the wrongdoers at home from the consequences of such acts. Public policy is opposed to the existence of such power in a State. It is not granted by the constitutional and judicial authority and interpretations have always denied its existence.

"It has been suggested that a State corporation holding a meeting outside the State of its

creation may there adopt certain resolutions or take certain action affecting the corporate body and authorize and empower a certain committee or designated number of the members of the corporation to meet thereafter in the State where the corporation was created and ratify and confirm such action.

"It is self-evident that such action would be illegal, and that all acts of such committee or designated members in execution of such directions would be illegal. Such committee or designated members would be without power to act in the premises and bind the corporation for the evident reason that the action purporting to confer on them power to act in the premises was void because taken outside the State of incorporation. Again, no such power as this could in any event be delegated. To permit such action by a corporation would allow its members to hold an illegal meeting outside the State of its creation (with only a small attendance), and at such illegal meeting authorize a small minority of its members to meet in the State of incorporation and bind the whole body. It should always require the majority of a body to ratify illegal acts.

"At least all should be permitted to attend and take part in the proceedings when a ratification is attempted.

"Even when a State authorizes or permits the corporation of another State to do business within its borders, great uncertainty attends all the transactions of such corporation, if it avails itself of such permission or authority. It is common knowledge that most of the States are annually changing their laws relating to corporations. Changes in party control, or even in public sentiment, are almost sure to bring a change in the laws relating to corporations in most of the States. The result is that a corporation created by the laws of a State is only safe in the State of its creation, and even then, if the power to repeal, alter or amend was reserved by the Legislature (as is now generally the case), the corporation may find itself shorn of its vital powers and privileges by the Legislature of the State where incorporated.

"Acts of incorporation enacted by the Congress of the United States are hardly ever changed, and when a change is made it is only done at the request of the incorporated body."

We deemed it expedient at this time, in order that a complete survey be made of prospective matters in this connection, to request an expression of opinion of the learned jurist on the status of affairs in the presence of acquired national incorporation.

JUDGE RAY'S OPINION OF THE STATUS AFTER NATIONAL INCORPORATION.

"In case a charter should be obtained through Act of Congress incorporating *an* American Medical Association, such corporation, when perfected, would be distinct from a State incorporation of the same name, the one being a national incorporation deriving its powers from the Federal Government, and the other being a State incorporation, deriving its powers from the State government. The jurisdiction of the one would extend throughout the United States, that of the other throughout the State only.

"The membership of the one might be the same as the membership of the other, either in whole or in part; but still, in managing the affairs of such incorporation, the members, and the officers, directors or trustees thereof, elected by them, would act under a different authority. In short, the two corporations would be, legally, as distinct and independent as two individuals having the same name.

"But the membership being the same, or substantially the same, the two corporations might work in perfect harmony for the attainment of the same ends and also might elect and be governed by the same officers. The State incorporation would be perfectly independent of the national, both in action and in ownership of property. It could, however, by a vote of its membership, wind up its affairs and transfer its property to the national corporation, but no act of Congress or of the State Legislature, or of both combined, could transfer the property of the one to the other.

"Where State incorporation for the accomplishment of a certain purpose has preceded national incorporation it is always wise, on securing the latter, to continue the State organization until the national body is fully organized and in perfect working order."

In view of the foregoing legal facts, and with the full belief of the wisdom of securing prompt national incorporation of the American Medical Association, your committee most respectfully recommends:

That a national incorporation of the American Medical Association by a special act of Congress be secured at the earliest practical moment.

Dr. Joseph D. Bryant, New York, Chairman;
Dr. C. G. Kenyon, California;
Dr. D. E. Fairchild, Iowa;
Dr. Leartus Connor, Michigan.
Dr. H. L. E. Johnson, Washington, D. C.

In the House of Delegates on Tuesday, June 7th, the following resolutions on national incorporation were presented by Dr. T. J. Happel, as summarizing the action of the joint committee, which consisted of the Committee on National Legislation, the Reference Committee on Medical Legislation, and the Board of Trustees, with reference to national incorporation:

Resolved, That the Board of Trustees be, and hereby is, instructed to make such changes in the present charter as may become necessary or desirable showing to changes which have been made in the Constitution and By-Laws; and

Resolved, That the Committee on National Incorporation, together with the Board of Trustees,

be, and hereby is, instructed to secure from Congress, if possible, a suitable and desirable national charter.

Which were adopted.

Dr. John B. Roberts, of Philadelphia, offered the following resolution, which was adopted:

Resolved, That the officers and the members of the House of Delegates of the American Medical Association now in session at Atlantic City, do hereby pledge their loyal support and earnest efforts in aid of securing national incorporation of the American Medical Association by a special act of Congress.

It seems proper to state in this connection that another charter is being drawn, which is regarded as better suited for the purposes of the Association, by those most deeply interested, than is the one contained in the final report.

In response with the sentiments of the resolution of Dr. Roberts, the officers and members of the House of Delegates have already signed petitioning Congress for a charter, and the petition is in the hands of the committee. Also each State, Territory, etc., has a like petition for signatures of the members of their respective organizations, with instructions to return to the chairman of the committee in time for presentation to Congress in the fall. There now appears to be a unanimous desire to secure a national charter, and all are believed to be working in unison for this purpose.

MEDICINES AND FOODS.

Report of the Committee on the Establishment of a National Bureau of Medicines and Foods.

Dr. E. Eliot Harris, New York, chairman, read the report of the Committee on the Establishment of a National Bureau of Medicines and Foods.

To the President and Delegates:

Your committee herewith reports, as instructed, on the desirability and practicability of establishing a Bureau of Medicines and Foods. The objects contemplated by the bureau are as follows:

1. To relieve physicians, pharmacists and the public of all doubt as to the composition or standards of identity, purity, quality and strength, of such drugs, medicines and foodstuffs as may be submitted to and be found acceptable by a competent board of ten experts, to be chosen as set forth in the public plan accompanying this report.

2. To furnish the physicians and pharmacists, and others who may be interested, with accurate and reliable information concerning articles submitted to the bureau for its supervision.

3. To certify to the standards of identity, purity, quality and strength of such articles as may be determined to be worthy by the board of experts, and of no others.

4. To relieve the physicians, in the manner outlined, of the doubt and uncertainty as to the nature, composition or reliability of the medicines which they are requested by representatives of various houses to prescribe or employ.

Desirability.—There has been no dissenting opinion as to the great desirability of securing the foregoing objects, and of thus improving the quality of medicines and foodstuffs.

U. S. Government Mark.—Your committee was instructed to work with a similar committee of the American Pharmaceutical Association, and also to refer the matters proposed to the proper U. S. Government authorities. In accordance with such instructions the whole question was laid before the Chief of the Bureau of Chemistry of the Department of Agriculture, Dr. Wiley, and a copy of his opinion, in every particular favorable, is herewith filed.

American Pharmaceutical Association Committee.—The work of investigation and consideration has been done by means of correspondence and circular letters, in which every member of the American Pharmaceutical Association committee, and all but one member of our own committee, has participated. A ballot has recently been taken. On the following fundamental points the American Pharmaceutical Association committee's vote was unanimous; ballots have been returned by three out of five members of our committee, and a fourth member has verbally communicated his views. The fundamental questions on which eight of the ten votes are recorded in the affirmative are as follows:

1. There is no apparent hope that the United States Government will provide for the work contemplated.

2. The two national associations are the bodies best constituted to select the board of experts to control such an organization.

3. The work should be done by certifying to the standard of identity, purity, quality and strength of acceptable articles, such certificates to be attached to original packages of articles known to comply with standards agreed on by the bureau and the Department of Agriculture or other U. S. departments having such work in charge.

4. Condemnation of bad products should not be obligatory, but may, if agreed to by the board of directors, be undertaken.

The plan recommended involves the formation of a bureau as a membership corporation (not for profit) and all members of these associations and other kindred scientific societies may be members of the same. (Copy herewith filed.)

It asks of the associations only one thing, namely, that the associations shall nominate the proper persons to act as directors of the bureau organization.

Responsibility.—Neither association could or would be involved in the slightest financial or legal responsibility, for the bureau would be a separate and corporate entity, shouldering its own responsibilities. On this question of responsibility several legal firms have been consulted. They all agree that no responsibility can attach to either association for the acts of such a separate

corporation as the bureau would be. Copy of one such opinion is filed herewith.

Practicability.—Whether or not the plan can be made successful can only be determined by actual trial. During the past year several firms have changed from opposition to the proposed organization to expressed approval and hope that it may be undertaken.

Your committee recommends that it be enlarged to include one representative from each body having representation in this house, to be appointed by the president; that this enlarged committee consider all the matters presented in this report and accompanying papers, and report thereon and on the advisability of adopting the following resolutions before the close of the present session:

1. *Resolved,* That a committee of five members of this Association shall be appointed who, acting with a similar committee of the American Pharmaceutical Association, may proceed to organize and incorporate the National Bureau of Medicines and Foods as within the limitations set forth in its report and accompanying papers, and agreed to by the committee.

2. *Resolved,* That this committee may act as temporary directors of such membership corporation.

3. *Resolved,* That at the meeting of this Association following such organization, persons to act as permanent directors in accordance with the membership corporations act of the State of New York shall be elected.

Respectfully submitted,

E. Eliot Harris, Chairman, New York;
Nathan S. Davis, Jr., Illinois;
Phillip M. Jones, California;
Bert H. Ellis, California;
S. Solis Cohen, Pennsylvania.

The report as read was referred without discussion to the Reference Committee on Medical Legislation.

Dr. J. N. McCormack, of Kentucky, chairman of the committee, said that the Reference Committee on Medical Legislation had considered the report of the Committee on National Bureau of Medicines and Foods, which was referred to it, and the committee requests that the report be referred to the Enlarged Committee on National Legislation; and on motion of Dr. W. T. Bishop it was so referred.

Dr. Charles A. L. Reed, of Ohio, chairman of the committee, reported the following:

The National Auxiliary Congressional and Legislative Committee, composed of one member from each State, Territory, and District of the United States, and from the Army, Navy and Public Health and Marine Hospital Service, to whom was referred the report of the Committee on National Bureau of Medicines and Foods, and the accompanying resolutions, respectfully report that they have had the same under consideration, and that they recommend the adoption of the resolutions.

Dr. E. Eliot Harris, of New York, moved that the report of the enlarged Committee on Legislation just read by its chairman, Dr. Reed, which is favorable to the creation of a National Bureau of Foods and Medicines, be immediately considered in the committee of the whole of this House of Delegates. Carried. The House of Delegates then went into the Committee of the Whole. Dr. E. Eliot Harris, of New York, was called to the chair.

After the discussion by Drs. Moyer, of Illinois; P. M. Jones, of California; McConnell, Roberts and Bishop, of Pennsylvania; McRae, of Georgia, and McCormack, of Kentucky, the committee voted to report unfavorable on the resolutions.

The Committee of the Whole arose, and the House of Delegates was called to order by President Dr. Musser.

Dr. E. Eliot Harris, of New York, chairman of the Committee of the Whole, reported to the House of Delegates against the formation of a National Bureau of Medicines and Foods. The president put the motion, and it was carried unanimously.

Dr. Harris further reported against the resolution from the Michigan State Medical Society, which created a Journal Clearing House Commission. On motion of Dr. F. W. McRae, of Georgia, the report was adopted, and the original Committee on Establishing a Bureau of Foods and Medicines was discharged.

PROPRIETARY MEDICINES.

Report of the Committee on Proprietary Medicines.

To the Members of the American Medical Association:

The committee to which was referred the subject of Proprietary Medicines at the last session (1903) respectfully reports:

The work of this section last year with reference to proprietary medicines, while without any apparent tangible results, demonstrated:

1. That the modification or correction of the promiscuous employment of proprietary medicines is really a "burning question," the solution of which is of vital interest to the medical profession.

2. That such reform must proceed on scientific lines, by gradual elimination of the most objectionable medicines and their exclusion from medical patronage and then, by a process of segregation, differentiate between such articles as may not be objectionable *per se,* but at present do not conform to the ethics of medical practice or to the precepts of the Association.

3. That the American Medical Association is the only great body to grapple with this question; this section the proper one for initiating the work, and the Journal of the Association the agency through which its efforts may be sustained and its ultimate object be accomplished.

As has often been pointed out, promiscuous condemnation serves no purpose except to antagonize and confuse, and is the chief reason why no reform has been effected, but that instead a growing tendency to duplication and multiplication has become manifest.

The memorial presented at the close of last year's session recommended:

"That some well-considered plan should be inaugurated for the differentiation of the thousands of medicinal articles and specialties to remove the present confusion among physicians and pharmacists alike, to afford some kind of criteria as to their ethical status and to separate the true from the false."

It is believed that this can be best accomplished by adopting certain definite principles as a guide for excluding objectionable medicinal articles from the medical journals, through which their patronage by the profession is chiefly derived.

THE CARDINAL PRINCIPLES.

The following principles are, therefore, proposed to govern the rejection of advertisements in medical journals.

Articles to be refused admission:

1. Medicinal articles of *secret* composition.

2. Articles for *internal* medicinal use, advertised, or in any manner exploited, as remedies or cures to the laity.

3. Medical articles of known composition, whose formulæ do not give the exact quantities of the active medicinal agents and their names in recognized scientific terms.

4. Articles with trade names, without the *true* scientific chemical name, or of Mixtures of pharmaceutical preparations, without a *pharmaceutical* title, which describes its pharmaceutical character and the principal active ingredients.

First.—To the first proposition no medical man can possibly object.

Second.—The same may be said of the second proposition. Certain articles, such as antiseptics, disinfectants, cosmetics and dietetics when not harmful, and mineral waters, when not exploited as cures or remedies, may be exempt.

Many articles in this group, however, have received medical favor only subsequently to be exploited to the laity as remedies through the testimonials of medical men.

They require strict supervision and should be quickly excluded and promptly exposed whenever their makers stray from the ethical position.

Third.—Many articles give formulas which do not disclose the exact quantities of the active medicinal agents.

For such it is not necessary to enumerate all the ingredients, the character of the vehicle nor the method of preparation, but the quantities of the active medicinal agents must be stated.

In some articles the medicinal agents are named incorrectly, or illusively; these must be given in correct scientific terms which permit of no misinterpretation or deception.

Fourth.—The bane of prescribing, as well as dispensing, is the use of arbitrarily selected, or coined, so-called, copyright, or trade-names.

The manipulation of these has grown so as to cause great confusion and seriously threaten careful administration. Physicians, like other persons in these strenuous times, desire to save time—and thought—and have thus fallen into "the trap of convenience." While in the beginning, this custom presented apparently no great objection, it is now and has been for several years, a serious phase of this problem.

There is no need of enumerating the many examples of names, almost similar, applied to vastly different medicines. With some two thousand German synthetics alone, this system of nomenclature has become almost a nightmare to those who try to keep up with the "modern" materia medica.

Until some uniform system of nomenclature is adopted, these articles should be required to give in addition to the trade-name also the correct chemical or scientific name.

THE TRADE-NAME EVIL.

Pharmaceutical preparations and mixtures should give a pharmaceutic title, that is, the *generic* name of the class of which it may be a member, viz.: Tincture, elixir, liquor, powder, capsule, etc., and the *specific* name, so as to afford at once a fair idea as to the character and composition of the article.

For this purpose *therapeutic* terms should be excluded, since they are empiric and also serve to promote self-prescription by the laity.

Physicians in adopting and employing trade-names, not only aid in confusing the materia medica, but play directly into the hands of the patent-medicine men. If preference is desired for an especial brand, it should be so designated by specifying the *name* of the brand or the maker *after* the scientific, chemical or pharmaceutical name. Failure to recognize this principle, through the temptation to use short-cuts, has familiarized the public with hypnotics and other habit-forming medicines, often to the infinite harm of the individual, to the irreparable loss of prestige of the profession, to the injustice of *pure* pharmacy and to the unequivocal financial disadvantage of the physician.

LEGITIMATE MANUFACTURERS.

While the principles set forth may not cover the entire field of medicinal articles patronized by the medical profession, yet their general application would be a decided advance and of great benefit to all *legitimate* interests. Aside from the medical necessity which exists for this reform, manufacturers engaged in the legitimate exploitation of ethical and valuable medicinal articles demand relief. Old historic houses, chemists and pharmacists of national reputation, who have contributed so much to the advance of rational therapeutics through improved processes and inventions, should be given some recognition

as against the nondescript, anonymous "chemical companies," mostly composed of persons without any claim to scientific knowledge and whose sole object is to hoodwink the medical profession into the use of their "stuff," only to afterward, through misrepresentation and audacity, "work the public."

THE PLAN EFFECTIVE.

To make this proposed plan effective it is essential that a committee or bureau be formed to supervise the work. To proceed with the greatest caution and do no injustice, the claims of every doubtful article should be carefully examined by a group of experts. This committee might work in conjunction with similar committees of the American Pharmaceutical Association, the Committee on Revision of the U. S. Pharmacopœia and the National Formulary and the Drug Laboratory of the Bureau of Chemistry of the Agricultural Department and similar organizations of the Federal Government.

Inasmuch as this work would be of great financial benefit to legitimate advertisers and incidentally to the Journal, it is recommended that this section, in the event of the approval of this report and the adoption of the principles announced, ask the Board of Trustees of the American Medical Association to make such provision, as may be required, to adequately inaugurate this proposed plan Respectfully submitted,

HARRY H. MOODY, M.D., Mobile, Ala.
WILLIAM J. ROBINSON, M.D., New York City.
PROF. CARL S. N. HALLBERG, Chicago, Ill.

PAYMENT OF PHYSICIANS' BILLS.

It is generally agreed that doctors lose a larger percentage of their earnings through dishonest patients than any other guild or profession. There is no good and valid reason why this should be so. Surely tradesmen expect doctors to pay their accounts promptly. It may not be amiss to remind the members of this Association that a year ago a bill was passed by the Legislature making it obligatory for a corporation to pay over a certain percentage of the earnings of its employees against whom judgments had been secured for the necessaries of life. These necessaries of life include medical attention. A recent lower court decision seeks to exclude city officials. The law only applies to those who receive $20 or more per week. At the last session of the Legislature an attempt was made to lower the rate so as to include those receiving $12 or over per week. Some unknown influence prevented the passage of this amendment. It should be one of the first objects of the united profession to compel the dishonest to pay their medical attendants. There is not a physician in the profession who cannot at this moment think of many patients who are his debtors and who could easily spare at least a few dollars a week. If these people would pay promptly after running in debt with one physician it would not be so bad but once they succeed in escaping payment of a physician's account they almost invariably do the same with every one else thereafter.

COMPLETE UTERINE AND VAGINAL PROLAPSE.*

Dr. Frederick Holme Wiggin, of New York, read a paper on the treatment of complete uterine and vaginal prolapse. He first called attention to the fact that the condition was ordinarily that of a reducible hernia through the pelvic floor, the sac being the inverted vagina, and its contents the uterus, tubes, ovaries, bladder, rectum, and a large portion of the small intestines. It was pointed out that the chief etiologic factor in the production of the disorder was the separation of the tendons of the muscles forming the pelvic floor and the resulting rectocele, the result for the most part of injury arising from parturition. The indications for treatment were stated to be the reduction of the hernia and the obliteration of the sac. These were best accomplished, in the reader's experience, by first returning the contents of the sac into the peritoneal cavity and then thus by placing the patient in a bed with its foot elevated for a few days till all the ulcerated surfaces had healed. Tampons soaked in glycozone were also used to aid in retaining the parts in their proper position and to soften the more or less indurated tissues. A laparotomy was next to be performed with the patient in the Trendelenburg position, and after the intestinal adhesions were broken up the uterus was to be seized with bullet forceps and drawn well up and a purse-string suture of kangaroo tendon passed through the uterine tissue at the point of attachment of the round ligament and then carried up and down the broad ligament, the needle being made to emerge at the point of entrance. A similar suture is passed on the opposite side. When this has been accomplished both were to be drawn taut and tied, partial or complete removal of the uterus being usually deemed unnecessary and harmful. After the closure of the abdominal wound and the application of a celloidin dressing, repair of the pelvic floor and reduction in size of the anterior vaginal wall is undertaken, the whole operative procedure ordinarily not lasting over forty minutes for its performance. The reader stated that in his experience elderly people bore operative interference well, provided they were not too prolonged and did not involve much loss of blood, and that he had performed many such operations on women from 60 to 83 years of age, all of whom had had uneventful convalescence.

*Abstract of Dr. F. H. Wiggin's paper read before the Section on Obstetrics and Diseases of Women, at Atlantic City, June 6, 1904.

Association News.

A CORRECTION.

In the last issue of The New York State Journal of Medicine, Dutchess County Medical Association was named as being one of the counties that had ratified the agreement for amalgamation. We have been officially informed that Dutchess County, at the last meeting, adopted a resolution postponing action for a future meeting.

Orange County Association and the Medical Society of the County of Orange held a joint meeting June 16th.

NEW MEMBERS IN THE AMERICAN MEDICAL ASSOCIATION.

Charles J. Bacon, Fulton.
John A. Barnette, Watertown.
George H. Beers, Ticonderoga.
Thomas J. Currie, Willard.
Sigmund Deutsch, New York.
James T. Gwathmey, New York.
William H. Hemingway, New York.
William A. Howe, Phelps.
George M. Gilchrist, Groton.
Charles H. Herrick, Gilbertsville.
Jacob J. Lewengood, New York.
Frank W. Love, Buffalo.
Emil Lustig, Buffalo.
Charles E. Pierce, Watertown.
Henry G. Piffard, New York.
J. Spencer Purdy, Seneca Falls.
DeWitt C. Rodenhurst, Philadelphia.

ADDITIONAL LIST OF MEMBERS OF THE NEW YORK STATE MEDICAL ASSOCIATION.

FIRST DISTRICT.

Jefferson County.—DeWitt Clinton Rodenhurst, Philadelphia.

FOURTH DISTRICT.

Chautauqua County.—Elizabeth M. King, Jamestown; Lester D. Bowman, Jamestown.

Erie County.—Herbert Hartman Glosser, Calvin W. Barrick, Buffalo.

Livingston County.—George Kirby Collier, Sonyea.

Ontario County.—William Augustus Howe, Phelps.

PERSONAL.

Dr. Lucius W. Hotchkiss has been appointed clinical lecturer and instructor in surgery at the College of Physicians and Surgeons, Columbia University, New York.

Dr. J. Bergen Ogden, who has been the director of a clinical laboratory in New York City for the past three years, intends to open an office and laboratory on July 7th at 419 Boylston street, Boston, Mass.

Dr. William Austin Macy, superintendent of the Willard State Hospital and president of the Seneca County Medical Association, has been transferred to the Long Island State Hospital, Kings Park, N. Y.

OBITUARY.

Dr. John Huestis Barry.

Dr. John Huestis Barry died at his residence in New York City on May 25, 1904. Dr. Barry was a graduate of the College of Physicians and Surgeons, New York, Class of 1886. He was a member of The New York State Medical Association.

LEGAL NOTES.

June a Record Month in the Prosecution of Medical Mountebanks.

The past month has been a record one in the number of illegal practicers brought to justice, and up to the time of going to press eight were convicted of practicing medicine, and there are four others that have not been reached for trial. The work of the Association has been a matter of favorable comment by the courts, and the complaints resulting from the knowledge of the manner in which these prosecutions have been conducted have increased until now there is an average of one complaint a day.

It is also evident that there should be an amendment to the law under which illegal practicers are prosecuted, fixing the amount of fines, which should be not less than $100 for a first offense, and not less than $250 for the second offense, and coupled with a larger term of imprisonment.

With the two new judges on the Special Sessions bench it is evident there is a feeling that smaller fines should be imposed in these cases, and the result of their service upon the bench covering a period of the last three months is very plainly evident in the increasing illegal practice, owing to the fact that these individuals realize that they can well afford to pay a small fine, and when brought into court for the second offense perhaps a month later, to pay a slightly advanced fine.

The members of the Court will soon see the added work following these small fines, and though arguments are presented they are taken with the realization that possibly the remarks are influenced by the fact that the Association gets such fines as may be imposed.

Another factor which seems to influence the mind of the Court in fixing sentence oftentimes, is the fact that midwives are legally entitled to

attend a woman, and therefore are occasionally prone to condone their offenses, when as a matter of fact, the practice of medicine by midwives is without question the most serious menace of all to the public health. A midwifery law should be the first medical legislation of the coming year, and examinations of midwives should be conducted by the regents and should be most vigorous.

As the law stands to-day any woman may become a midwife by simply filing an application with the Board of Health signed by two reputable doctors, which allows her to practice obstretics—one of the most technical branches in the practice of medicine. Of course, the theory on which this practice was instituted, it is presumed, was that the birth of a child was simply the exercise of one of the natural functions of the female, and therefore the attendance by a midwife required no special medical knowledge.

The modern social life, however, has changed the entire condition of affairs, so that indeed surgeons are specializing obstetrics, and the need of midwives with knowledge of proper aseptic and antiseptic treatment is absolutely imperative. If physicians could see the hands of some of the midwives who have been brought into court for practicing medicine and who have testified that they are daily practicing midwifery, they would find one great source at least of infection with death resulting.

During the past month but one malpractice charge has come to the knowledge of the counsel, and that was in a case where a physician threatened suit for his bill and was answered by the retort that if suit was brought a malpractice suit would be instituted.

It is unnecessary to add that these threats no longer carry with them any fear, and the effect upon the public is making itself more and more distinct, and the results are more and more evident.

The success of this malpractice defense and what it has accomplished in this State is one of the greatest legacies which the medical profession will receive from this great Association.

TO DELINQUENT MEMBERS.

The Treasurer of the State Association sent a circular letter to each county and district treasurer in the State, as follows:

———, April 16, 1904.

My Dear Doctor—Will you kindly communicate with the delinquent members of your Association, urging them to send you their dues for 1904 and calling their attention to the fact that unless their dues are paid before July 1st their names will not appear in the official list of members to appear in the forthcoming Directory, and also that after that date they will not receive the Journal nor the Directory when published, nor any of the other advantages of membership in The New York State Medical Association.

Neither will they be entitled to membership in the amalgamated Society, as the Association cannot certify to a member as in good standing whose dues are not paid at the time the amalgamation takes place.

Hoping that you will give this matter your early attention, I am,

Yours very truly,

F. A. Baldwin,

Treasurer.

In response to the above request the Treasurer of New York County sent a collector to each delinquent member. About one-half of the number responded promptly.

———, May 20, 1904

Dear Doctor—In looking over the official list of members of the New York County Association, I find that your dues for 1904 have not been paid. Feeling sure that this must be an oversight on your part, I am writing to ask you if you will kindly do so at once, so that we may be able to include your name in the list of members of our Association, which will appear in Volume VI of the Medical Directory.

I would also like to draw your attention to the fact that it is only through membership in The New York State Medical Association that membership in the American Medical Association can be retained, neither will you be entitled to defense from suits of alleged malpractice, which the Association furnishes to all members in good standing.

Hoping, therefore, that you will give this matter your earliest attention, I am,

Yours, very truly,

C. E. Denison,

Treasurer.

A small number throughout the State have not paid. One returned an answer, to whom the following response was made:

———, June 3, 1904.

Dear Doctor—Miss S—— informs me that you have had legal opinion that it is not necessary for you to pay two sets of dues, namely, in the Association and the Society.

I desire to call your attention to the fact, that no double dues will be collected. You will pay no State society dues as none have been levied, and none will be levied after amalgamation.

As your membership in the State and County Associations has enabled you to be placed upon the program at Atlantic City, I am quite sure, that when you understand these facts that you will promptly remit. Yours truly,

C. E. Denison,

Treasurer, New York County Medical Association.

It seemed necessary to correct a false impression, and also call attention to the obligations which the Association has incurred on behalf of the members. Such obligations cannot be met unless the members pay their dues.

At a Special Term of the Supreme Court, Part II, held at the County Court House, in New York County, on June 24, 1904.

PRESENT:

HON. CHARLES H. TRUAX,
Justice.

In the Matter
of
The Application of the Medical Society of the State of New York and The New York State Medical Association, for an order consolidating the said corporations, pursuant to the Act, Chapter 1, of the Laws of 1904.

Upon the duly verified petition of the Medical Society of the State of New York and The New York State Medical Association, setting forth an agreement for the consolidation of said corporations, pursuant to the terms of the Act, Chapter 1, of the Laws of 1904, and a statement of all the property and liabilities of said corporations, and the amount and sources of their annual income, and praying for a preliminary order requiring the Schoharie County Medical Society, the Albany County Medical Association, the Columbia County Medical Association, the Cortland County Medical Association, the Dutchess County Medical Association, the Onondaga County Medical Association, the Tompkins County Medical Association and the Warren County Medical Association, to show cause why a final order should not be granted for the consolidation of the Medical Society of the State of New York and The New York State Medical Association pursuant to the terms of said Act and for other relief; and upon the said agreement for consolidation and the certificates thereto annexed, showing that the same was approved by the unanimous vote lawfully cast at the annual meeting of the Medical Society of the State of New York, held at Albany, New York, on January 26, 1904, and by the unanimous vote of The New York State Medical Association, lawfully cast at a special meeting of said corporation, separately and specially called pursuant to its By-Laws for that purpose, and duly held pursuant to said call and By-Laws in the City of New York, on March 21, 1904; and it duly appearing to the Court that the County Medical Society and Associations above named are entitled to notice of the application for an order to consolidate the petitioning corporations pursuant to the terms of their said agreement, and that notice thereof should not be required to be given to any other corporations, associations, persons or parties; NOW, on motion of Howard van Sinderen, Esq., of counsel for the petitioners, it is

ORDERED, that the Schoharie County Medical Society, the Albany County Medical Association, the Columbia County Medical Association, the Cortland County Medical Association, the Dutchess County Medical Association, the Onondaga County Medical Association, the Tompkins County Medical Association and the Warren County Medical Association mentioned or referred to in said petition show cause before this Court, at a special term thereof, Part I, to be held at the County Court House, in New York County, on the 20th day of July, 1904, at ten thirty o'clock A. M. on that day, or as soon thereafter as counsel can be heard, why an order should not be made for the consolidation of the Medical Society of the State of New York and The New York State Medical Association, pursuant to the Act, Chapter 1, of the Laws of 1904, and pursuant to their said agreement. And it is further

ORDERED, that within two weeks of the date of this order, a copy thereof, together with a copy of the said petition, agreement and certificates shall be mailed at the General Post-Office in the City of New York, in securely closed wrappers, with the postage prepaid thereon, addressed to the President or Secretary of each of the said County Medical Societies and Associations, at the addresses stated in said petition, and that such mailing shall be deemed to be a sufficient service of the said papers and of notice of an application for a final order pursuant to the prayer of said petition.

And it duly appearing to the Court upon said petition and upon certificates presented upon this application, signed by the Presidents and Secretaries of the following named County Societies and County Associations, that the said agreement for consolidation has been expressly ratified, approved and adopted by the County Medical Societies of the Counties of Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Greene, Herkimer, Jefferson, Kings, Lewis, Livingston, Madison, Monroe, Montgomery, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Queens-Nassau, Rensselaer, Richmond, Rockland, Schenectady, Steuben, St. Lawrence, Suffolk, Tioga, Tompkins, Ulster, Washington, Wayne, Westchester; and by the County Medical Associations of the Counties of Allegany, Broome, Cattaraugus, Chautauqua, Erie, Essex, Genesee, Herkimer, Jefferson, Kings, Lewis, Monroe, Niagara, New York, Oneida, Orange, Orleans, Otsego, Rensselaer, Rockland, Saratoga, Seneca, Steuben, Sullivan, Ulster, Wayne, Westchester, Wyoming; and that the said County Medical Societies and County Medical Associations have each expressly waived notice of an application to Court for an order consolidating said petitioning corporations, pursuant to the terms of said Agreement, and have consented to the entry of such an order without notice, it is

ORDERED, that notice to said County Medical Societies and County Medical Associations, of an application to Court for an order consolidating the petitioning corporations pursuant to

their said agreement be, and the same is, hereby dispensed with.

ENTER.

CHARLES H. TRUAX,
Justice Supreme Court.

A Copy.
THOS. L. HAMILTON, Clerk.

TAKE NOTICE that the order of which the foregoing is a copy was duly made and entered and filed in the office of the County Clerk in New York County on the 24th day of June, 1904.

Dated, New York, June 24, 1904.

HOWARD VAN SINDEREN,
Attorney for the Petitioners, 35 Wall Street, Borough of Manhattan, New York, N. Y.

SUPREME COURT,
NEW YORK COUNTY.

In the Matter
of
The Application of the Medical Society of the State of New York and The New York State Medical Association, for an order consolidating the said corporations, pursuant to the Act, Chapter 1, of the Laws of 1904.

TO THE SUPREME COURT:

The petition of the Medical Society of the State of New York and The New York State Medical Association respectfully alleges:

I. That the Medical Society of the State of New York is a New York corporation, having been chartered by or pursuant to Chapter 138 of the Laws of 1806, entitled "An Act to incorporate medical societies for the purpose of regulating the practice of physic and surgery in this State" and continued by Chapter 94 of the Revised Laws of 1813, passed April 10, 1813.

II. That The New York State Medical Association is a New York corporation, having been chartered by or pursuant to Chapter 450 of the Laws of 1900, entitled "An Act to charter The New York State Medical Association for the purpose of the cultivation and advancement of the science of medicine, the promotion of public health and the establishment of a death benefit fund for the dependents of its members."

III. That the said corporations are those named in the Act, Chapter 1, of the Laws of 1904, entitled "An Act to authorize the consolidation of the Medical Society of the State of New York and The New York State Medical Association," which became a law on January 21, 1904; and that, desiring to consolidate and to become one corporation pursuant to the terms of said Act, they have duly entered into the agreement for such consolidation herewith presented, to which your petitioners beg leave to refer with the same force and effect as if the same were here set forth at length.

IV. Your petitioners further allege that the said agreement was duly approved and adopted as the agreement of your petitioner, the Medical Society of the State of New York, by the unanimous vote cast by the members thereof present at the annual meeting of said corporation, held at Albany, N. Y., on January 26, 1904, and that Algernon T. Bristow, M.D., was the President of said meeting and Frederick C. Curtis, M.D., was the Secretary thereof; and that the said agreement was likewise duly approved and adopted as the agreement of your petitioner, The New York State Medical Association, by the unanimous vote cast by the members thereof present at a special meeting of said corporation separately and specially called pursuant to its by-laws for that purpose, and duly held pursuant to said call and by-laws in the City of New York on March 21, 1904, and that William H. Thornton, M.D., was the President of said meeting, and Guy D. Lombard, M.D., was the Secretary thereof; and annexed to said agreement and herewith presented are certificates of such approval duly verified by the Chairman and Secretary of each of said meetings.

V. Your petitioners further allege that the membership of the Medical Society of the State of New York, as now constituted, includes delegates to the Society elected to membership in said corporation by incorporated county medical societies in affiliation with it, and that the membership of The New York State Medical Association is subdivided into unincorporated county medical associations; and by the terms of the consolidation agreement, all incorporated county medical societies, having the right to elect delegates to membership in the Medical Society of the State of New York, and all the county medical associations above referred to, except such county medical societies and associations as have not held a meeting since January 1, 1901, are entitled to notice of the application to the Court for an order consolidating the Medical Society of the State of New York and The New York State Medical Association pursuant to the terms of said agreement.

VI. Your petitioners further allege that the Joint Committee of Conference referred to in said Agreement has not ordered the submission thereof, or of any question in connection therewith, for ratification or determination to the said county societies or associations, or any of them, and that the validity, force and effect of their said agreement is not dependent upon such submission or ratification; but the said agreement, nevertheless, has been expressly ratified, approved and adopted by the Medical Societies of the Counties of Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Greene, Herkimer, Jefferson, Kings, Lewis, Livingston, Madison, Monroe, Montgomery, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Queens-Nassau, Rensselaer, Richmond, Rockland, Schenectady, Steuben, St. Lawrence, Suffolk, Tioga,

Tompkins, Ulster, Washington, Wayne, Westchester; and by the Medical Associations of Allegany, Broome, Cattaraugus, Chautauqua, Erie, Essex, Genessee, Herkimer, Jefferson, Kings, Lewis, Monroe, Niagara, New York, Oneida, Orange, Orleans, Otsego, Rensselaer, Rockland, Saratoga, Seneca, Steuben, Sullivan, Ulster, Wayne, Westchester, Wyoming; and each of said county medical societies and each of said county medical associations has expressly waived notice of an application to the Court for an order consolidating the said corporations and has consented to the entry of such an order without notice; and your petitioners allege, upon information and belief, that of a total of 5,733 physicians, who are members of such county medical societies in the State, upwards of 5,600 are included in the membership of the county medical societies above named, and that of 1,767 physicians who are members of such county associations in the State, upwards of 1,600 are included in the membership of the county associations above named; and they allege, upon information and belief, that the only county medical societies and county medical associations which have not expressly waived notice of the application for an order consolidating the Medical Society of the State of New York and The New York State Medical Association, and which are entitled to notice thereof, together with the names of their officers and their addresses, so far as your petitioners have been able to ascertain the same, are as follows:

The Schoharie County Medical Society; president, Dr. A. O. Snyder, Schohaire, New York; secretary, Dr. H. F. Kingsley, Schoharie, New York.

The Albany County Medical Association, president, Dr. W. E. Lothridge, Verdoy, New York; secretary, Dr. M. J. Zeh, Watervliet, New York.

The Columbia County Medical Association; vice-president, Dr. Otis H. Bradley, Hudson, New York; secretary, Dr. H. W. Johnson, Hudson, New York.

The Cortland County Medical Association; president, Dr. C. D. Ver Nooy, Cortland, New York; secretary, Dr. H. S. Braman, of Homer, New York.

The Dutchess County Medical Association; president, Dr. Irving D. Le Roy, Pleasant Valley, New York; secretary, Dr. John W. Atwood, Fishkill-on-Hudson, New York.

The Onondaga County Medical Association; president, Dr. F. J. Kaufman, Syracuse, New York; secretary, Dr. C. B. Gay, Syracuse, New York.

The Tompkins County Medical Association; president, Dr. W. C. Douglass, Ithaca, New York; secretary, Dr. H. G. Bessemer, Ithaca, New York.

The Warren County Medical Association; president, Dr. D. M. Hall, Glens Falls, New York; secretary, Dr. F. G. Fielding, Glens Falls, New York.

VII. Your petitioners also herewith present to the Court statements of their property and liabilities and the amount and sources of their annual income.

Your petitioner, the Medical Society of the State of New York, alleges that its property, its liabilities, and the amount and sources of its annual income, as of May 1, 1904, are as follows:

ASSETS.

Balance in National Exchange Bank, Albany, N. Y.	$557.31
Balance in Albany Savings Bank, Albany, N. Y.	2,604.44
Interest on above deposit to date	30.38
Due from 26 members for dues of 1902.	130.00
Due from 60 members for dues of 1903.	300.00
Due from 239 members for dues of 1904	1,195.00
Total	$4,817.13

LIABILITIES.

Salary of Treasurer	$37.50
Salary of Secretary to date	87.50
Printing	25.00
Contract with the Brandow Printing Company, for printing the transactions of 1904	1,150.00
Total	$1,300.00
Excess of assets over liabilities	$3,517.13

The amount of its annual income is approximately the sum of $3,000, and the sources thereof are the dues of its members and the assessments imposed by it upon affiliated county medical societies having the right to elect delegates to the Medical Society of the State of New York.

Your petitioner, The New York State Medical Association, alleges that its property, its liabilities, and the amount and source of its annual income, as of April 30, 1904, are as follows:

ASSETS.

Cash on hand	$3,988.32	
Bond and mortgage—Halstead	3,250.00	
Office furniture and card catalogues, as valued in report Oct. 15, 1903.	1,075.50	
Library — Original cost estimated at $30,000.		

LIABILITIES.

Unpaid bills for Directory, April publication of Journal, and other items		$1,095.29
Actual at April 30, 1904.	$8,313.82	$1,095.29
Estimated receipts—April 30 to Dec. 31, 1904. Outstanding dues, $2,100.00; estimated value, 75 per cent.	1,575.00	
Six months interest on bond and mortgage	73.13	

Advertisements in the Journal and Directory.	1,154.40	
Sale of Directories.....	400.00	
	$11,516.35	$1,095.29
Estimated Disbursements —April 30 to Dec. 31, 1904:		
Salaries, postage and office expenses.....		1,150.00
Rent to Oct. 1st, 1904...		125.00
Cost of publication—Journal		1,600.00
Cost of publication—Directory		2,500.00
Attorney for defense of malpractice suits.....		800.00
	$11,516.35	$7,270.29
Estimated surplus, Dec. 31, 1904.....		4,246.06
	$11,516.35	$11.516.35
Excess of assets over liabilities (exclusive of the library costing $30,000)		$4,246.06

The amount of its annual income is approximately the sum of $12,000, and the sources thereof are the dues of its members, interest on invested funds, advertisements in its publications and the sale thereof.

VIII. Your petitioners further allege that no previous application has been made to any court or judge for the relief herein prayed for; and they allege, upon information and belief, that the conditions precedent to an application to the Court for an order as herein prayed for have been fully complied with.

WHEREFORE, your petitioners pray that a preliminary order may be granted directing the county medical societies and county medical associations above named which have not waived notice of this application, to show cause why a final order should not be granted for the consolidation of the Medical Society of the State of New York and The New York State Medical Association pursuant to the provisions of the Act, Chapter 1, of the Laws of 1904; and that upon the return of said order, a final order may be granted consolidating the said petitioning corporations pursuant to the terms of said Act, and for such other or further or different relief as may be just.

And your petitioners will ever pray.

THE MEDICAL SOCIETY OF THE STATE OF NEW YORK,
By HAMILTON D. WEY, President.
THE NEW YORK STATE MEDICAL ASSOCIATION,
By WM. H. THORNTON, President.

STATE OF NEW YORK, } ss.:
COUNTY OF CHEMUNG, }

HAMILTON D. WEY. being duly, sworn, deposes and says that he is the President of the Medical Society of the State of New York, which is one of the petitioners above named, and that the foregoing petition is true of his own knowledge except as to the matters therein stated to be alleged upon information and belief and that as to those matters he believes it to be true.

Sworn to before me this
23d day of June, 1904.

HAMILTON D. WEY,
H. F. BUSH, Notary Public.

STATE OF NEW YORK, } ss.:
COUNTY OF ERIE, }

WM. H. THORNTON, being duly sworn, deposes and says that he is the President of The New York State Medical Association, one of the petitioners above named, and that the foregoing petition is true of his own knowledge except as to the matters therein stated to be alleged upon information and belief and that as to those matters he believes it to be true.

Sworn to before me this
13th day of June, 1904.

WM. H. THORNTON.
(SEAL.)
IRVING F. CRAGIN, Notary Public in and for the County of Erie.

See February issue of THE NEW YORK STATE JOURNAL OF MEDICINE for agreement, permissive act and Constitution and By-Laws.

STATE OF NEW YORK, } ss.:
COUNTY OF CHEMUNG, }

On the 23d day of June, in the year one thousand nine hundred and four, before me personally came HAMILTON D. WEY, to me known, who, being by me duly sworn, did depose and say, that he resided in City of Elmira, N. Y.; that he is the President of the Medical Society of the State of New York, one of the corporations described in and which executed the foregoing agreement; that he knew the seal of said corporation; that the seal affixed to said instrument was such corporate seal; that it was so affixed by order of said corporation and that he signed his name thereto by like order.

IN TESTIMONY WHEREOF, I have hereunto subscribed my hand and affixed my seal the day and year last above written.

(SEAL.)
H. F. BUSH, Notary Public.

STATE OF NEW YORK, } ss.:
CHEMUNG COUNTY CLERK'S OFFICE, }

I, FRED. SCHORNSTHEIMER, Clerk of said County, and of all the Courts of Record thereof (except the Surrogate's Court), do hereby certify

that H. F. Bush, Esq., whose name is subscribed to the foregoing certificate of proof or acknowledgment of the annexed instrument, was at the date thereof, a notary public in and for said County, duly authorized and qualified to take the same; that I am well acquainted with his handwriting, and verily believe that said signature is genuine, and that said instrument is executed and acknowledged according to the laws of the State of New York.

In testimony whereof, I have hereunto set my hand and affixed the seal of said County and Courts at Elmira, this 23d day of June, 1904.

(seal.) Fred. Schornstheimer, Clerk.

State of New York, } ss.:
County of Erie, }

On the 13th day of June, in the year one thousand nine hundred and four, before me personally came Wm. H. Thornton, to me known, who, being by me duly sworn, did depose and say that he resided in Buffalo, N. Y.; that he is the President of The New York State Medical Association, one of the corporations described in and which executed the foregoing agreement; that he knew the seal of said corporation; that the seal affixed to said instrument was such corporate seal; that it was so affixed by order of said corporation and that he signed his name thereto by like order.

In testimony whereof, I have hereunto subscribed my hand and affixed my seal the day and year last above written.

(seal.) Irving F. Cragin,
Notary Public in and for the County of Erie.

SUPREME COURT.

In the Matter
of the

Application of the Medical Society of the State of New York and The New York State Medical Association for an order for their consolidation, pursuant to the terms of the Act, Chapter 1, of the Laws of 1904.

CERTIFICATE OF RATIFICATION OF THE AGREEMENT FOR CONSOLIDATION.

This is to certify that at the annual meeting of the Medical Society of the State of New York, held at Albany, on the 26th day of January, 1904, the agreement for consolidation of the Medical Society of the State of New York and The New York State Medical Association, of which a copy is hereto annexed, was unanimously approved and adopted as the agreement of the Medical Society of the State of New York, by unanimous vote, lawfully cast, at said meeting.

A. T. Bristow,
President of the Meeting.
Frederic C. Curtis,
Secretary of the Meeting.

State of New York, } ss.:
County of Kings, }

A. T. Bristow, M.D., being duly sworn, deposes and says that he is one of the signers of the foregoing certificate. That the annual meeting of the Medical Society of the State of New York was held at Albany, beginning on January 26, 1904; That he was then the President of the Society, and presided at the meeting; that F. C. Curtis, M.D., was Secretary of the Society and the Secretary of the meeting; that at that meeting and on that date the agreement for the consolidation of the Medical Society of the State of New York and The New York State Medical Association, of which a copy is hereto annexed, was unanimously approved and adopted as the agreement of the Medical Society of the State of New York, and that the foregoing certificate is in all respects true.

Sworn to before me this 1st
day of February, 1904.
A. T. Bristow, M.D., President.
(seal.)
F. H. Tyler, Notary Public, Kings Co., N. Y.

State of New York, } ss.:
County of Albany, }

Frederic C. Curtis, being duly sworn, deposes and says that he is one of the signers of the foregoing certificate. That the annual meeting of the Medical Society of the State of New York was held at Albany, beginning on January 26, 1904; that he was then Secretary of the Society and Secretary of the meeting; that A. T. Bristow, M.D., was then President of the Society and presided at the meeting; that at that meeting and on that date the agreement for the consolidation of the Medical Society of the State of New York and The New York State Medical Association, of which a copy is hereto annexed, was unanimously approved and adopted as the agreement of the Medical Society of the State of New York, and that the foregoing certificate is in all respects true.

Sworn to before me this
3d day of February, 1904.
Frederic C. Curtis, M.D.,
(seal.) Secretary.
Chas. E. Thompson, Notary Public, County of Albany, N. Y.

State of New York, } ss.:
County of Kings, }

I, Edward Kaufmann, Clerk of the County of Kings, and also Clerk of the Supreme Court of said County (said Court being a Court of Record), do hereby certify that Mr. F. H. Tyler, before whom the annexed deposition was taken, was at the time of taking the same a Notary Public in and for said County, dwelling in said

County, commissioned and sworn and duly authorized to administer oaths for general purposes. And further, that I am well acquainted with the handwriting of such Notary, and verily believe the signature to the said deposition is genuine.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said County and Court, this 2d day of February, 1904.

(SEAL.) EDWARD KAUFMANN, Clerk.

STATE OF NEW YORK, } ss.:
COUNTY OF ALBANY, CLERK'S OFFICE, }

I, JOHN FRANEY, Clerk of the said County, and also Clerk of the Supreme and County Courts, being Courts of Record held therein, DO HEREBY CERTIFY that CHAS. E. THOMPSON, whose name is subscribed to the jurat of the annexed affidavit, was on the day of the date thereof, a Notary Public, in and for the County of Albany, dwelling in said County, duly authorized to administer oaths for general purposes; and that I am well acquainted with the handwriting of said Notary Public, and verily believe that the signature to said jurat is genuine.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal this 3d day of February, 1904.

(SEAL.) JOHN FRANEY, Clerk.

SUPREME COURT.

In the Matter
of the
Application of the Medical Society of the State of New York and The New York State Medical Association for an order for their consolidation, pursuant to the terms of the Act, Chapter 1, of the Laws of 1904.

CERTIFICATE OF RATIFICATION OF THE AGREEMENT FOR CONSOLIDATION.

THIS IS TO CERTIFY, that at a special meeting of The New York State Medical Association, specially called pursuant to its By-Laws, to approve and ratify the agreement for the consolidation of the Medical Society of the State of New York and The New York State Medical Association, of which a copy is hereto annexed, and which said meeting was held on Monday, March 21, 1904, at the Academy of Medicine, 19 West 43d street, New York City, the said agreement was unanimously approved and adopted as the agreement of The New York State Medical Association by unanimous vote, lawfully cast, at said meeting.

WILLIAM H. THORNTON,
President of the Meeting.
GUY D. LOMBARD,
Secretary of the Meeting.

Dated, New York, March 21, 1904.

STATE OF NEW YORK, } ss.:
COUNTY OF NEW YORK }

WILLIAM H. THORNTON, being duly sworn, deposes and says that he is one of the signers of the foregoing certificate. That a special meeting of The New York State Medical Association, specially called pursuant to its by-laws, to vote upon the agreement for the consolidation of the Medical Society of the State of New York and The New York State Medical Association, was held at the Academy of Medicine, 19 West 43d street, New York City, on March 21, 1904; that deponent was then the President of The New York State Medical Association and presided at the meeting; that Guy Davenport Lombard, M.D., was Secretary of the Association, and was the Secretary of the meeting; that at such meeting and on that date the agreement for the consolidation of the Medical Society of the State of New York and The New York State Medical Association, of which a copy is hereto annexed, was unanimously approved and adopted as the agreement of The New York State Medical Association, and that the foregoing certificate is in all respects true.

Sworn to before me this 22d day of March, 1904.

ARTHUR H. SOHL,
Notary Public,
Westchester County.

(SEAL) Certificate filed in New York County.

STATE OF NEW YORK, } ss.:
COUNTY OF NEW YORK }

GUY DAVENPORT LOMBARD, M.D., being duly sworn, deposes and says that he is one of the signers of the foregoing certificate. That a special meeting of The New York State Medical Association, specially called pursuant to its by-laws, to vote upon the agreement for the consolidation of the Medical Society of the State of New York and The New York State Medical Association, was held at the Academy of Medicine, 19 West 43d street, New York City, on March 21, 1904; that deponent was then the Secretary of The New York State Medical Association and was the Secretary of the said meeting; that William H. Thornton was President of the Association and presided at the meeting; that at such meeting and on that date the agreement for the consolidation of the Medical Society of the State of New York and The New York State Medical Association, of which a copy is hereto annexed, was unanimously approved and adopted as the agreement of The New York State Medical Association, and that the foregoing certificate is in all respects true.

Sworn to before me this 22d day of March, 1904.

ARTHUR H. SOHL,
Notary Public,
Westchester County.

(SEAL) Certificate filed in New York County.

State of New York, } ss.:
County of New York }

I, Thomas L. Hamilton, Clerk of the County of New York, and also Clerk of the Supreme Court for the said County, the same being a Court of Record, Do Hereby Certify. That Arthur H. Sohl has filed in the Clerk's Office of the County of New York, a certified copy of his appointment and qualification as Notary Public for the County of Westchester with his autograph signature, and was at the time of taking the proof or acknowledgment of the annexed instrument, duly authorized to take the same. And further that I am well acquainted with the handwriting of such Notary, and believe the signature to the said certificate of proof or acknowledgment to be genuine.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the said Court and County the 22d day of March, 1904.
(seal) Thos. L. Hamilton, Clerk.

Book Reviews.

Therapeutics of Infancy and Childhood. By A. Jacobi, M.D., LL.D. Third Edition. Cloth. Pp. 559. Price, $3.50. Philadelphia and London: J. B. Lippincott Company, 1903.

The author has completed a thorough revision of a well-known work, making such additions as are necessary to a work of this character that is up to date. The question of infant feeding is elucidated in the main, while particular attention is paid to the fact of individuality of the infant with their own constitutional idiosyncrasies.

Clinical Examination of the Urine and Urinary Diagnosis. A Clinical Guide for the Use of Practitioners and Students of Medicine and Surgery. By J. Bergen Ogden, M.D., formerly Instructor in Chemistry, Harvard University Medical School, Boston. Second Revised Edition. Illustrated, including eleven plates, nine of them in colors. Cloth. Pp. 418. Price, $3.00 net. Philadelphia, New York, London: W. B. Saunders & Co., 1903.

This is a useful book on urinary analysis and is replete with the latest information and is especially strong from a practical point of view. It is admirably adapted to teach the beginner the essentials of urinary examinations and to familiarize the practicer of medicine with the advances in this subject.

A Text-Book of the Practice of Medicine. By James M. Anders, M.D., Ph.D., LL.D., Professor of the Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia. Sixth Edition. Thoroughly revised. Fully illustrated. Cloth. Pp. 1,300. Price, $5 net. Philadelphia, New York, London: W. B. Saunders & Co., 1903.

In the last six years as many editions have been issued, which proves the popularity of this practical work on the practice of medicine. It is recognized as one of the best in the English language. Especial attention has been given to the etiology of malarial fever, yellow fever and diseases of other parasitic origin. The book has been rewritten in many parts, the majority of the chapters are brought up to date and have been thoroughly revised.

BOOKS RECEIVED.

Annual Report of the Surgeon-General of the Public Health and Marine Hospital Service of the United States. For the fiscal year 1903. Washington: Government Printing-Office, 1904.

Medical Diagnosis—Special Diagnosis of Internal Medicine. A Handbook for Physicians and Students. By Dr. Wilhelm V. Leube, Professor of Medicine, and Physician-in-Chief to the Julius Hospital at Wurzburg. Authorized translation from the Sixth German edition. Edited with annotations, by Julius L. Salinger, M.D., Late Assistant Professor of Clinical Medicine in the Jefferson Medical College, and Physician to the Philadelphia Hospital. With five colored plates and 74 illustrations in the text. New York and London: D. Appleton & Co., 1904.

Arteria Uterina Ovarica. The Utero-Ovarian Artery or the Genital Vascular Circle Anatomy and Physiology, with their Application in Diagnosis and Surgical Intervention. Byron Robinson, B.S., M.D., Chicago, Ill. Author of "Practical Intestinal Surgery," "Landmarks in Gynecology," "Life-Sized Chart of the Sympathetic," "Abdominal Brain," "Colpoperineorrhaphy and the Structures Involved," "The Ureter," "Gynecologic Charts of Genital Circulation." The object of research is the benefit it may confer and not merely to know the truth. Chicago, Ill.: E. H. Colegrove, 1903.

Obstetric and Gynecologic Nursing. By Edward P. Davis, A.M., M.D., Professor of Obstetrics in the Jefferson Medical College, Philadelphia, and in the Philadelphia Polyclinic; Obstretrician to the Jefferson and Polyclinic Hospitals; Obstetrician and Gynecologist to the Philadelphia Hospital. Second edition, revised. Philadelphia, New York and London: W. B. Saunders & Co., 1904. Polished buckram, $1.75 net.

Epilepsy and Its Treatment. By William P. Spratling, M.D., Medical Superintendent of the Craig Colony for Epileptics; Secretary of the National Association for the Study of Epilepsy and the Care and Treatment of Epileptics; Member American Medico-Psychological Association, New York Academy of Medicine, Buffalo Academy of Medicine, Rochester Pathological Society, American Medical Association, etc. Fully illustrated. Philadelphia, New York and London: W. B. Saunders & Co., 1904. Cloth, $4 net.

Diseases of the Intestines and Peritoneum. By Prof. Dr. Hermann Nothnagel, Professor of Special Pathology and Therapy, University of Vienna. Edited, with additions by Humphrey D. Rolleston, M.D., F.R.C.P.; Physician to St. George's Hospital, London; formerly Examiner in Medicine in the University of Durham; Fellow to St. John's College, Cambridge, England. Authorized translation from the German, under the editorial supervision of Alfred Stengel, M.D., Professor of Clinical Medicine in the University of Pennsylvania. Philadelphia, New York and London: W. B. Saunders & Co., 1904. Cloth, $5 net; half morocco, $6 net.

Tuberculosis and Acute General Miliary Tuberculosis. By Prof. Dr. G. Cornet, of Berlin. Edited, with additions by Walter B. James, M.D., Professor of the Practice of Medicine in the College of Physicians and Surgeons (Columbia University), New York. Authorized translation from the German, under the editorial supervision of Alfred Stengel, M.D., Professor of Clinical Medicine in the University of Pennsylvania. Philadelphia, New York and London: W. B. Saunders & Co., 1904. Cloth, $5 net; half morocco, $6 net.

First Report of the Tenement House Department of the City of New York. Volume 1, January 1, 1902, to July 1, 1903.

News Items.

ORGANIZATION AND THE ASSOCIATION JOURNAL.

By Philip Mills Jones, M.D., San Francisco, Cal.

"How long will it last? What is going to keep the men together when they are organized?" These questions have been repeatedly asked of the writer, in the course of his organization work amongst California physicians, and he has necessarily given the matter much careful thought. The answer is not so difficult to find, if we stop and think why organization is progressing so rapidly. It is, obviously, because a lot of energy is being put into the work by a comparatively small number of men, scattered throughout the country. If an equal amount of energy is continuously put into the work, after organization is well accomplished, it will be maintained. In this world you get just about as much out of a thing as you put into it. You get mighty little for nothing. Granted a fully organized State medical society that sits calmly down and does nothing for its members, and in about two years it will have woefully shrunk. Given the same society constantly at work for its members, producing what they want and protecting them in every way that it can,the society feeling will remain strong and the organization will not lessen in numbers. An object lesson may perhaps be permitted. In California we give our members annually a register and directory of all physicians within the State; to non-members this book is sold for $2.50; we give them a monthly journal; to non-members the subscription price is $3. Thus a member receives that which has a face value of $5.50 in return for his dues to the county society; in all but three or four cases these dues are but $2 a year. The next problem is to make these publications actually worth their face value. The register may be conceded; it is certainly worth $2.50. There remains the journal, and this must be made so valuable to the physicians of the State that they would find it difficult to get along without it. It must be, first of all, *the* news-distributer of the State and must devote its first effort to getting news of county societies and their official transactions. It should be ever watchful of the whole State and country for those items which will be of greatest interest and benefit to the members outside of the larger cities. It should look steadily at the man who does *not* take half a dozen journals, but who is none the less a most important member—if not *the* most important member—of the society. That is the policy outlined by your editor and the policy which has been accepted by the journal of our far Western State.

But why cannot a private journal, publishing the State Association matters officially, do just as well? For a number of reasons. In the first place, such a journal, the official organ of the organized members of the greatest of the learned professions within a given territory, should be absolutely and exclusively under the control of the professional organization itself. It must be absolutely free and independent, and this can never be if it is the property of some individual or company and not the property of the State Association. Any individual or company publishing a medical journal does so for but one thing—profit. Such being the case, and I think it may stand without discussion, dollars will ever be the first, rather than the last, consideration. Right, too much under the influence of the dollars, is very liable to take on a somewhat peculiar and mottled appearance, and the elasticity of rules or ethical provisions is apt to be somewhat stretched. Now while dollars should by no means be ignored in conducting a State Association journal, they should be the last and not the first consideration when any question of policy, of ethics or of professional conduct is to be considered. The State Association should have a mouthpiece (its journal) and through it should speak at all times to its members. It should speak with profound courage and utter straightout truths for the help and the guidance of its members, and for their protection. That a State journal may do these things and may adhere strictly to the right path in the matter of its advertising, and still build up enough productive pages to pay, has been demonstrated.

"It is equally derogatory to professional character for physicians to dispense or promote the use of secret remedies." That ethical principle is embodied in the document which was unanimously adopted, amidst great applause, at New Orleans last year. It is still in effect, I believe, yet it is weekly violated by almost every medical journal published in this country. There are some half-dozen exceptions. That medical journals "promote the use of secret remedies" when they advertise them to their readers, is incontrovertible; that they violate this principle of ethics in doing so, is equally beyond contention.

See where the influence of the State journal comes in. I am fully conversant with the facts in California, so will cite that territory as an example. The biggest medical weekly in the world, and the "greatest advertising medium for proprietary medicines in this country," reaches something under 500 doctors in California. The *State Journal,* on the other hand, reaches over 1,500 doctors, and what is more, the *State Journal* is *their* journal and they take an active interest in its every page and utterance. Doubtless conditions in Kentucky are about the same, and the *Association Bulletin* reaches several times as many doctors as does the *Journal of the A. M. A.* Its influence will therefore be several times as great as is that of the larger journal, and it should be always, as it is now, for the best and for what is right, irrespective of any commercial influence. The State Association journal is more than a medical journal; it is the means of

communication among the members of a large family. It is the organ of the county society as well as of the State Association, and as such comes so intimately into relations with every member that its influence cannot but be great.

It has been said that to speak the fearless truth is a luxury that few can afford. This may be true. Certainly it entails trouble to the speaker. But ought not a great and powerful organization of medical men such as is represented by your State Association—ought not such an organization to have some absolutely untrammeled and unbiased means of speaking much needed truths? Can you not afford the luxury of continuing the good work you have undertaken? All people, no matter what their walk in life or their life's work, need constant instruction in their duty and in those things which pertain to the best and the right work. Therefore we have trade journals of all kinds; therefore we should have a medical journal, owned and controlled by the State Association, in every State in the Union.

But many large advertisers do not like a medical journal that tells the truth. True; and we have incurred the enmity of some such. But we have also gained the friendship of many others, and we have gained the approval of our members. The component societies which go to make up our State Society, way out here on the shores of the broad Pacific, have begun to officially adopt resolutions pledging themselves to the right policy, and in due course all of them will probably act.

Not only should it be the duty of every State Association to publish its own journal, but to my mind it is the only way in which full and complete organization can be secured, and when secured, maintained. The problem of keeping up interest and maintaining the medical organization is a large one. Your editor has the major portion of the work on his shoulders, for your journal must accomplish the task. He will have much work and plenty of criticism; but he is well endowed with those qualities which go to make for success, and he can handle the situation. He has given you a good journal to start with; help him to give you a good journal for many years to come, and so help yourselves.—*Cal. Jour. Med.*

COMPROMISE TREATMENT.

Eminent men labor under the disadvantage of having too many doctors when sick. The natural result is a compromise treatment, which lacks efficiency, and leads to too much being done.

For instance, the sick man has a high fever. One doctor wants to use cold baths, another prefers antipyretic drugs, while a third advocates free purgation and elimination as the best means of lowering the temperature. If the patient gets the benefit of all this treatment, or a part of each method, there is no rest for him. No one method may be given a sufficient trial to test its merit. No one of the physicians in attendance is free to show what he really can do. He must restrain his professional interest in the case, and hide any confidence he may have in his own ability to grapple successfully with the trouble lest he give offense to his brother doctors. He makes a suggestion, but he does not insist. Each concedes something, and the patient must take his chances with the compromise thus effected.

A sick man stands a better chance to place himself unreservedly in the hands of one good doctor in whom he has confidence, and who can call in a consultant. If the case does not progress satisfactorily, change physicians. This would be a fairer plan to all concerned, and would undoubtedly be better for the patient.

The old adage that too many cooks spoil the broth holds good in this case. Compromise treatment is shorn of its effectiveness, it is not positive and consistent in its nature, and the patient is exhausted by frequent and contradictory changes in the management of his case.

CONTRACT MEDICAL PRACTICE.

The following resolutions were recently adopted by the Stearns-Benton County Medical Society:

"Whereas, Certain members of this society have accepted a position, or positions, as physicians for certain societies or orders, thereby agreeing or contracting to do the work by the year, half year or quarter for less than minimum prices, and whereas such practice is detrimental to the practice of medicine and surgery and to the dignity of the profession; therefore be it

"*Resolved*, That the name of such members of the society be stricken from the roll of this society, after due notice has been served on such members and the proper report has been had from the Board of Censors and this society has acted upon such report.

"*Resolved*, further, That the members of this society, collectively and individually, shall not consult with, or call in consultation, any physician who practices in this manner."

While the above resolutions seem to us unnecessarily harsh, and while we doubt the wisdom of adopting this method of dealing with the subject of contract practice, it is to be presumed that they were adopted only after a full discussion of the subject, and that they may be taken as a fair expression of the views of the majority of the physicians of Stearns and Benton Counties. If county medical societies generally would discuss this growing evil openly and decline to have anything to do with schemes which were gotten up for the purpose of securing medical services at bargain-counter prices, the evil would be very speedily stamped out. It is to be regretted that so many physicians are willing to lend their aid

to the many clubs, societies and so-called fraternal orders which exist and which are increasing in numbers and which furnish their members with what is practically free medical treatment. We cannot blame the young man just starting in practice for engaging in such work, when he needs every dollar that he can earn and when he finds that the profession as a whole has expressed no disapproval of it. We do feel, however, that it should be beneath the dignity of the older practitioner, and yet we find some of the leaders (*sic*) of the profession taking care of the members of these societies and serving the employees of great corporations for a very trifling compensation. If the condition to which club and contract medical practice has reduced large numbers of the medical profession in Great Britain, in Germany and in Austria were more generally known and appreciated in this country, we feel sure that it would not be difficult to persuade physicians in the United States to stop this practice before it is too late. We recently addressed letters to a number of representative physicians in this State, requesting their views on this subject for publication, and we hope to be able to print their answers in an early issue. We invite communications from any of our readers who believe that the subject is a timely and important one. The remedy seems to us a very simple one, but it demands frank discussion and concerted action.—*St. Paul Medical Journal,* April.

DOES THE PAY-PATIENT DEPARTMENT PAY?

In its first annual report that excellent institution The Hospital Association of Philadelphia gives the answers made by a number of hospitals to a list of suggestive and important questions. Among them was this:

"Is the pay-patient department a profitable one?"

The answers were as follows:

"Yes," with qualification, was the reply of eight—The Philadelphia Orthopædic, Episcopal, Mercy of Pittsburg, Orange of New Jersey, Roosevelt of New York, Rhode Island of Providence, Buffalo and Johns Hopkins.

"No," without qualification, was the answer of four—The German of Philadelphia, West Pennsylvania of Pittsburg, Boston City, Lakeside of Cleveland.

No answer was given by the Presbyterian of New York, Massachusetts General, University of Pennsylvania.

The Pennsylvania of Philadelphia says, "with a small number of rooms, as we have, the profits are small."

"Difficult to determine," writes the Presbyterian of Philadelphia.

St. Luke's of New York answers: "In wards, no; in private rooms, yes."

"Not satisfactorily determined," replies the New York Hospital.

The Boston City answers: "We do not consider paying patients profitable. The cost of a paying patient in a private room is not less than $3 a day, and it is a losing game at that."

The Presbyterian of Chicago says: "Depends on how it is conducted."

The General Memorial of New York says: "Yes, for rooms renting above $25 per week."

The conclusion to be drawn by hospital workers, supporters and endowers is a curiously mixed one. That there is glaring abuse of the private room system in some hospitals is asserted, that under the best circumstances it may be a failure is demonstrated. The question at least remains as to encouragement of the plan in hospitals to be built, or its extension in those already in use. Is it a proper use of money given for the benefit of the poor?

PROPRIETARY REMEDIES.

There is one other question which I will mention, and then I have done. I refer to the dispensing of drugs. It seems to me that the profession has very largely drifted into a most unscientific and expensive habit; one which is expensive, not only to them, but also to their patients, in more ways than one. Many physicians are allowing the manufacturers of pharmaceutical products, so called, to do practically all the prescribing of drugs. Their salesmen make their regular tours, presenting samples of their products to the physicians, of the nature, quality and strength of which they know nothing. They have a prescription in some form or other to meet every indication. A specific for every disease; yes, every symptom. Their principal argument is their cheapness. And, in many instances, they could not enlarge upon that in *one* respect. These concerns have the audacity to send to physicians, in many cases, their preparations in containers on which are found labels stating the indications for their use, the doses and how administered, but not stating the amount of, and in *some* cases, the ingredients themselves. I cannot conceive of an act more audacious. And it is, in my opinion, one of the most serious charges that can be brought against the profession, that it stands this abuse. These concerns cannot be blamed for this condition of affairs. It has been brought about by the consent of the profession, which can also change the condition at its will.

But time will not permit me to continue to discuss this subject further. I will close with the following expression of my sentiment in this matter: Had I the power, I would compel every physician from the Atlantic to the Pacific and from Canada to the Gulf of Mexico to confine himself to the preparations recognized and standardized by the U. S. Pharmacopœia. I am sure that by its frequent revisions, all materials of medicine would be recognized by it as soon as necessity demanded.—Neal: "Professional Relations," *N. Y. Medical Journal.*

Original Articles.

THE BUSINESS SIDE OF THE PROFESSION, FROM THE STANDPOINT OF THE COUNTRY PRACTITIONER.[1]

BY F. W. ST. JOHN, M.D.,
Charlton, N. Y.

FROM the time of the beginning of our careers as physicians, until our final roll-call, we as a profession are being preached to by other physicians (who are making more money than we are) and by the clergy (who expect us to treat them and their families free) that the profession of medicine should be free from commercialism. We are told that ours is a noble work, and that the gain of money is one of the least of the motives which should actuate us in our daily labors.

While I agree with the before-mentioned "preachers" in a general way, I am most painfully bound in a particular way to disagree with them. In the first place, admitting that our profession should be above commercialism, there still remains the great fact that the butcher, baker, grocer, and, if you please, the lawyer or the clergyman, is never dilatory in reminding us of the fact that his bill is due and politely asking us to "please call and settle."

It necessarily follows that in order to be able to meet our financial obligations we must in some way bring our patrons to believe that "we need the money." Admitting, then, that from necessity we must have money for our daily needs, I will offer a few reasons why the country practitioner of medicine is the poorest paid of any of the professional men with whom he comes in contact. In fact, that he is more deserving of an increase in wages than almost any other "laboring man." It has been shown over and over again that the average income of the country practitioner is about $1,000 per year.

From this paltry sum he must buy his drugs, books, instruments and medical journals; keep his horses, furnish, light and heat his office, and pay various bills from which the ordinary laboring or professional man is exempt. Of course, in the case of the lawyer or clergyman, the items of books and periodicals must be included. Allowing $200 per year for medicines, $200 per year for provender for his horses, $50 for books and instruments, $10 for journals and $50 for office expenses, all of which estimates are below the average, it will be found that there is left less than $500 for support of his family, who, like himself, must be fed and clothed, and, in the case of children, must be educated. There are various other expenses not mentioned which the progressive country doctor thinks a necessary part of his yearly outlay. Not among the least of these are his dues to his societies, and these must be met in some way.

After due consideration of these facts is there a knight of medicine, law or gospel so bold as will dare say that the country practitioner is ever guilty of this terrible bug-bear—"commercialism"?

All those of us who have been in the harness for ten years or longer need no "silver-tongued orator" to convince us of the nobility, the self-sacrifice and the never-ending wear and tear of our profession. To carry inviolate in the breast the secrets confided to our care; to be deprived of our meals and of much-needed rest, and to be hailed on every street corner and have poured into our ears the various aches and pains of a sorrowing world are surely evidences that we belong to a noble and self-sacrificing profession.

While there is no desire upon the part of the profession of medicine to depart from the ways of nobility, philanthropy and sacrifice, let us look into the matter and ascertain if possible the reasons why the most of us are not able to provide for days to come when we shall be unable to meet the demands of an active professional life.

In the first place, the price for an ordinary call in the locality in which my practice is situated is less than the price charged at an ordinary livery for a rig to convey one the distance traveled in making the call. We go four miles, furnish our own rig, our time, our medicines and our services and charge $1.50. Any fair-minded person can see that this price is entirely inadequate for the service rendered. In no case should a physician make a call four miles distant from his office for less than $2 as a minimum charge. The established price for an office call, medicine included, is 50 cents—a price less than the druggist in most cases would charge for the medicine furnished. Confinements, including three subsequent calls after attendance at the time of birth, $8 to $10—a sum not too much for actual time expended while awaiting the birth. Reducing and treating ordinary fractures, $10—a fee which scarcely pays for the worry, to say nothing of the labor. A patient in a not very well-to-do family is seriously ill and demands council; a doctor from the city is called, and tells us that we are doing well with the patient and to "use our judgment," which, my dear colleagues, we have all the while been doing; charges $10 to $15, gets his pay, and we are left to fight the battle to the end only to find that the council took all the money and that there is nothing left for us.

But enough of this. I have examined the case, made a diagnosis and will now cast about to see if a remedy can be found. As to the matter of fees: All those of us in adjoining practices

[1]Read at the Annual Meeting of the Saratoga County Medical Association, Mechanicsville, N. Y., March 29, 1904.

ought to agree to charge $1 for each professional call and mileage of at least 25 cents per mile, one way. Office calls ought to be never less than 50 cents, and all medicines charged extra. Confinements should be $10 for actual attendance at the time of birth and all previous or subsequent calls extra. We should refuse, except in cases of emergency, to attend patients in our neighbor's practice unless their local physician has been paid in full for all services rendered by him during previous illness. In the matter of consultation we should call upon our near-by colleagues and give them the benefit of the fee, if any. As no one who cannot pay a small bill will be able to pay a large one, bills should be collected when small. Statements in country practice should be rendered at least semi-annually, and repeatedly sent until the debtor pays or is gathered to his fathers. A slight reduction may be made to those who pay promptly, and interest charged upon all accounts of one year or longer standing.

In some cases a debtor will make a greater effort to pay a note than he would pay a book account. A note at least leaves in the mind a continuous impression of the amount due, which is a check at times against running another bill until a payment has been made.

I believe statements should be made out upon colored paper, so that every time they are seen the debtor knows that it is the doctor's bill without examining its contents. After these statements begin to accumulate he will either get angry and employ some one else or make a payment. Dead beats should never be temporized with. The poor and needy should at all times and in all seasons receive our best service.

No one expects to enjoy the privilege of using railroad, telegraph or telephone lines without paying in advance, and I can see no reason why doctor's bills should be slowly and grudgingly paid if paid at all. We in the rural districts are dealing with the only really independent class of people on earth, and ought to be able to collect as well as the saloonkeeper or the circus manager.

These suggestions are offered only as pointers and in no way intended to cover the subject, which is a broad one. We ought to be business men as well as doctors. We should, in fact, put our profession upon a twentieth century business foundation; then we would not only merit the plaudit of belonging to a "noble" profession, but also to a profession equal in a financial way to the law and the pulpit.

The Tri-State Medical Sociev of Iowa, Illinois and Missouri met in St. Louis, June 15th, 16th and 17th. An interesting program was prepared, and some of the most distinguished physicians and surgeons of the country attended the meeting. The president is Dr. W. B. La Force, of Ottumwa, Ia.

THE TREATMENT OF PNEUMONIA.[1]

BY DELANCEY ROCHESTER, M.D.,
Buffalo, N. Y.

IN a paper on the treatment of pneumonia Dr. Rochester spoke of the importance of recognizing the infectious nature of pneumonia; that the entire organism is involved in the disease; that the lungs usually are the chief seat of pathological change, but not always; that the toxemia is the most serious part of the disease; that the brunt of the attack is borne by the heart; that the kidneys are always more or less involved; that a favorable case recovers by crisis, accompanied by profuse sweat and occasionally by watery diarrhea; that unfavorable cases die from cardiac failure, or intensity of toxemia, or complications; that indications for treatment are relief of toxemia, maintainance of circulation and meeting of any complications; that toxemia is best relieved by purging and sweating; that circulation is maintained by vigorous cupping of chest, by bleeding when right heart becomes distended, by hypodermoclysis of normal salt solution and by the use of strychnine in large doses hypodermically; that strength is maintained by careful attention to diet and atmospheric surroundings and by keeping the mouth clean. Stress was laid upon the fact that the most important factor in the treatment was the sweating, and the next most important the strychnine and the salt solution; that better results were obtained by this method of treatment than by any other was demonstrated by the report of 210 cases, which has appeared in detail in the *Medical News*.

DISCUSSION.

Dr. A. Alexander Smith, New York, said that he had listened with much pleasure to the suggestions given in the paper, because of the small mortality rate which this treatment had yielded. He would say that he personally knew of no method of treatment which would do better, and the reader of the paper was to be specially congratulated on the unusual results he had obtained. He would, however, differ with him in some details. He had long ago given up the application of wet cups in cases of lobar pneumonia, because it seemed to him that the effort to abstract blood in that way was too disturbing to the patient; nevertheless, he believed that the abstraction of blood in suitable cases was a very satisfactory procedure, but he greatly preferred to do it by means of venesection. He was in thorough accord with regard to elimination. Whether the object was to eliminate poisons or to place the patient in a condition to tolerate poisons, he was not so sure. He had no specific treatment to offer in the management of pneumonia; each case must be a law unto itself. If Dr. Rochester were correct in his statement, he had recommended a method of treatment that was more successful

[1]Read at the Twentieth Annual Meeting of the New York State Medical Association, New York, October 19-22, 1903.

than that generally employed. Personally, he did not believe it was possible to abort a pneumonia, although he was willing to admit that pneumonia did sometimes abort itself for some unexplained reason. He was quite surprised that Dr. Rochester had not referred to what had been, in this city, a favorite method of hospital treatment—*i. e.,* use of the salicylates and of creosote. From a clinical standpoint, he had personally failed to see any benefit from the salicylic acid treatment of pneumonia, no matter what form was used. One could readily understand if the pneumonia were a complication of rheumatism that the salicylates would prove beneficial. He believed that the salicylate treatment of pneumonia had not been generally accepted by the profession. He had used the creosote treatment in all classes of cases, and it did seem that it produced benefit in a certain class, not so much upon the pneumonic process as upon the associated general bronchitis. He had never seen a lobar pneumonia, uncomplicated by bronchitis, that was benefited in the slightest by the creosote; indeed, sometimes the condition of the patient had been made worse, no matter what the method of administering the creosote. He agreed with the suggestion as to the use of strychnine in certain selected cases, but he would differ with the author as to the causes of recognized failure of the circulation. He did not believe this failure was always due to the action of the toxins upon the muscular fibers; on the contrary, he was of the opinion that it was due to the action of the toxins on the nervous system. It seemed to him that the cause of the beneficial action of strychnine was to be explained by the theory that it acted favorably upon the nervous system. The much-vexed question of alcohol demanded some attention. He did not think it was often necessary to administer to a patient with pneumonia more than six or eight ounces of brandy or whisky in the twenty-four hours, although larger doses might exceptionally be useful. In most cases he would be disposed to lessen rather than increase the quantity of alcohol administered. He knew of one member of the profession who believed that his life had been saved by swallowing seven quarts of brandy in three days and a half, but, the speaker said, he was personally disposed to think that the recovery was in spite of taking so much brandy. He was opposed to the plunge bath in pneumonia, and did not greatly favor sponging. He preferred to make use of the pack in some form, as, for instance, compresses extending from the axilla downward, and using the water sometimes at a temperature as high as 90° F. Here, again, the explanation of the favorable action appeared to be found in the sedative effect upon the nervous system. Such an application would often show a less rapid pulse and increase its force. The external application of heat or cold seemed also to him to act as a respiratory stimulant. It did not seem to make much difference whether the application was made over the affected area or elsewhere; the essential point was to cover a certain area of the body surface. With regard to oxygen, he would say that equally good observers expressed exactly opposite views as to its value. Personally, he believed it was exceedingly useful in certain cases, and was always surprised to hear a good clinician make the statement that he had seen absolutely no benefit from its use. Another agent had produced good results in his hands, *i. e.,* the relief to the heart brought about by dilating the peripheral vessels. The best agent for this purpose, in his opinion, was nitroglycerine, and he was in the habit of giving it early. It was especially useful in those cases characterized by an early tendency to cyanosis. In former years he had been taught to rely upon the salts of ammonia, probably largely because of tradition, but it had not been long before he had learned that they were objectionable because of their disturbance of the stomach. He had since substituted for the chloride and carbonate of ammonia the aromatic spirits of ammonia, and had been better pleased with this preparation at the same time that his results had been equally good. He could not altogether subscribe to the advice given in the paper to give foot baths, for they disturbed the patient so much that, after a trial of them, he had abandoned their use. Subsequently he had made use of flannels wrung out of mustard water, and applied from the middle of the thighs down, but had not been very well satisfied with this method.

Dr. W. P. Northrup, New York, said that a pneumonia patient apparently could have pneumonia, not only of the lung, but of the kidneys, nerves, heart muscle and the mucous membrane of the bowel. He was delighted to hear that Dr. Smith believed a poultice worked just as well over the legs as over the chest. To him, it was always very painful to see a child with a temperature of 105° F. wrapped up tightly in a poultice extending under the arms. To fatigue the patient was about the worst thing that could be done in pneumonia unless it was to tie up the thorax in a seething poultice. He would favor the adoption of the foot bath in bed. In cases of alcoholic pneumonia he favored the use of the tub bath, as a rather large hospital experience with this treatment made him feel that it was exceedingly useful in quieting such patients and improving their general condition. It was very common for the physician to entirely ignore the flatulent distention of the abdomen and the consequent embarrassment of the movement of the diaphragm. Fresh air was exceedingly important, and should be supplied without fear or hesitation.

Dr. Frank D. Reese, Cortland, said that he had carried out practically the treatment outlined in the paper in his last series of pneumonia cases, and had only lost two patients, one a man of 87

and the other a patient of 38 with urethral stricture.

Dr. Rochester closed the discussion. He thought better results were obtained by direct abstraction of blood from over the congested area than from general venesection. The wet cups were not very painful, and the dry cups were not objected to at all. Only a few days ago he had been called to see a physician who was breathing with much difficulty. He had received nitroglycerine, aconite and morphine. All this medication was stopped, and he was given calomel internally, and foot baths and dry cups externally. Five tumblers were applied to the chest so that the skin rose up half-way in the tumblers. After the second cup had been put on the physician expressed himself as feeling easier. The subsequent course of the case was uneventful. When it was necessary to relieve right-heart distention there was no use in employing cups; venesection should be done, and that freely. In one case he had performed venesection three times during a pneumonia, removing sixteen ounces each time. He did not believe that pneumonias could be aborted, and the reported cases had not been thoroughly convincing. He objected to using salicylates and creosote, on the ground that we should not introduce more poisons into a person already poisoned. He did not make use of alcohol in pneumonia when he could avoid it, and believed these patients were often made worse and the delirium increased by the free use of alcohol. The aromatic spirits of ammonia were certainly as good as ammonium carbonate, although he found the latter did not disturb the stomach if mixed with a little acetate of ammonia and mucilage. He had had no good results from cold applications. Nitroglycerine was useful, but he preferred to dilate the vessels by means of foot baths. He did not disturb his patients with the foot baths, and they were given only about once in six hours. They had but little effect upon the temperature, but did give relief. He had even given a mustard foot bath to an infant of seven months with good results. If plenty of water were given the kidneys would be sufficiently stimulated without resort to stimulating diuretics.

PNEUMONIA: PROGNOSIS AND TREATMENT.[1]

BY JOHN F. HUMPHREY, M.D.,
Saratoga, N. Y.

PNEUMONIA is most fatal of all the acute diseases and next in rank to consumption as a cause of death.

Hospital statistics show a mortality of from 20 to 40 per cent., varying in the different large hospitals. It has been thought that the mortality had been increasing during the last twenty-five years, but investigation has shown that this is not a fact, as it was found by Townsend and Coolidge, M.G.H., when all fatal cases over 50 years of age, including those that were delicate, intemperate or subject to some complications, there was little variance from one decade to another, but, excluding these cases, the rate was about 10 per cent., which is less than before 1860, when more heroic treatment was pursued.

Drs. Hadden, McKensie and Ord, of St. Thomas Hospital, ascertained that the mortality progressed from the 20th year of life from 37 per cent. in the second decade to 65 per cent. in the seventh decade.

Of 223,730 cases collected by Wells, 40,276 died, a mortality of 18.1 per cent.

The mortality of private practice is some less than that presented by hospital statistics.

The circumstance which influences the prognosis is age, the very young and the aged being more frequent victims of the disease.

The negro is more frequently attacked than the white race.

Previous habits of life and the condition of bodily health have much influence with the course of the disease. As well as those debilitated by sickness and poor food, hard drinkers and those weakened by hard work fall easy prey to this fatal disease.

The complications as meningitis, endocarditis and pericarditis add much to the gravity of these cases, which, with toxemia and mechanical interference with the respiration and circulation, form the principal causes of death.

The toxemia of pneumonia is one of the most important features of prognosis and does not always occur in the most pronounced cases.

Leucocytosis is a subject of prognosis that has attracted much attention of late. A very slight or a complete absence of a leucocytosis is considered a very serious condition, as in a series of six cases, fatal, all had a complete absence at some or all the time during the course of the disease, and of a series of twenty-two cases only one exhibited a complete absence during the whole course of the disease. Death rarely occurs from interference with respiration, per se, even when both lungs are largely involved.

Heart failure is another element of serious consideration and from which nearly as many succumb as from the toxemia. It may be the result of the specific action of the poison, to the prolonged fever or to the overdistension of the right chamber or all three together coming on suddenly or with a more gradual onset.

TREATMENT.

Pneumonia is defined as a self-limited disease which can neither be aborted nor cut short by any known means at our command. Even under the most favorable conditions it may terminate abruptly and naturally without a dose of medicine; or, what is more common, run its course in a definite time, terminating spontaneously upon the third or fifth day, or continuing on until the tenth or twelfth day.

[1]Read at the Fourth Annual Meeting of the Saratoga County Medical Association, Mechanicsville, N. Y., March 29, 1904.

The surroundings of the patient should be first considered; the room must be large, well lighted and well ventilated; the temperature must be kept at 68 or 70 continuously day and night to give greatest comfort to patient. If the temperature can be kept even, a cotton jacket is not so necessary, a light flannel undervest is preferable; if not, the cotton jacket is a great comfort to patient, made like a vest—open in front, as a matter of convenience in watching the chest; not more than two people should be in room with patient at any one time. The patient should be carefully sponged twice each day even if not for a high temperature and then more often as indicated.

Special efforts should be made to keep the mouth and gums cleansed and moist.

Use of Poultices, Ice, Etc.—The time-honored costume of enveloping the affected side in a large flaxseed poultice is rather a thing of the past, having been considered distressing, debilitating and of little use, all of which has been superseded by cold in the form of cold water jacket of Baruch and ice bags of Mays over the invaded area, both having its supporters and yielding success in the hands of enthusiastic observers. Hare believes quite as strongly in the cold sponging with ice water, with which no doubt every member here has had some experience in its favor in some of the fevers, but I believe the ice-bag is productive of greatest good in contracting the capillaries and limiting area of consolidation, stimulating the heart action, sedative to nervous system, reducing temperature, promoting sleep and the elimination of toxemic products arising from the presence of pneumococcus. Cold, of course, is withdrawn in a febrile case of the aged and feeble patients.

Blood Letting.—There seems to be a favorable feeling toward venesection in early stages of pneumonia in a few cases, but not in general, as of old.

It is supported by most American writers, as well as abroad, with these special indications, sthenictype of disease in a robust, full-blooded person and in an early stage.

The presence of a forcibly or violently acting heart with accentuation of the pulmonary second sound, dyspœna with a sense of suffocation and beginning cyanosis.

These indications being present, venesection may be practiced until relief is obtained. At least 16 to 20 ounces may be withdrawn in an average-sized patient, although more frequently one-half that quantity will be sufficient.

Arterial Sedatives have found a place in the armamentarium of American physicians in place of venesection in the sthenic class of cases.

Hare recommends the use of veratum viride in 3M each 15 minutes to one-half hour the first 24 hours; while Walton uses II-IV M each two to four hours, keeping the pulse at 70 or 80. But great care must be exercised in the choice of sthenic cases. Also aconite and digitalis are used in the same way, but none of the authors are very enthusiastic, while more prefer the use of ice or cold sponging to obtain the results.

I can advise the use of veratum viride in I-II M each 15 minutes to one-half hour until the pulse reaches 80, and then each hour or two as it is necessary to keep the pulse at 80, gradually withdrawing it as disease progresses, the pulse and temperature keeping down, and substituting strychnine gr. 1/60-1/30, as seems necessary each four hours, with whiskey as indicated. There is no depression to heart, be it normal or diseased, as I have used it in both with pleasant effects.

Purges at one time were in great favor in early stage as routine treatment, but only used now as seems necessary, and then calomel has preference.

Antipyretics are mentioned only to condemn their use. Eichhart is the only author who uses them at all.

Use of Opiates is postponed as much as possible and as little given as is necessary.

The pleuritic pain can frequently be controlled by dry or wet cupping or local application of ice or hot water; also the Paquelin cautery is sometimes used; also strapping side with adhesive strips; but if agonizing, of course, morphia or its alkaloid must be used.

Insomnia is best controlled by trional, sulphonal or some of the hypnotics.

Alcohol.—The consensus of opinion as to the use of alcohol is in its favor when indicated.

In alcoholics it must be used in appropriate doses as routine treatment, but in other patients only when the circulation begins to fail, the pulse becoming weak and 120 or over, or when the first sound of heart weakens and especially at the crisis of the disease and then in full doses.

Cardiac Tonics.—Strychnia stands at the head in point of efficiency and reliability, its only contra-indication being a high nervous tension and active delirum. Caffeine stands next in value and popularity, and is frequently used with great satisfaction. Nitroglycerine is used much in the condition of high arterial tension, and pulmonary edema, and failing right heart.

Prof. Eichhorst recommends the hypodermic injection of camphorated oil hourly or half-hourly in cases of extreme heart weakness. Camphor may also be combined with ether and used frequently in a flagging heart.

Digitalis has few adherents to-day, Petresco and Traube being the most enthusiastic, claiming for it the best circulatory stimulant, but often fails in high fever. If the fever is reduced by cold sponging or ice bag then it acts very well.

Landouzys claimed that digital was a specific to the pneumococcus, but of which there seems to be no proof. It will sometimes in a quick, irregular, soft pulse and rapid heart action be found of much benefit.

Oxygen is a safe measure indorsed by some medical writers and considered useless by others.

It is of benefit when there is dyspnœa, face livid and lips blue with strychnia and stimulants, but I must say for my own experience I could never see any benefit derived from its use, except by using it frequently for short intervals all through disease.

I believe the chief advantage of oxygen lies in impressing upon patient's friends that everything is being done to give relief.

The intravenous or subcutaneous injection of saline solution in high temperature and delirium with a failing heart is always of the greatest benefit and must not be forgotten.

Antipneumotoxin.—The experience with this therapeutic measure has been too small to present any clinical results as yet. Wilson, of Philadelphia, used it in 18 cases with 4 or 22 per cent. of deaths. Canby, of Baltimore, gives a series of four cases with rapid convalescence as a result of the serum treatment.

Special Treatment.—W. O. Bridges reports two cases in which he used sodium salicylat gr. XV each two hours, and six cases treated by guaiacal carbonate.

J. M. Allen advocates using sodium salicylat gr. XV each four hours.

C. F. Stokes reports several cases treated with satisfactory results with creosotal in M xii doses each two hours.

The silver salts are very much lauded in cases of pneumonia gr. ii-iii each 24 hours in a series of 112 cases with a mortality of 17 per cent.

TREATMENT OF DISEASES OF THE HEART.[1]

BY FRANCIS WESLEY HIGGINS, M.D.,
Cortlandt, N. Y.

NOTE.—This paper was prepared by Dr. F. W. Higgins to be read at the Annual Meeting of the Cortlandt County Medical Association, and was to have been read the evening of the day on which he died.

WHEN I began to practice medicine the teaching was to conceal from the patient the fact that he had heart disease. It was thought unwise to embitter his last days with the knowledge that he was affected with a disease which was fatal and for which nothing could be done.

Now, the times have changed, and for the better. A damaged heart may do duty for years, but the intelligent cooperation of the patient is necessary to the end. Further, diagnosis derived from listening to a heart murmur is not the whole duty of the physician. Indeed, the heart murmur, while quite interesting, may be of secondary importance. We have learned that the state of the heart muscle is the factor which determines the length of prospective life and of its usefulness.

Diseases of the heart were classified in former times into three divisions—pericarditis, endocarditis and myocarditis. Now, we have learned that these are to be sharply differentiated by no means. In no case is the serous membrane affected without impairing to a greater or less degree the heart muscle beneath.

A leaky valve may or may not shorten life. The resultant compensation in the cardiac muscle will determine. A heart disease may prove quickly fatal and no murmur be present during the whole course of the disease. Fatty degeneration is a Damocles sword over many a successful business man. So while we may still admit that a case well diagnosed is half treated we must insist that the diagnosis shall include in so far as is possible the condition of the heart muscle, the compensation and even the innervation of the heart.

If, then, a case of heart disease comes into our hands for treatment a careful history of the case should be first obtained. All the symptoms called subjective and which the physician is too apt to slur off as hardly worth attention or due to nervousness and apprehension are to be noted. Does the patient get out of breath in going upstairs? What sensations are noted in the cardiac region? How is the pulse affected by change in position or different forms of exercise? These symptoms with a careful study of the objective signs must precede any attempt to prescribe. In considering diseases of the heart we shall find that our most important duty as physicians is to prevent cardiac inflammations or degenerations and to try to prevent their further progress.

Most acute diseases of the heart are a sequela or complication of a systemic disease. The prevention of endocarditis means the prevention of rheumatism, chorea, gonorrhea and septic infection. In the presence of the developed general disease the prevention of irreparable damage to the heart consists in rest continued for some time after the insult has occurred.

The much-abused term "heart failure" signifies sudden death by overtaxing a weakened cardiac muscle. This may occur from so slight an exertion as sitting up in bed. The writer has seen sudden death in diphtheria from this cause. He has also seen a man drop suddenly dead on walking across a room after severe pneumonia. By rest, to be enforced when the heart is already affected or we have reason to fear that it will be, we can, of course, do no more than to lessen its work to the lowest limit. The rest that is so plainly indicated can only be relative. But, until the diseased muscle has recovered, life must be reduced to its lowest terms, a vegetative existence. Should the heart recover without a valvular lesion, life work can be resumed after a sufficient delay to insure perfect recovery of inflamed tissue. Should an obstruction or leaking valve be left, activities of all kinds must be restrained for months and years, until the heart muscle shall have hypertrophied to compensate for the defect.

The fine distinction of heart murmurs is not of the utmost importance in our regulation of the

[1]Read at the Meeting of the Cortlandt County Medical Association, January 6, 1904, at Cortlandt, N. Y., by the Secretary.

gradual return to the active duties of life. The functional disturbance produced by any exertion is our only reliable guide, and certain bounds should never be overpassed. Any exertion which causes dyspnœa is too much; dilatation, not hypertrophy, will be the result. If sitting or standing causes an excessive rise in the pulse rate, the patient must remain in bed. The patient himself may be taught that any exertion which increases the pulse above 100 beats per minute should be avoided. (Mendelsohn in Handbuch der Prophylaxe, 1901, p. 523.)

Palpitation of the heart after a full meal or when the stomach is filled with gas is not a symptom to laugh away. It will not do to apply a stethoscope and dismiss the case if no distinct heart murmur is heard.

A little puffiness about the eyes or ankles demands our attention as much as does a bruit. Paleness or cyanosis from slight causes, coldness of the extremities or pain about the heart may be termed functional, but are none the less important. In such cases the demand made upon the heart must not be excessive. Digitalis and all the other drugs are broken reeds in an attempt to develop more power from a weak heart. The work demanded of it must be reduced to its reduced capacity. An engine capable of carrying a 10 horse-power load will last a long time with care. It soon goes to pieces if it must run a 20 horse-power machine.

Acute rheumatism affects one joint after another in a peculiar way, often leaving one when another becomes red and painful. The serous membrane of the heart forms one of a series with the larger joints, becoming in its turn affected. This is independent of the weakness of heart muscle, which occurs here, as in every acute febrile disease like typhoid or pneumonia. For this reason the writer confesses to the fear, common to the laity, of "driving rheumatism to the heart" by local applications to painful joints. Prophylaxis for the heart consists in treating the rheumatic fever with the best-known remedies without an attempt to relieve any particular joint by local sedatives. So important is rest in this disease that Jacobi, after one attack of inflammatory rheumatism, would put a child in bed upon the slightest appearance of joint pain.

It is plain that we cannot regulate all the life of our patients to conform to a sufferer that has heart disease. There is no more harm in telling a patient that he has a weak heart that requires attention than in talking of any other disease. The statement must be made kindly and qualified by that which we know to be true; such a heart may allow its possessor the average span of life.

Should we be first called when the heart has been long in an abnormal condition, our first care must be to determine the degree of compensation and the amount of dilatation; in other words, its functional capacity. We then proceed to regulate its work to its capacity. Very rarely the work is to be increased, as in Overtel's treatment, by graduated hill climbing. Most often the aim is rather to make exercise of mind and body more regular and even. We are to level down when we cannot level up.

In acute dilatation or in failure of compensation we demand of the heart only that it shall supply the vital organs with blood. Mental activity and muscular activity are to cease entirely. Digestion is to be made as easy as possible by making the diet light, or even using predigested food.

We must not forget that besides valves and muscles the heart has also nerves. The depressing effects of grief and discouragement upon the heart and the corresponding tonic effects of cheerful surroundings are well known. We must avoid the one and utilize the other as far as possible.

The heart has also its own arterial blood supply. Should the coronary arteries become sclerotic or atheromatous, grave heart symptoms arise. This loss of function and distress, amounting at times to angina pectoris, must be met as we would arterial degeneration elsewhere. By adopting a less strenuous life these attacks may disappear. Middle age may have been passed in dread of intermittent attacks of angina pectoris, to be followed by many comfortable years after adopting quieter habits. Meat diet and alcohol are very bad for such a heart.

Fatty degeneration of the muscle is to be prevented in cardiac hypertrophy by a general tonic regimen. Obesity is to be treated as a prophylactic against its mechanical obstruction to the heart's action. These two affections are to be sharply distinguished.

Healthy hearts must differ in their capacity, as does the biceps muscle in different individuals. Overwork can damage any heart, the critical point varying for each. Soldiers' dilated hearts, caused by running with a knapsack on the back, the same condition caused by century runs or boat racing, damaged hearts in the bulls and bears of Wall street, or dyspnœa in a butcher who thinks he can continually do two men's work, are examples where a doctor's advice might have been valuable. Even after some damage is done we may put off the evil day by cautioning them not to run for a street car and not to strain at stool. We must tell them that their meals must be easily digestible and taken dry. That too much fluid taken at once may overburden the circulation. That dress should allow unrestricted motion of the neck, chest and abdomen; and that they must choose some occupation that makes no excessive demands. The coal tar products have been largely discarded as remedies since their depressing effects upon the heart has been so frequently noticed.

The Norse hero Thor had boasted that he would wrestle with any foe that Ulgard Toke should bring forth. An old, withered woman

was called in. Thor exerted all his great strength and strained every muscle to its breaking point, but finally sank one knee, and still she stood firm. The next morning the gods told him not to be cast down, for he had been wrestling with old age, whom none yet had been able to conquer. "A man is as old as his arteries." Arterio-sclerosis is old age. It is pathological when it is premature or when it is local. Its advent may be stayed by observing proper instructions.

Senility is that disease of the arteries against which no known prophylaxis avails; premature senility is to be avoided by preventing the formation of those irritating products of secondary digestion, which ruin the delicate vessels in which they circulate. Acute autointoxication causes many deaths; chronic autointoxication is the cause of very many more. Eating too much, stimulants, late hours, foul rooms, constipation, drinking too little water, lack of exercise which shall squeeze all the waste products out of the muscles and massage them out of the internal organs, vice and sin in every form from licentiousness to miserliness are causes which must be removed to prevent the progress of the disease. Treatment of arterio-sclerosis consists in the administration of several well-known powerful drugs which do very little good. Prevention demands all the mental resources of the practitioner, but may be may be most successful.

In development the heart is simply a dilatation and thickening of a blood vessel. A hard radial artery gives us a hint as to the condition of the cardiac wall. The heart wall may rupture as may a blood vessel when either becomes weakened by disease. In such patients we are careful that blood pressure be not suddenly raised. We have him sleep with the head high. We warn him of the dangers of a Turkish bath. We tell him that excitement in any form is to be avoided.

Our patient, acquainted with all the danger, may decline to live a philosopher's life in order to avoid an early death. If the physician, however, is clear and logical in his own mind he can greatly influence the most obstinate and irrational of those consulting him.

Little has been said so far as to drugs in the treatment of heart disease. They are not useless. Still my own opinion is that more lives have been shortened than lengthened by the administration of digitalis. A good preparation of cactus has served me well when the principal symptom was palpitation of the heart and an irregular or intermittent pulse was present. Strychnin may do good in small doses given for a day or two. Administration all through an acute disease in the hope of avoiding heart failure seems to me absurd.

Digitalis may be given in desperation when the mitral valve is leaking badly. It will relieve symptoms in such cases in a very satisfactory way, but is a two-edged sword.

Nitroglycerin is supposed to make the work of the heart easier by diminishing resistance in the terminal portions of the circulatory system. It certainly helps speedily in angina pectoris.

Alcohol acts like nitroglycerine. Its good results are due entirely to a dilatation of the arterioles and thus relieving the heart when blood pressure is too high. Recently we are hearing something about adrenaline as a heart tonic. It would seem to be indicated, however, only where tension was too low, as in shock, to stimulate the heart by giving it something to pump against. Hypodermics of strychnine in this condition that we often see used in an excitement after a serious accident or operation to me seem utterly worthless.

In conclusion I would say that the treatment of this great important central engine of the human economy requires our wisest judgment. Preventive measures are to be constantly in mind. Physical therapeutics and general measures are of much more importance than drugs, but these may benefit if used carefully and intelligently.

Just how much reserve force may exist in the cardiac muscle we never know. We see patients with damaged hearts go through serious operations or acute diseases; others suddenly fail in the crisis to our consternation. In none of our patients can we forget the importance of this organ.

To one experienced in running an automobile the slightest change in the rhythm or tone of the engine's throb is a premonition, so to us who are employed as a sort of chauffeur to keep business men up to their work the slightest symptom of cardiac disturbance should attract our attention, and so soon as possible the loose adjustment should be rectified.

REPORT OF CASE OF AORTIC, MITRAL, TRICUSPID AND PULMONARY REGURGITATION.[1]

BY GEO. H. FISH, M.D.,
Saratoga Springs, N. Y.

THE clinical diagnosis of this case was aortic, mitral, pulmonic and tricuspid regurgitation, complicated by hypostatic pneumonia and cirrhosis of liver and kidneys.

The anatomical diagnosis:

Right-sided pleural thickening with effusion.

Atelectasis of right lung with red and gray hepatization.

Red and gray hepatigation of left lung.

Dilatation of right auricle and ventricle, dilitation and hypertrophy of left ventricle.

Fibrous thickening of aortic, mitral and tricuspid valves.

Dilitation of stomach.

Hypertrophic cirrhosis of liver.

Hypertrophic cirrhosis of kidneys.

Enlarged prostate.

[1]Read at the Fourth Annual Meeting of the Saratoga County Medical Association, Mechanicsville, N. Y., March 29, 1904.

T. H. U. S., age 50, married, painter, came under my service at Saratoga Hospital January 22, 1904.

Family History—Negative.

Personal—Has always been well and strong until present illness; never had lead poisoning; has used alcohol and tobacco to excess for some years.

Present illness began last fall while at work in Auburn, N. Y., and he entered hospital there and was under treatment for about four months, improving enough to be able to come on to Saratoga. He unduly exposed himself the first two days he was at home, and so, on admission, complained of following symptoms: Severe pain in left side just below region of heart, extreme shortness of breath and inability to lie down or to sleep in any position. Temperature, 98.6; pulse, 90; respirations, 36 and labored; skin of face and mucous membranes cyanotic, edema of both legs present, extending above the knees. Apex beat was found displaced downward and to the left in the seventh intercostal space, about one inch to left of nipple line. The heart was acting regularly but tumultuously, and there was such a confusion of murmurs that but one could be accurately diagnosed at this time. This was a diastolic aortic murmur. The cardiac dullness was increased in all directions extending to right of sternum. Liver dullness increased to left and upward as well as downward. At this time patient was voiding 40-50 oz. urine of rather low specific gr., but containing no albumen or casts. Bowels regular and appetite good. Patient very nervous. He was put on milk diet, a calomel purge given and 1/50 nitroglycerin ordered every hour, with soda bromid gr. XX p. R. n. to control nervousness. On fourth day patient was able to sleep four hours lying down, and the heart's action had quieted so that in addition to aortic regurgitation, a mitral regurgitant murmur could be plainly heard; also a systotic, blowing murmur heard over ensiform cartilage believed to be from insufficiency of tricuspid valves. Over the pulmonary interspace could be made out a faint blowing diastotic murmur not transmitted and which, although admitting its great rarity, could, taken with all the other murmurs and symptoms in this case, be diagnosed as nothing else than the murmur of pulmonary regurgitation.

The dose of nitroglycerin was now reduced and a troublesome cough which the patient had developed controlled very nicely with 1/12 grain doses of Heroin. Patient continued fairly comfortable for next five days, when he became more restless and his breathing more labored, and as he begged piteously to be allowed to sit in a chair and was utterly unable to lie down, he was allowed to get out of bed and sit in a large armchair. Sulfonal gr. iii every 3 hours was prescribed. Urinalysis showed large amount of albumen and quantity of urine decreased. On eleventh day patient developed Cheyne Stokes respiration and uremic stupor, and appeared badly jaundiced. Caffein Citrat grs. 5 every 4 hours was ordered; this had its effect on the quantity of urine, and as the uremic symptoms began to clear up was given in 3-gr. doses instead of 5. On the 16th day patient slept six hours lying down and was very comfortable. His respirations had become regular and of less frequency, from 18 to 24 instead of 30 to 36 a minute; his cough very slight, and restlessness had disappeared, as had almost all the edema. The Heroin and sulfonal were discontinued, and patient continued to improve, sleeping lying down, averaging 5 to 6 hours each night. His color was good, and he could not understand why it would harm him to go downtown and attend to some business and return to the hospital. He said he felt perfectly well. This improvement continued until the 30th day, and I believe would have gone on much longer, for compensation had been fully established, but the patient would obey no orders and would steal forbidden articles of food in large quantities from other patients' trays and walk about the ward and halls as though he were well. On the 30th day he complained of pain over region of heart, shortness of breath and was unable to lie down for more than an hour or two at a time; he complained of great distress in stomach; Cheyne Stokes respiration again developed. Patient was again placed on strict milk diet, but the harm he had done could not this time be repaired, and he gradually grew worse, and was never comfortable again while alive unless under the influence of some opiate. He again became jaundiced, and on the 37th day, about two weeks before he died, stools began to be clay-colored. At this same time, he began to expectorate blood, and on examination hypostatic pneumonia was found to be present. For some days he raised quantities of blood and bloody sputum; edema extended up the legs. On the 40th day uremic symptoms again developed, and in spite of treatment continued until patient's death occurred on 52d day.

The autopsy, which was done by Dr. Towne, showed the right pleura filled with fluid, and thickened, the right lung collapsed and hepatized, the left lung hepatized. The heart, a typical cor bovinum, weighing 21 oz., the right auricle being fully eight times its natural size, the right ventricle greatly dilated and left ventricle dilated and hypertrophied, measuring four by five inches. The aortic valves were about double normal thickness, due to fibrous deposit, mitral valves and tricuspid valves showed fibrous thickening, no calcarious deposits were present. Although the pulmonary valves were not thickened, it would have been impossible for them to have closed perfectly on account of extreme dilation of right ventricle.

The liver weighed over four pounds, and in it fibrous contraction was apparently just begin-

ning. The spleen was normal. Stomach greatly dilated, holding 7½ pints.

Gall bladder partially distended, but no calculi present. The kidneys were fibrous and hardened; their capsuls stripping easily and cortical substance considerably hypertrophied. The left kidney weighed 9 oz.; the right, 8 oz. The vermiform appendix was longer than usual, measuring 7 inches; the prostate was found slightly enlarged.

I report this case as one of rather unusual interest. First, because it is seldom we see a case in which four regurgitant murmurs may be distinguished; secondly, to illustrate that even in the most hopeless cases where compensation is utterly ruptured, even with the complications from liver and kidney disease as existed in this case, the patient's condition being so critical that it seemed impossible for him to live from one hour to another, yet compensation may be restored; and, thirdly, to emphasize the importance of maintaining rest and proper diet for some time after compensation has taken place.

Had this patient followed directions and not overloaded his stomach with improper food and refused to keep quiet, as he should, he might be alive to-day. While another rupture of compensation was, of course, but a matter of time, yet it could, I believe, have been delayed with the result of at least a few weeks of comfort to the patient.

APPENDICITIS; INDICATIONS FOR APPENDECTOMY.[1]

BY F. E. LETTICE, M.D.,
Watertown, N. Y.

IN selecting a subject for your discussion I have endeavored to choose one of equal importance to the surgeon and general practitioner, and though that of appendicitis seems already well thrashed and overworked, yet when we recall the frequency and danger of this disease an apology for its presentation hardly seems demanded. To understand how much attention is given to this disease we have only to note the vast amount of literature written upon this subject. Hardly an issue of our medical journals appears without some reference to this ailment. That this amount of discussion exists and continues to appear shows clearly there is something desired in connection with this disease. That something has narrowed itself principally to the proper time for operation. So far as the diagnosis is concerned, with few exceptions, little difficulty is experienced since even the laity now quickly recognize the probable cause of the pain in the right iliac fossa. But with the diagnosis made the question of surgical intervention is only too frequently left undecided and delayed to a time unfavorable for the attainment of best results. At present the proper time for this intervention is the disputed question, and not so much that of medical versus surgical treatment, since practically all now agree that appendicitis is purely and wholly a surgical disease. Though this is true, nevertheless in the vast majority of cases the general practitioner is the first to see the sufferer, and with him rests in great part the determination of the best course to pursue. This course must be modified—depending upon the period at which the disease is diagnosticated, but should at some time be operative. That statement that every case of appendicitis should be operated upon some time during its course does not imply that the work must be done as soon as the diagnosis is made, although, as we shall see later, it is true in the early hours of the disease.

Frequently the disease, especially of milder symptoms, has existed for twenty-four to forty-eight hours or even longer before medical advice is sought, and now, although operative measures must be seriously considered, the surgeon should be guided by the symptoms presented, remembering that operation in the case in which symptoms have somewhat abated may be of sufficient shock and trauma to give the infection a new foothold upon the general peritoneum. This being true more especially to those cases seen after the second or third day, where the disease has spread beyond the appendix and nature has begun a successful effort to wall off the general peritoneal cavity, but has been interrupted in her work by manipulations incident upon the operation. Perhaps the stating of certain symptoms of hypothetical cases will help materially in explaining the operative indications as applied to the various stages in particular, and to the disease in general.

Although it is impossible to give a picture or group of symptoms that will apply to every case, yet certain symptoms are common to all, though frequently some of them will be exaggerated, together with a total absence of other familiar signs of the disease. In these cases the symptoms present must be given due weight and those absent totally disregarded in so far as wasting any time awaiting their appearance. The diagnosis can be made even if for hours some common expression of the disease is absent, for in certain cases one or two symptoms serve to safely direct us, while in others our decision, both as to diagnosis and operation, must be guided by the general clinical picture.

In noting our conditions, indicating operation, we shall first consider a case of the mild form of the disease, then show it in the more severe types through all of which every mild case may progress. That is, from simple catarrhal to perforation or gangrene with general peritonitis.

A case seen during the first two or three days with history of slight vomiting, some abdominal tenderness and pain over cæcum, temperature only slightly elevated and pulse below 100, gives us the picture of a mild case of appendicitis, and to many a favorable one for expectant treatment.

[1]Read at the Annual Meeting of the Jefferson County Medical Association, Watertown, N. Y., January 12, 1904.

And here rises the first dissenting voice against immediate operation. Although the profession is practically united on the idea of early operation, yet many physicians hesitate to consign their patients to the operating table while symptoms are so mild, especially since it is known that a large majority of these cases survive the attack. But nevertheless, though it may sometimes seem that the case does not call for such early radical treatment, statistics show, and every operator's experience has taught him, that this is the most favorable period for operating as the disease is removed in its infancy, and thus are all complications escaped in addition to the operation being rapidly and easily performed with a rate of mortality reduced almost to nil, there being practically no danger incurred but that of the general anesthetic. With the focus of disease removed in toto it is impossible for it to spread, while delay of a few hours permits involvement of the peritoneum to a certain extent with a production of adhesions more or less widespread as the most favorable result. Instead of this fortunate walling off, perforation or gangrene with diffuse peritonitis and all its dangers may result.

The point of operating while the infection is confined to the appendix cannot be too strongly emphasized. The duration of this period varies greatly from a few hours to days, depending upon the severity of the infection. The man who operates in these cases when the diagnosis is made makes no mistake. He approaches the case in full confidence of a successful outcome of the operation, and the results are exceedingly gratifying.

Now, if immediate operation is impracticable or if the physician desires for a time the expectant treatment, the all-important question is: "How long, with any degree of safety, can we wait before operating, and what are the danger signals not to be disregarded?" To this we must make our answer fit the particular case under discussion. In the case presenting the symptoms which we have enumerated as those of acute catarrhal appendicitis, we may say briefly, if the patient after twelve hours of expectant treatment is not improved, a longer wait should not be tolerated. With improvement within this time the patient may, under close observation, be safely carried through the attack and subjected to the interval operation. But if after a few hours, instead of an amelioration of both local and general symptoms we find there has been steady progress in all or any of the symptoms, this twelve hours' limit is by no means to be considered. We are convinced that the disease is progressing, and no man would dare to predict where the advance will stop. In considering the case we must not allow ourselves to be misled by apparent improvement in local without the same resulting in the general symptoms. If we are to be guided by or lay stress upon any one symptom, that one should be the pulse, since no one phenomenon of the disease indexes the septic intoxication so well as this. A continuously rising pulse must always be viewed with alarm. The temperature is of secondary value in comparison with other symptoms and of little value as to prognosis when considered alone, a high temperature associated with high pulse being less grave than a high pulse rate with low temperature.

Richardson, of Boston, gives the following symptoms, any one of which, he says, demands immediate operation: These are continued and intense pain, board-like rigidity of the muscles of the right abdomen, constant vomiting and high pulse rate with or without high temperature.

When we recall the great discrepancy that not infrequently exists between the symptoms shown and the existing pathological condition it is easy to understand why any prominent indication of serious trouble should be carefully interpreted and our decision guided thereby. If doubt exists it is safer to operate than to delay. Of the general symptoms the pulse and vomiting are our best guides. As already stated, a continuously rising pulse indicates serious mischief. In the case presenting these severe symptoms from the onset, not a moment's delay beyond necessary time for preparation should be permitted. These are emergency cases, and demand as prompt explorations as the large caliber bullet wound of the abdomen. In neither case can we know, previous to operation, how great is the destruction, and delay only adds danger and carries the patient further from hope of recovery. Although, even in these severe cases, the omentum and peritoneal surfaces make rapid movements toward walling off, frequently but little can be accomplished, especially in the fulminating cases. Here not infrequently the system is so overwhelmed from the onset that nature is totally unable to respond to the call for defensive work, and the rapid destruction of the appendicial walls permits early and wide dissemination of bacteria over the peritoneum. We see these cases showing stormy symptoms from the onset in marked pain and vomiting, comparatively early as regards the mild cases where "home treatment" is frequently instituted until an abscess has formed or sudden exacerbation of symptoms shows probable perforation, and from the severity of the case the most conservative man will appreciate that true conservatism here means that of life and not of the appendix. These are the cases, as has already been stated, that so quickly pass on to gangrene or perforation with general peritonitis, and leave but a forlorn hope in the operation that a few hours before while the infection was still confined to the appendix would have saved. It is never possible to know how long we can confine the infection to the appendix, and consequently we should operate while we know it is there.

When nature fails to limit the inflammation

to the appendix and immediate vicinity, and the adjoining peritoneum has become invaded, the proper course to pursue becomes a problem often difficult to solve, for we are at a loss to know what reparative measures she will be able to make or just how much harm we may cause by operating.

Many, as Ochsner and Murphy, contend that operation at this period tends to spread the infection and increase the mortality; that the removal of the appendix no longer removes the entire disease, and that by palliative treatment the majority of these cases in a few days can be gotten into condition to be safely reached by operation with a comparatively low mortality. It is true that now by removal of the appendix we can no longer remove the infection in toto; but we can remove the infection source and prevent continual addition of fresh germs from its interior. Moreover, drainage is established, and by the proper application of gauze we may surround the infected area, thereby artificially establishing the barriers which nature has failed to erect and which we have no means of knowing that she will do if we wait. Delay may mean local peritonitis becoming general and a bad matter made worse.

As I understand the Ochsner treatment, these cases are not cured by expectant treatment, but simply improved for later operation. This plan would be perfectly tenable providing we could foretell how much nature would do toward confining the disease, but since this is impossible it hardly seems justifiable to allow so uncertain conditions to exist while we wait hour after hour, during which a general peritonitis seems far more probable than that nature will check the progressing disease after she has thus far demonstrated her inability to cope successfully with the infection. These are the cases that run up the mortality for appendicitis, regardless of our method of treatment. And just here in regard to this type of the disease the old saying, "An ounce of prevention is worth a pound of cure," may be fully appreciated. If we do not permit our cases to reach this stage there need never be an occasion to doubt our judgment when we advise operation.

When we reach the cases associated with general peritonitis the removal of the appendix is only incident upon the operation demanded by the complication. If any one objects to operation in this condition we have only to refer him to the relative mortality of the medically and surgically treated cases, the former being over 90 per cent., while the latter is variously placed from 30 per cent., or even less, to 60 per cent. These figures are convincing, and we need no further argument to show the great value of surgical intervention.

Under acute cases there still remain to be considered those cases which have gone on to abscess formation. The removal of the appendix in these cases at the time of drainage of the abscess depends entirely upon circumstances. If it can be readily done without endangering the general peritoneal cavity, by breaking down protecting adhesions, it is good surgery to do so, but a prolonged and difficult dissection is best avoided. Drain the abscess as soon as recognized. The appendix may be removed at subsequent operation if symptoms still persist after healing of the abscess cavity.

Now let us consider the patient who has reached the "interval" operating period or, in other words, has survived the attack and is now suffering from chronic appendicitis, which may show itself in a variety of gastro-intestinal irritations or as "grumblings" of varying intensity in the right iliac fossa. Having survived his acute attack he not infrequently believes himself cured, and in this belief only too frequently he is supported by his physician.

At any rate it is often difficult to make him appreciate the danger he is in from a subsequent attack and persuade him to submit to operation while he is enjoying comparatively excellent health. This is a lesser evil and disappointment of the attempt to gain the "interval." The physician has safely reached the goal over a course beset by many dangers, only to have his patient now flatly refuse operation. Let us look at his dangers from a subsequent attack, which is practically assured to him. The second attack may be milder than the first or at most no severer, but we must reasonably expect, since the appendix is already damaged, that this second attack will be much more severe, possibly a fulminating form passing quickly to gangrene and perforations. This is a danger than cannot be too gravely considered, even though it is not so common as recurring mild attacks. His health as well as life is in constant danger so long as he possesses his diseased appendix. In view of this fact he is never safe in placing himself beyond the reach of a competent surgeon, for no one can say what day may bring an acute exacerbation of the severest form. Repeated attacks only complicate the lesion by formation of adhesions which often greatly embarrass the operator and make the operation unnecessarily difficult.

Richardson says: "In considering chronic appendicitis, removal is indicated in three classes of cases:

"(1) After recovery from one severe attack.

"(2) After numerous mild attacks.

"(3) When local symptoms exist after drainage of an appendicular abscess without removal of the appendix."

It might be well to make the second conclusion a little stronger since the severity of the second attack can never be foretold, and, say, operate after one mild attack. No mistake can be made in so doing, and much suffering, even life, may be saved. To strengthen our indications for early operation we may enumerate the advantages gained thereby.

First and most important is the low mortality. This is variously given from one-tenth of 1 per cent. to 2 per cent.

Deaven reports three hundred and sixty-seven (367) cases with a mortality of .8 of 1 per cent. It is probably about 1 per cent. in the hands of all operators.

Second to the low mortality comes the escape from complications, such as peritonitis, abscess, bowel obstruction and hernia into the scar in cases requiring drainage. Long convalescence is also avoided by prompt removal of the disease. The more we review the results of appendicitis the more we feel like saying, operate when the diagnosis is made. The general practitioner will do well to remember that the surgeon can be called too late, never too early.

In noting the indications for appendectomy we must not fail to consider those cases in which its removal seems necessary as an incident to abdominal sections for other diseases. The question, "Do you remove the appendix in every case of abdominal section?" was a few years ago addressed to many of the prominent surgeons of the country, and elicited a variety of answers varying from affirmative to complete negative. Though its removal, circumstances permitting, can do no harm, yet it hardly seems necessary unless some apparent pathological condition exists. The well-known relation existing between gall-bladder disease and appendicitis should at least lead to a careful examination of the appendix in every case. The statement holds good also in regard to disease of the uterine adnexa, especially of the right side, where not frequently the appendix is found adherent to the diseased tube or ovary. Any such adhesion, no matter how slight, any apparent thickening or extraordinary length of the appendix, demands its removal. Gross examinations do not always demonstrate the diseased condition, as is shown by Baldwin, who found only twenty-seven normal appendices out of six hundred and thirty-six (636) removed during operation for other pathological conditions.

It is somewhat difficult, as you readily appreciate, to lay down hard, fast conclusions regarding all cases, but it is better to operate any number of cases too early than one case too late, and with that view of the subject I believe the following conclusions may be considered as proper indications for prompt removal of the vermiform appendix:

(1) All cases seen during the first forty-eight hours of the disease.

(2) All cases seen after this period in which both local and general symptoms have not ameliorated.

(3) All abscess cases when its removal does not endanger opening the general peritoneal cavity.

(4) All cases of chronic symptoms.

(5) When local symptoms exist after drainage of the abscess without removal of the appendix.

(6) In all abdominal sections, circumstances permitting, when its normal condition is doubtful.

CIRRHOSIS OF THE LIVER.[1]

BY G. W. ROOS, M.D.,
Wellsville, N. Y.

CHAIRMAN and gentlemen, I have chosen for my subject a disease of a most chronic nature; it is cirrhosis of the liver.

The many forms of cirrhosis of the liver have one feature in common, an increase in the connective tissue of the organ, and can be classed etiologically, according to the supposed cause.

Osler classifies cirrhosis etiological, anatomical and chemical.

1st. Toxic cirrhosis, alcohol the chief cause. Other poisons, such as lead and the toxic products of fatty metabolism in gout, diabetes, rickets and indigestion, play a minor role.

2d. Infectious cirrhosis with many of the specific fevers, necrotic changes occur in the liver, which, when widespread, may be followed by cirrhosis. Hypertrophic cirrhosis of Hanot and other forms met with in early life are due to imperfection. The malaria is a well recognized variety; the syphilitic poison produces a very characteristic form.

3d. Cirrhosis from chronic congestion of the blood vessels in heart disease, the cardiac liver.

4th. Cirrhosis from chronic obstruction of the bile ducts, a form of very slight clinical interest.

Anthracosis, the carbon pigment, may reach the liver in large quantities, being deposited in the connective tissue about the portal canal leading to cirrhosis.

Anatomical:

1st. Vascular cirrhosis, in which the new growth of connective tissue has its starting point about the finer branches of the portal and hepatic veins.

2d. Biliary cirrhosis, in which it begins about the fine bile ducts and forms obstruction of the larger bile ducts.

3d. Capsular aperihepatitis leading to the thickening of the capsule and reducing the volume of the liver.

Chemical classification:

1st. The alcoholic cirrhosis of Laennic, including with this the fatty cirrhotic liver.

2d. The hypertrophic cirrhosis of Hanot.

3d. Syphilitic cirrhosis.

4th. Capsular cirrhosis, chronic perihepatitis.

Alcoholic cirrhosis occurs most frequently in middle-aged males who have been addicted to drink. It is more common in countries where strong liquors are used.

In atrophic cirrhosis the organ is greatly reduced in size and may be deformed.

[1]Read at the Meeting of the Alleghany County Medical Association, Belmont, N. Y., January 2, 1904.

The fatty cirrhotic liver, even in the atrophic form, the fat is increased.

Hypertrophic cirrhosis Hanot:

This well-characterized form was first discussed by Requin in 1846, but one accurate knowledge of the condition dates from the work of the lamented Hanot in 1875, whose name in France is Malade de Hanot. Cirrhosis with enlargement occurs in the early stage of atrophic cirrhosis; there is an enlarged, fatty and cirrhotic liver of alcoholics. A pigmentary form, in diabetes, has been described, and in association with syphilis the organ is often very large. The hypertrophic cirrhosis of Hanot is easily distinguished from these forms, and is more common in males than females. The subjects are young, some of the cases in children.

The organ is enlarged, weighing from 2,000 to 4,000 grams. The form is maintained and the surface is smooth. There is no alcoholic history, and it is apt to be met in young adults and even children.

Moderate enlargement of the liver may be present before any subjective symptoms are observed; it is a remarkably chronic disease, duration from four to ten years.

Jaundice, slight, often not more than a lemon tint or a tinging of the conjunctiva. At any time during the course an ecterus grovis with high fever and delirum may develop. There is bile in the urine, the stools are not clay colored, as in obstructive jaundice, but may be very dark and bilious.

Attacks of pain in the region of the liver, which may be severe and associated with nausea and vomiting; the pain may be slight and dragging, and in some cases is not at all a prominent symptom.

The jaundice may deepen after attacks of pain; a fulness in the upper abdominal zone may be the first complaint.

On palpation the hypertrophig is uniform, the consistence is increased and the edge distinct. The gall bladder is not enlarged, the vertical flatness is much increased and may extend from the sixth rib to a level with the navel. The spleen is enlarged, easily palpable and very hard; certain negative features are of moment; absence of accites and dilitation of the subcutaneous veins of the abdomen.

Among the symptoms may be mentioned hemorrhage and skin symptoms as articaria, etc., and the skin may take on a bronze color almost as deep as in Addison's disease.

Slight fever may be present, which increases during the crisis of pain. There may be marked leucocytosis. The patients die with symptoms of ecterus grovis.

Andrews gives a table for differential diagnosis of hypertrophic cirrhosis. This may be confounded with carcinoma of the liver, hydated cyst, hepatic abscess and the biliary form of cirrhosis.

REPORT OF A CASE OF POLIOMYELITIS.[1]

BY JOHN COTTON, M.D.,
Burnt Hills, N. Y.

I WAS called September 26th to see an Italian girl, 9 years of age. She had been ailing about one week, and had been to my office a few days before, complaining of loss of appetite, weakness and pain in back of head, shoulders and arms. She grew worse from day to-day, and soon took to her bed. At the time of my visit there was fever, with temperature of 104 degrees; headache, pain in back and limbs, especially in arms. Tongue was heavily coated and dry; abdomen slightly tympanitic. At this time and for a few days following I thought it a case of typhoid fever. Three or four days later the suffering with her back had increased very much, and she would cry if moved or raised into a sitting posture. On examining her back I discovered nothing abnormal aside from tenderness. The part most sensitive was the lower dorsal region. I inquired whether she had injured her back in any way, and was told that about two weeks before commencement of illness she had fallen backwards, striking on a stump and had hurt herself so that for a week her back was sore and lame. After this she seemed well. The day she was taken sick she waded in the creek during the forenoon. Toward night she did not feel well, and from this time grew worse each day. If moved it not only hurt her back, but her legs and arms also, suggesting rheumatism to the family. There was no redness, swelling or soreness about the joints, but when the muscles were grasped there was considerable tenderness. The muscles were flaccid. There was no spasm or rigidity noticed at any time. She was very restless and suffered a good deal at this period, and anodynes were required. The temperature remained from 103 to 104 degrees during the first week. After this the fever subsided gradually; and at the same time the pain and soreness lessened, the tongue cleaned, and she began to take nourishment more freely. Soon after improvement commenced the family called my attention to her excessive weakness. In getting her up it was noticed that she could not stand without support. On testing the strength of her hands and arms it was evident there was loss of power in them also. Two or three days later the paralysis was complete. She could not stir arm or leg, hand or foot. Neither could she move her head so much as to roll it on the pillow. Her voice was fairly strong and clear, but articulation was indistinct, making it very difficult to understand what she said. The facial expression was natural. The tongue was protruded readily. Food and drink were taken without difficulty. Sensation was not impaired. Defecation and micturition were normal. In two or three days the paralysis commenced to recede. October 12th

[1]Read at the Fourth Annual Meeting of the Saratoga County Medical Association, Mechanicsville, N. Y., March 29, 1904.

we noticed she could move her head a little, the next day her arm. A week later she was able to raise the right arm from the bed. Yet another week and she could raise left arm in same manner and draw up the knees as she lay on the bed. About this time she commenced to sit up propped with pillows in a chair. November 7th she was able to feed herself and to hold a pencil firmly enough to write a little. She was gaining strength in legs also, but was not yet able to walk. A few days later she went to stay with relatives at a distance, and I did not see her again till recently. She is now the picture of health, stands erect, walks naturally and says she can do anything with her hands and arms that she ever could do. Her mother volunteered the statement, "She is all right." This condition of recovery was reached about the last of February.

THE PASSING OF NEURASTHENIA.

To sum up: It is my contention, first, that many cases of dementia precox are in the early stages considered neurasthenics; but also that there are abortive types of dementia precox which pass through life or many years of it, with the dementia arrested, and are classed simply as neurasthenic. They are seen in college men and young professional men who break down suddenly after starting out brilliantly and are never heard of, becoming perhaps breadwinners and fathers of families, but never amounting to anything, and always working at a disadvantage. They have no initiative; they break down often, and have to rest and limit their work.

Finally, neurasthenia occurring under twenty is rarely neurasthenia. It is a dementia precox, or a recurrent melancholia, or the exhaustion of a phrenasthenia, and it is rarely paranoia. Neurasthenia occurring at this early period with a bad family history; including family alcoholserious malady.—Charles Dana, in Boston *Med. and Surg. Journal.*

SCARLATINA.

Lauder holds that infection in this disorder is due to throat involvement and not to desquamation. In the Southampton Fever Hospital the patient is examined and a swab taken from the throat for bacteriologic examination; doubtful cases are put in the observation ward and detained or sent home, according to the diagnosis, the ward being disinfected immediately after their removal. Typical cases of scarlatina are put into the "acute room" and kept there until the acute stage is past and diphtheria is excluded. They are then removed to the general ward, where recent cases are kept apart from the convalescent ones. This is done with the mild as well as the severest forms. If at any time aural or nasal discharges, enlarged tonsils, glands, etc., develop, the patient is moved from the general ward to a special pavilion reserved for such complications. At the end of the third week, if free from complications, the patients are transferred from the general ward to another pavilion which has been thoroughly disinfected and to which no cases are admitted except through the out-bathing station with the same precautions as if they were discharged from the hospital. They are kept here for one week, apart from all the other patients, and the nose, throat and ears carefully douched with a disinfectant each evening after bathing. At the end of a week—that is, at the end of the fourth week of the disease—they are sent home after passing the out-bathing station, without regard as to whether they are still peeling or not. After they are discharged no patients are admitted into the same pavilion until it has been thoroughly disinfected. The general wards are thoroughly disinfected at least once a month. These methods have not only freed them from the occurrence of albuminuria, enlarged glands, discharges of the nose and ears, but have reduced the duration of the fever and the periods which the patient had to be kept in bed and left them during the year without a single case of post-scarlatinal diphtheria or relapse. He gives a tabulated analysis of cases and brief accounts of a few.—*Journal American Medical Association.*

GONORRHEA IN PREGNANCY.

Just a line about gonorrhea during pregnancy and the puerperal state. It is by no means an uncommon complication, and there are special reasons why it may be neglected at this time. During pregnancy when infection exists, daily douching with bichloride solutions should continue until the last week of pregnancy. Every precaution should be taken to protect the eyes of the child after its birth. No attempt should be made to treat the cervix locally, as a miscarriage will frequently follow. The douches should be given during the puerperal period as before labor. No definite symptomatology for a gonorrheal process during the puerperium has been described. It may develop as early as the third day, although Sanger (Hirst Text Book of Obstetrics) states that it rarely appears in the earlier part of the puerperal state. It breaks out first about six or seven weeks after delivery, the most violent cases being acquired during the period of uterine involution. If examination reveals infection of urethral of vulvovaginal glands, or, if it is known to have existed during pregnancy, a diagnosis can be determined almost positively.

The consequences of gonorrhea during the puerperal state may be of the worst type, the ravages extending to the connective tissue, peritoneum and other structures and demanding prompt surgical measures. The microscope is indispensable in treating gonorrhea, especially the chronic form. Secretions should be examined from the many localities where it is known to be persistent and repeated tests made until the gonococci are no longer found.—*C. I. Miller, Louisiana Med. Jour.*

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Delegotes to the Annuol Meeting of the Americon Medicol Association, June, 1904.

E. ELIOT HARRIS, New York. Joseph D. Bryant, New York. Joseph W. Grosvenor, Buffalo. Elias Lester, Seneca Falls.

(For list of other officers, see lost poges of reoding motter.)

Members of the American Medical Association who are members of The New York State Medical Association:

July 1st,	1,030
Increase,	13
Total August 1, 1904	1.043

Members of The New York State Medical Association:

July 1st,	1,771
Increase,	2
Total August 1, 1904,	1.773

The New York State Journal of Medicine.

Published Monthly by The New York State Medical Association.

COMMITTEE ON PUBLICATION:
CHARLES E. DENISON, M.D., Chairman.
Charles G. Childs, Jr., M.D.
W. Travis Gibb, M.D.
E. Eliot Harris, M.D.
Thomas F. Reilly, M.D.

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INSURANCE FOR PHYSICIANS

Against Malpractice Suits Brought by Scheming Patients—Some Such Suits Genuine, but Most of Them Not So.

The need of physicians for protection from unjust attack by patients is well set forth in the following article which appeared in the New York *Evening Post,* July 23d, it evidently not being known to the editor that The New York State Medical Association already furnished the needed protection to its members besides many other advantages for a small yearly due:

"Physicians and surgeons, because of the ethics of their profession, are in a peculiarly helpless position to defend themselves against a certain class of sharpers and blackmailers who make a practice of bringing malpractice suits, alleging negligence or incompetence. Those who seek to fleece, hope for a compromise settlement out of court, knowing the hesitancy which reputable practitioners feel in having their names exploited in connection with such cases. Others bring suits to avoid paying their bills, hoping to frighten the physician, and in many cases succeeding. Malpractice is a word that has come to have a restricted and sinister meaning to the great newspaper reading public, and justly or unjustly no medical man cares to have the accusation laid at his door.

"From time to time such paragraphs as the following appear in newspapers in various parts of the country:

"'AUGUSTA, Me., December 17.—In the law court to-day one of the most unique cases in the jurisprudence of this State was heard, Chief Justice Wiswell presiding. A verdict was returned for the plaintiff in the sum of $3,000 in the case of A. D. Ramsdell, administratrix, against Dr. J. B. Grady. Both parties reside in Eastport. The plaintiff alleges that because of the negligence of the defendant, the husband of the plaintiff died of diphtheria. Dr. Grady's counsel, W. R. Pattangall, of Bangor, argued that the verdict was against law, against the evidence, and the weight of the evidence, and the damages are excessive and not warranted by the evidence in the case. The administratrix brought suit, placing the ad damnum at $5,000.

"The Court of Appeals of Kentucky has decided, in the case of Burk vs. Foster, that the skill required of a physician in treating a patient is not to be measured by that exercised by 'ordinary skilful and prudent physicians in that (particular) vicinity in treating a like injury,' but by such as is exercised generally by physicians of ordinary care and skill in similar communities. The court further held that the mere fact that the result of a patient's treatment 'is as good as is usually obtained in like cases similarly situated' will not preclude a recovery by the patient against the physician for negligence and lack of skill, the patient being entitled to the chance for the better results which might come from proper treatment.

"It is from such cases as these brought in good faith that swindlers and sharpers see their chance. They prey upon such doctors as they can involve in their schemes.

"The prevalence of such crimes has brought into existence a new form of accident insurance. In the medical journals there are appearing advertisements of casualty companies offering to issue liability policies to physicians, surgeons, and dentists against malpractice suits. The insurance company agrees to defend all malpractice suits brought against the physician, and to hold itself liable for the amount of damages, if any, should the case be decided against the defendant.

"To guard against certain disreputable practitioners the policies contain a paragraph reading:

"The company shall not be liable under this policy for any injuries, fatal or non-fatal, resulting from the violation of any law or ordinance on the part of the assured, nor if any alleged error, mistake or malpractice has occurred while the assured is more or less under the influence of intoxicants, anesthetics, or narcotics.

"Here is a paragraph taken from a Pittsburg paper of a suit that might prove in the highest

degree harmful to a physician, if decided against him:

"Evaline Thomas, by her attorneys, George S. Davis and G. C. Bradshaw, in Common Pleas Court No. 3 to-day brought a suit in trespass against Dr. R. H. Morrell for $2,000. A capias was issued and bail in $300 demanded. In her statement the plaintiff sets forth that on June 16th she visited the defendant to have him treat a disease, and that he asked her a few questions, but made no physical examination, which she says he should have done, to properly acquaint himself with her condition and the extent of her ailment. She said he applied an electric battery, which accelerated her complaint, and upon the third treatment she was unable to go to the office of the defendant, and has been confined to her bed. She says it has become necessary for her to submit to an operation in the McKees Rocks Hospital, and that her health is greatly injured.

"It is to avoid appearing and contesting such suits that physicians, the insurance men claim, are taking to the new form of underwriting."

THE AMERICAN ASSOCIATION OF STATE MEDICAL JOURNALS.

Representatives of the State medical journals, who were present at the Atlantic City meeting, practically decided that an association of the State journals would be a strong bond of sympathy and good will; after every point of view was fully discussed the preliminary articles of association were prepared and final agreement deferred until next year. As these are of special interest to the members of the Association, it is desirable a full expression of opinion should be secured.

PRELIMINARY ARTICLES OF ASSOCIATION.

The name of this Association shall be "The American Association of State Medical Journals."

Its purpose shall be to federate, for mutual encouragement, support and business interests, the journals now published by State Medical Associations, or which may hereafter be so published; only journals published, or controlled by State Medical Associations shall be eligible to membership.

Its meetings shall be held annually at such time and place as the American Medical Association may meet.

This Association makes the following declaration in regard to advertisements: No State Medical Journal shall accept an advertisement of a medicine which is not ethical. To be ethical in the meaning of this declaration the product advertised must have published with it not only the names of its constituent parts, but also the amount of such constituents, so that a definite dosage can be determined. Further, such product must not be advertised to the lay public through the secular press.

In case a product is advertised under a copyrighted name, the manufacturer shall furnish with it the proper chemical name, and if not patented then also the process of manufacture.

All advertisements not covered by above paragraphs, or which contain extravagant and improbable claims, shall be submitted to the executive committee for approval before they can be accepted.

Editors of State Medical Journals and members of Publication Committees of State Societies shall be included in the membership of this Association.

UNION OPPOSED.

On July 20, 1904, in pursuance with the order published in last month's Journal, the Court took up the consideration of the final order uniting the Medical Society of the State of New York and The New York State Medical Association. W. A. Glenn, attorney, of Syracuse, appeared for F. J. Kaufmann, G. A. Edwards and the Onondaga County Medical Association, and opposed the motion. Lawyer Glenn said that there was no actual opposition to consolidation, but that his clients believed that the merger should be carried out in accordance with the terms of the General Corporations law, by which each association would be wound up prior to the establishment of the new organization. Most of the doctors in the State are in favor of carrying out the consolidation as intended by the Legislature. Decision was reserved.

MEDICAL PROTECTION.

The Morristown Medical Society, a newly organized medical protection society in New Jersey, will soon be in operation. One of the physicians interested makes the following statement:

"I want it especially impressed on the people that we are going to have a blacklist, and those persons who do not pay their medical bills will have no attention paid to their calls for aid. This is merely a matter of protection. There are many persons who call in a different physician every time a case of sickness occurs, and never pay any bill. That is not right. Those who want medical attendance should be willing to pay for it, and if they will not pay willingly, then they should be made to pay. Our list will put a stop to most of the deadbeat business.

"With regards to rates, you can say that a flat rate of 75 cents will be charged for office consultation, while the price for house visits will generally be $1. Of course, there will be a schedule which will cover all cases, but the prices I have stated will be the basis for all charges. All members of the society will be obliged to adhere to the schedule, and no member can visit the patients of another practitioner. If there are urgent calls from persons on the blacklist they will be turned over to the young graduates."

THE CULTIVATION OF FELLOWSHIP.

At the first glance, an organization for this purpose seems selfish, and for the sole benefit of its members. It will be found, however, on closer study, that companionship, and the mutual interests of the individuals of an organized body, may result in the promotion of the welfare of others. Charles Lamb was once asked if he did not hate a certain person who was named by the querist. The great essayist answered, "How can I hate him? I know him." In the medical profession, as in other walks of life, much trouble would often be avoided if we knew each other better. A popular southern lecturer, in one of his public addresses, expresses the opinion that if the great railroads of our country had been built north and south, instead of east and west, the great civil war would not have been fought. His argument is that if the railroads had run as suggested, "The people of the sections would have mingled with each other; and people who mingle with each other, come to know each other; and people who know each other, learn to respect each other; and people who respect each other, soon love each other ; and people who love each other, never fight each other." This principle is found to apply in the medical profession, and "fights" among doctors may be prevented in the same way. Those who habitually attend the medical societies become acquainted and learn to respect each other. Such association and respect will eventually end the jealousies and animosities which are apt to arise between competitors, and instead of enmity, a spirit of fraternity will prevail. Intimate association will tend to soften the asperities of professional life and beget mutual respect and confidence. This will always make us ready and willing to aid each other in emergencies. There is no class of men who need each other's assistance more than physicians, who are daily called upon the solve the great problems of life and death. The celebrated Greek poet, Menander, said, "It is not life to live alone. Let us help one another." It is apparent how such a spirit of helpfulness will contribute to the welfare of the public.—President's address, Indiana State Medical Society.

PROTECTION OF PHYSICIANS AGAINST BLACKMAIL.

Most malpractice suits are simple blackmail. A patient, well served by his physician, refuses to pay his bill. Talking the matter over he finds a miscreant—miscalled doctor—who tells him he has a case and advises consulting a miscreant lawyer, who takes the case on speculation. A demand for damages is made of the doctor, and a bluff made of beginning suit. If the defense be weak-kneed the suit goes on, with all the uncertainty of a jury trial, and a probable mulcting for damages.

The number of these and allied suits is larger than generally supposed, because most never reach the public. Statistics show that during the past few years in the United States one out of every one hundred and fifty physicians has been sued for malpractice.

Two years ago the New York State Medical Association began to protect its members. The *Medical Record* says that this protection has decreased the number of these suits. In only three cases has the action been placed upon the calendar for trial, showing that the public, even after one year, felt the force of organized defense.

The Chicago Medical Society has been even more successful during the same period. Two other representative medical bodies have adopted similar methods of defense.

Not only is the defense most effective, it also is far less expensive. In one society the cost to the members fell in one year from $10,000 (paid medical defense corporations) to $1,000, with the prospect of being far less when the system became perfected.

There is no reason why any considerable medical organization might not follow the methods alluded to and members sleep in the consciousness of an impregnable defense, pay far less than now for an effective protection, and draw closer to each other in all professional relations.

It is known that Detroit pays more than $2,000 yearly to stock companies for protection. Records of medical defense through the organized profession, make evident that this defense could be had much more economically through the Wayne County Medical Society. It is hoped that some wide awake members will take up the project and place it before the society in a practical form. Later it may be brought before the State society. Such a move would tend to solidify the local and State society by making more evident the value to the individual of such organization.

The success of the Chicago Medical Society has spurred the Council of the State society to commend it to the consideration of that body, with a prospect of its adoption.—*Jour. Mich. State Med. Soc.*

A NEW CODE OF PROFESSIONAL ETIQUETTE.

The relations of doctors change with the evolution of civilization. Their latest statement by the medical faculty of Paris, goes into force June 1, 1904, and is said to meet the approval of both profession and laity in France. It consists of 112 articles. To the more important only is attention here directed.

In the matter of fees absolute liberty is accorded physicians and their patients to make such arrangements as they deem best, suggesting that the fees of the older and more prominent physician be larger, and vary with the financial ability of the patient. Urgent or protracted visits should obtain a double fee. Suit for payment is to be made only after repeated requests, and the amount verified by a committee of the faculty.

The dividing of fees between physicians and

specialists is forbidden under any circumstances.

No physician can take an interest in any enterprise for the manufacture or sale of patent medicines or the exploitation of mineral waters. It is forbidden to divide recompenses between physicians and druggists, or midwives or directors of therapeutic institutions of any description.

Physicians guilty of participating in the profits of hotels, water or air cure, etc., resorts, will be dropped from the rolls of the profession.

Professional advertisement of every sort is forbidden, as is the publishing of articles in the newspapers inviting publicity to any pharmaceutical preparation or special method of treatment.

In consultation no physician should publicly blame the attending physician, but reserve criticism for his colleague's private ear.

In general it is said that it is better not to inform a patient of his incurable disease, but in tuberculosis it is necessary, that others may escape infection. In cancer the information may be imparted with tact, to the relatives first and then to the patient.

Hereafter all medical students will receive medical degrees only as they promise to conform to this code. Space forbids mentioning numerous other points.

The occasion of this remodeled code was the outburst of charlatanism marked with periodical tours throughout France by practitioners and inventors of nostrums heralded in advance by flaming posters and advertisements, announcing their arrivals at certain towns on given dates, inviting all the sick and feeble of the locality to come and be cured. If only it gains the support of the laity, success is assured, as on such support charlatanism thrives as does legitimate medicine.—*Jour. Mich. State Med. Soc.*

THE "SPONGE" CASE AND MEDICAL RESPONSIBILITY.

The recent decision awarding damages against a lady doctor for inadvertently leaving a sponge in the abdomen raises issues of vital importance to all members of the medical profession. Following closely a somewhat similar accident whereby a pair of forceps left in the abdominal cavity proved fatal, the interest of the public has naturally been excited to a somewhat abnormal degree, that is to say, beyond the extent warranted by the facts of the case. Happily, the sponge was detected and removed in time to avert serious consequences. In spite of the fact that the lady doctor in question performed an arduous uterine operation gratuitously, she was nevertheless mulcted in costs and damages on the ground that she had not exercised reasonable care. Henceforth, if that verdict stands, no medical man will be safe in carrying out his daily work. At every and any moment he will be liable to an action for damages on account of this, that or the other failure in the treatment of his patients, be they gratuitous or otherwise. Were members of the medical profession influenced by the rules that guide the man in the street they would at once cut off all free treatment. It is a little too much to expect a medical man to give his skilled services to the poor without fee or reward when he knows that his kindness may be at any time repaid by a costly and perhaps ruinous lawsuit. Hitherto the legal attitude with regard to medical malpraxis has been reasonable and just, and on the whole has worked in practice with satisfactory results. The law has declined to punish, at the request of a patient, any medical man who could show that he had exercised a reasonable amount of care and skill. In this way he was still liable to law for acts of gross negligence or for lack of ordinary professional knowledge. By the legal decision as to the sponge this wise attitude has been upset, and the surgeon or the physician may henceforth be held responsible for every accident that may occur in his professional relationship to patients. The position thus indicated is impossible. It places every medical practitioner at the mercy of any litigious client who imagines himself to have been wrongly treated. The medical man, if we interpret the situation correctly, who in all good faith makes a mistaken diagnosis will no longer be shielded by the law, for it is clearly no less pardonable for him, say, to take appendicitis for enteric fever than to leave a sponge in the abdomen. To demand infallibility from a medical man is to seek for a thing that can never be. While human nature is constituted on its present lines, so long will there be an inseparable margin of error. That fact has hitherto met with a gracious recognition at the hands of the law. If the recent decision be allowed to stand the results to the public are likely to be somewhat disastrous. Medical men will be compelled to a great extent to abandon their independent individual attitude, and will become the slaves of convention. Should the personal responsibility of the medical man for every trivial error be once accepted as a legal principle, the Medical Defense Union and its associate societies are likely to need a large extension of income wherewith to carry on their work. From the sentimental point of view, the action brought against the lady doctor was stamped with gross ingratitude and with narrow and churlish intolerance, but sentiment is no factor in a legal judgment. In view of the importance of the case, it is to be hoped that an appeal will be made to the higher courts on the point of law. Should the Medical Defense Union see its way to help an appeal it would add substantially to the debt of gratitude already owing it by the profession. The sympathy of all medical men must be with the defendant in that action, who, in fighting for her own defense, has fought for one of the most wise and salutary legal principles that have hitherto safeguarded the complex and the delicate relationships that must necessarily exist between members of the medical profession and their clients.—*The Medical Press and Circular.*

Association News.

COUNTY ASSOCIATION MEETINGS FOR AUGUST.

Tompkins County.—Tuesday, August 9th.
Onondaga County.—Monday, August 15th.
Ulster County.—Monday, August 15th.

* * *

Third District Branch Association. — The twentieth annual meeting of this branch was held at the Court House, Binghamton, and was one of the most largely attended meetings in the history of the society.

Dr. Kaufmann was absent at the opening of the convention, but later arrived and assumed the chair.

Dr. Clark W. Green, the secretary, called the meeting to order, and on Dr. L. D. Farnham's nomination Dr. J. M. Farrington was chosen president pro tem., and Dr. William H. Knapp, treasurer pro tem.

Dr. E. D. Ferguson, of Troy, reported some interesting cases with successful operations.

The Committee on Nominations consisted of Drs. Purdy, Edwards and Farnham, and the committee on the place for holding the next meeting was Drs. Reese, Neary and Knapp.

Dr. Sherman Voorhees, of Elmira, read an interesting paper on "Eyes of School Children." It was discussed by Dr. E. M. Michael.

Dr. Elias Lester, of Seneca Falls, presented a report from the recent national convention at Atlantic City, which was the largest ever held by the National Association. Over 800 more physicians were registered than at any previous meeting, 2,890 being registered. He reported that the scientific work of the convention was also superior to that at any previous convention.

After having their pictures taken, the physicians were the guests of the Broome County Medical Association for a trolley ride to Union and an elaborate luncheon at the Casino. The ride was made in a special car provided by the Binghamton Railway Company.

At the afternoon session the Committee on Nominations presented its report, which resulted in the unanimous election of Dr. Franklin Kaufmann, president; Dr. Sherman Voorhees, Elmira, vice-president; Dr. Clark W. Greene, Binghamton, secretary, and Dr. Frank Kenyon, Scipio, treasurer.

Dr. Frank D. Reese. of Cortland, read an excellent paper on "Treatment of Pneumonia," which was discussed by Drs. Arthur Newcomb, Harnden, Lester, Farnham, Hough, Quackenbush, Farrington and Lucid.

Dr. Harnden's paper on "Typhoid Fever" was highly commended. It was discussed by Dr. J. H. Martin.

Dr. J. Spencer Purdy, of Seneca Falls, then read a carefully prepared paper on "Diphtheria, Antitoxin and Quarantine," after which Dr. Kaufmann presented his president's address, which was to have been delivered in the morning, taking as his subject "Hygiene and Sanitary Work of Boards of Health," telling of his experience in Syracuse in the use of antitoxin and the treatment of diphtheria.

On recommendation of the committee, it was decided to hold the next annual meeting at Cortland on the third Thursday in June, 1905.

On motion of Dr. Reese a vote of thanks was extended to Broome County Medical Association for their entertainment. The committee to whose work the excellent entertainment and convention is largely due consisted of Drs. Farnham, Orton, Knapp, Quackenbush and Greene.

A committee was appointed to prepare resolutions on the death of Dr. F. W. Higgins, of Cortland, consisting of Drs. Reese, VanNooy and Ayre.

The members of the Association present were Dr. Franklin John Kaufmann, Syracuse; Dr. Sherman Voorhees, Elmira; Dr. George A. Edwards, Syracuse; Dr. Clark W. Greene, Dr. J. W. Michael, Dr. LeRoy A. Farnham, Dr. John M. Farrington, Dr. W. H. Knapp, Dr. J. G. Orton, Dr. L. H. Quackenbush, Dr. F. P. Hough, Dr. B. W. Stearns, Dr. F. L. Allen, Dr. J. H. Martin, Binghamton; Dr. R. S. Harnden, Waverly; Dr. J. D. Guy, Chenango Forks; Dr. F. D. Reese, Dr. W. M. Lucid, Dr. P. M. Neary, Cortland; Dr. C. H. Herrick, Gilbertsville; Dr. J. Spencer Purdy and Dr. Elias Lester, Seneca Falls; Dr. W. L. Ayre, Owego; Dr. C. D. VerNooy, Cortland.

The visitors were Dr. M. Roos, Waverly; Dr. A. T. Newcomb, Pasadena, Cal.; Mrs. Herrick, Gilbertsville; Dr. E. S. Miller, Pleasant Mount, Pa.; Dr. T. B. Van Alstyne, Dr. W. A. Moore, Dr. L. H. Hills, Dr. P. H. Shaw and Dr. John F. Place, Binghamton; Dr. L. A. Walker, Lestershire; L. D. Witherill, Union, and Dr. Station, Union.

CLARK W. GREENE, Secretary.

* * *

Cortland County Association.—The regular meeting of this Association was held at the office of Dr. A. G. Henry, Cortland, on June 24th. There was a good attendance. A paper was read by Dr. Henry on the "Treatment of Typhoid Fever." A discussion followed by Drs. Jennings, Neary, Reese, Braman and VerNooy.

HARRY S. BRAMAN, Secretary.

* * *

Monroe County Association.—The semi-annual meeting of this Association was held on June 28th. There were six members present, and Dr. S. Case Jones acted as president pro tempore.

The secretary reported as follows: That three

regular meetings had been held since the annual meeting on March 1st. That at a regular meeting the Association had voted for the consolidation of the Medical Society of the State of New York and The New York State Medical Association. Three applications for membership in the American Medical Association had been certified to and accepted. The Association also passed resolutions urging the President to appoint a member of the medical profession on the Panama Canal Commission.

The treasurer reported that all the members had paid their dues for the current year, all bills were paid and there was a balance in the bank.

James Clement Davis, Chairman.

* * *

Orange County Association held its regular monthly meeting at the Russell House, Wednesday, May 18, 1904. There was an average attendance. In the absence of the president, Dr. E. D. Woodhull, of Monroe, presided. Several members reported interesting cases. Dr. Woodhull then asked the secretary to read a communication from Dr. H. D. Wise, of Turner, stating his inability to be present and read a paper on "Inebriety and Its Treatment," owing to severe illness.

Dr. Redfield then read a paper on "The Complications of Measles," referring especially to the epidemic now prevailing in this city and throughout the country, and calling attention to the fact that, however viewed by the public at large, measels is not the simple affair that many suppose it to be. Pneumonia, severe gastro-intestinal diseases, meningitis, chronic eye and ear troubles, and many other annoying, if not really dangerous, diseases were mentioned as following measles.

The paper was discussed by Drs. Conner, Woodhull, Fancher, Distler and Merritt.

At the business meeting following the minutes of the previous session were approved as read. Communications from Dr. Rushmore, of Tuxedo, and James T. Lewis, counsel of The New York State Medical Association, were read by the secretary, and he was instructed to communicate with these gentlemen.

Plans for the annual outing of the Orange County Medical Association were discussed, and a committee, consisting of Drs. Conner, Fancher and Redfield, was appointed to select a suitable place for holding such a social gathering. It was decided to hold the affair some time between the 15th of June and the 1st of July, so as not to conflict with the meeting of the American Medical Association, at Atlantic City, on June 7th to 10th. Attention was called to the fact that this was the last meeting before the summer vacation season. There being no further business before the Association, adjournment was made until Wednesday, September 21st.

Charles I. Redfield, Secretary.

Orange County Association.—Second annual outing, June 16, 1904.

About fifty members and friends of the Medical Society of the County of Orange and the Orange County Medical Association enjoyed a delightful outing at Lake Mohonk Thursday.

The party left Middletown at 8.10 A. M. on the Ontario and Western Railroad, and were joined by others at Campbell Hall, Montgomery and Walden. At the latter place about twenty Newburgers boarded the train. At New Paltz carriages were in waiting to convey the party up the mountain. Through the courtesy of A. K. Smiley, of the Mohonk Lake House, the party were given a drive of two and a half hours duration around the extensive grounds, including stops at Guyot's Hill and Sky-Top, from which vantage points the magnificent views of the country for many miles were a source of admiration and wonder. After a drive of sixteen miles Mohonk Lake House was reached about 1 P. M., in ample time to do justice to a very excellent and elaborate menu provided.

The return trip to New Paltz was made by a different route, arriving at the station in time to take an early evening train for home.

It was the unanimous opinion of those who composed the party that no more enjoyable excursion could have been planned, and few realized that within an hour or two one can reach some of the grandest scenery in the world.

Those composing the party were as follows:

Middletown.—Dr. and Mrs. D. B. Hardenbergh, Dr. and Mrs. J. B. Hulett, Dr. and Mrs. Edwin Fancher, Dr. and Mrs. M. C. Conner, Dr. M. A. Stivers, Dr. C. I. Redfield, Dr. M. I. Beers, Dr. J. Warren Worcester, Miss Belle Horton, Miss Hall, Miss Elizabeth Beers, Prof. and Mrs. J. F. Toothill, Mr. and Mrs. F. O. Tompkins and Mrs. Sarah Davis.

Newburg.—Dr. and Mrs. C. E. Townsend, Dr. and Mrs. John T. Howell, Dr. and Mrs. Carr, Dr. Andrew Jova and E. J. Vrooman, Dr. William Hollinger, Dr. Louis Hanmore and Mr. Hoffman, Dr. Snyder and friend, Dr. Mary Dunning and friend, Dr. John Deyo and the Misses Deyo.

Port Jervis.—Dr. and Mrs. Henry Hardenbergh, Dr. and Mrs. H. B. Swartwout and Mr. and Mrs. C. E. Holmes.

Dr. and Mrs. Robert A Taylor, of Otisville; Dr. and Mrs. C. W. Dennis, of Goshen, and Dr. W. T. Seely and wife, of Amity.

The committee in charge of the outing were: W. E. Douglas, M.D., president Orange County Medical Association; C. I. Redfield, M.D., president Medical Society of the County of Orange; M. A. Stivers, M.D., secretary of the Medical Society of the County of Orange; D. B. Hardenbergh, M.D., M. C. Conner, M.D., Edwin Fancher, M.D., and C. W. Dennis, M.D., of Goshen.

Charles I. Redfield, Secretary.

NEW MEMBERS IN THE AMERICAN MEDICAL ASSOCIATION.

Samuel L. Brickner, New York.
Mary E. Dunning, Newburg.
Joseph R. Culkins, Rochester.
Michael M. Lucid; Cortland.
Henry M. Frauenthal, New York.
Thomas W. Hastings, New York.
Lester H. Quackenbush, Binghamton.
George Clute Reid, Westernville.
Benjamin Franklin Rogers, Buffalo.
Augustus B. Santry, Little Falls.
Benjamin F. Showerman, Batavia.
John A. Weidman, Dunkirk.
Hugh S. Townsend, Buffalo.

ADDITIONAL LIST OF MEMBERS OF THE NEW YORK STATE MEDICAL ASSOCIATION.

THIRD DISTRICT.

Cortland County.—Asa G. Henry, Cortland.

FOURTH DISTRICT.

Wyoming County.—L. E. Stage, Bliss.

PERSONALS.

Dr. William R. Pryor, professor of gynecology at the New York Polyclinic Hospital, has received the appointment of attending gynecologist to St. Vincent's Hospital.

Dr. E. C. Rushmore, of Tuxedo, who was injured in an automobile accident last fall, has resumed practice, after a sojourn in Europe during the winter.

Dr. Charles Phelps sailed July 2d for Antwerp.

Dr. John A. Fordyce sailed July 6th for Cherbourg.

At the annual meeting of the Medical Society of the County of Orange Dr. Charles I. Redfield, of Middletown, was elected president.

OBITUARY.

Dr. Edward W. Lambert, chief medical officer of the Equitable Life Assurance Company since its organization in 1858, died on Sunday at his home, 126 East 39th street.

Dr. Lambert was born in Boston in 1831. He was the son of William G. Lambert. He came to New York in 1852 and was graduated from Yale in 1854, and from the College of Physicians and Surgeons in 1857. He finished his medical course in Bellevue Hospital two years later. At the time of his death he was attending physician at St. Luke's Hospital and the Nursery and Child's Hospital. He leaves a widow, who was Martha Waldron of Portsmouth, N. H.; four sons and four daughters. Three of his sons, Alexander, President of the New York County Medical Association; Adrian V. S. and Samuel W. Lambert, are physicians in this city.

News Items.

PROPRIETARY REMEDIES.

NEW YORK, July 8, 1904.

To the Editor of THE NEW YORK STATE JOURNAL OF MEDICINE:

Sir—In your July issue you print under the caption "Proprietary Remedies" an abstract of an article by Dr. Neal on "Professional Relations," which appeared in the *New York Medical Journal,* and which closes as follows:

"Had I the power I would compel every physician from the Atlantic to the Pacific and from Canada to the Gulf of Mexico to confine himself to the preparations recognized and standardized by the U. S. Pharmacopœia. I am sure that by its frequent revisions all materials of medicine would be recognized by it as soon as necessity demands."

To paraphrase this sentiment, the author would have no drug used unless it is described in the Pharmacopœia. Now, in order to get into the Pharmacopœia, a drug must have had extended usage. But if Dr. Neal's idea were logically carried out no new drug could ever get such extensive usage as would entitle it to admission into the Pharmacopœia, as it could not be used at all. This would mean a simultaneous standstill of materia medica with Pharmacopœia. Materia medica could not progress because the Pharmacopœia does not, and the Pharmacopœia could not progress because materia medica does not. Surely Dr. Neal does not believe that with our present-day drugs we have attained the utmost possible limit of therapeutic efficiency, and that future chemical research will not continue to produce drugs which are superior to existing ones!

We are in thorough sympathy with the author in all he says regarding the mechanical mixtures of secret composition. It is certainly a consummation devoutly to be wished for that the market should be purged of such preparation, and this will occur just as soon as the physicians cease prescribing such nostrums. But there is nothing whatever to be gained and a wholly unnecessary confusion is created by putting these mixtures on a level with the scientific chemical compounds, and then proposing radical extirpation of both. The synthetics certainly do not deserve this, as a class, and there is no reason on earth why they should be condemned because there are innumerable nostrums which have no excuse for their existence. Such a wholesale denunciation of good and bad alike involve a cloudiness of vision and a lack of discernment which is quite lamentable. Very respectfully,

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No pay patients will be admitted to the St. John's Hospital, Brooklyn, after July 1st

COMMITMENTS FOR DRUNKENNESS.

In the annual report of the State Commission of Prisons, recently presented at Albany, it is stated that during the past year there was 28,519 commitments to the jails and 3,615 to the penitentaries for intoxication, making a total of 32,134 commitments for the single offense of drunkenness. The total commitments during the year to the penal institutions of the State, for all offenses, were 102,581. Thus it appears that nearly one-third of all commitments were for intoxication. While it may be necessary for the protection of the public that intoxicated persons should be taken into custody and receive treatment at the hands of the State, it is urged that this offense should not be treated strictly as a crime. "Drunkenness," the report continues, "has in it no element of malice—one of the usual and necessary elements of crime. Habitual drunkenness arises largely from mental weakness, and its treatment should partake of the characteristics which the State has deemed wise to use in other cases of mental aberration. There is a large distinction between the man who cannot control his appetite for drink and the man who wilfully and maliciously commits an offense against the person or property of another. The law should recognize this distinction. The present practice of sending him to jail or to a penitentiary, branded as a criminal, to consort with thieves, only depraves and discourages him, and at the same time inflicts punishment and privation upon his family. Some wiser methods of dealing with this offense should be ascertained and adopted."

POSTAL WAR ON CURE-ALLS.

The postal plan is briefly outlined as follows by the Washington correspondent of the New York *Tribune:*

"With the assistance of Government scientists the department seeks to bar from the use of the mails the host of patent-medicine concerns and exploiters of proprietary medicines and nostrums which chemical analyses show are incapable of performing the wonderful cures claimed for them. On the list are preparations which purport to cure dipsomania, yet contain large percentages of alcohol, some of which are vended as harmless, but are found to be deleterious; others which are advertised as 'consumption cures,' but contain no recognized remedy for tuberculosis, and still others which are sold as restoratives of vitality, but which are entirely incapable of accomplishing any such result.

"Although this work is still in the initiatory stage, sufficient evidence has already been discovered to warrant the conclusion that many of the widely advertised patent remedies—'favorite prescriptions,' vegetable compounds, kidney cures, stomach bitters, etc.—are rank frauds, which cannot be of any benefit whatever, too often relying on alcohol to produce temporary exhilaration and likely to lead eventually to chronic alcoholism.

"Governmental control of the mails makes the Post-Office Department absolute master of the situation, with power to exclude from the use of the postal service every letter addressed to and every circular sent out by a concern which, in the opinion of the Postmaster-General, is conducting a fraudulent business, and to go even farther and exclude from passage through mails every newspaper or other publication which, once a fraud order has been issued, persists in carrying the advertisement of the concern so excluded."

Book Reviews.

Relation of the Cervical Sympathetic to the Eye. Papers read before the Section on Ophthalmology of the American Medical Association at the annual session, New Orleans, May, 1903. "The Physiology of the Sympathetic in Relation to the Eye," by G. E. de Schweintz, A.M., M.D., Philadelphia; "The Influence of Resection of the Cervical Sympathetic Ganglia in Glaucoma," by William H. Wilder, M.D., Chicago; "Influence of Resection of the Cervical Sympathetic in Optic Nerve Atrophy, Hydrophthalmos and Exophthalmic Goiter," by James Moore Ball, M.D., St. Louis; "Pathology of the Cervical Sympathetic," by John E. Weeks, M.D., New York. Chicago: Press of the American Medical Association, 103 Dearborn street, 1904.

An excellent monograph, presenting a résumé of the physiology of the sympathetic as it relates to the eye. The endeavor has been to bring into prominence such physiologic problems which are of particular interest to ophthalmic surgeons.

Clinical Treatise on the Pathology and Therapy of Disorders of Metabolism and Nutrition. By Prof. Carl von Noorden, Physician-in-Chief of the City Hospital, Frankfort A.-M. Authorized American edition translated under the direction of B. Reed, M.D. New York: E. B. Treat & Co., 1903.

Under this title appears the fifth in the series of Prof. Carl von Noorden's monographs upon diseases of metabolism and nutrition. The reviews of the preceding volumes have appeared in previous numbers of The New York State Journal of Medicine.

In this volume the author treats exclusively of the therapy of saline waters on the digestion in conditions of disturbed gastric secretion, in gout, diabetes and other diseases of nutrition. In chapter 5 the objections are given to the use of fruit in the course of water cures, and finds no urgent reason for forbidding the use of raw fruits. The book shows the usual carefulness of detail as displayed in the other series and is a useful addition in the practice of medicine.

A Text-Book of Diseases of the Nose and Throat. By D. Braden Kyle, M.D., Professor of Laryngology and Rhinology, Jefferson Medical College; Consulting Laryngologist, Rhinologist and Otologist, St. Agnes' Hospital; Bacteriologist to the Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases; Fellow of the American Laryngological Association, etc. With 175 illustrations, 24 of them in colors. Third edition, revised and enlarged. Philadelphia, New York and London: W. B. Saunders & Co., 1904.

In this third edition the general plan of the previous editions has been followed, having been found to be of considerable value and not interfering with additions made necessary to bring the work down to date. The most important alterations and additions have been made in the chapters on Keratosis, Epidemic Influenza, Gersuny's Paraffin Method for the correction of Nasal Deformities, and in the one on the X-Rays in the treatment of Carcinoma. The etiology and treatment of Hay Fever have been partially rewritten and much enlarged, as has also the operative treatment of Deformities of the Nasal Septum.

The illustrations and lithographs are excellent and give a clear indication of the text. They are made from specimens prepared by the author in his own laboratory. The work deserves, as it has received, commendation from the profession.

A Practical Treatise on Medical Diagnosis, for Students and Physicians. By John H. Musser, M.D., Professor of Clinical Medicine in the University of Pennsylvania; Physician to the Philadelphia

and the Presbyterian Hospitals; Consulting Physician to the Woman's Hospital of Philadelphia and to the West Philadelphia Hospital for Women, to the Rush Hospital for Consumptives and the Jewish Hospital of Philadelphia; Fellow of the College of Physicians of Philadelphia; Member of the Association of American Physicians; President of the American Medical Association, etc. Fifth edition, revised and enlarged. Illustrated with 395 wood cuts and 63 colored plates. Philadelphia and New York: Lea Bros. & Co., 1904.

The present edition has been most thoroughly revised and enlarged. The author has spared no pains to make the book reflect the latest knowledge on the diagnostic value of objective medicine. His perfect familiarity and extensive experience is shown in the careful and minute manner in which he describes the methods and objects of diagnosis. Careful attention is given to historical and subjective diagnosis as well as the importance of laboratory investigations. Many of the old illustrations have been replaced by better ones, and there have been added a number entirely new.

Medical Diagnosis—Special Diagnosis of Internal Medicine. A Handbook for Physicians and Students. By Dr. Wilhelm V. Leube, Professor of Medicine, and Physician-in-Chief to the Julius Hospital at Wurzburg. Authorized translation from the Sixth German edition. Edited with annotations, by Julius L. Salinger, M.D., Late Assistant Professor of Clinical Medicine in the Jefferson Medical College, and Physician to the Philadelphia Hospital. With five colored plates and 74 illustrations in the text. New York and London: D. Appleton & Co., 1904.

The editor has served a good cause in translating this sixth edition of Dr. Leube's work in a practical way. The work is certainly very complete and of great value to the busy practicer of medicine in helping him to clear up a doubtful case. And knowing Dr. Leube's clinical experience is embodied in the work, with a clear and full description, lends great value to the book.

Obstetric and Gynecologic Nursing. By Edward P. Davis, A.M., M.D., Professor of Obstetrics in the Jefferson Medical College, Philadelphia, and in the Philadelphia Polyclinic; Obstetrician to the Jefferson and Polyclinic Hospitals; Obstetrician and Gynecologist to the Philadelphia Hospital. Second edition, revised. Philadelphia, New York and London: W. B. Saunders & Co., 1904. Polished buckram, $1.75 net.

This book will prove useful to the obstetric nurse, as it is necessary for her to have a knowledge of natural pregnancy and of the conditions which arise after labor. Everything that she needs to know has been clearly explained. This second edition has been carefully revised with added illustrations.

Diseases of the Intestines and Peritoneum. By Prof. Dr. Hermann Nothnagel, Professor of Special Pathology and Therapy, University of Vienna. Edited, with additions by Humphrey D. Rolleston, M.D., F.R.C.P.; Physician to St. George's Hospital, London; formerly examiner in Medicine in the University of Durham; Fellow to St. John's College, Cambridge, England. Authorized translation from the German, under the editorial supervision of Alfred Stengel, M.D., Professor of Clinical Medicine in the University of Pennsylvania. Philadelphia, New York and London: W. B. Saunders & Co., 1904. Cloth, $5 net; half morocco, $6 net.

This, the eighth volume in Saunders' American edition of Nothnagel's Practice, is probably the most valuable one of the series. It is by the world-renowned clinician, Dr. Hermann Nothnagel, and is most exhaustive as well as practical. The careful editing by Dr. Humphrey D. Rolleston, of England, also adds greatly to the value of the book. The editorial editions include sections on Intestinal Sand, Spruce, Ulcerated Colitis and Idiopathic Dilation of the Colon. The treatment of Appendicitis and Peritonitis has been given most careful and thoughtful consideration, being much more fully gone into than usual. There is also a most valuable section on Intussusception by D'Arcy Power, of England, who has made this subject his special work. The book also contains twenty inserts of decided merit.

Tuberculosis and Acute General Miliary Tuberculosis. By Prof. Dr. G. Cornet, of Berlin. Edited, with additions by Walter B. James, M.D., Professor of the Practice of Medicine in the College of Physicians and Surgeons (Columbia University), New York. Authorized translation from the German, under the editorial supervision of Alfred Stengel, M.D., Professor of Clinical Medicine in the University of Pennsylvania. Philadelphia, New York and London: W. B. Saunders & Co., 1904. Cloth, $5 net; half morocco, $6 net.

This volume comes at a time when the interest in the cure of Tuberculosis is very marked in the profession. Too long the opinion was held that nothing could be done after a diagnosis has been made. It is now known to be curable, and the practitioner wants to know all about it. In this volume the latest information, both from the German and American, has been incorporated by Dr. James. Every part of the subject has been thoroughly treated, including the etiology, diagnosis and treatment. The importance of the chemistry of the Tubercle Bacillus has been thoroughly treated. The work is complete and the most satisfactory work on Tuberculosis published.

International Clinics, A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and other Topics of Interest to Students and Practitioners. Edited by A. O. J. Kelly, A.M., M.D., Philadelphia. Volume II, Fourteenth Series, 1904. Philadelphia: J. B. Lippincott Company.

This volume of International Clinics is timely in appearance and valuable in contents. The papers contained in the first section of the book, on Diseases of Warm Climates, are especially well written and show the result of research of a high order. The opening one, by Dr. C. F. Mason, of the United States Army, on The Spread of Disease by Insects, with Suggestions Regarding Prophylaxis, is a résumé of present-day knowledge of the subject and is profusely illustrated. That portion of the article devoted to prophylaxis is especially interesting reading. A consoling reflection for those whose official duties during the next few years will connect them with the construction of the great transisthmian waterway is the following, which concludes the paper: "The fearful death-rate in the construction of the Panama Canal under the French régime, which gave the isthmus its name of 'the living death,' must and will disappear under the methods born of our new knowledge; malarial fever and yellow fever, the two great death-dealing diseases, will disappear and Panama will after a time, become as healthy as the United States."

Dr. John McRae, of Montreal, is the author of the next paper, on Recent Progress in Tropical Medicine. It is largely a compilation and is an extremely valuable contribution. The accompanying illustrations add much to its interest. Dr. C. Jarvis, of Paris, writes on Sleeping Sickness, Dr. S. Kanellis, of Athens, Greece, on The Etiology of Bilious Hemoglobinuric Fever, and Dr. William Krauss, of Memphis, Tenn., on Malarial Hemoglobinuria. One of the most scholarly contributions contained in the volume is that on Uncinariasis, by Dr. Allen J. Smith, of Philadelphia, which is finely illustrated.

Liver Abscess and its treatment is contributed by Dr. James Cantlie, of London, and The Diagnosis and Treatment of Abscess of the Liver by Dr. J. E. Thompson,

of Galveston, Tex. An interesting statement in the first named is a quotation from Vragnizan, to the effect that "in warm climates 5 per cent. of the total death-rate is due to abscess of the liver, whilst in temperate climates it is under 1.55 per cent." Thompson states that "the disease known as tropical abscess of the liver is fairly common in southern Texas; and while the number of cases met with is not excessive, a sufficient number come under observation yearly to render a knowledge of the affection a necessity to every practitioner in this region." His paper is based on an observation of 21 cases, in each instance the patient undergoing operation. These two papers alone are worth many times the price of the book. The present reviewer does not remember when he has encountered a subject of this character more intelligently and systematically treated.

Under the section on Treatment Dr. J. B. Nichols, of Washington, writes on The Etiology, Diagnosis, and Treatment of Arteriosclerosis. The paper is illustrated by four beautifully executed plates. In view of the favorable results obtained from the use of Trunecek's serum during the past few years in this affection, it is pardonable to express surprise that this method of treatment is not given more space than the short paragraph accorded it. Lévi's report of cases (see International Clinics, volume II, 13th series, page 113) would seem to warrant it. Dr. W. L. Bierring, of Iowa, contributes the next paper, on The Significance and Treatment of the Gastrointestinal Form of Arteriosclerosis, which is exceedingly well written. Dr. J. M. French, of San Diego, Cal., writes on The Limitations of the Utility of Digitalis in Heart Disease, and Dr. E. H. Long, of Buffalo, on Cardiac Valvular Disease with Broken Compensation.

The first paper in the section devoted to Medicine is the report of a clinical lecture by Dr. Frank Billings, of Chicago, which is principally on a case of carcinoma of the pancreas. Next is a lecture on Neurotic Asthma, by Dr. W. H. Katzenbach, of New York. The latter expresses the opinion that "asthma is an affair not of specific drugs or methods of treatment, but of care for many details of the daily life so as to enable a nervous patient to overcome the tendency to reflex explosions of nervous energy manifesting themselves mainly in the lungs." Dr. G. E. Malsbary, of Cincinnati, writes on Osteomalacia. This is a very complete exposition of the subject and is very readable.

Under the head of Surgery Dr. J. T. Rugh, of Philadelphia, contributes a clinical lecture on Ankylosed Joints and their Nonoperative Treatment, which is illustrated by 22 half-page plates, and Dr. E. Stanmore Bishop, of Manchester, England, one on Abdominopelvic Diagnosis: Bimanual Examination of Pelvic Swellings, which fitly rounds out the subject of previous contributions by this author to International Clinics. A statement in this paper which will impress American gynecologists as decidedly peculiar is that the lithotomy position, during bimanual pelvic examination, is most objectionable. "Few patients will tolerate it without anesthesia," the author says, "at all events, in Great Britain. On the Continent it would seem to be the favorite, but here the left lateral position is much the more preferable."

A Report of a Case of Crushing Injury of the Abdomen, with Subcutaneous Rupture of the Bladder, is contributed by Dr. D. N. Eisendrath, of Chicago. One is inclined to wonder why the editor permitted the word "subcutaneous" to appear in the title of the article. Dr C. G. Cumston, of Boston, writes well on Intestinal Obstruction in Children, and Dr. M. F. Porter, of Ft. Wayne, Ind., on Subparietal Injuries of the Kidney.

Under Pediatrics Dr. I. A. Abt, of Chicago, contributes a paper on Bronchopneumonia in Children. The paper is exhaustive and valuable. The final paper in the volume is by Dr. F. J. Quinlan, of New York, and is on Nasal Obstruction.

Like a majority of its predecessors, this number of International Clinics deserves only commendation. It is always a pleasure to review the volumes.

BOOKS RECEIVED.

A Text-Book of Mechano-Therapy (Massage and Medical Gymnastics). Prepared for the use of Medical Students, Trained Nurses and Medical Gymnasts. By Axel V. Grafstrom, B.Sc., M.D., Late Lieutenant in the Royal Swedish Army; Late House Physician City Hospital, New York; Attending Physician to the Gustavus Adolphus Orphanage, Jamestown, N. Y. Second edition, revised and enlarged. Philadelphia, New York and London: W. B. Saunders & Co., 1904.

Practical Materia Medica for Nurses with an Appendix. Containing poisons and their antidotes, with poison. Emergencies; Mineral Waters; Weights and Measures; Dote-List, and a Glossary of the terms used in Materia Medica and Therapeutics. By Emily A. M. Stoney, Graduate of the Training-School for Nurses, Lawrence, Mass.; Late Head Nurse, Mercy Hospital, Chicago, Ill.; Late Superintendent of Training-School for Nurses, Carney Hospital, South Boston, Mass.; author of "Practical Points in Nursing." Second edition, thoroughly revised. Philadelphia, New York and London: W. B. Saunders & Co., 1904.

A System of Practical Surgery. By Prof. E. von Bergmann, M.D., of Berlin; Prof. P. von Bruns, M.D., of Tübingen, and Prof. J. von Mikulicz, M.D., of Breslau. Vol. III. Translated and edited by William T. Bull, M.D., Professor of Surgery, College of Physicians and Surgeons, Columbia University, New York, and John B. Soley, M.D., New York. Surgery of the Extremities. Philadelphia and New York: Lea Bros. & Co., 1904.

The Surgery of the Heart and Lungs. A History and Résumé of Surgical conditions found therein, and experimental and clinical research in man and lower animals, with reference to Pneumonotomy, Pneumonectomy and Bromchotomy and Cardiotomy and Cardiorrhapy. By Benjamin Merrill Ricketts, Ph.B., M.D., Member American Medical Association Railway Surgeons, Mississippi Valley Medical Association, Cincinnati Academy of Medicine, Ohio State Medical Society, American Proctologic Society, Honorary Member Medical Society State of New York, Honorary Member St. Louis Medical Society, Fellow New York State Medical Association and Member Société Internationale De Chirurgie. New York: The Grafton Press, 1904.

International Clinics. A Quarterly of Illustrated Clinical Lectures and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by A. O. J. Kelly, A.M., M.D., Philadelphia, U. S. A., with the collaboration of William Osler, M.D., Baltimore; John H. Musser, M.D., Philadelphia; James Stewart, M.D., Montreal; J. B. Murphy, M.D., Chicago; A. McPhedran, M.D., Toronto; Thomas M. Rotch, M.D., Boston; John G. Clark, M.D., Philadelphia; James J. Walsh, M.D., New York; J. W. Ballantyne, M.D., Edinburgh; John Harold, M.D., London; Edmund Landolt, M.D., Paris; Richard Kretz, M.D., Vienna, with regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Vol. II. Fourteenth series, 1904. Philadelphia: J. B. Lippincott Company, 1904.

A Text-Book of Human Physiology. By Albert P. Brubaker, A.M., M.D., Professor of Physiology and Hygiene in the Jefferson Medical College; Professor of Physiology in the Pennsylvania College of Dental Surgery; Lecturer on Physiology and Hygiene in the Drexel Institute of Art, Science and Industry. With colored plates and 334 illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut street, 1904.

Original Articles.

REPORT UPON THE RESULTS IN INFANT FEEDING WITH DIFFERENT KINDS OF PURE AND IMPURE MILK IN TENEMENT HOUSES OF NEW YORK CITY.[1]

A CLINICAL AND BACTERIOLOGICAL STUDY,
BY WM. H. PARK, M.D., AND L. EMMETT HOLT, M.D.,
From the Rockefeller Institute for Medical Research and the Research Laboratory of the Department of Health.

THE work of which the following is a report is a part of an investigation into the production, transportation and feeding of cow's milk in New York City, which was undertaken in the summer of 1901 and extended over two years. The entire investigation contemplated an inquiry into the condition of farms such as were supplying milk to New York, the transportation of milk, its condition on delivery and its effect upon the children in tenement houses and institutions.

Observations upon the results of feeding cow's milk to healthy infants in tenement houses were determined upon since it was believed that in this way we could best study the problem under the conditions actually existing and also avoid those influences met with in institutions which in themselves are so deleterious to infants. For comparison, however, a number of institutions were carefully studied during the summer of 1901.

The purpose of this investigation was to gather some facts upon the following points:

1. To make a comparison of the results of infant feeding in tenements in winter and summer.
2. To determine how far such results were affected by the character of the milk used, especially its original bacterial content, its preparation, and whether it was fed after heating or raw.
3. To see to what extent results were modified by other factors, such as the care the infants received and the surroundings in which they lived.

The clinical observations contained in this report were made by the following persons who were employed by the Rockefeller Institute: Drs. Eli Long, Mary E. Goodwin, Jane Berry, Alma Vedin, Mary Willets and Marie Grund. During the first season J. S. Mabey was employed by this institute, but during the second by Mr. Straus. Engaged in the work as volunteers were Drs. J. Sobel, Angenette Parry and Ford. Dr. Sobel reported for two seasons on a group of babies fed from the Good Samaritan Dispensary. To all of these workers the greatest credit is due for the thorough and conscientious way in which they did their work. They were most earnest and painstaking in obtaining, as far as possible, the facts desired, and much of the value of this report is due to their efforts. The bacteriological investigations were mostly carried out in the Research Laboratory of the Health Department, but also to a considerable extent in the Carnegie laboratory of the New York University. Drs. Letchworth Smith, Mary E. Goodwin, Katherine R. Collins and Rose A. Bebb carried out this portion of the work.

Observations were made during the summer of 1901, the winter of 1901-2, and the summer of 1902; during each of these seasons the different groups of infants were followed for an average period of about ten weeks. A considerable number were unavoidably lost sight of owing to removal with failure to leave address, and various other causes; but all of those selected who could be kept under observation, are included in the report. Excluding all imperfect records and those cases that were observed too short a time to admit of any deductions, there remain 632 infants under 9 months, of which 98 were observed during the summer of 1901, 211 in the winter of 1901-2, 278 in the summer of 1902, and 45 in the summer of 1903.

The plan of investigation was that each of the workers should have a group of children, never more than 50, under personal observation. So far as possible the children were kept under the same general condition as before. The weights were taken with great care by the physicians, at regular intervals in most cases. Nearly all of the infants were observed in their homes, to which regular visits were made twice a week for the entire period. One group of about 50 were observed by Dr. Sobel at the Good Samaritan Dispensary, to which mothers came daily for the milk for their infants. When necessary one of his assistants went to their homes. In all cases advice was given in regard to matters of hygiene and the general care of the children. It was customary to stop the milk temporarily whenever acute disturbances of digestion existed.

BACTERIOLOGICAL INVESTIGATION OF THE MILK USED IN FEEDING.

The clinical work was carried on in conjunction with a bacteriological study of the milk used, in order to determine whether any relationship existed between the number and character of the microorganisms, and the amount of diarrheal disease from which these children suffered. Bacterial counts were made once or twice a week from the milk as given to each child, specimens being taken at time from the raw and at times from the heated milk.

The bacteria were isolated from the milk through the usual plating by means of a 2 per cent. lactose-litmus nutrient gelatine and agar, and grown upon the usual identification media. The pathogenic properties of the different bacteria were tested by intraperitoneal and subcutaneous inoculation of guinea pigs with 2 c. c. of a 48-hour broth culture, and by feeding young kittens for several days with 3 to 6 c. c. daily of a 24-hour broth culture by means of a medicine dropper.

With the characteristics of the bacteria thus determined, they were then separated into classes

[1]Read at the Stated Meeting of the New York County Medical Association, November 16, 1903.

following as nearly as possible the lines suggested in "Chester's Manual of Determinative Bacteriology." Further attempt was then made to identify as many as possible of the varieties with those previously described, using the descriptions of Chester and Migula. With a great many this proved unsatisfactory or impossible because of the incomplete descriptions in literature, or the lack of all descriptions.

The varieties isolated represent only the species present in greatest number in the milk examined, for in no case was more than 0.01 c. c. of a milk, and in most highly contaminated milks, only 0.001 c. c. used in making a plate, and varieties which occurred in too small numbers to be present in this dilution, would necessarily be missed. For the purposes of this meeting it is not considered desirable to burden the listener with the enumeration of the varieties of bacteria found in the different samples of milk and their characteristics. Only a partial summary of the results will be given.

From the milks altogether 239 varieties of bacteria were isolated and studied. These 239 varieties, having some cultural or other differences, were divided into the 31 classes, each class containing from 1 to 39 more or less closely related organisms.

As to the sources of bacteria found in milk, we made sufficient experiments to satisfy us that they came chiefly from outside the udder and milk ducts.

Bacteria were isolated from various materials which under certain conditions might be sources of contamination for the milk, and the cultures compared with those taken from milk. Thus there were obtained from 20 specimens of hay and grass, 31 varieties of bacteria; from 15 specimens of feces, manure and intestinal contents 28; from 10 specimens of feed 17. Of these 76 varieties there were 42 which resembled closely those from milk, namely, 11 from grass or hay; 26 from manure; 5 from feed.

During the investigation a number of the varieties isolated from milk were shown to be identical with types commonly found in water.

From the few facts quoted above and from many other observations made during the course of the work, it would seem that the term "milk bacteria" assumes a condition which does not exist in fact. The expression would seem to indicate that a few varieties, especially those derived from some portion of the cow, are commonly found in milk, which forms having entered the milk while still in the udder or after its withdrawal, are so well fitted to develop in milk that they overgrow all other varieties.

In fact, it was found that milk taken from a number of cows, in which almost no outside contamination had occurred, and plated immediately, contained as a rule very few bacteria and these were mostly streptococci, staphylococci and other varieties of bacteria of kinds not readily found in milk sold in New York City, the temperature at which milk is kept being less suitable for them than for the bacteria which falls into the milk from dust, manure, etc. A number of specimens of fairly fresh market milk averaging 200,000 bacteria per c. c. were examined immediately, and then after 12 to 24 hours. In almost every test the three or four predominant varieties of the fresher milk remained as the predominant varities after the period mentioned.

The above experiments seem to show that organisms which have gained a good percentage in the ordinary commercial milk at time of sale will be likely to hold the same relative place for as long a period as milk is ordinarily kept. After the bacteria pass the 10 or 20 million mark a change occurs, since the increasing acidity inhabits some forms before it does others. Thus some varieties of the lactic acid bacteria can increase until the acidity is twice as great as that which inhabits the growth of streptococci. Before milk reaches the curdling point, the bacteria have usually reached over a billion to each c. c. For the most part specimens of milk from different localities showed a difference in the character of the bacteria present, in the same way that the bacteria from hay, feed, etc., varied. Even the intestinal contents of cows, the bacteriology of which might be expected to show common characteristics, contained beside the predominating types, other organisms which differed widely in different species, and in different localities. Cleanliness in handling the milk and the temperature at which it had been kept were also found to have had a marked influence on the predominant varieties of bacteria present.

PATHOGENIC PROPERTIES OF THE BACTERIA ISOLATED.

Intraperitoneal injection of 2 c. c. of broth or milk cultures of about 40 per cent. of the varieties tested, caused death. Cultures of most of the remainder produced no deleterious effects even when injected in larger amounts. The filtrates of both cultures of a number of varieties were tested, but only one was obtained in which poisonous products were abundantly present. Death in guinea pigs weighing 300 grams followed within fifteen minutes an injection of 2 c. c.; 1 c. c. had little effect.

As bacteria in milk are swallowed and not injected under the skin, it seemed wise to test their effect on very young kittens. We therefore fed 48-hour cultures of 139 varieties of bacteria to kittens of 2 to 10 days of age by means of a glass tube. The kittens received 5 to 10 c. c. daily for from 3 to 7 days. Only one culture produced illness or death. A full report on the identification of the varieties of bacteria met with in this investigation will be published by Dr. Letchworth Smith in the Annual Report of the Department of Health.

After two years of effort to discover some relation between special varieties of bacteria found in milk and the health of children, the conclusion

has been reached that neither through animal tests nor the isolation from the milk of sick infants have we been able to establish such a relation. Pasteurized or "sterilized" milk is rarely kept in New York longer than 36 hours, so that varieties of bacteria which after long standing develop in such milk did not enter into our problem. The harmlessness of cultures given to healthy young kittens does not, of course, prove that they would be equally harmless in infants. Even if harmless in robust infants, they might be injurious when summer heat and disease had lowered the resistance and the digestive power of the subjects.

This failure to discover definite pathogenic bacteria, as well as the numerous varieties of bacteria met with, have forced us to rely on the clinical observation of infants and note what difference, if any, occurred in those fed on raw and pasteurized milk, from the same source and upon different milks of unknown origin varying in the number of bacteria contained. In the following pages, observations upon food are combined with those upon other factors which influenced the health of the infants.

SELECTION OF THE CHILDREN.

The original aim was to include only infants who were entirely bottle-fed, but it was found that the great majority of all infants in the tenements receive during the first six months occasional breast feedings at night, and nearly all are given some solid food after they are 6 months old, or as soon as they are able to hold it in their hands. The purpose of the investigation being to obtain relative results with different forms of milk and not absolute results from one form, it is believed that the conclusions reached are not affected by the fact that many of the infants received breast feeding at night. Indeed including such infants has the advantage of studying representatives of a very large class. In each season some infants who were entirely breast fed were observed for purposes of comparison.

In selecting the children the only conditions made were that they should not be ill or suffering from marasmus when observations were begun, and that they should be of suitable age. Of the entire number 340 were 6 months or under; 265 were from 7 to 12 months; 47 were a little over 12 months. With the exceptions stated, every child available was included by the physicians until the proper number was made up. The district in which most of the children lived was the lower East Side of New York, as densely populated as any part of Manhattan Island.

An unexpected difficulty was encountered in beginning the investigation in the scarcity of bottle-fed infants in the region where the families were selected. One of the physicians reported that in a densely populated neighborhood where every street was swarming with children hardly half a dozen bottle-fed infants could be found on a block. While this may not have been true of the entire district, it was the observation of all the workers that the proportion of bottle-fed infants in tenement houses was surprisingly small. This is a very different impression from what one gains from visiting dispensaries where great numbers of bottle-fed infants are seen. But the dispensaries draw patients from a very large district and gather the cases that are not doing well, so that the aggregate seems very large. This excess in proportion of the bottle-fed infants at the dispensaries over that in the houses is in itself striking testimony to the advantages of breast feeding.

THE CHARACTER OF THE FOOD EMPLOYED.

It was at first intended to make no change in the food the child was receiving, but it was found necessary in order that observations might also be made upon the comparative effects of heated and unheated milk in summer to place a number of infants upon a modified raw milk provided for them, which was a part of the large supply distributed to others after pasteurization. This was rendered all the more necessary since it was discovered that during the summer the sterilization of milk in some form was almost universally practiced in the tenements of New York. In the summer of 1902 especially it was rare to find an infant fed upon raw milk; an incidental testimony to the value of the praiseworthy efforts of the Health Department and the agitation in the public press in favor of clean milk and the necessity for sterilization in hot water. When gastrointestinal disturbance of any severity developed the infants were deprived of milk for a day or two and put on barley water or other suitable food.

In the district where the observations were made the following forms of milk were extensively used: (1) condensed milk; (2) milk purchased at small stores with groceries and other provisions and known as "store milk"; (3) bottled milk; (4) milk from central distributing stations, chiefly from the Straus Milk Depots and Good Samaritan Dispensary.

Condensed Milk.—That used was usually bought in cans, and hence the sweetened variety; seldom were the best brands purchased. It was generally prepared at each feeding by adding hot water, which, in most cases, had been boiled.

Store Milk.—This is the poorest grade of milk sold in New York, but varies at the different stores. It is kept in large cans in the small stores and is sold to consumers at an average price of 4 cents a quart. It averages about 3.75 per cent. of fat. It is customary for milk to be purchased twice a day, and it is carried home and kept in pails or pitchers. In summer it is then heated; if it curdled it is considered to be unfit for use and returned. During the hot days of the summer of 1901, it frequently happened that milk obtained from two to three consecutive stores would curdle. Heating is usually done in a sausepan, and the temperature is raised to a point where the milk begins to "foam," seldom to boiling point. In some cases it is kept upon ice, but most often not. It is usually prepared for

the infant at each time of feeding. The only modification practiced is in most cases dilution with barley water or water, equal parts being as a rule given when infants are about three months old and continued until ten or eleven months, when whole milk is given.

The bacteriological examination made of this milk during the summer of 1901 showed it to contain from 4,000,000 to 200,000,000 microorganisms, an average of about 20,000,000 per c. c. The form of heating employed killed, it was found, about 95 to 99 per cent. of the bacteria present. In the summer of 1902, owing partly to the cooler season, but chiefly to the new regulations of the Health Department regarding the care and sale of milk, the average was about 30,000,000 per c. c. During the winter the number of bacteria ranged from 100,000 to 5,000,000 bacteria per c. c., and averaged about 400,000 per c. c.

Bottled Milk.—The greater part of the bottled milk used in these tenements was handled by one of the largest dealers in the city. This milk was produced under conditions which were only fairly good. However, it was so well handled during transportation and delivery that it was nearly always in good condition when received by the consumer. This milk averaged about 500,000 bacteria per c. c. This milk was sold in covered jars at 8 cents a quart. The same general plan of modification was practiced as with the store milk, and it was also in summer heated, and usually in about the same way. As the people who purchased this were not so poor as those using the store milk, they were more likely to use ice for keeping.

Besides this bottled milk, some special milk from high-class dairies, such as the Walker Gordon and Briarcliff farms, was furnished gratuitously to a limited number of cases for the sake of comparison, although not widely enough used to admit of drawing conclusions sufficiently definite to be expressed in figures. This milk averaged about 10,000 bacteria per c. c.

Milk from Central Distributing Stations.—The greater part of this milk was supplied from the Straus Milk Depots, of which there are a number scattered throughout the city; some was from the diet kitchens of the Good Samaritan Dispensary; a small quantity from other diet kitchens. The milk used at these places was generally of excellent quality, usually from an "inspected" or "certified" farm, but was mixed with poor cream. It was furnished gratis to those too poor to pay, and at a small charge, usually 2 cents a bottle, to others. This milk, after the addition of cream, averaged before pasteurization about 2,000,000 bacteria per c. c.; after pasteurization, about 500 per c. c.; after boiling, about 5 per c. c. It is supplied in small bottles, each one usually containing the quantity for a single feeding. The bottles are washed and sterilized at the central stations. The Straus milk was generally pasteurized; that from the Good Samaritan Dispensary was boiled. With both, some attempt at modification was made, three or four standard formulas being used. The common modification consisted in the dilution with boiled water, the addition of limewater, milk sugar, and in some cases cream also, or the dilution with barley water and the addition of cane sugar. Regarding the use of these formulas, the quantity for one feeding and the number of feedings daily, directions were usually given by the physicians in attendance at the central stations. As the mothers came daily for their milk, some constant supervision of the cases was thus possible, and many minor disturbances of digestion no doubt controlled by a proper variation in the food.

Infants' Foods.—It was a surprise that the proprietary foods were so little used in the tenements, the expense being apparently the chief reason. Although they were given to a number of children observed, they were seldom used for a long time, or as the sole diet, and certainly cut no figure in the results. We have, therefore, not classified these cases separately.

In estimating the results obtained by the different methods of feeding, two things were considered: First, the gain or loss in weight; secondly, the amount of digestive disturbance, particularly diarrhea, which occurred in the different groups of infants. The cases have been divided according to results in four groups:

1. Those which did well. In this group are included the infants who made a substantial and generally a regular gain in weight during the period of observation, this usually amounting to from two to five pounds for the ten or twelve weeks, and those that had no diarrhea worth mentioning—usually both conditions existed together.

2. Those which did fairly, including those in which some diarrheal disturbance was present, but not of a serious nor prolonged character, and in which the weight was either stationary or the gain very slight. Both these generally went together.

3. Those which did badly, including those in which considerable digestive disturbance, usually diarrhea, was present, or in which there was a loss in weight; generally here also both factors existed.

4. The fatal cases.

The following tables show in a condensed form the results obtained with the different food employed in winter and in summer:

TABLE I.

FOOD AND RESULTS—WINTER.

	Did well.	Did fairly.	Did badly.	Died.	Total.	Per cent. results. Good.	Bad.
Store milk.....	47	6	2	0	55	96	4
Condensed milk.....	39	5	2	2	48	92	8
Good bottled milk...	51	13	1	3	68	94	6
Milk from Central Distrib'g Stations.	35	20	4	0	59	93	7
Best bottled milk....	5	0	1	0	6	84	16
Breast feeding.....	7	1	0	1	9	89	11
Totals excluding cases counted twice.....	156	41	8	6	211		

TABLE II.

FOOD AND RESULTS—SUMMER.

	Did well.	Did fairly.	Did badly.	Died.	% Total.	Per cent. results. Gd.	Bad.
Store milk	21	23	20	15	19	79	56	44
Condensed milk	22	20	14	14	20	70	60	40
Good bottled milk	37	23	29	9	9	98	61	39
Milk from Central Distributing Stations	84	33	24	4	2	145	81	19
Best bottled milk	9	3	0	0	0	12	100	0
Breast feeding	17	7	7	0	0	31	78	22
Totals excluding cases counted twice	184	108	88	41	0	421		

SEASONS AND RESULTS.

Nothing could be more striking than the contrast between the results in winter and in summer. The general summary shows that of 211 winter cases, 156 did well, 41 did fairly, 8 did badly, and 6 died. In other words, what might be considered good results in 93 per cent. of the cases and bad results in only 7 per cent. Furthermore, in only one of the six deaths was the cause connected with the digestive tract.

Of the 421 summer cases, 184 did well, 108 did fairly, 88 did badly, and 41 died. In other words, good results were obtained in 69 per cent. of the cases, and bad results in 31 per cent., while in nearly all of the fatal cases death was due to diarrheal diseases.

It should be remembered that all the children, both winter and summer, had the advantage of some continuous intelligent oversight, usually a visit a week, often two being made by the physicians. This supervision contributed in no small degree to the results in both groups of cases.

The showing made by the winter cases is most gratifying, and was indeed a surprise to all. So large a percentage of good results by all methods of feedings and apparently so little difference between them was not expected. Artificial feeding in the tenements in the winter would seem to be comparatively a simple problem. To what shall be ascribed the great difference between summer and winter results? There seems to be many factors, but a consideration of the facts accumulated will show our belief that heat and humidity play the most important part, and bacteria and their products a minor one, except when the contamination is extreme, or specific pathogenic microorganisms are present.

The effect of heat upon the health of infants is very clearly shown in the number of cases of diarrheal diseases and the number of deaths during the months of the summer of 1901 in an institution in this country just north of New York City, where fairly pure raw milk was fed. During the winter and spring there was almost no diarrhea; with the warm weather of June it increased, reaching its highest point in August, as shown in the following table:

	Number Infants.	Food.
June:	34	Breast milk.
	25	Bottle milk.
	38	Breast and bottle milk.
	128	Milk and barley food.
	Total: 225	

Total number of cases of diarrhea, 15; deaths, 0.

	Number Infants.	Food.
July:	32	Breast milk.
	20	Bottle milk (3 deaths).
	38	Breast and bottle milk.
	124	Milk and barley food.
	Total: 214.	

Total cases of diarrhea, 38; total deaths, 3 (all bottle fed).

	Number Infants.	Food.
August:	28	Breast milk (no deaths).
	18	Bottle milk (3 deaths).
	32	Breast and bottle milk (4 deaths).
	129	Milk and barley food (2 deaths).
	Total: 207	

Fifty cases of diarrhea; 9 deaths.

FOOD AND RESULTS.

1. *Store Milk.*—The largest number of bad results were seen, as was expected, with the cheap store milk, where not only was the milk poorer, but the home care less.

The winter observations upon this milk included 55 cases, in about half of which some method of partial sterilization was employed; in the remainder it was given raw. Of these 55 infants, 47 did well, 6 did fairly, only 2 did badly, and none died. Combining those who did well and those who did fairly, we have what may be considered good results in 96 per cent. of the cases and bad results in only 4 per cent. There was little apparent difference in results between those taking raw and those taking heated milk.

Store milk was the food of 79 of the summer cases. Of these 21 did well, 23 did fairly, 20 did badly, and 15 died; in other words, good results in 56 per cent. of the cases and bad results in 44 per cent. In nearly all of these cases the milk was heated in some way before feeding; usually it was raised nearly to boiling point. This had the effect, it was found, of killing about 99 per cent. of the microorganisms present, but the milk still contained after such heating between 5,000 and 500,000 bacteria to the c. c. An interesting point of tolerance of such milk was noticed in many cases. A number of infants living in bad surroundings, yet who received fairly good care, took only cheap store milk, and yet remained well throughout the entire summer. During 1901 some of the store milk was very bad, averaging on hot days over 100,000,000 bacteria per c. c.

2. *Condensed Milk.*—There were 48 winter observations upon infants taking condensed milk; 39 children did well, 5 did fairly, 2 badly, and 2 died, *i. e.,* good results were seen in 92 per cent. and bad results in 8 per cent. of the cases.

There were 70 summer observations made upon infants taking condensed milk. Only 22 of these children did well, 20 did fairly, 14 badly, and 14 died; or 60 per cent. good results and 40 per cent. bad results.

The results with condensed milk can hardly be attributed to the bacteria, inasmuch as it was almost invariably prepared with boiled water, and contained relatively a small number of microorganisms before heating. The children were often apparently in good condition until attacked with acute disease, when they offered but little resistance, and seemed to succumb more quickly than any other class of patients. In one family three

healthy infants, triplets, 5 months old, were taken sick on the same day with vomiting and diarrhea; one died within twenty-four hours, one within two days, and the third within a week. A bacteriological examination of the prepared milk remaining in one bottle showed nothing noteworthy. The mother of these babies was intelligent and clean. It would seem as if some poison must have existed in the can of milk which heating did not destroy. No other cases of acute poisoning were noted among the babies fed on condensed milk.

3. *Bottled Milk.*—The better results observed with bottled milk should not be put down as entirely due to the character of the food. The people who purchased it were seldom so poor as those buying store milk; they were usually more intelligent, and probably more careful in handling the milk. Often they had ice.

There were 68 winter observations on children fed upon bottled milk. Of these 51 did well, 13 fairly, only 1 did badly, and 3 died. None of these deaths was due to intestinal disease. In other words, there were good results in 94 per cent. of the cases and bad results in 6 per cent.

There were 98 summer observations upon infants fed on bottled milk. Of these 37 did well, 23 did fairly, 29 did badly, and 9 died. In other words, 61 per cent. of good results and 39 per cent. bad results. In these quite a number received the milk raw, but, as in the other observations, as soon as any illness occurred, some form of attempt at sterilization was almost invariably practiced.

It is interesting to compare these results with those seen with store milk just above them in the table. The percentage of mortality with the better grade of milk is only about one-half that seen with either condensed or store milk, and yet the large number of infants who did badly brings the proportion of bad results with bottled milk almost up to that with the two preceding varieties. It was noteworthy, however, that among infants included under those doing badly there was on the average less sickness among bottle-fed babies than among those fed on store milk. It would seem, therefore, that good bottled milk as now used, was much less dangerous to life than cheap store milk, but still judging by this number of failures, rather unsuccessful as a method of feeding.

4. *Milk from Central Distributing Stations.*—There were 59 winter observations upon these patients, of which 35 did well, 20 fairly, 4 did badly, and none died. In other words, good results in 93 per cent. of cases and bad results in 7 per cent.

There were 145 summer observations upon infants fed in this way; of these 84 did well, 33 did fairly, 24 did badly, and 4 died. In other words, 81 per cent. of good results and 19 per cent. bad results. In about one-half of these cases the milk was pasteurized; in the remainder, with the exception of a group of 42 cases to be mentioned later, in which the milk was given raw, the milk was sterilized.

The great difference between these results and those obtained with the three forms of feeding already considered deserves special mention. The original milk used at the stations was of good quality but not much better than the bottled milk generally used; with both, some form of sterilization was practiced. The difference in results is not explained by the difference in these two factors. There were others of importance which must be sought. A certain amount of constant supervision was exercised over these infants, as some one, usually the mother, came daily to the milk dispensary for the food. Changes could thus be readily made in the milk according to the child's condition. If symptoms of slight indigestion were present, the mother was instructed to dilute the milk; with more severe symptoms, milk was temporarily stopped, etc. This supervision seems to us of the greatest value, and can hardly be secured so well in any other way. Again, a mother sufficiently interested in her baby to come or send daily several blocks for the milk is generally one who values what she receives and also the advice which goes with it. This food obtained in separate bottles for each feeding is generally regarded by the tenement population as not exactly milk, but as something very special, and therefore entitled to much more consideration than any form of food which they could prepare themselves at home.

Another point of importance is that some systematic attempt at milk modification was made in the milk furnished from central stations. Although this could not be done as accurately as for a smaller number of patients, the results were certainly improved by it. Another important point which contributed to success with this plan of feeding was that this milk was supplied in separate bottles for each feeding, and that the quantity for one feeding was suitable for the child, and that only a proper number of feedings for the twenty-four hours was dispensed at one time. There was not, therefore, the temptation to overfeeding and too frequent feeding which with other methods are so generally practiced. Finally, the bottles in which it was kept were always properly cleansed, and sterilized, since this was attended to at the central station.

5. *Best Bottled Milk.*—This was furnished to 18 infants living in the tenements, to discover whether any perceptible difference existed between the results with this milk and the other varieties. While these observations are not numerous enough to admit of any generalization, they indicate what was previously believed, that, with the cleanest milk from the best cared-for cattle, the smallest number of bad results occurred.

Twelve infants were placed upon this milk in summer; of these 9 did well, 3 fairly; there were none who did badly and no deaths. There were 6 infants upon this milk in winter, of which 5 did well and 1 did badly.

The difference between very bad, highly contaminated milk like that purchased at some of the small stores previous to 1902 and the best bottled milk was in some cases very striking; protracted diarrhea in infants who were taking store milk was frequently immediately improved and promptly cured by simply substituting clean milk, after an interval of no milk, for the previous food. In some severe cases, however, no improvement followed the purer milk.

TABLE III.

AGE AND RESULTS—SUMMER.

	Did well.	Did fairly.	Did badly.	Died.
Under 6 months.....	52%	16%	19%	13%
7 to 12 months.....	34	32	26	8
Over 12 months.....	49	32	19	0

Of the winter cases, 123 were infants under 6 months, and 74 from 7 to 12 months; none was over 12 months.

TABLE IV.

AGE AND RESULTS—WINTER.

	Did well.	Did fairly.	Did badly.	Died.
Under 6 months.....	74%	21%	0%	5%
7 to 12 months.....	70	20	10	0
Over 12 months.....	—	—	—	—

A separate study has been made of the cases which did badly, and the fatal cases, to determine any other factors beside the food and age which contributed to the results. An attempt was made to discover what sort of care these infants received, what their surroundings were, and whether the results in feeding were due to conditions or diseases outside the digestive tract.

CARE.

In the 81 summer cases this was not stated in 14; 28 were reported as receiving good care, 16 as having fair care, while 23 were positively neglected. The importance of the care the children received as affecting the results of infant feeding cannot be expressed in figures. What is included here as neglect was often of the grossest kind. As, for example, where a mother was away all day at work and the infant left in charge of some old man or irresponsible child, and where the visitor found bottles dirty, nipples rolling about the floor, sour milk in the feeding bottles, etc. It was practically the unanimous opinion of the physicians who made the observations that intelligent care had more to do with the results of feeding than any other factor. Many individual instances were reported of infants living under the worse surroundings and whose food was of a very inferior kind of milk, and yet if the mother was intelligent and the infant well cared for, it throve in spite of these unfavorable conditions. On the other hand, if the infant had no proper care it made no difference how good the milk furnished might be, the results were usually bad.

In addition to the statistical reports of their observations, the different physicians who watched the infants in their homes were asked to state their own conclusions regarding the general problem of infant feeding in the tenements. These general impressions are most suggestive, and cannot fail to be of interest to all who are working at this difficult problem.

It was practically the unanimous opinion that the most important factor in securing good results is intelligent care. This covers much: clean bottles and nipples; the willingness and ability to carry out directions as to methods of heating, feeding, quantities, frequency, the stopping of milk at the first signs of serious diarrhea, etc.; proper care of the milk itself while in the house; suitable clothing and cleanliness of the children, and as much fresh air as possible.

Most of the physicians stated that, leaving out the very worst store milk in summer, the results were much less affected by the character of the milk than they had anticipated, and distinctly less than by the kind of care.

The surroundings alone also had much less influence on results than was anticipated. For not only were breast-fed infants found doing well under the most unfavorable surroundings, but those also who received only the bottle did as a rule well, provided they received intelligent care and good milk.

The depressing effects of great atmospheric heat—*i. e.*, a temperature in the neighborhood of 90° F., or over—were very marked in all infants, no matter what their food. Those who were ill were almost invariably made worse, and many who were previously well became ill. A bad method of feeding, or rather a feeding without any method, was responsible for many failures when the milk itself was of good quality. Common mistakes are feeding an infant every time it cries; giving it a bottle no matter what its age, and letting it take as much as it will; preparing a large bottle of food at one time and warming it over from time to time until the child has taken the whole of it, or allowing the milk to turn sour in the feeding bottle. Quantities proper for single feedings are almost invariably disregarded. Proper washing of feeding bottles was seldom seen in a tenement house. Such matters as these are closely connected with intelligent care, which has been already considered.

The importance of the matters just mentioned raises the question of how much can be accomplished by the distribution of printed slips of directions. It was the observation of the physicians that only moderate good can be accomplished by these alone. Such printed circulars are often regarded by the tenement house mother very much as most of us regard the printed advertisements which are left at our doors—seldom read and soon thrown away. Mothers are often anxious and willing, but ignorant and stupid. Many cannot read and many more have not the wit to apply in practice what they read. When, however, such printed advice was preceded or accompanied by personal explanation, it was of great assistance. Personal contact is the only certain way to influence these people certainly,

and this must be frequently repeated to influence them permanently; as an aid to this, printed slips are useful. Printed directions, however, should be as simple as possible in statement, few in number, and touch only the most vital matters, telling the mother always what she is to do, not what she is not to do.

HEATED MILK VS. RAW MILK FOR INFANTS.

During each of the summers of 1902 and 1903, a special lot of milk was modified at one of the Straus depots for a group of 50 infants, all of whom were under 9 months of age, and distributed daily in the usual way. To one-half of the infants the milk was given raw; to the other half, pasteurized.

The modified milk was made from a fairly pure milk mixed with ordinary cream. The bacteria contained in the milk numbered on the average 45,000 per c. c., in the cream 30,000,000. The modified raw milk taken from the bottles in the morning, averaged 1,200,000 bacteria per c. c., the pasteurized, about 1,000; taken in the late afternoon of the same day, about 20,000,000 and 50,000.

Twenty-one predominant varieties of bacteria were isolated from six specimens of this milk collected on different days. The varieties represented the types of bacteria frequently found in milk. The infants were selected during the first week in June, and at first all were placed on pasteurized milk. The 50 moderately healthy infants which had been selected were now separated into two groups as fairly as possible. On the 15th of June one-half the milk was left unheated and distributed to one-half the infants, the other half receiving, as before, the heated milk. In this way the infants in the two groups received milk of identically the same quality, except for the changes produced by heating to 165° F. for thirty minutes. The infants were observed carefully for three months, and medical advice was given when necessary. When severe diarrhea occurred barley water was substituted for milk.

The first season's trial gave the following results: Within one week 20 out of the 27 infants put on this raw milk suffered from moderate or severe diarrhea, while nothing more than mild or moderate diarrhea attacked a small percentage of those on the pasteurized milk. Within a month 8 of the 27 had to be changed from the raw to the heated milk because of their continued illness. Seven did well all summer on raw milk. Of those on the pasteurized milk 75 per cent. remained well or nearly so all summer, while 25 per cent. had one or more attacks of severe diarrhea. There were no deaths in either group during the first summer.

During the second summer a similar test was made with 45 infants. Twenty-four infants were put on the raw modified milk; 13 of these had serious diarrhea, in 5 of which it was so serious that they were put back upon the heated milk. Ten infants took this raw milk all summer without bad effects; 2 of the 24 died, 1 from gross neglect of the mother, the other from diarrhea. Of those on the pasteurized milk, 5 out of 21 had severe attacks of diarrhea, but all were kept on the milk except for short intervals, when all food was cut off; 16 of the 21 did well throughout the summer. One infant, which had marked rickets at the beginning of the summer, did badly and died.

The outcome of these observations during the two summers are summarized in the following table:

Kind of milk.	No. of Infants.	Average No. days off milk during summer.	Weekly average gain in weight.	Average No. days diarrhea.	Deaths.
Pasteurized milk, 1,000 to 50,000 bacteria per c. c.	41	3	4 oz.	3.9	1
Raw milk, 1,200,000 to 20,000,000 bacteria per c. c.	51*	5.5	3.5 oz.	11.5	2

Although the number of cases was not large, the results during the two summers were so alike that we believe the conclusion is justified that even a moderately pure milk in hot weather causes, when given raw, illness in a much larger percentage of infants than the same milk given after pasteurization. A considerable percentage of infants will, however, do as well on raw as on pasteurized milk.

OBSERVATIONS UPON FEEDING RAW AND HEATED MILK TO OLDER CHILDREN IN INSTITUTIONS.

During the summer of 1901 observations were made by Dr. Long in nearly all the institutions for children situated in New York City.

He found, with three exceptions, that no particular care was taken to secure a supply of pure milk. In the other institutions the milk averaged over 1,000,000 bacteria per c. c. when delivered; at half of the same institutions the milk averaged over 10,000,000 per c. c. The cream frequently contained 60,000,000 bacteria per c. c. The milk at two places contained at times over 100,000,000. At several special hospitals for young children the milk and cream contained on different days from 26,000,000 to 157,000,000 bacteria. Formaldehyde was also occasionally present, especially in the cream.

Samples of milk were taken weekly from most of the institutions and examined as to the number of bacteria, and in some cases the varieties present.

As a rule the children who were over 3 years old received their milk raw, while those under 2 years received it heated. For those between 2 and 3 years, it was sometimes heated, sometimes not. With the exception of two institutions it was impossible to trace any epidemic of diarrhea among the infants and older children, and in these, the particulars of which are given below, the results cannot be rightly attributed to the milk.

The children over 3 years of age receiving un-

*Thirteen (13) of the 51 infants on raw milk were transferred before the end of the trial to pasteurized milk, because of serious illness. The comparative results would have been still more unfavorable to raw milk if the infants doing badly upon it had not been transferred to the heated milk.

heated milk, containing at different times from 145,000 to 350,000 bacteria per c. c., showed almost no gastro-intestinal disturbance and none whatever that seemed to be due to bacterial causes. The conditions at three institutions will serve as examples.

Table showing the results of feeding during July and August, 1901, in tenement houses, 112 bottle-fed infants under 1 year of age, and of 47 bottle-fed infants between 1 and 2 years of age, with milk from different sources, and the number of bacteria present in the milk:

	Infants Under One Year.					Infants Over One Year.				
	Number.	Average Weekly Gain.	Gastro Intestinal Disturbances.		Deaths.	Number.	Average Weekly Gain.	Diarrhea.		Deaths
			Mild.	Severe.				Mild	Severe.	
1 Pure milk boiled and modified at dispensary or stations given out in bottles Milk before boiling averaged 20,000 bacteria per c c; after boiling, 2 bacteria per c c.....	41	3 oz.	10	8	1*	24	4½ oz.	8	2	0
2. Pure milk 24 hours old, sent in bottles to tenements, heated and modified at home, 20,000–200,000 bacteria per c. c when delivered..	23	4 1-6 oz.	8	5	None.	12	4 oz.	1	2	0
3. Ordinary milk 36 hours old from a selected group of farms, kept cool in cans during transport, 1,000,000–25,000,000 bacteria per c. c Heated and modified at home before using...	18	4 oz.	6	6	1**	7	1-3 oz	1	3	0
4 Cheap milk 36–60 hours old from various small stores, derived from various farms, some fairly clean, some very dirty, 400,000–175.000,000 bacteria per c c, in different specimens.....	21	¼ oz.	4	13	4***	4	3⅞ oz	1	3	0
5. Condensed milk from different brands. Made up with hot water As given, contained bacteria from 5,000 to 200,000 per c. c.....	9	¼ oz.	5	2	3					
6. Breast Milk.....	16	2¼ oz.	5	2	None.					

*This infant died from enteritis and toxemia.
**This infant died of pneumonia. There had been no severe intestinal disorder noted.
***One of the four had pertussis, the remaining three died from uncomplicated enteritis.

SUMMARY.

The observations here recorded were made upon the groups of infants for periods of three months only, and the conclusions drawn relate especially to the more immediate effects of the milk.

1. During cool weather neither the mortality nor the health of the infants observed in the investigation was appreciably affected by the kind of milk, or by the number of bacteria which it contained. The different grades of milk varied much less in the amount of bacterial contaminations in winter than in summer, the store milk averaging only about 750,000 bacteria per c. c.

2. During hot weather when the resistance of the children was lowered, the kind of milk taken influenced both the amount of illness and the mortality; those who took condensed milk and cheap store milk did the worst, and those who received breast milk, pure bottled milk, and modified milk did the best.

The effect of bacterial contamination was very marked when the milk was taken without previous heating; but only slight, unless the contamination was very excessive, when heating was employed shortly before feeding.

3. The number of bacteria which may accumulate before milk becomes noticeably harmful to the average infant, in summer, differs with the nature of bacteria present, the age of the milk and the temperature at which it has been kept. When milk is taken raw, the fewer the bacteria present the better are the results. Of the usual varieties, over 1,000,000 bacteria per c. c. are certainly deleterious to the average baby. However, many infants take such milk without apparently harmful results.

Heat above 170° F. (770° C.) not only destroys most of the bacteria present, but, apparently, some of their poisonous products. No harm from the bacteria previously existing in recently heated milk was noticed in these observations, unless they had amounted to many millions, but in such numbers they were decidedly deleterious.

4. When milk of the same quality was fed sterilized and raw those infants who received milk previously heated did, on the average, much better in warm weather than those who received it raw. The difference was so quickly manifest and so marked that there could be no mistaking the meaning of the results. The bacterial content of the milk used in the test was somewhat less than in the average milk of the city.

5. No special varieties of bacteria were found in unheated milk which seemed to have any spe-

cial importance in relation to the summer diarrheas of children. The number of varieties was very great, and the kinds of bacteria differed according to the locality from which the milk came. None of the 139 varieties selected as most distinct among those obtained, injured very young kittens when fed in pure cultures. A few cases of vomiting in infants directly following the use of old pasteurized milk were met with. The samples of milk contained above 100,000,000 bacteria per c. c., mostly spore-bearing varieties, which digested casein. The deleterious effects were not lasting.

At the present time there is no general sale of "pasteurized" or "sterilized" milk in New York City, so that it is very rare for milk to be used thirty hours after heating.

6. After the first twelve months of life infants are less and less affected by the bacteria in milk derived from healthy cattle and wholesome food. According to these observations, when the milk had been kept cool the bacteria did not appear to injure the children over 3 years of age, at any season of the year, unless in very great excess.

7. Since a large part of the tenement population must purchase its milk from small dealers, at a low price, everything possible should be done by health boards to improve the character of the milk, by enforcing proper legal restrictions regarding its transportation, delivery and sale. Sufficient improvements in this respect are entirely feasible in every large city to furnish a milk which will be wholesome after heating. The general practice of heating milk which has now become a custom among the tenement population is undoubtedly a large factor of the lessened infant mortality in the hot months.

8. Of the methods of feeding now in vogue, that by milk from central distributing stations unquestionably possesses the most advantages, in that it secures some constant oversight of the child, and in that it furnishes the food in such a form that it leaves the mother least to do, and gives her the smallest opportunity of going wrong. This method of feeding is one which deserves to be much more extensively employed, and might, in the absence of private philanthropy, be wisely undertaken by municipalities and continued for the four months from May 15th to September 15th.

9. The use, for infants, of milk delivered in sealed bottles should be encouraged whenever this is possible, and its advantages duly explained. Only the purest milk should be taken raw; certainly, in summer.

10. Since what is needed most is intelligent care, all possible means should be employed to educate mothers and those caring for infants in proper methods of doing this. This, it is believed, can most effectively be done by the visits of properly qualified trained nurses, or women physicians, to the homes, supplemented by the use of printed directions.

11. Bad surroundings, though contributing to bad results, are not the chief factor. It is not, therefore, merely by better housing of the poor in large cities that we shall see a great reduction in infant mortality.

12. The observations made indicate that close percentage modification of milk, although desirable in difficult cases, is not necessary to obtain excellent results with the great majority of the infants, and that a certain adjustment of a healthy infant to its food is usually soon secured.

13. While it was true that even in the tenements the results with the best bottle feeding were nearly as good as average breast feeding, it was also true that most of the bottle feeding is at present very badly done, so that as a rule the immense superiority of breast feeding exists. This should, therefore, be encouraged by all means, and not discontinued without good and sufficient reasons. The time and money required for artificial feeding, if expended by the tenement mother to secure better food and more rest for herself, would often enable her to continue nursing with advantage to her child.

14. The injurious effects of table food to infants under a year old, and of fruits to all infants and young children in cities, in hot weather, should be much more generally appreciated.

TREATMENT OF PUERPERAL INFECTION.*

BY JAMES HAWLEY BURTENSHAW, M.D.,
New York.

IN 1793, John Clarke, a noted London practitioner, in referring to the treatment of so-called puerperal fever, wrote that "bleeding, blistering, purging, sweating, and all extraordinary evacuations are to be avoided, but emetics are advised to be frequently given to promote the evacuation of putrid saliva and of putrid juices supposed to exist in the stomach and duodenum."[1] Since his day, thanks to the onward trend of medicine, the true nature of puerperal infection has been settled, probably for all time, and its treatment placed upon a rational basis.

In no essential way does puerperal infection differ in its nature or onset from sepsis, following a surgical operation. Whether due to invasion by streptococci alone, or to these organisms in combination with others, the general treatment should be practically the same as in the parallel condition.

Reduced to a few words, this treatment should aim (1) to remove the source of infection; (2) to neutralize the effects of the septic germs or of their toxins; (3) to support the patient's vitality.

1. Curettage of a septic uterus with a sharp instrument I believe to be unjustifiable. Retained secundines should be removed by means of a finger or, under certain circumstances, with a dull-wire curette. Every care should be taken not to abrade the endometrium. Lacerations of the cervix or vaginal walls should be cauterized,

*Read at the Twentieth Annual Meeting of the New York State Medical Association, New York, October 19-22, 1903.

[1]Clarke: Practical Essays on the Management of Pregnancy and Labour, London, 1793.

preferably with pure carbolic acid. The cavity of the uterus and the vagina should then be irrigated with two gallons or more of warm normal salt solution, or 1 per cent. lysol solution. Both cavities should then be lightly packed with 10 per cent. iodoform gauze, which should be replaced by a fresh supply after twenty-four hours. After the second gauze packing has been removed the uterus should be left alone.

I have never obtained satisfactory results from the use of uterine or vaginal tampons soaked in formalin solution or with alcohol as compared with that of iodoform gauze. In private practice for a number of years I have been in the habit of introducing a suppository, containing from 15 to 30 grains of iodoform, into the uterus and packing the cavity with plain sterilized gauze, repeating the procedure once or twice on succeeding days.

I have never favored continuous irrigation of the uterine cavity in cases of infection, either with plain sterilized water or with a mild antiseptic solution. In putrid infection, or sapremia, in which the causative saprophytes and cocci are found exclusively in the layer of necrobiotic tissue, I do not doubt that constant irrigation will be of benefit, but in genuine septic infection, or septicemia, in which the pathogenic organisms penetrate beyond the granulation wall, I am at a loss to determine how irrigation will do good.

It is worthy of note that Bumm, than whom probably there is no greater authority in Germany, in his just-issued text-book[2] advocates irrigation with from ten to twenty litres of 50 per cent. alcohol, or with 1 per cent. carbolic acid or lysol solution. In some cases he favors two hours' continuous irrigation with a solution of one-half per cent. acetic acid, or with 2 per cent. boracic acid.

Hysterectomy for puerperal sepsis has never been accepted with much favor. As Davis says,[3] if operation is performed sufficiently early to insure a good result, one can never be certain that the operation was absolutely necessary.

I need not more than refer in this brief paper to the necessity of evacuating pus collections in puerperal infection wherever they may occur.

2. To neutralize the effects of the germ invasion it is of the greatest importance to promote frequent and thorough evacuation of the bowels. The consequences of autointoxication from retained intestinal contents, even in health, are too well known to demand elaboration here, but the frequency with which the colon bacillus is found as a complicating factor in septicemia would point to the necessity of keeping the canal clear. The action of the kidneys should be encouraged. Aside from the fact that urinary infection in the puerperium is most frequently due to the colon bacillus (Webster), the necessity of promoting free diuresis will be apparent. No more effective agent for this purpose is at our command than the saline solution.

The administration of antistreptococcic serum has been disappointing. Marmorek himself long since practically repudiated the claims he advanced in its favor in 1895, although recent reports from Germany show that it is still being used. Good results have been reported of late from the use of Aronson's immunizing serum, but available data on the subject is scarce. The results of the investigation of antistreptococcic serum, made by the committee appointed by the American Gynecological Society in 1898, have been frequently quoted. This committee collected reports of all cases of puerperal sepsis in which the serum was used from the date of its introduction, 1895, to April 1, 1899. The total number of cases was 352, the mortality, in which bacteriological examination was made, 32.69 per cent.; in cases in which no bacteriological examination was made, 15.85 per cent.

The intravenous injection of formalin solution, brought forward by Barrows[4] during the present year, has met with little, if any, favor.

Pryor's method, of opening the posterior culde-sac and packing the pelvic cavity with 10 per cent. iodoform gauze, I consider an excellent one. It is well known that in all forms of sepsis, and especially in that of the puerperium, the protoplasm of the leucocytes shows a pronounced affinity for iodin.[5] Pryor's investigations have shown that the iodin reaction in the patient's urine can be demonstrated within two hours of the introduction of the gauze. It would appear that this author's work has been along lines that will yield exceptionally satisfactory results in the future.

The favorable results that have been obtained from injections of normal salt solution, whether intravenously, subcutaneously, or by the bowel, are so well appreciated that it would appear hardly necessary to refer to them here. It is known that in no other affection do the red corpuscles of the blood suffer destruction so constantly and to such an extent as in puerperal sepsis, and in no other is the loss of hemaglobin so pronounced.[6] In a great majority of such cases, also, leucocytosis is marked. At the same time, even in very grave cases of puerperal septicemia, the existence of streptococci in the blood cannot be demonstrated. This is not proof, however, that the toxins generated by these germs do not circulate in the blood current. It is still a moot question as to the manner in which salt solution exerts a favorable influence in these cases. The term *"lavage du sang,"* or washing of the blood, would appear to be particularly significant in this connection. I think that there can be no doubt that the salt solution performs this function. Whether or no it exerts a destructive action on the germs themselves is not known.

[2]Bumm: Grundriss zum Studium Geburtshülfe, 1903.
[3]Davis: *Philadelphia Medical Journal,* May 23, 1903.
[4]Barrows: *American Journal of Obstetrics,* Vol. 47, 1903, p. 367.
[5]Da Costa: Clinical Hematology, p. 174.
[6]Ewing: Clinical Pathology of the Blood, p. 280.

In a case recently reported by the writer,[7] in which streptococci were present in the blood in large numbers, and the patient was comatose when seen, the abdomen was opened and the cavity subjected to continuous irrigation with the salt solution for many hours, the case ending in recovery.

With the application of unguentum Credé, and with the intravenous injection of the solubie salt of silver known as collargolum, my experience has been limited. The literature on these subjects is extensive, and very good results have been claimed for both methods of treatment. Reidhaar[8] has recently reported a case in which streptococci, which were present in the blood, entirely disappeared soon after the collargolum treatment was begun. Jaenicke,[9] Schmidt[10] and Weissmann[11] have also reported good results from its use.

3. Support of the patient's vitality, naturally, is of the greatest importance. Her diet should be nourishing to the last degree, but of such nature that the tax put upon the digestive system is reduced to a minimum. During the height of the fever food in small quantities should be given at frequent intervals. Peptonized milk, malted milk, white of eggs, calvesfoot jelly, meat extracts, gruel and the like, are valuable under these circumstances. Later, when her temperature declines, I believe strongly in the administration of brandy or whisky in liberal doses, not only for their stimulating effects, but as a food. Runge (quoted by Bumm, *loc. cit.*) advocates large doses of alcohol during the entire course of the disease, with very radical hydrotherapy.

The administration of drugs in puerperal sepsis should be limited. Ergot, strychnin and quinin are practically always indicated. My custom is to prescribe the fluid extract of ergot, in 10-minim doses, or ergotin, one-quarter of a grain, and nitrate of strychnin, one-sixtieth of a grain, every three hours from the beginning of the attack, and later, either sulphate of quinin, two or three grains, or Warburg's tincture (without aloes), in dessertspoonful doses, three times daily.

On the same principle that the blood corpuscles are favorably influenced by the absorption of iodin from the uterus and pelvis, it would seem that an assimilable form of this drug given by the mouth would yield distinctly satisfactory results. The iodides, as is well known, are repugnant to the taste, are not well borne by the stomach, and, in addition, are rapidly excreted by the kidneys practically unchanged. The officinal syrup of hydryiodic acid possesses the same disadvantages. In two instances during the past year, therefore, I have prescribed a certain French preparation, a wine, which is said to contain seven-tenths of a grain of iodin combined with a vegetable base to each tablespoonful, apparently with great benefit.

The patient's temperature should always be controlled, when this is deemed necessary, by cold-water sponging and ice compresses, and never by the administration of drugs. When her temperature level is 102° F., or more, I order a sponge-bath with tepid or cold water, followed by a gentle alcohol rub, every two hours during the day and twice during the night. During the intervals cloths wrung out in ice-water are applied to the head and to the lower abdomen.

In conclusion, it may be said that the treatment of puerperal infection during the past two or more years has kept pace with, or even outstripped, the methods of prophylaxis, but not until the time arrives when the rules governing the latter are strictly adhered to in every case will the mortality from this disease show material change.

DISCUSSION.

Dr. Joseph B. Cooke, New York, said that under the head of treatment, prophylaxis should be considered. He was of the opinion that the care of cases after labor was often neglected, even when the practitioner was not aware of this. The successful treatment of puerperal sepsis should be instituted early, and the attending physician should recognize this condition in its incipiency. On this account he desired to emphasize the importance of taking the temperature every four hours during the first week. It had been his custom to leave a thermometer with the patient with instructions how to use it, and then he made two daily visits. In this way he had been able to watch not only the variations in the temperature, but what was, perhaps, of greater importance, the fluctuations in the pulse. In connection with this subject, he wished to emphasize the great importance of holding the fundus of the uterus for an hour after labor in order to secure firm contraction of this organ. If this were done there would be much less likelihood of puerperal sepsis than if the uterus were allowed to relax and clots collect in the uterus. He quite agreed with the reader of the paper that if alcohol were given at all to a patient suffering from puerperal sepsis it should be given almost to the verge of intoxication.

Dr. Eden V. Delphey, New York, said that the pendulum for and against curetting had swung from one extreme to the other. He was glad that the reader of the paper advocated curetting, but he differed from him, as he used the sharp curette in some cases. It was well to wash out the uterus with very hot water in order to secure good contraction; the septic uterus was a flabby one. After curetting he washed out the uterus with water at a temperature of 115° or 120° F., adding to the water enough of the officinal tincture of iodin to make the water of a port-wine color. This would usually secure excellent uterine contraction, but, in addition, he

[7] *Jour. Amer. Med. Assn.*, April 11, 1903.
[8] Reidhaar: *Monat. f. Geb. und Gyn.*, B. 16, H. 4, 1902.
[9] Jaenicke: *Deutsche Med. Woch.*, February 5, 1903.
[10] Schmidt: *Deutsche Med. Woch.*, April 9 and 16, 1903.
[11] Weissmann: *Aertzliche Rundschau*, April 11, 1903.

applied iodin to the interior of the uterus because iodin was known to be an excellent antiseptic and stimulant to contraction. The use of gauze favored uterine contraction, and if the gauze were impregnated with iodoform it would tend to neutralize sepsis, and its beneficial action was thought to be due to its decomposition, and the consequent liberation of iodin. If this were the case, there was certainly good reason for employing iodin. He had heard the statement made that ergot did not act upon the uterus after delivery more than four or five days. Personally, he had been in the habit of using digitalis, not only because it acted upon the heart, but because it acted upon the uterus also. This drug helped to contract the uterus, slow the pulse and improve the circulation.

Dr. DeLancey Rochester, Buffalo, said that in modern practice very little puerperal septicemia was seen except in gonorrheal subjects. In such cases he would advise the use of iodin at the time of labor, and whenever practicable, before that time. A tablespoonful of the tincture of iodin should be mixed with one quart of hot water and used as a douche. The local use of iodin for a month or two prior to labor also served as an excellent prophylactic measure. He had followed some cases that had been treated in this manner, and had found no evidence of affection of the eyes of the child after delivery, although no preventive treatment for the eyes had been employed.

Dr. Burtenshaw closed the discussion. With regard to the taking of the temperature during the first week, he said he thought no careful obstetrician would neglect to have this done. The relation of the pulse to the temperature was always an important indication in these cases. There was a possibility that the infection, instead of being sapremic, might be malarial, and this would account for the rise of temperature in the first week. Every careful obstretrician should regard it as part of his duty to hold the fundus after delivery, and see to it that the uterus contracted firmly. He was greatly afraid of the sharp curette because of its action in breaking down nature's barrier to infection. He used the finger to remove any particles of placental tissue, or, if necessary, a loop of wire. He had no doubt that the application of iodin was excellent, but he did not think it could be compared with iodoform gauze. When Oliver Wendell Holmes brought out his original communication on puerperal sepsis he claimed that there were three cases of death from puerperal sepsis in every thousand deliveries, and the speaker was of the opinion that statistics were no better at the present time. He objected to the routine use of the tincture of iodin immediately after labor, although later on, in the presence of distinct indications, it might be used to advantage.

NON-SURGICAL TREATMENT OF APPENDICITIS.[1]

BY PETER STOCKSCHLAEDER, M.D.,
Rochester, N. Y.

I HAVE been requested by our chairman to read a paper this evening on "Non-Surgical Treatment of Appendicitis."

The title is rather unfortunate, and I would sooner have it read on "Non-Surgical Diseases of the Appendix."

I am then not allowed to use a knife or scissor in this case. Should my views in this paper not harmonize with those of your own, I beg most respectfully to be excused, and will leave this to the discussion hereafter. It is not a scientific paper, but a mere practical report, from the experience with cases in a general practice. Therefore, I do not propose to consider or quote the views of other men. I simply want to give you my own experience with the disease, and state truly what I have learned from its attendance.

The literature on the medical aspect of the disease is very meager. The work has been largely done by the surgeon. Whether it belongs to the domain of the surgeon or the physician, or both, has been the source of much heated controversy.

A physician of large experience ought to make a good judge, to say whether a case should be treated by the surgeon or whether it would fare better under medical care.

But you doubtless remember a case cited ("Article on Appendicitis, Reference Handbook of the Medical Sciences," Vol. IV, page 185) where a physician was attacked by the disease. He experienced but a slight faintness and a little nausea; never sick enough to give up his work. He was one of the resident assistant physicians in the Maine General Hospital in the immediate neighborhood of the professors, assisting at the clinical lecture, and in sixty hours he was dead from perforative appendicitis.

Absolute definite recognition of the series of pathological changes is impossible during life. It is therefore the most difficult task and becomes the utmost responsibility to treat a case of a painful tumor in the right iliac fossa, when not even the very elect can say what pathological conditions are present about an irritated cecum and inflamed appendix before abdominal section, as after. The cecum and appendix is a place for foreign bodies, fecal accumulations, infections and inflammations, which may lead to ulceration and perforation. It would require a wizard of diagnostic distinction to tell us the exact condition of things that were going on beneath.

I will now report some of my cases, to show the difficulties that are to be met in the non-surgical treatment of appendicitis.

Case 1.—In the beginning of 1900 a grocery clerk called on me at my office. He said some time ago he had fallen over a box, and since that time had not been feeling well. The patient

[1]Read at the Annual Meeting of the Monroe County Medical Association, Rochester, N. Y., March 1, 1904.

had rather a cachetic appearance, and pain and tenderness over the region of the cecum and appendix. I said to him that it was traumatic appendicitis, and that he would have to give up his work immediately and go home to bed for a complete rest, otherwise it might necessitate an operation in the near future. I ordered a complete evacuation of his bowels and the free use of olive oil. In about fourteen days he was apparently well, and worked in the store all winter. In May he called on me again; he had then a relapse. I attended him for three weeks. An abscess formed with distinct sensation of fluctuation and pointing outward. It was opened, and about a half pint of fecal smelling pus discharged. In about a month the wound had closed. He went soon to work again until fall, when he came to see me again. He had then a fistulous opening, discharging thin pus of a fecal odor. I told him he would have to go to the hospital and be operated. All the structures from the skin down with the cecum proved to be a cancerous mass, which was enucleated and an end to end anastomosis performed. The man is alive and at work.

A malignant appendicitis and appendicitis leading to ulceration and perforation belongs to the surgeon's care. But there happens many inflammations in and around the cecum and appendix, of a milder type, which can be treated very successfully medically. Of eighteen cases diagnosed by me and other physicians, I lost two.

Cast 2.—A Mrs. W. sent for me at 2 o'clock Monday morning to attend her in labor. On my arrival I was told that she had been in pain since the previous Thursday, but that she had not expected her confinement yet, it being only the eighth month of her pregnancy. My examination revealed a closed uterus and no sign of labor. I located severe pain over her appendix and told her she had erroneously attributed her symptoms to her pregnancy, and that she was suffering from a grave form of appendicitis, and advised an immediate operation, which she refused. She told me she ate some moldy cheese out of the ice-box on the preceding Thursday, when her pain commenced, and that she had not felt well since. I supposed there had been an irregularity of her bowels, being in this condition, which helped to precipitate her attack. The next day I was hurriedly sent for, and when I got there her baby was born. By the action of the uterus the inflammatory region had been greatly disturbed, valuable adhesions torn, and when I took the uterus in my hand to deliver the placenta I did not find that smooth gliding surface, but my fingers slipped in all over it, like an edematous leg. She had general septic peritonitis, with perforation, and died the ninth day of her illness.

Case 3 was that of a little girl 6½ years old. She was taken in the night between 3 and 4 o'clock with very severe pain and vomiting. Temperature 105.2, pulse 144, and she died on the fourth day of acute appendicitis.

On the other hand, it is equally true and just as surprising to see practically hopeless cases recover. Even cases complicated with general peritonitis get well under medical care alone.

1. Mrs. F. came down, in her fifth month of pregnancy, with her second attack of appendicitis. The attending physician had just held a consultation with a well-known surgeon, and it had been decided to operate at once. I was called on. I said to the physician in charge of the case it would be too bad if both lives were lost, and while we were arguing over the merits of the case the husband decided against an operation. My services were retained. I sooner would have run miles not to shoulder the enormous responsibility. She had general peritonitis, and her abdomen was so tympanitic that she scarcely could look over it. The outlook was the darkest I ever saw. I had her abdomen encased in a pillow of steamed hops, sprinkled with turpentine, and frequently changed. Her abdomen was literally baked, so that her skin peeled all off over it; but she did not miscarry. On the contrary, the little one must have enjoyed it under the warm mantle, and her nutrition must not have suffered. I had the pleasure of seeing her recover, and four months after brought the baby, a healthy-looking girl. Mother and child are doing well. Strychnine and normal saline solution guarded against exhaustion. Olive oil was their food.

I am sorry that the two cases I lost could not be operated. The sixteen other cases made a good recovery, and operations would have been unnecessary. Many of the cases were seen by different surgeons, who wanted to operate, but were refused, to the benefit of the patients. This is a true statement, to give us an idea how often operations would be necessary.

I am very anxious to save life wherever I can, but some cases will end fatally treated surgically or medically. It cannot be avoided. We cannot save all cases of diphtheria with antitoxin, and the rule applies here also—the earlier we get to our case the better it is for the patients; before the inflammation has gone too far and before pathological changes have reached an irremediable stage.

Could I have the services of an expert like J. B. Murphy, Ochsner or J. B. Deaver, men who have established a fixed mortality rate, or those who could prove to me a mortality of 1 to 3 per cent., and who would be willing to promise on this record a good result, a successful operation, I would advise it, I would urge it.

But as it is to-day, where everybody operates, with no fixed mortality rate, and in the hands of the average general surgeons and practitioners, I would take my chances on non-surgical treatment, on the expectant plan, as it is called, and trust for the result to God and the *vis medicatrix naturæ*.

Again, there are people who will not be operated; they also must have medical care.

That the non-surgical treatment is a nonsensical treatment, or the doing-nothing plan, as some would have it, and that it deserves no recognition in the care and management of appendicitis, is far from the truth.

We have measures which will relieve obstruction, stimulate secretion, resist inflammation, and restore healthy action, and they will, if given with a purpose and determination, produce good results.

The patient must be treated intelligently along the lines of helping nature to get rid of offending material. The infection started on or about the cecum and appendix. The trouble arose in a disordered and septic tube, and is obstructive in nature and inflammatory in character, even to the destruction of the parts. Whatever is done medically must be done quickly and thoroughly, before the parts become gangerous. Even the patient thinks that if his bowels were free everything would be well. This is probably the reason why we come to his aid first by evacuant measures.

Elimination, cleansing. This is the first and most important indication.

The patient will be mistreated unless the attendant secures a thorough cleaning out of the bowels, and this can be best and most easily accomplished by means of hot water used freely, as it passes in a shorter time from the stomach than cold water. Repeated injections, one after the other. First a soap enema, to relieve the lower bowel and diminish the backward pressure in the ascending colon, followed by one-half to one pint of normal salt solution as an antiseptic.

Circumscribed peritonitis, which attacks the serous coat of the cecum and its neighborhood, is most frequently due to an accumulation of feces.

One of the physiological phenomena of this portion of intestine is that its contents becomes more solid and remain a long time in it and become very hard. They are not so easy to dislodge out of this locality in consequence of the angular course which the axis of the intestines takes at this point. Here is a natural resting-place for the food as it passes through the intestinal canal. Normally composed feces may be here retained sufficiently long to become hardened or even converted into true fecal calculi, which act as irritants to the mucous membrane, excite inflammation, and at last ulceration and perforation. From here on it is all uphill work on the part of nature. It is no wonder, then, that she is forced, being pressed hard from both sides, to try and seek a new outlet in its most dependent and weakest part—the vermiform appendix.

In every case of appendicitis there is paralysis of muscle tone from pressure of the mass and the peristaltic wave is broken.

Only pure olive oil seems to have all the therapeutic qualities to clear this portion of the bowel. It relieves cramps; it lubricates hardened fecal matter; it increases the flow of bile; it stimulates peristalsis, and is an excellent intestinal antiseptic. This is shown by a more normal appearance of the feces and by the cessation of signs of fermentation and putrefaction.

In 30 to 100 c. c. doses every two or three hours I was able to leave a flat, collapsed and flexible abdomen over the appendiceal region and a completely empty intestine. This only can lessen the chances of an inflammatory explosion tending to ulceration and perforation, at the same time preventing pressure upon the inflamed parts. Until this is successfully accomplished, I would no more think of leaving a case of appendicitis, and if it took one all night, than to leave a case of strangulated hernia.

A prompt and vigorous application of this remedy has often proved very successful in my hands and prevented on many occasions a dangerous operation.

On one occasion I was called on the fifteenth day of the illness. The attending physician had given Epsom salts every day, and forced watery discharges with it from the bowels without relieving the patient in the least. A consultation was then held with a prominent surgeon, who announced to the family, after a rectal examination, that there was an abscess, and an immediate operation was advised. He said: "It might break any moment and kill her." Every surgeon is eager to open that abscess, whether there is one or not. The family declined the operation and I was sent for. I also made an examination, per rectum, but was of a different opinion. Here let me urge a more liberal education of the sense of touch on the part of the physician. Let us cultivate the *tactus eruditus,* which will enable us to almost close our eyes and make a good diagnosis. was in great agony, and could be heard all over the neighborhood. I ordered olive oil in massive doses, and when finally the mass was well lubricated, the ice broke and moved on and out, to the great relief of the patient. She made an excellent recovery.

Vomiting is one of our most unfortunate symptoms in appendicitis, and most always present in severe cases. It produces shock; it disturbes the field of inflammation and tears delicate adhesions. The patients grow weaker and weaker with each recurrence, until finally exhausted. First it is stomachic, then bilious, mixed with bloody mucus and even fecal.

The absolute withholding of all food and drink for several days becomes imperative. It is folly to pour more into an already overburdened and overcrowded condition. Nature could not take care of it, and it would increase the severity of the case. Our acutely ill patients are all the better for several days of absolute abstinence from all food. Abstinence is a great virtue, and it pays to practice it. I do not think that he who does will ever become so easy a subject of appendicitis. The intestines being entirely freed from undigested food, fermenting fecal matter, gas and ptomaines, and nothing being eaten, to

rearouse alimentary activity, surely the conditions are ideal for perfect rest.

In numerous experiments on the lower animals, it has been proved that there is more bile secreted during the hours of fasting than during digestion—nature's own laxative, so necessary and important for a healthy restoration of the bowels.

A mustard plaster over the pit of the stomach will result in stomach tranquilization and pyloric relaxation, fractional doses of calomel triturates, 1/10 grain every hour, washed down by a glass of hot water, for ten hours, followed by half a tumbler of Carlsbad water; artificial serum, per rectum, against hyperemesis, to neutralize poisons, to lessen shock and stimulate the secretions. Nutrient enemata may also be necessary here for a time.

Strychnine to aid digestion, to relieve paralysis of the muscular wall, produced by pressure of the mass, will facilitate its expulsion by its anticonstipatory action, and will guard against exhaustion. Many of my patients would refer their attack to something they had been eating—moldy cheese, steam sausage, candy, nuts, overindulging, etc. It certainly helped to precipitate the attack.

One word about pain in appendicitis. I frequently have been called to cases where patients suffered intensely and the attending physician had given nothing to ameliorate it, for fear of masking the disease, and it was therefore the cause of his discharge. After thorough evacuation of the canal, there need not be any fear of giving 1/100 gr. of hyosciamine hydrobromate or atropine sulphate every hour till sleep is produced. I often have seen the best results and a turn for the better after a sound and refreshing sleep; it relieves the tension in the intestinal canal.

A well regulated and carefully guarded diet, as to time, quantum and character of food, and otherwise good nursing, have their share in contributing toward a successful termination of the case. Great credit is due to Fenton B. Turk, the eminent specialist in stomach and intestinal diseases, in disapproving the numerous small meal practice in favor of one or two meals a day.

For tympanitis and peritonitis: Turpentine in normal saline solution as rectal injections and hot embrocations over tumor and abdomen will bring good results.

A sudden occurrence of peritoneal symptoms and the absence of long previously existing intestinal phenomena are indicative of the starting point being in the vermiform process.

A sound inherited constitution must ever remain the fundamental factor in shaping our prognosis. A constitution with no inherited or acquired dyscrasia, neither tubercular, cancerous nor syphilis or gonorrhea. A tissue that is prone to live and that will resist inflammation, wherein our measures find ready response, this will bring the only success that can be expected, surgical or medical. There are many conditions simulating appendicitis, typhlitis stercoralis, tubercular and typhoid ulcer, cancer and many other intra-abdominal lesions, various pelvic troubles, pancreatitis, hepatic and renal calculi, so that true appendicitis is probably, after all, not a common disease.

In 3,000 autopsies, which were made during a course of seven years, were found only 10 cases of genuine appendicitis. I quote from a communication by Dr. Phil. F. O'Hanlon, coroner's physician, *Gaillard's Med. Journal,* November, 1901, No. 5, Vol. LXXV, page 149. He says: "I had 42 cases sent to me for autopsy, which had been diagnosed as appendicitis. In 10 of them I found a greatly distended colon, but no lesion of the appendix, either cross or microscopical, could be discovered, and in the remaining 32 even the distension of the colon was absent and the appendix was normal."

This journal has for its motto: "*Scientia et veritas sine timore*" ("Science and truth without fear").

In over 2,000 major operations in Egypt, upon natives, only 3 cases of appendicitis were met with, which they attributed to a vegetarian diet, light clothing and moderate living, the best prophylactics against the disease. (Johnson's Red Cross.) Cod liver oil, preferably the emulsion, with hypophosphites, if there is any tubercular diathesis feared, is a good tonic and tissue builder.

This constitutes the "Non-Surgical Treatment of Appendicitis," and the measures that we usually employ for its relief, and will bring it in most cases, if faithfully carried out. Many a life can be saved without an operation by careful and judicious treatment.

Appendicitis is, after all, a very serious and difficult problem to solve for physician and surgeon. Many physicians think of nothing but an operation; they would not stop to investigate a case properly, not even give a dose of castor oil and wait long enough to see what it would do. They simply play the detective for the surgeon. I often have seen both discharged, and by doing so the work of nature had the happiest results.

Poor surgery and mistaken diagnoses have brought surgery somewhat in discredit by the general public. But, on the other hand, to let a patient die, drowned in pus, from the neglect of the medical attendant calling on a good surgeon at the proper time, is a Nemesis which will haunt him to the end of his day.

The physician's mistakes are not so apparent, it is true, but they are real, and if we knew how to avoid them could probably save every case of appendicitis. But this is impossible at the present state of our knowledge. Good sense and sound judgment will save many lives which otherwise would be lost. Yet every life saved more is turned to our account, a triumph of our art, and demanding the respect of the general public.

I thank you very much, gentlemen, for your kind endurance, and for the honor to present the "Non-Surgical Treatment of Appendicitis."

ABORTION, WITH REPORTS OF CASES.[1]

BY JENNIE M. TURNER, M.D.,
Lyons, N. Y.

ABORTION is the premature casting off of the product of conception before the end of the fourth month.

The causes of abortion may be divided into three classes: 1, *Systemic.* 2, Fœtal. 3, Uterine.

Among the systemic cases some are in connection with the blood and a number with the nervous system. The poisons in the blood capable of causing abortion are those which create the exanthematous eruptions of smallpox, measles, scarlet fever, etc. Severe malarial poisoning is believed to be the cause of abortion. Carbonic oxide gas in the blood is said to have a more certain effect in exciting uterine contractions than ergot itself. Prominent among the nervous disorders are chorea, tetanus, sudden fright, etc.

Fœtal Causes.—Anything which will kill the fœtus will produce an abortion. The decaying fœtus acting on the nerves of the uterus produces contraction and expulsion.

Uterine Causes.—Uterine fibroid, laceration of external os, and uterine displacements, particularly retroflexion.

We will briefly review a few essential points in generation and embriology before considering the pathology and natural history of abortion.

After conception has taken place the whole of the mucous membrane of the uterus becomes thickened, forming the decidua vera, while a portion of it grows upward around the ovum, entirely surrounding it, being called desidua reflexa. In a short time the allantois is developed, and from the fœtal body which has no connection with decidua vera or decidua reflexa two distinct membranes are formed, amnion and the chorion. The chorion attaches itself to the uterus by little rootlets or villi, which extend into the uterine glands, while the amnion is merely a membrane, which secretes the liquor amnii. The fœtal mass is everywhere attached to the uterine walls, and gets its nourishment from the surface of the uterus. The fœtus is nourished in this way until the end of the second month, when the placenta begins to form. This is a vital point in the subject of abortion. Up to 2½ months there is no placenta so far as abortion is concerned. Between 2½ and 3½ months the chorion loses all of its tufts, except at one point.

At this point it becomes excessively vascular and increases in thickness, and this thickened portion with the thickened decidua, forms the placenta. From the third month the placenta is the all-important element as regards abortion.

When abortion occurs we may have, first, a complete emptying of the uterine cavity; the decidua vera, decidua reflexa, the amnion, the chorion and the fœtus. Second place, the fœtus may be expelled with the amnion and chorion, while the decidua vera is left in the uterus. Thirdly, the fœtus alone may be expelled. The liquor amnii follows the fœtus, which (Le. A.) makes its way through the amnion and chorion, which remain in sight in the uterus. This is a complicated case. Fourthly, when utero-gestation is a little further advanced, the fœtus and membranes may be expelled and the placenta left behind.

TREATMENT OF ABORTION.

When called to a woman threatened with abortion what is the first thing to be done? The hands of the physician and the external genitals of the patient should be made aseptic and a vaginal examination made. If there is no dilitation of the cervoix, even though there is considerable hemorrhage and an occasional pain, there is a chance to prevent the abortion. Absolute rest should be insisted upon as regards the mind and nervous system, as well as the body. The room should be one of large size, well ventilated, kept darkened and in perfect silence.

The diet should consist of simplest food, so that the stomach may have little to do. I frequently give Tully powder, grs. v, and repeat the dose if necessary, or if conditions indicate, use a mixture of brom. pot. chloral and morphia. If hemorrhage is very free make use of a carefully applied tampon to cervix.

If the vaginal examination reveals the abortion inevitable, a different course of treatment should be pursued.

If the woman is losing a large quantity of blood, as this is the one great danger in the early period of abortion, an efficient tamponed properly applied, the patient may be left with perfect security. The tampon controls the hemorrhage entirely, and allows the process of abortion to go on to a successful termination without danger.

Frequently when the tampon is removed the entire fœtal shell is unbroken, if the period is early in utero-gestation, or the fœtus with the membranes and placenta if later. The vagina and vulva should now be thoroughly cleansed with antiseptic solution and antiseptic cotton placed inside the napkin against the vulva. The most troublesome cases are those in which the fœtus is first expelled, and the placenta and membranes remain in utero. As long as this is the case the patient can never be considered safe. Eminent authorities differ as to the proper course of treatment in these cases, some strongly insisting upon removing the secundies at once by any possible method, while others declare that there are cases met with in which any forcible attempt at removal would injure uterine tissue, thereby increasing the surface of septic absorption; also danger of producing a metritis. Hence it is considered wisdom to control the hemorrhage by a proper tampon and wait twenty-four or forty-eight hours, until the placenta is detached or partially so, when it can be easily removed by means of the finger forceps or curette. In addition to the tampon the writer usually gives ℥ss of fluid ext. of ergot once in two hours to aid the

[1]Read at the Annual Meeting of the Wayne County Medical Association, March 29, 1904, at Newark, N. Y.

tampon in producing uterine contractions. Should fetor occur during this period antiseptic douches should be used.

Since I have practiced medicine many cases of abortion have come under my personal observation. Unless the patient is in imminent danger from hemorrhage the first thing on the program is to get the history of the case, which sometimes is a very difficult matter. We will not only be unable to ascertain how far advanced in pregnancy or what part of the uterine contents have been expelled, if any, but will be told positively that the patient is not a pregnant woman.

Under such circumstances I insist upon the presence of the nearest relatives, the husband, if there is one, and state the diagnosis, and if I am convinced that it is a criminal abortion antemortem statements must be made to that effect in the presence of witnesses, preferably that of another physician, or I leave the case at once.

Case 1. In August, 1900, I was called to see Mrs. S., who presented the following history: She had believed herself six weeks or two months pregnant, and under the instructions of a neighbor had produced an abortion by mechanical means three days previous. The neighbor assured her that everything had passed away—as she expressed it—and could not understand her present condition, which was serious, and as follows: Temperature 104°; pulse, 130; respiration, 28. Her nervous condition was very marked, not having slept much for two or three nights. The stomach was irritable, rejecting nourishment of any kind. On vaginal examination I found the body of the uterus considerably enlarged and sensitive. The os was dilatable and filled with a thick, fetid, bloody discharge. I returned to my office to get instruments, antiseptics, etc., and as I was about to return I was hastily summoned, being told that she must be dying. When I reached her bedside I found her in a severe convulsion. I at once gave her hypodermic injections of morph. et atroph., and in a short time she came out of it. The nurse stated that she had a severe chill preceding the convulsion, or which terminated in one.

Her tem. reached 109° soon after the spasm, and remained so for one hour, when it began to go down, so that two hours later it was 104°, and she went to sleep and rested two hours.

This was my first opportunity to examine, curette and give intrauterine douche. I used curette gently, and removed decomposed pieces of decidua. Followed this by intrauterine douche, cleansed the vagina, and placed antiseptic cotton against the vulva.

Ordered vaginal douches once in six hours. Prescribed quinine once in four hours, alternated with sedative. Saw her six hours later, and found her more comfortable, as she had retained small quantity of liquid food, and had considerable rest.

Fearing another spasm I saw her at 10 P. M. and gave hypodermic of morph. et atroph. Early morning the husband reported at my office a comfortable night, and her general condition apparently improved. Two hours following this report she was again seized with a chill, followed by a convulsion, the temperature again reaching 109° for about the same length of time as before. I followed the same course of treatment as before, with similar results. As soon as her condition permitted I again removed more of the decomposed decidua, followed by intrauterine antiseptic douche. I advised that her friends be notified of her critical condition, as I had little hope of her recovery. I was told that she had no near relatives, only two brothers, and they were not on very friendly terms with the husband. When I learned this I at once suggested to the husband that for the protection of all concerned his wife be asked to make antemortem statements in the presence of another physician.

She very willingly consented to this, as she stated no one must be censured or suffer for what she had done. From this time on I visited once in three or four hours during the day, and remained with her at night. I gave her hy. injections of m. et a. once in 4 or 6 hours, as indicated, keeping her nervous system quiet.

The day following the second convulsion tem. in the morning was 101°, pulse, 100. There was still some fetid discharge, and I gave her same intrauterine treatment as on the two previous days. The following morning the tem. was 100, pulse 100, and she had passed a very comfortable night. She was now given only antiseptic vaginal douches, and her general condition treated as symptoms indicated when there was marked daily improvement. She is alive and well to-day, but her nervous system has never recovered its former tone.

Case 2, Mrs. B.—In October, 1903, at 9 P. M. a husband came for me, saying that he was obliged to call on me for a similar illness as that of nine months ago, when his wife aborted at about four months of gestation.

Four hours previous to my visit she was seized with a slight uterine pain, the result being the expelling of a fœtus four inches long. There was very little hemorrhage. After taking all due antiseptic precautions I made a vaginal examination and found the placenta firmly adherent. I curetted with negative results. I then introduced my hand into the vagina and finger into the uterus, when by bimanual manipulation I succeeded in removing, or really tearing off, a few pieces of the placenta; but to get at it from the margins and detach it in a mass I found it impossible, as it seemed a part of the uterus itself. There seemed complete inertia of the uterus.

I tamponed the cervical canal and the vagina antiseptically, and left ℥ss doses fl. ext. ergot to be given once an hour for four hours, then once in two hours. Early morning I visited her and found that she had passed a comfortable night, that there had been no flowing and no pain.

She had not had as much of the ergot as ordered, as it had been accidentally spilled. I tamponed her as before and prescribed the ergot the same. Five hours later severe uterine contractions commenced and continued for two or three hours. When I removed the tampons I found protruding from the cervix, the placenta, which I removed with my fingers, in a mass. A few clots followed the placenta. Other than those there was no loss of blood. There was no perceptible odor about the placenta or the tampons. I at once used an intrauterine douche and placed antiseptic pad against the crevix. This was to be removed in six hours and antiseptic vaginal douches given three times a day for a certain length of time. She made a rapid recovery and was determined to be more active than she had been directed or was wise. The fœtus passed on Sunday at 5 P. M., and placenta was removed thirty-six hours later.

A few years ago a German woman whom I had confined with her first child three years before called at my office to consult relative to a very offensive discharge she was having from the vagina. Upon getting her personal history for last six months I learned that about six weeks previous she had an abortion at about three or four months of gestation from her description of the size of the fœtus. She called a neighbor and they decided that the abortion was complete and had given it no more thought, she performing her houshold duties as usual. Upon making a vaginal examination I was satisfied that the placenta was still in utero. I told her what I believed to be her true condition and explained to her the danger of septicæmia. This woman lived six miles in the country. When at my office it was 5 P. M., so I arranged to visit her the next morning to examine more at length and remove the cause of the trouble if possible. I advised her to take carbolized douches one in three hours and remain in bed. I also gave her 3ss of fl. ext. of ergot once an hour until four doses had been taken, then once in two hours. She was told to save everything which might be expelled. When I reached her bedside I was informed that the medicine had produced severe uterine contractions after four or five doses had been taken and in a short time a mass was expelled, which had been kept for my inspection. This mass, which was placenta, somewhat shriveled and hardened on one side, and was decomposed and softened on the opposite surface, where it had been attached to the uterus.

This woman's general health had not been disturbed other than a peculiar dullness and malaise with some headache, a heavily furred tongue, loss of appetite, a short time before coming to my office for examination.

She was told to remain in bed for a certain length of time continuing the antiseptic douches.

Medicines were administered as her condition indicated and in a few days she declared that she never felt better.

This case I recorded for the reason I had never seen one like it before, nor have I since.

In conclusion, relative to treatment, I invariably labor hard to empty the uterus of its entire contents at once; but if I cannot, I follow the course of treatment as given in Case No. 2, and I have not yet failed to meet with favorable results.

THE PURE FOOD AND DRUG BILL.

If there was ever a question before the national legislature in which the medical profession should be interested it is the Pure Food bill, now before the United States Senate. We are sure all who read the bill, which we have already published in part and which we reproduce this week in full, will at once realize its vast importance. The difference between the measure as it passed the House and the substitute reported by the Senate Committee on Manufactures is clearly defined in Senator Heyburn's letter to Dr. Reed, and relates to questions of administrative detail rather than to the principles involved.

The hearings on this measure before the Senate Committee on Manufactures revealed some very interesting facts. Thus the attempt made in the bill to establish the United States Pharmacopœia as the standard of purity for drugs was combated by the proprietary medicine men with the representation that the United States Pharmacopœia was published only every ten years; that many new preparations, on which it was necessarily silent, came into use during each decennial interim and that, consequently, the United States Pharmacopœia could not be made available as a standard. This representation, naturally enough, only suggested the necessity for an additional provision, which the committee promptly framed, to protect the public from these rapidly multiplying "inventions." It was but natural, therefore, that the strictly sordid commercial interests should turn fiercely against the entire measure. The proprietary medicine trust was deeply if not vitally interested. It dropped its policy of direct representations to the committee and took recourse to its customers, the retail druggists, who, scattered all over the country, have been instigated to write letters and send telegrams to their respective Senators protesting against the passage of the bill. The pressure in this instance is that of credit, which the large manufacturing concerns are in position to extend or not to their patrons, who, by counter prescribing, vend these dangerous nostrums directly to the public.

And that these nostrums, many of them at least, are dangerous in both a positive and negative sense, was also made apparent at the hearing. The testimony was direct and positive that a number of these new "inventions" were essentially poisonous, while others, innocuous so far as their ingredients were concerned, were dangerous because of their inefficiency. It was broadly stated that a number of them, by sub-

stitution of constituent elements, were frauds, a fact long and painfully known to the medical profession. The greatest danger of all, however, is the fact that the formulæ of many of these proprietary compounds are variable. As a consequence, when the Senate committee suggested that these formulæ ought to be published, or at least registered, and that it would be only fair to hold the manufacturers to their own standards, the objection was urged—the startling admission was made—that such a course would be ruinous to the large commercial interests involved. It thus becomes apparent that, in prescribing unofficial preparations physicians are very liable to be prescribing only a name with no guarantee that that name stands for anything definite either in number, quantity or quality of ingredients. Facts of this kind have long been known or at least surmised by physicians, and their confidence in modern pharmacy has been almost shattered. It is true that there are many excellent pharmaceutic houses whose products have met the expectations of the profession for many years, which stand to-day on the firm foundation of well-grounded character and in which the profession has full confidence. These houses cannot be injured either by this discussion or by the proposed law. They, however, owe it to themselves, at this particular crisis, to lend their best efforts in securing the passage of the pending bill, which, if enacted into law, will protect them by elevating the character of American pharmaceutic products in general. There is nothing in the proposed law to which any honest pharmacist can object. The protests of others ought to have but little weight with the Senate.

Beside the proprietary medicine concerns, there are the vast commercial interests involved in food adulteration, and the opposition from this source and from the still more active hostility of the liquor interest working in behalf of compounded and blended drinks under various names has supported a powerful lobby ever since the beginning of the consideration of the bill.

The duty of the medical profession at this juncture is obvious. Every physician should bring his utmost influence to bear on the question. Whether he is a committeeman appointed for the purpose or not, he ought at once to write the strongest possible letter to each of his United States Senators; he ought to get others, both within and without the profession, to do likewise, and especially ought he to get his druggist to cooperate. The influence of the physicians in a community on the druggist ought to be at least equal to that of the patent and proprietary medicine men. He ought to put himself in touch with the member of the National Auxiliary Congressional and Legislative Committee for his county and cooperate with him to the fullest extent. The issue is fairly joined between the proprietary medicine men and the reputable medical profession. It remains to be seen which of the two can command the most attention of the United States Senate.—*Journal American Medical Association.*

OPENS A CRUSADE ON "PATENT FOODS."

London.—Several important laws have had their genesis in the remarks of a coroner, and some very strong words from Mr. Troutbeck at Wandsworth Coroner's Court this week are likely to arouse an agitation of which a great deal may be heard.

The inquest concerned the death of an infant from a fit of convulsions brought on by improper feeding. The child had been reared on patent foods, and one of the jury raised a question about the sale of these foods, pointing out that they were advertised as fit for children. The coroner replied that in the present state of the law the sale of these foods for children by means of enticing advertisements was allowed, and there was not the slightest doubt that this was the cause of a number of deaths and a great deal of disease.

"The same remark," he continued, "applies to patent medicines, but in their case it is worse, for not only are the proprietors making huge profits out of the medicine, but, I am sorry to say, the State has made a large profit out of this immoral sale."

The only thing to be done, Mr. Troutbeck concluded, was to call the attention of Parliament to the matter and to keep calling it until something was done.

A Case of Carcinoma of the Rectum and Sigmoid.—Dr. Frederick Holme Wiggin, New York, presented a patient upon whom he had operated in September, 1898. She was supposed to have hemorrhoids on coming to him, but examination revealed the presence of malignant disease of the rectum. The operation was done by the perineal route, making the incision down around the anus. On reaching the peritoneum and drawing down on the bowel, it was found that the limit of the disease had not been reached, and the bowel gave way. It was necessary, therefore, to open the abdomen. It was then discovered that the sigmoid flexure, a portion of the descending colon and the glands of the mesocolon were also affected. The chances of recovery seemed so slight that he felt justified in doing a radical operation at all hazards. This was done, and, to his great surprise and gratification, the woman recovered. She now had no evidence of recurrence, as determined by Drs. Syms, Lambert and Goffe.

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THE

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(*For list of other officers, see last pages of reading matter.*)

Members of the American Medical Association who are members of The New York State Medical Association:

August 1st,	1,047
Increase,	6
Total September 1, 1904	1,053

Members of The New York State Medical Association:

Total September 1, 1904, . . . 1,772

The New York State Journal of Medicine.

Published Monthly by The New York State Medical Association.

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THE N. Y. S. M. A.

Since, practically, the only object in the uniting of this Association and the Society of this State was the preservation of the name of the State Society, which demanded not a little respect on account of its hoary locks, and since all the members of the medical profession in this State wish to see harmony and a united front, and since The New York State Medical Association is the body which is affiliated with and a part of the American Medical Association; and since the constitution which the new Society was to have adopted is the same, or nearly the same, as the present one of the Association, and much improved over the constitution of the Society; and since the medical profession as a whole, through committees and elections and votes, and in every way possible, has expressed a desire to have one Society in this State, which should be the representative of the American Medical Association, which should have a constitution and by-laws drawn up according to the form recommended by the American Medical Association, and is already adopted by most of the States. Also to preserve the name of the Medical Society of the State of New York.

Now that this scheme has failed, how can the profession most necessarily and readily fill its wants?

The New York State Medical Association, as it exists to-day, has all these advantages, and many others, to offer its members, with the exception of the name.

It would be nice to have the age of a century, it certainly lends dignity; but if we can't have it except by joining, why, we'll get it that way.

The plan of the organization in this State, as drawn up, and followed by The New York State Medical Association, is followed now by the American Medical Association and the various States. The protection in malpractice suits, afforded to the members by our legal department, is highly commented upon in the lay press, and is being copied in other States with equal success.

Our Directory is the only one which is exact (as far as human care can make it) in this State, and has been called by extensive advertisers the best compiled medical directory in the country.

Our JOURNAL is an assured success, and this method of publishing transactions, instead of in the bulky annual order, has been copied in several States, and is soon to be begun in others. In truth, we see no object in dissolving both Medical Association and the Medical Society of this State. By so doing we would not gain the advantage of the age of the State Society. Necessarily, it would be lost; and what is there left to gain? Everything else is possessed now by The New York State Medical Association. Those who wish these advantages—and we believe all do—can join.

The right hand of fellowship we hold out to all physicians in good standing.

Let those who are jealous to preserve the more aged society belong to both. Preserve the other if you will, by a meeting now and then—though, for ourselves, we are not antiquarium (some of us).

We want a united front, we of the medical profession of New York State, and rather than go to further expense and trouble, and take a larger time to accomplish what can be accomplished immediately, except for the promulgation of an ancient and honorable name, let those who have been waiting now come forward and join the Association. What is the use to any one of further litigation? The law has decided that what we all wanted and wished for is impossible. Let us accept the next best plan, and with love and affection, and faithfulness to the old society, by its members who cherish its memory—let us all, every one, come together in THE NEW YORK STATE MEDICAL ASSOCIATION.

WHY WE DID NOT UNITE.

The following is a copy of the affidavit submitted by the Onondaga County Association in opposition to the motion to amalgamate the two State organizations.

The part which is of special interest is that referring to the notice of meeting at which the State Association instructed the committee to proceed in bringing about the amalgamation and voting amalgamation for the State organization. It appears that in the State By-Laws there is no provision for sending notices of meetings, and there are decisions in our State which provide that in this contingency *personal* notice must be sent to *each member* of a membership organization like the State Association, giving the day, place and hour, and the purposes for which the special meeting is called. This personal notice cannot be given by mail, but must be *served personally upon every individual* person in the Association; if one were omitted, that one would have the right to upset the entire plan should he remain away from the meeting.

It appears, therefore, that the action of the State Association in March in voting property rights or vested rights of individuals to which the above rules apply, is a nullity, and the result attained of no binding force on the members of the State Medical Association. This is the situation of affairs at present.

SUPREME COURT.

In the Matter
..of..
The Application of the Medical Society of the State of New York and The New York State Medical Association, for an order consolidating the said corporations, pursuant to the Act, Chapter 1, of the Laws of 1904.

STATE OF NEW YORK,
County of Onondaga, } ss.:
City of Syracuse,

GEORGE A. EDWARDS, being duly sworn, deposes and says, in answer to the petition of the petitioners herein, that he is a duly licensed physician and surgeon of the State of New York, and resides at the City of Syracuse, Onondaga County, in said State; that he has practiced his profession continuously in said City for more than twenty-seven years; and ever since the organization of the New York State Medical Association has been and now is a member thereof; that he is also a member of the County Association of Onondaga County, and is at present an officer thereof, namely, vice-president; that he is also a member of the Onondaga County Medical Society, but not a member of the New York State Medical Society; that he has read the moving papers herein and knows the contents thereof; that deponent believes it would be unwise to consolidate the New York State Medical Society and The New York State Medical Association pursuant to the agreement attached to the moving papers herein, for the reason that the said Association has vested property rights aggregating over $30,000 in value in excess of that of said Society, which property is the property of the 1,767 physicians composing the said Association; that said 1,767 physicians should not suffer a usurpation of their property rights by compelling a division of the assets of the Association among the 5,733 composing the State and County Medical Societies of the State of New York. And, furthermore, the members of the State Association are entitled to their personal rights and should have the privilege of maintaining the liberal ethical code under which they have for years practiced, which is the code of the American Medical Association. That, by the terms of the proposed agreement, said ethical code is entirely surrendered, and the transformed society, until a vote in reference thereto is taken, will be without any code whatever. That said agreement does not contain a complete plan for the adoption of a code, as it makes provision only for the taking of a vote concerning the same. That the code of said Association should have been embodied in this agreement, for the reason that it is the code approved by the Medical Association and must necessarily be maintained if the members of the State Society are to become members of the said American Medical Association; but, whether the code of said State Association should be adopted, or that of the Medical Society, there should, at all events, been in said agreement some ethical code which should have been submitted to all the members of both the State Society and the State Association and approved by at least a three-fourths vote of all said members at a meeting of said Society and Association called for that purpose, as provided by Section 7 of the Membership Corporation Law of the State of New York. That, to carry out the plan embodied in the agreement will be, in the opinion of deponent, very prejudicial to physicians, and it might result in greater cleavage than has heretofore existed among the members thereof. Deponent believes that before an order is made consolidating the petitioners herein, all the terms should be agreed upon and not left for further consideration by the members of the profession.

And deponent further says, that said agreement is further objectionable since it not only provides that the property of the said State Association shall practically be confiscated, but also because it provides that all County Associations shall transfer their property and assets to the County Society of the same County. That said County Associations are independent of the State Association, said State Association having no

control whatever over the assets of any County Association, although no physician can become a member of the State Association without having been voted in by the County Association.

And deponent further says, that, personally, he has never received any notice of a special meeting of the State Association called for the purpose of passing on the proposed agreement attached to the moving papers herein. That the By-Laws of the State Association contain no provision for giving notice of annual or special meetings of the Association; and, while deponent has not seen the secretary's minutes, yet, he is informed and believes that no notice has been given to the physicians generally who are members of the said Association.

And deponent further says, that if the members of the medical profession are desirous of forming a union, in fairness to the members of The New York State Medical Association, the charters of both the New York Medical Society and The New York State Medical Association should be surrendered and their corporate affairs wound up. That, by the present plan, there is a swallowing up, or absorption of The New York State Medical Association, having assets of over $34,000, with an annual income of $12,000, and a surrendering of its ethical code in addition. That deponent believes the only reason why the State Medical Society has desired to form a Union with The New York State Medical Association is in order that its members might become affiliated with the American Association; that having such meager assets and a rapidly declining membership, a few of the more potential ones, wishing to escape humiliation and disgrace, devised this plan of gaining membership in The New York State Association without resigning from membership in the New York State Medical Society.

And deponent further says, that he believes the special law passed in 1904 for the purpose of allowing a consolidation of the New York State Medical Society with that of The New York State Medical Association is unconstitutional; and that, without the unanimous consent of all the members of said State Association, it will be a usurpation of property rights to grant an order consolidating said corporation; that deponent personally objects to such consolidation; and, furthermore, the Onondaga County Medical Association also objects to such consolidation, and has voted unanimously to oppose this application.

GEORGE A. EDWARDS.

Sworn to before me this 16th day of July, 1904. CHAS. C. COOK,
Com'r of Deeds, Syracuse, N. Y.

MEDICAL DIRECTORY.

The Medical Directory of New York, New Jersey and Connecticut, edition of 1904, is now in the hands of the printer, and the expectations permit us to have it out of press the early part of September.

SHOULD THE AMERICAN MEDICAL ASSOCIATION OR THE GOVERNMENT UNDERTAKE THE INVESTIGATION AND CERTIFICATION OF THE INGREDIENTS AND QUANTITY OF PROPRIETARY PREPARATIONS?

Attention is called to a letter received by one of our members from Dr. Leartus Connor, of Cincinnati, advocating the appointment by the American Medical Association of a committee to investigate and report on the composition of proprietary preparations, also to one from the New York *Evening Post,* of August, 6th, on "Caring for the Public Health," by the Government Laboratories under the direction of the Public Health and Marine Hospital Service. From the last letter it appears that under the act of Congress (1902) to regulate the interstate traffic in vaccine virus and antitoxic serum, that a Government Laboratory has been established, under the care of this Department, the object of which is to investigate and certify as to the quality of all such virus and serum, before a license is issued by the Secretary of the Treasury to the dealers for their sale. It also appears, that all drugs used in the Public Health and Marine Hospital Service, which has 60,000 patients a year, are examined and certified to by those in charge of the Pharmacological Division.

It is also stated that this department is on the lookout for new alkaloidal principles in drugs, and is constantly studying the effect of new drugs on animals. It seems, therefore, that the Government already has the facilities for doing the work proposed by Dr. Connor in his letter, to investigate and certify to the composition of proprietary preparations. Hence, it would appear to be an apparently easy matter to get Congress to enlarge the work of this Department of the Public Health and Marine Hospital Service in this regard, and it would also appear that the proper function of the American Medical Association would be to see to it that such a law or laws, if enacted, were properly enforced by the Government officials. Dr. Leartus Connor, of Cincinnati, advocates the appointment of a committee by the American Medical Association to investigate and report on the composition of proprietary preparations.

———, July 26, 1904.

Dear Doctor—Thanks for your kind letter of the 21st. By it I see that you have confounded the Jones scheme with that of the Michigan State Medical Society. The first by its indorsement of proprietary articles would have increased their money value and thus was decidedly objectionable. But the Michigan scheme simply made public the actual composition of any remedies used by the profession, and thus (unless this composition exhibits merit) would be a damage rather than add to the commercial value. It would not pass on its value good or bad, only tell its elements, leaving for the profession to individually determine the worth of such a combination in their work.

The prescription of remedies of unknown composition seems to be a very serious bar to intelligent scientific practice. The Michigan proposition would have done two things: First, emphasized the importance of accurate knowledge of tools ere using them for actual

practice, and second, furnished all with such knowledge. To me these objects appear very important. The Association's action places it in the attitude of refusing to help the individual doctor in his efforts to be accurate in his work and to encourage the development of the spirit stimulating such accuracy. It seemed unwilling to assume the responsibility of digging for truth and publishing its findings. I am aware it is a field of research for treasure hidden beneath a lot of rubbish deposited by commercial interests, but it seems to me worthy of being unearthed and separated from the pall of ignorance now enveloping it.

This will certainly be done, and it seemed to me opportune that the Association Journal should undertake it now. Already the Journal spends money to protect itself in having this same kind of investigations made, why not spend a little or much more and secure larger results?

It may not be known to you, but as a fact a very large number of the manufactories of proprietary medicines have as stockholders prominent members of the medical profession. These men are not ready to vote away their present large dividends. I am sure they do not realize the situation, but are hypnotized by the slick commercial man. However, I merely desired to say that the Michigan idea did not contemplate the indorsement of any proprietary article, only to ascertain its composition (if possible), and when ascertained, beyond a doubt, publish the same for the information of doctors, using, or likely to use, the same, to the end that they might have an intelligent basis for selecting remedies.

Very sincerely yours, Leartus Connor.

ARE PHYSICIANS ENTITLED TO COMPENSATION FOR PROFESSIONAL SERVICES TO EACH OTHER?

A member of the Association, residing in the upper part of the State, has recently written to another member of the Association living in New York City for his opinion as to the propriety of a charge made him by a specialist for services rendered to his, the physician's, wife. As this subject is one of great importance and interest, we publish the letter, which is as follows:

My Dear Doctor—I have a matter on which I would like to ask your opinion. I will withhold the name if you will pardon.

There is in your city a surgeon. He and myself and wife have been on the best of terms for the last six years. During the first three years of our acquaintance I sent him (or referred to him) cases that for his services netted him $3,600. One case he charged the patient $1,500, the second one his fee was $1,000, the remaining $1,100 was distributed more or less over or between three or four patients. I did this because I liked him and on account of our friendly relations and not expecting any compensation for it.

Now, to get to the point in question. Two months ago, my wife was ill and called Dr. ——, of ——, to see her. He advised an operation. Mrs. A said she would submit if I could get the surgeon from New York to operate. I wired him, and the date of the operation was for June 4th last. He left his home Friday night at 1 o'clock and did the operation at my house Saturday noon, returning, arrived at his home Saturday night at 10 o'clock. He was accompanied by his operating nurse. My wife died at noon on the 6th, living forty-eight hours after the operation. After the operation I asked him what his fee would be. He hesitated and said: "Well, Doctor, give me what you can afford, but be as generous with me as you can, as my expenses for the last year have been large." I asked him to wait a few days. "Well, two or three days," he said. While talking I gave him $50 and said: "Doctor, here is so much to apply on your services."

In a few days I received from him the following statement of his account:

$500.00
Discount, 200.00
$300.00

with a foot-note: "Please send check for the amount right away, as I am going abroad and would like to leave my books in as clear a shape as is possible." I replied to his statement, asking him if he did not think his statement was more appropriate for laymen than for a brother practitioner and calling his attention to our relations in the past.

He replied that his statement was made after a consideration that I was a professional brother and other conditions, and please send check for the amount right away. Now, Doctor, I just ask you if this is right for him to do this way. I have been in the profession for more than twenty years and am known all through this part of the country and can give the best of references as to character and reputation.

If you will kindly give me your opinion in this matter I will assure you that it will be held with the strictest confidence. I would say that I am a country practitioner and have no accumulations only my home. Doctor, I want to do what is right in the matter. That is why I appeal to you for advice. I have the opinion of doctors in ———. Awaiting your early reply, I am,

Yours fraternally, ——— ———.

P. S.—I am a member of the A. M. A. and the State and county associations.

The Section of the Principles of Medical Ethics adopted by the American Medical Association in 1903 relating to this subject, Chapter 2, Article II, Section 3 (page 1023 of the Medical Directory) is as follows:

When a physician is summoned from a distance to the bedside of a colleague in easy financial circumstances, a compensation, proportionate to traveling expenses and to the pecuniary loss entailed by absence from the accustomed field of professional labor, should be made by the patient or relatives."

Hence, it would appear, that the specialist acted in accordance with the principles laid down by the American Medical Association, in making the charge, and, being a reasonable one, it should be paid.

LIMITATIONS OF OFFICIAL POWER.

In the course of a very thoughtful and timely address on "Limitations of Official Power," delivered before the graduating class of the Yale Law School at its recent commencement, June 27, 1904, Elihu Root made the following remarks, which should be carefully read and considered by all holding official positions:

There is a constant tendency to ignore such limitations and condone the transgression of them by public officers, provided the thing is done with good motives, from a desire to serve the public. Such a process, if general, is most injurious. If continued long enough, it results in an attitude of personal superiority on the part of great officers which is inconsistent with our institutions, a destruction of responsibility and independent judgment on the part of lower officers, and a neglect of the habit of asserting legal rights on the part of the people.

The more frequently men who hold great power in office are permitted to override the limitations imposed by law upon their powers, the more difficult it becomes to question anything they do; and the people, each one weak in himself, and unable to cope with the powerful officers, who regard any questioning of their acts as an affront, gradually lose the habit of holding such officers

accountable, and ultimately practically surrender the right to hold them accountable.

Constant accountability of public officers for strict observance of the limits imposed by law, and the customary and undoubting assertion of the private right of the citizen to have no power exercised over him, except in strict accordance with the letter and the spirit of the law—these are the essential conditions of free government and personal independence. The exercise of power not conferred by law may, in a particular case, destroy no man's property nor restrain his liberty, but it weakens the title to every man's property and injures every man's liberty, because it is one step in a process which, if continued, would be destructive of our free institutions.

Abundant evidence that our people have not become indifferent to these necessary limitations is furnished by the frequency with which political opponents impute disregard of them to public officers. The charge is often unfounded and often made upon slight foundation with great exaggeration. But the fact that it is made shows that political leaders recognize that if they can make the people believe that a public officer has usurped power he will be condemned without regard to his motives. The cry of emperor, czar and man-on-horseback are but extravagant appeals to an instinct, which ought to exist and happily does exist among us, against submission to unlawful authority, however trifling may be its exercise and however beneficent its despotism.

The extravagance and lack of foundation for many of these appeals, however, involve the danger lest the cry of wolf should be heard so often that men will become incredulous and indifferent and turn a deaf ear to statements and proofs of real encroachments, made with moderation, and not for political effect, and that thus indiscriminate and unfounded charges against the innocent shall serve as a protection to the really guilty.

OUR BUREAU OF INFORMATION—AT LAST!

Many times since its incipiency, we have been tempted to close our Bureau of Information. Recently, however, physicians in this State, and not a few in neighboring States, have awakened to the advantages we offer them.

As an example of what we do, Dr. A., living in Manhattan, wants a "Sayre's Extensive Tripod"; he needs it for use to-morrow morning. He telephones 2810 Madison Square, and we report to him within an hour the houses which have them in stock and the prices they ask.

Dr. B., living 250 miles from New York City, wishes a sterilizer immediately, for a particular purpose. Instead of communicating with a dozen firms, and examining their catalogues for what he needs, Dr. B., writes a description to us, with details as to an approximate price he is willing to pay, and the day he wishes it delivered, and we attend to everything else.

Where do our profits come from? From a percentage on the sales? Oh, no; we are not doing this work for a few dollars in cash, but for a position of power between the physicians of the New York State and the merchants who can supply their wants.

The advantages to the JOURNAL and to The New York State Medical Association, itself, which may be had by the members of this Association, making every use of their Bureau of Information, are inestimable. It took a long time to make our members realize the personal profit, in money and time, which we are ready to offer.

Now, thank you, we are doing very well. Advice and prices furnished on all things, professional, household or personal, desired by our members.

DO PHYSICIANS PRESCRIBE ALCOHOL UNDULY?

That a large proportion of many proprietary medicines consists of alcohol is a fact that has been receiving a considerable notice of late. That alcohol is the basis of many prescriptions is also true. Now it is charged in *The London Graphic*, by a woman, that doctors have brought many of her sex to ruin through drink by constantly recommending to them the medical use of spirits. Commenting on this *The Hospital* says:

We do not believe that the charge itself is true. That medical men occasionally consider it necessary to recommend a patient to take a small quantity of whisky and water with a meal is probable. Whisky as an alternative to wine may undoubtedly be employed medicinally with advantage in certain cases, both for men and for women. But this is very different from the constant recommendation which is suggested, as if, indeed, doctors regard whisky as a sort of panacea for every disease under the sun, and take a perfect delight in urging its consumption upon their patients. As a matter of fact, there never was a time when medical men were more slow to prescribe the use of alcohol in any form than they are in the present day; nor a time when so many refrained from advising its use at all. Even if, however, it were the practice of the profession to "constantly recommend" women to take a small quantity of whisky with their food for the benefit of their health, we deny that any one would be justified in ascribing to them the ruin of their patients. It is the primary duty of the physician to do his best to cure the person for whom he prescribes, and if, with that object in view, he advises the restricted employment of a stimulant or a drug, he is not to blame if his patient subsequently uses it without restriction. Adults of sane mind are accountable for their own actions, and we protest against the growing habit of saddling other persons with the responsibility for their misdeeds on the slightest possible pretext. Women who drink whisky in excess can not for a moment be permitted to excuse themselves by advancing the utterly absurd and futile plea that "the doctor recommended its use."

TOLERANCE.

If we were asked to name what was, in our opinion, the most precious inheritance left by the Nineteenth Century to its successor, the Twentieth, we would unhesitatingly answer: Tolerance. The great discoveries and inventions of the Nineteenth Century—the steam-engine, the steamboat, the railroad, the telegraph, the telephone, electric light, etc.—have revolutionized the means of production and transportation, and have contributed in a most remarkable manner toward the intellectual development and the material comfort of the human race. But the agency that will contribute more than anything else toward the arrival of the true millennium—by which we mean the era of peaceful and orderly development, when all useless and unnecessary strife will be a half-forgotten memory—is Tolerance.

Those who have not made a study of the history of the Nineteenth Century from that viewpoint can hardly realize the tremendous difference in this respect between a hundred or even fifty years ago and now. Then, those who held any opinions at all, "held" them in the literal sense

of the word, one might say. They would not let go of them on any account, and so absolutely sure were they of being in the right, that they would brook no contradiction, listen to no argument. It was: "Believe as I do or be damned." This was the case in religion, politics, economics, philosophy, medicine, etc. An antagonist was either a fool or a knave; he could not possibly be anything else; otherwise, how could he differ from us? And this was true not only of the mass of people, of the rabble, but of the thinkers and leaders as well. Exceptions were extremely rare.

What a marvelous change has taken place since! The cocksureness has given way to a kind of uncertainty, hesitation. The questions: "Am I right?" "Am I sure that the thing is so?" flit only too often across the mind of the thinker of the present day, and the thought of the possibility of the other fellow's being in the right and our being in the wrong, prevents us from becoming too arrogantly dogmatic, or too ready to condemn new theories, new ideas which happen to conflict with ours. We repeat what we said at the outset: we consider this one of the most precious possessions of mankind.

But this attitude of mind is a comparatively recent acquisition. It is a reaction against the bigotry and intolerance of former days and, as we pointed out in another editorial, all reactions are apt to run to absurd or dangerous extremes. That's just what has happened to our Tolerance. There is at present a large class of people who are so tolerant as to be utterly intolerable. Those good people will not condemn anything, they will not criticize anything, for fear that the criticized object may after all be in the right, and they in the wrong. No matter how stupid or absurd an idea may be; no matter if a movement may bear the stamp of fraud and quackery on the very face of it, they will not venture any criticism. With a sweet and saintly smile, they will say: "Oh! but we must not say anything against it! We have no right. Though the thing looks false, still, perhaps it is true." Bear in mind, they don't say: "We must not condemn before investigating." That would be commendable. But they simply refuse to pronounce any judgment for fear they may be wrong and do somebody an injustice. We wonder whether these tolerancers know what such an attitude amounts to? In our opinion, it amounts simply to this: *That it is absolutely useless to think on any subject whatsoever.* What is the use of thinking at all, if we can never know with certainty that we are right, and if the latest conclusions reached by us may just be the wrong ones? NO, this is not what tolerance means, and this is not what the great thinkers and emancipators meant when they fought against bigotry and taught us to assume a tolerant attitude toward other people's views. Tolerance means an absence of bias, a readiness and willingness to investigate new ideas, a mind free to change and discard old opinions and open to receive new ones. That's all that tolerance means. But if, after a careful and unbiased investigation, our reason—the only instrument of judgment that we possess—tells us that a certain movement is sheer fraud and humbug; that the ideas it represents are so absurd as to border on insanity; if we find that its leaders mislead, befog, and endanger the lives of people—then not to criticize and not to expose is clearly to fail in our duty and become guilty of the most culpable negligence.—*Critic & Guide.*

ASSOCIATION JOURNALS.

We, in the West, are greatly favored of Divine Providence in many ways. We are not quite so narrow-minded and hide-bound as some of our friends and professional relatives in the East, where, especially in New York, harmonious organization has been prevented for a number of years largely through the small and narrow-minded intellect of a few men. (That "few" is really poetic license; there are more than a "few.") When, at last, the condition of warfare due to hair-splitting extraordinary, and personal jealousy paramount, could no longer be tolerated by the majority, and amalgamation was forced, there only remained some of the journals of peculiar insignificance to mourn the coming of peace. That medical "bloody shirt," the code of ethics, now but a shred of its sometime self, is flaunted by the *Post Graduate* for April. It also takes exception to the Association *Journal,* and quite approves of the silly stuff supposed to be "editorial" argument printed in the *Buffalo Medical Journal,* and commented on in our April issue. The *Post Graduate* thinks that the large medical weeklies will be willing to print all the "good papers," and perhaps all the papers (evidently they are not all "good," even in New York!), and then at the end of the year the moss-covered volume of "annual transactions" will be sent to each member. But if the papers—or at least the "good papers"—have been already printed, why go to the expense of issuing the volume? Nobody wants the papers that are not good. The poor old ostrich-like *Post Graduate* can see no use for a large organization, nor for a "great and permanent political and literary machine." A "permanent political machine" is just what a large number of physicians in this country, represented in the A. M. A., is striving heart and soul to bring about. The *Post Graduate* seems to think the whole movement of organization is the result of the attempt on the part of the secretary and editor of the *A. M. A. Journal,* and the editor of the *N. Y. Association Journal,* to continue themselves in salaried positions. Unless things have materially changed in New York, very recently, the editor of the *Association Journal* does not get enough salary to buy postage stamps with. It seems to take some people a very long time to discover that "the world do move."—*California State Journal of Medicine,* June.

Association News.

THE NEW YORK STATE MEDICAL ASSOCIATION.

Annual meeting will be held in New York, October 17, 18, 19 and 20, 1904.

COUNTY ASSOCIATION MEETINGS FOR SEPTEMBER.

Seneca County.—Thursday, September 1st.
Wayne County.—Tuesday, September 6th.
Erie County.—Monday, September 12th.
Oneida County.—Tuesday, September 13th.
Cortland County.—Friday, September 16th.
Orange County.—Wednesday, September 21st.
Westchester County.—Thursday, September 22d.
Lewis County.—Tuesday, September 27th.

NEW MEMBERS IN THE AMERICAN MEDICAL ASSOCIATION.

William C. Cooper, Troy.
Frank F. Gow, Schuylerville.
Lucien Howe, Buffalo.
Floyd Palmer, Fishkill-on-Hudson.
Elton S. Rich, Kennedy.
E. H. M. Sell, New York City.

ADDITIONAL LIST OF MEMBERS OF THE NEW YORK STATE MEDICAL ASSOCIATION.

FOURTH DISTRICT BRANCH.

Seneca County.—Robert Knight, Seneca Falls.

PAPERS FOR OCTOBER MEETING.

Arrangements have been made for the meeting of The New York State Medical Association October 17th to 20th. The Committee on Arrangements have received titles of some very excellent papers. It is desirable that all who wish to read papers should communicate at once with Dr. S. A. Brown, 23 East 44th street, chairman of the Committee on Arrangements, that the program may be prepared and published in the next number of the JOURNAL.

UNPAID DUES.

The attention of members who have neglected paying dues for 1904 is called to that section of the By-Laws which states if members fail to pay their indebtedness by the close of the annual meeting of the Association, their names shall be dropped from the official roll of membership. As one of the duties of the State treasurer—Article 5, Section 5—is to make in the annual report the names of the delinquent members, it is desirable that dues be paid by October 1st to facilitate the work of local treasurers and prevent any mistake.

OBITUARY.

Dr. William Rice Pryor died at St. Vincent's Hospital, Thursday night, August 25, 1904. Dr. Pryor was the son of Judge Roger A. Pryor, former Justice of the Supreme Court. He was a graduate of the College of Physicians and Surgeons, New York, Class of 1881. He was a member of the American Medical and New York State Medical Associations, American Gynecological Society, International Gynecological and Obstetrical Society, N. Y. Academy of Medicine, Medical Society of the County of New York, Obstetrical Society and Pathological Society. He was Consulting Gynecologist to St. Vincent's and City Hospitals, and Attending Gynecologist to St. Elizabeth's and St. Vincent's Hospitals. He was also Professor of Gynecology at the New York Polyclinic Medical School and Hospital. Dr. Pryor had also contributed to the field of medical literature, having written several books on Gynecology and Surgery, among which one of the most practical is "Gynecology, A Text-Book for Students and a Guide for General Practitioners."

ITALIAN MEDICAL ASSOCIATION.

New Organization of Italian Physicians Formed on the East Side.

An interesting event has taken place in New York by the forming of a medical association under the laws of the State of New York, duly incorporated, one of the requisites of membership being Italian parentage. This new association is called the Italian Medical Association of the State of New York, and has been formed along the lines laid down by The New York State Medical Association, and proposes to hold meetings four times a year, at which its business is to be transacted and scientific papers are to be read.

We are reliably informed that this is the pioneer Italian medical organization of the East, and the State Medical Association may well foster its growth to the end that all its members may become members of the regular State organization and receive the benefits derived from membership in The New York State Medical Association.

Its membership is to consist solely of duly licensed medical practitioners, and has been organized by the best of the Italian medical profession in this State.

The charter members are Drs. Asselta, Sellaro, Rosapepe, Salvati, Scimeca and Lapenta.

The new association expects to begin its winter's work with a membership of 100.

"A real organization of the medical profession must be far more than meetings for the discussion of medical science, as its individual members are far more than mere intellectual machines. As much as possible it must keep in active cooperation all the faculties we have in common under sociological laws."—LEARTUS CONNOR.

PERSONALS.

Dr. Donald McLean Barstow, of New York, was married to Miss Clara Arabella Gerrish, at Worcester, Mass., Saturday, July 30, 1904.

Dr. Albertus Adair Moore was married to Miss Agnes Remsen Vreedenburgh, at St. Peter's Church, Freehold, on Wednesday, August 31, 1904.

Dr. Peter Murray, of West 71st street, is in Mount Clemens, Mich., where he will remain several weeks.

Dr. John E. Weeks, of 46 E. 57th street, Manhattan, sailed for Europe on the Celtic August 5th.

Dr. A. W. Billing, of 74th street and Second avenue, Brooklyn, sailed on the Minnehaha, August 6th.

THE MAINTENANCE OF ETHICAL STANDARDS.

When the code of ethics was revised last year, some physicians exulted in the fact, as they assumed, that we no longer have a code. The change in its title, and its having been made suggestive and advisory, only, instead of compulsory, seemed to give them as much pleasure as some of the editors and newspaper reporters enjoyed upon the publication of the revised version of the Bible a few years ago, when they announced in their columns that the committee on revision had abolished hell. A better acquaintance with the revised version taught them that while the translation of one word had been changed, another retained the old rendering, implying the continued existence of the unhappy state. Likewise the physicians who congratulated themselves that there was no code, found later that we still have "principles," and that ethical standards are to be maintained. The old code was a noble instrument, and it subserved a noble purpose. Its moral principles were aptly expressed, and met the conditions at the time of its adoption; but conditions have changed in the last half century, and it was wise to make a restatement of the ethical principles which should govern physicians in their relations with their patients and their brother practitioners. It is written in the Principles of Medical Ethics, "There is no profession from the members of which greater purity of character and a higher standard of moral excellence are required than the medical." Again, "No scientific attainments can compensate for the want of correct moral principles." And yet again, "It is incumbent on physicians to be temperate in all things." What member of the body politic, who, in a dire emergency, needs the help of a "steady hand," an "acute eye" or an "unclouded mind," would object to the maintenance of these ethical standards? It is apparent also that the attainment of his object of medical organization promotes the public welfare.—President's address, *Indiana Medical Journal,* June.

COUNCIL MEETING.

A meeting of the Council of The New York State Medical Association was held August 29th. The following letter was received from the counsel to the Association, and ordered printed in the Journal:

———, August 23, 1904.

Dr. William Harvey Thornton, President, and Council The New York State Medical Association:

Gentlemen.—By reason of the physical impossibility of my being present at the meeting of the Council to be held on the 29th, of which I have just this moment received notice, and as I desire to apprise The New York State Medical Association, through its Council, of the exact status of its affairs with reference to the proposed amalgamation, I beg leave to submit the following:

During the session of the Legislature of this State last winter, an act was passed authorizing The New York State Medical Association and the Medical Society of the State of New York, under certain conditions, to unite. Pursuant to the permission granted by this act a special meeting of The New York State Medical Association was called for March 21st, notice whereof having been mailed, stating the purpose of the meeting, to the last known address of each and every member of The New York State Medical Association. At this meeting a resolution was offered and adopted indorsing a plan of uniting the two State medical organizations.

Subsequently, armed with the resolution adopted at this special meeting of The New York State Medical Association, and with a similar resolution adopted by the Medical Society of the State of New York, application was made to the Supreme Court of the County of New York for an order joining the two organizations into one body. The application for this order was made returnable in the Borough of Manhattan, before Mr. Justice Fitzgerald, and upon the return day an affidavit was submitted in opposition to the application, sworn to by the vice-president of the Onondaga County Medical Association, which affidavit, among other things, raised the question as to whether or not a sufficient notice of the special meeting of March 21st had been given to each and every member of the State Medical Association, to make the particular resolution adopted at that special meeting a valid one binding upon each individual member of the State Medical Association.

Upon examination of the by-laws of the New York State Medical Association it then appeared that there was no by-law providing for the manner of giving notice of meetings of the Association.

The various decisions in this State seem to

indicate that where the manner of giving notice of meetings of membership corporations is omitted from the by-laws, then the common-law rule applies which requires that if resolutions are to be passed at any meeting which in any manner involves any personal privilege or rights of person or property acquired by membership in such Association, that this notice of the meeting must be served upon each individual member personally, not through the mail nor by word of mouth, and such notice must contain the date, place and hour of the proposed meeting and the purpose for which it is called. Ordinary business meetings, where no such privileges or rights are involved, I believe would not require such formality.

It would seem, therefore, that the resolution in favor of amalgamation adopted at the meeting held on the 21st day of March last, in so far as it binds the members of The New York State Medical Association to a plan of amalgamation with any other organization, and in so far as it effects the privileges acquired by membership, and the rights of person or property thus acquired, was null and void and had no effect, and there would appear to be left open but two courses; one is to call a special meeting after such personal notice as I have indicated has been served upon each individual member of the Association, which seems well-nigh impossible to perform; the other one is to offer at the October meeting a resolution designating the manner of serving notices upon members of the Association, which resolution will stand over for one year when action may be taken anew.

Respectfully yours,

JAMES TAYLOR LEWIS,

Counsel, The New York State Medical Association.

Dr. Townsend offered the following resolution, seconded by Dr. Brown and immediately carried:

WHEREAS, It appears that there are inconsistencies in the by-laws of The New York State Medical Association, and

WHEREAS, It appears that one of the causes of the failure of the application for amalgamation of the two State organizations was due to insufficient notice being served upon members of the Association, in a measure owing to the fact that provision for the service of notice upon members by mail was omitted from the by-laws of the State Medical Association,

Resolved, That the Special Committee on revision of the by-laws, with the assistance and cooperation of the counsel of The New York State Medical Association, be requested to submit for action at the annual meeting in October, 1904, by-laws covering the various deficiencies and uncertainties existing in the by-laws of The New York State Medical Association, and that the secretary be instructed to forward a copy of this resolution to the chairman of the Special Committee appointed upon a revision of the by-laws.

MEDICAL ASSOCIATIONS.[1]

Medical associations had their beginning in time almost immemorial, when the Aesclepiadæ of Ancient Greece, followers of the mythical God of Medicine, Aesculapius, claimed the term of "Physician" and banded themselves together for mutual support. Medicine was only in its infancy at that time, but well those followers of medicine guarded their professional secrets, knowing that only by so doing they could hold their prestige among the people, and to guard their profession it was necessary for all to work together; and this they did. Many changes have taken place in medicine and its followers since then, but the association still holds sway, the same fundamental principle remains.

I will take up the subject "Medical Associations," under the three following heads:

First.—Its benefits to the community at large.

Second.—Its benefits to the profession as a whole.

Third.—Its benefits to the profession individually.

Its Benefits to the Community at Large.—These are manifold, as I will proceed to show. In the first place it provides health laws for the community. A single physician can do little towards securing the passage of a health law, but a united effort on the part of the profession will accomplish results in securing these same laws. It not only secures laws, but it ensures enforcement of these laws. Not only this, it secures new laws, which may be necessitated by new conditions. What would a community be without a health board, and of what use would a health board be without a hearty support of the medical men? Only by association can the medical men give this hearty and proper support. A discussion, in the society meetings, of the prevailing diseases and evils, and the outlining of a general plan of defense, do much towards securing, and aiding, and enforcing better health laws and general sanitation. As a rule a community is as good as its physicians. And if the physicians, instead of living and acting in unison, live an unprofessional "cut throat" life, I pity the community. One doctor says so and so, another says entirely the opposite, and how are the people to decide as to what to do? Here is where the society benefits them, by the doctors deciding in session as to what is best to do, and then all privately doing what has been decided upon to do. In Colorado, besides having a complete State organization with representatives in every county, a "Colorado Medical Legislation League" has been organized to secure "the improvement and enforcement of the medical laws of the State of Colorado." It will include all legally qualified physicians. Its primary object is to place in political office such men as will help and favor medical reform.

It helps the community to secure for itself better and more profitable consultation. A family

[1]Read before the Red River Valley Medical Society, April 26, 1904, by O. L. Bertleson, M.D.

is employing one physician whom they have always employed, one in whom they have confidence. But the patient becomes worse, and to quiet their minds, they would like to call another physician in consultation. If these physicians are members of the same association and have a little of the brotherly love connected thereto, how much easier they can make it for the family of the patient! Even if the family physician should not be perfect in his diagnosis and treatment, is it not better to give the family assurance that all is being done for the patient that can be done? Any mistakes can easily be corrected away from the sick room, and all concerned pront by the means employed.

I will give you an example which I know to have happened. A man lay sick with typhoid fever. He had been sick for the past eleven weeks and his wife was extremely worried about his condition. To make matters worse for her, a neighbor told her how her physician had cured her little girl of fever in four weeks. And here her husband had been sick eleven weeks! Certainly we cannot blame the poor woman for thinking and worrying a little bit. She wished for another physician's advice. "Discharge Dr. So-and-So and I will call" was his answer. She discharged her first doctor, but still No. 2 refused to call. "Why didn't you call me in the first place?" What was the woman to do? Her first doctor discharged for the sake of another and the other refusing to go. No wonder she gave up in despair. Her husband became restless, his fever went up a trifle. The nurse, faithful to the original doctor, upbraided her for what she had done. At last her friendly neighbor secured *her* physician for the case. He was called, and the circumstances told him, and he, in the proper, professional spirit, inquired as to how the patient was, as to what was being done, and assured the woman that all was well, and advised her to go to her first physician and explain to him how matters were and ask him to take charge of the case. This she did, the physician again resumed his calls, and the patient recovered. I will let you judge if you do not think an association might be able to do away with such cases as this.

Its Benefits to the Profession as a Whole.—If the medical association did no more good than increasing harmony and unity of purpose in the medical profession it would be well worth its costs. "In union there is strength." If Dr. Jones says Dr. Brown is no good, and Dr. Brown retaliates by saying the same concerning Dr. Jones, in whom are the people to believe?

Let me illustrate. A community is blessed with three churches of different denominations, but all, of course, having the same creed. Each member of the congregation swears by his pastor, the pastors swear at each other. Not out and out maybe, but inwardly, the attitude is there. A stranger comes to town and wishes to join some church, wants to have his spiritual welfare attended to. He inquires where to go. The one to whom the question is given says "go to our church." Another tells him "for goodness sake don't go there," and then goes on to relate what he has heard they do in that church, and what kind of a man the pastor is, and so on. What kind of an opinion do you think this man will have of the churches and pastors? Which one will he go to? Rather to none than to any of these. Say what you will, it is the same in our profession. Let one man continually run down the other and see how long it is before outside help is procured. But supposing harmony exists, as it should, how much better the situation. It not only inspires confidence in the attending physician, but gives a loftier opinion of the other man. As sure as the sun rises and sets, the unprofessional adverse criticism heaped by one physician on the head of the other will return a double fold to the open door from whence it came. Those that throw mud are sure to become spattered and soiled with that which they are handling.

Its Benefits to the Profession Individually.—Is it a benefit at present? Some men think that because they have joined the association and paid their dues that naturally an improvement in themselves should follow. It should, but does it? Let me say right here that the men make the association, it is not the association that makes the man. It tries to, but so many men work for No. 1 and the almighty dollar first, last, and all the time, that all heaven and earth could not find time to improve them. They belong to the association, for well they know it will not do to cut adrift from the profession and its association. Sometimes they come to meeting, and how beautiful and touching is their devotion to their brother physician. It almost brings tears to the eyes of the bystanders. But wait, wait until to-morrow. Where is all that brotherly affection? Gone to the four winds, and in its place an insinuating remark, and a feeling of envy and selfishness. How different from our brethren of the cloth, the lawyers. See them in public calling down the wrath of the gods on each other's heads, but in private laughing and joking of the scene they have created. Why should we not let a little of the brotherly love go with us outside of the door? Wouldn't it make life a little less bitter, and make it a little easier for us to work out the world's problem? It is easy to say a mean thing concerning a brother physician; harder, but how much better to lend a helping hand. But it pays in the end; to do good always pays.

And now, in conclusion, let me say a few words as to our society might be. Let me illustrate by giving you an example of an ideal society. All the physicians in the district belong to the association. The association has its room rented especially for that purpose and stocked with its library of books and current medical magazines. The meetings are scheduled, the program committee meets, decides what members are to give papers, and these members give their time and thought

to prepare these papers. The choice of papers is left to the individual, and they decide as to their subject, something they have seen or experienced, or something they have made a special study of. The program is arranged and sent to the members. They in turn give each topic thought, and come prepared for discussion. The meeting is held, a good attendance is present, and a feeling of good fellowship reigns. The papers are read and discussed, members aiding in the discussion which follows, until at last a clear conception of the subject is arrived at by each member present. Photographs and specimens are exhibited and filed for future reference, as are the papers. The society serves as a means of regulating fees, it serves as a means of collection by eliminating the dead-beat element, and is a power of strength to the individual. The meeting comes to a close, all have profited by it and go forth into the world better able to do good for their patients and themselves. Let the society prosper and the physicians and community will profit; let it decline, and the outsider, the quack, and the charlatan, like weeds on a rubbish heap, will flourish on its ruin.

BATTLE AGAINST QUACKERY.

Now that the censor has fired the initial shot in the battle against quackery, a battle that has been so long brewing and which is so justifiable, the medical press and the profession owe it to this journal and the movement to bare their strong arm and to enlist with all the power that in them lies in the battle.

In medicine we are forced to recognize, though regretfully, that the illustrious Barnum was exactly right in his estimate of the American people, they do like to be "humbugged," not only once, but repeatedly humbugged. Unfortunately the medical fakir is not as harmless as the lightning-rod agent, and it is a realization of the vast amount of harm that he does that at last is bringing about a campaign which must result in his extermination.

It has long been recognized as a fact by the legitimate man of medicine that the financial side of his affairs is aided rather than injured by the work of the quack, we have absolutely no financial axe to grind in the fight on quackery. The ads. in lay journals attract the attention of two classes—the sick and the well. The sick who bite generally go the rounds, staying with each fakir until something happens to shake his faith. When he finally reaches an honest practitioner his condition is so aggravated by unscientific work that from every point of view his case means more to his physician than it would have in the start. Of the other class, these ads. are worded to attract the timorous and neurotic; normal conditions and processes are represented as pathologic. We have yet to learn that a quack ever told a patient that he was well at the first consultation, or that he did not need treatment. They are treated, repeatedly treated, and go from one quack to another, and there are two results: They may reach an honest man and be convinced that they are in no need of treatment before harm is done, but more often the very treatment has done so much harm that when they reach us they are definitely invalided and made almost hopelessly hypochondriac. The quacks certainly make us patients.

To lovers of decency the most distressing feature of quack ads. is not so much their lack of scientific accuracy as their filthiness, the parading of the results of male and female immorality in all their disgusting details, with much that is indecent, and much that would be regarded as obscene did it not have a medical cloak; that we must keep this before the eyes of the wives, daughters and sons is deplorable. There is no avoiding it under present conditions, for it is a feature of the daily press, and may be found in a large number of magazines which boast above the average literary merit. The ads., including all from the most loathsome to the most carefully worded, are a menace to morality and must be abolished; the local medical societies, the State association and the American Medical Association may well devote themselves to the problem. There is nothing pending which equals it in importance; a united movement would compel legislation.

There is a side to the quack's published estimate of himself and his ability which is distinctly amusing to medical readers. The lofty way in which he claims to cure cancer, consumption and other diseases which are occupying the serious attention of the world's greatest scientists "by a method developed in our private laboratory, and known only to us," is brazen and ridiculous. More than one of the local quacks advertise that they cure varicocele without detention from business, without knife or ligature, without the use of the hypodermic syringe and without suspensory. If any one can imagine the method we would like to know what it is; it must be the "laying on of hands." Another firm has a most remarkable remedy which cures all manner of female ailments. It has cured uterine fibroids, pyosalpingitis, ovarian tumors, and, yes, uterine cancer. If you do not believe it look at the picture, read the testimonials. Didn't Mrs. Jones stop the ambulance that was taking Mrs. Smith to the hospital where the doctors were waiting to cut her in bits? and didn't she take her from her home and insist on her trying this wonderful medicament? Isn't she to-day "a new woman," saved from the surgeon's knife? Wouldn't it jar you! What a strange thing it is the medical profession is so narrow that it cannot get on to some of these good things! These wonderful discoveries (?) almost invariably come from the graduates of wildcat schools, frequently from men who have not yet developed a beard, yet a vast number of the people believe, and they usually have to be bitten many times before they begin to realize that we are talking from honest motives. They have a horror of the knife, they

want their cataract treated by mail. We have just got to protect them from not only the unscrupulous quack, but from themselves; temptation must be placed out of their reach.

There may be amusing features to it all, but it is a serious problem, and time is ripe to tackle it.—*The Medical Fortnightly.*

MEMBERS OF THE STATE ASSOCIATION AND INSURANCE COMPANY EXAMINERS.

Attention is particularly directed to the resolution passed by the House of Delegates to the effect that no member of the Kentucky State Medical Association should recommend any physician to an insurance company as examiner for such company, unless the person seeking such recommendation is a member of the State Association. The resolution was adopted by the House of Delegates for the reason that insurance companies all over the country are insisting more and more each year that their examiners shall be members of the State Association. Their insistence is based on the fact that the best men in the profession in each community are members already of the State Association, and such membership is to some extent a guarantee of the standing and attainments of the member. On the other hand, it has been found out that physicians desiring to secure appointments of this kind have made representations to the insurance companies that they were members of the State Association and of the American Medical Association, when, as a matter of fact, they were members of neither the one nor the other. Under the new plan of organization it will no longer be possible for physicians to hold membership in the American Medical Association unless they are at the same time members of the State Association.

THE BOSS.

"There will come presently, as the result of the deep and growing discontent of Americans of all parties with the rule of the boss and the sale and purchase of the voter, a revolution," says the New York *Outlook,* "which will overthrow the boss and exclude the man who sells his vote from the ranks of decent men. The best celebration of the Fourth of July would be a serious attempt on the part of every citizen to find out who are the corrupt voters in his community and at the next election to expose them, and to overthrow the local or the State boss. These bosses and machines are intrenched in power, but no kind of wrong is so firmly intrenched that it cannot be dislodged or overthrown; for *nothing can prevail against the truth when it is organized and intelligently led. What is needed in America is a wave of indignation against corrupt practices and corrupt practitioners* which shall generate a moral enthusiasm deep enough and powerful enough to overthrow bosses and machines, and to drive corrupt leaders and corrupt voters out of public life. Better a thousand times than salutes of cannon and the brilliancy of fireworks would be a celebration marked by a new tide of patriotism, a new expression of the spirit of the Fathers."

ALCOHOLIC MIXTURES.

The comparisons of the percentage of alcohol in beverages, and the percentage of alcohol (by volume) as reported by the Massachusetts analyst of patent medicines and secret nostrums, should secure the influence of every practicer of medicine toward the passage of a law advocating the printing of the formula of every secret remedy upon the wrapper and label.

THE PERCENTAGE OF ALCOHOL IN BEVERAGES.

The different amounts of alcohol contained in the various wines and spirits of commerce: Whisky, brandy and gin, from 40 to 50 per cent.; sherry and port, about 18 per cent.; champagne, about 12 per cent.; hock and claret, from 8 to 12 per cent.; beer, from 3 to 8 per cent.; cider, from 5 to 9 per cent.

PATENT MEDICINES.	Per cent. Alcohol.
Lydia Pinkham's Vegetable Compound	20.6
Paine's Celery Compound	21.
Dr. Williams' Vegetable Jaundice Bitters	18.5
Whiskol, "a non-intoxicating stimulant"	28.2
Ayer's Sarsaparilla	26.2
Thayer's Compound Extract of Sarsaparilla	21.5
Hood's Sarsaparilla	18.8
Peruna	28.5
Vinol, Wine of Cod Liver Oil	18.8
Dr. Peters' Kuriko	14.
Carter's Physical Extract	22.
Hooker's Wigwam Tonic	20.7
Hoofland's German Tonic	29.3
Howe's Arabian Tonic, "not a rum drink"	13.2
Parker's Tonic, "purely vegetable"	41.6
Schenck's Seaweed Tonic, "entirely harmless"	19.5
Boker's Stomach Bitters	42.6
Burdock Blood Bitters	25.2
Greene's Nervura	17.2
Hartshorn's Bitters	22.2
Hoofland's German Bitters, "entirely vegetable"	25.6
Hostetter's Stomach Bitters	44.3
Kaufman's Sulphur Bitters, "contains no alcohol" (as a matter of fact it contains 20.5 per cent. alcohol and no sulphur)	20.5
Puritana	22.
Richardson's Concentrated Sherry Wine Bitters	47.5
Warner's Safe Tonic Bitters	35.7

SETS ASIDE DOCTOR'S BIG FEE.

In accordance with a decision rendered by a Missouri judge, the financial condition of the patient should not be taken into consideration by physicians in making charges for professional services.

"The character of the service, the seriousness of the complaint, the skill and time required, the result reached, are elements to be considered, but not the wealth or poverty of the patient."

News Items.

THE WALTER REED MEMORIAL.

It is pleasing to the medical profession to note the interest the New York *Evening Post* takes in the memorial to Dr. Walter Reed.

Within the century ending with 1898 it is believed that there were more than 80,000 deaths from yellow fever in this country. Nine-tenths of these were of children or of persons in the vigor of life with a long expectation of intellectual and physical productiveness. So much vital capital was destroyed. The 80,000 deaths represent at least 300,000 cases, which imply an annual average of 3,000 separate attacks, one year with another. It is, however, well known that, so far as this country and the West Indies are concerned, the occasion for all this waste of material and vital wealth and strain of anxious sympathy has recently been swept away by the demonstration that the disease is distinctly preventable. This revolution has been effected by the courage, the intelligence, and the devotion of a medical officer of the army and the loyal self-denial of his colleagues and subordinates.

In 1901 there was no hope that yellow fever might be abolished, but study of its pathology was in progress, as it had been for years. In that interest Major Walter Reed, of the Medical Department of the army, was sent to Havana to investigate, in what might be called the storm-center of the disease, the nature of certain microscopical forms. One inquirer believed that he had discovered in a hitherto unknown microorganism a cause of the fever. Another, that a form designated as *bacillus x* had a clearer claim to that disastrous distinction. Reed was perfectly non-immune, and bore no direct military relation to the troops then in Cuba. The detail carried him from laboratory work in Washington to a yellow fever focus. He might have suggested that another important study would suffer by this interruption, but as a scientist he noted his instructions, as a soldier he carried out his orders. He realized his risk, and neither foolishly underestimated it nor rashly defied the Fates. Nor did he suggest that possibly an immune expert could conduct the inquiry as efficiently, with a better chance of returning. He faced the situation fearlessly, and by careful examination satisfied himself and the scientific world that, whatever part the *bacillus x* might play, the discovery of Sanarelli was mythical and his hypothesis untenable. This service closely resembled forlorn-hope duty, without the excitement of battle and with no consciousness of great consequences impending.

That question settled, a new and independent one arose, and in the situation which then presented itself at Havana Major Reed found the opportunity which, developed, has given fame to him and security to nations. It had been generally believed that because yellow fever and filth are usually side by side, therefore they have a necessary connection, making this fever essentially and technically a filth disease. But Havana had been cleansed, and Santiago. The American occupation had not simply swept and garnished the two cities; it had removed their waste and had washed and disinfected them, so that they were clean according to a high American standard. Theoretically there could be no yellow fever. But yellow fever was there, and to a serious degree, so that, his original problem disposed of, Major Reed found before his face this grave and eminently practical question: How does yellow fever spread? Under the new conditions of freedom from dirt and decay the old factors were cancelled and the American commission, Agramonte, Carroll, Lazear, and Reed, with Reed at its head, having received authority from the Government, began under his guidance a careful investigation of this subject, vastly more important than the inquiry just completed. This is not the place to rehearse the method, but it was absolutely demonstrated, positively and negatively, that neither the patient, his personal effects, nor any of his evacuations directly convey the disease.

Nevertheless, the whole history of yellow fever shows it to be a communicable disease, and that an epidemic might follow the introduction of a single case. Not very long before, Manson had proved that the so-called malarial fevers were translated to the human subject by the mosquito acting as an intermediary host, a suggestion of which connection had indeed been published long ago by King, of Washington. Finlay, of Havana, had suspected, twenty years before the Spanish war, that the same insect in some manner carried the agent of infection from one yellow-fever case to another. But this had not been demonstrated, nor was it seriously considered by those living among the actual conditions. Having elaborately and irrefutably proved the innocuousness of the patient and his belongings, Reed turned his attention to the mosquito, and clearly demonstrated that at a certain stage of the disease one variety could withdraw, from the blood of the sick, material which, after a period of development within its own body, and not before, would give rise, again after a fixed interval, to yellow fever in the non-immune whom it may have bitten.

This was no mere happy guess, no leap in the dark with an uncertain landing-place. Major Reed's analytical mind, sound judgment, and long experience in biological investigation qualified him for his work. He conducted a carefully arranged set of observations, "controlled" by another set, which finally authorized the announcement that the female *Stegomyia fasciata,* a domestic mosquito, propagated the disease; and it led to the formulation of rules by which an epidemic may be suppressed and an exposed community be kept inviolate. What the methods are is beside our immediate object, but intelligent military authority immediately put them in operation in Havana, with the well-known result that there

has been no more yellow fever in a community that has been infected for a hundred and fifty years. Our foreign quarantine has been reduced to a short but rigid inspection for mosquitoes, disregard of what has hitherto been believed to be dangerous fomites, and detention of persons only so long as to cover a period of five days from possible infection. Cargoes and passengers are practically relieved from the costly and vexatious but necessary exactions of the former régimé.

Walter Reed died from appendicitis in November, 1902, having received no other reward than the consciousness that he had conferred an inestimable benefit upon mankind. The Walter Reed Memorial Association has been incorporated in Washington, with a responsible board of trustees, to commemorate in some suitable way at the national capital the great services which he rendered to the world, and the admirable character which qualified him therefor. This project should especially appeal to the commercial public and to those interested in the happiness and advancement of the race. In the great cities the immediate benefit of his work is most clearly reaped, but the whole country is the gainer by his brilliant and perilous labors. And the world is in his debt. He has benefited humanity and has honored America. Philanthropy, commerce, and patriotism should unite to do him honor. Contributions to the memorial fund, for which the sum of $25,000 is set as appropriate, may be sent to the treasurer, Mr. Charles J. Bell, president of the American Security and Trust Company, Washington, D. C.

CARING FOR PUBLIC HEALTH.

Interesting Work of the Government Laboratory in Washington—Establishing Standards of Serums and Toxics—Slicing Mosquitoes in Search of Yellow Fever Germ—Car Sanitation—Research Work in Drugs—Alcohol in Medicine—6,000 Guinea Pigs Used Annually.

Washington, Aug. 5.—By an act of Congress passed in 1902 to regulate the sale of vaccine virus and antitoxic serum, all dealers in these articles who are engaged in interstate traffic are compelled to get a license from the Secretary of the Treasury, and that official, before giving the license, must see that the products are up to the standard.

This law accounts for no small part of the work of the recently erected laboratory of the Public Health and Marine Hospital Service, on the grounds of the old Naval Observatory, overlooking the Potomac. To get and to retain the license, the virus and toxics must be submitted to regular examinations, through sampls selected at random, by this bureau of the Treasury, over which Dr. Walter Wyman presides. Four dealers went out of business rather than comply with this condition. This bureau also sent an expert to Europe to examine the serum which is sent here from abroad.

Once at the laboratory all the samples are planted in the proper culture media, and the organisms that grow are examined as to number and kind, and also for their effect on animal life. The laboratory also ascertains whether a given antitoxic has as much immunizing value as it claims to have on the label, thus establishing certain standards of strength of great value to the careful practitioner.

But this is only one of many interesting things that the new laboratory is doing. It has a little machine for slicing mosquitoes preparatory to their examination under the microscope. An ordinary Vera Cruz mosquito, which is the kind now under scrutiny, is cut into about twenty-five slices; these slices are arranged on glass slides for examination under a powerful microscope, as a part of the search after the germ that causes yellow fever. An examination is now in progress of the little organism that causes the "sleeping sickness" of the West Coast of Africa. This, so far as known, affects as yet only the natives, but it is sufficiently serious to invite the attention of foreign scientists.

The laboratory is also making some experiments in car sanitation. Whenever any one connected with the establishment takes a trip he quietly collects specimens of the air and dust of the car in which he travels and brings it home for analysis. The findings of these examinations have not yet been tabulated, and none of the results can be predicted.

The manufacturers of diphtheria antitoxic have had to get their standard serum from Germany. This laboratory is now preparing to supply this in a form suitable for distribution among manufacturers and research workers. Everybody in this country will eventually get a serum, the standard of which will be in the United States. Whenever the manufacturers put out a vial of the article practitioners can know its strength in exact units. In the development of these standards many guinea pigs are utilized. They are injected with the diphtheritic toxic, and then with the antitoxic until the exact strength of one necessary to neutralize the other has been ascertained.

In fact, the basement of the new laboratory looks almost like a zoological park, with its cages of mice, rabbits and guinea pigs under observation. Cards in front of each compartment records faithfully the history of the case. Scales for weighing the animals are at hand. They are all treated humanely, so that the antivivisectionists have no fault to find. No operation is ever performed on an animal unless it is under an anesthetic. They are well fed, but like Dr. Wiley's poison squad at the Department of Agriculture, find their food dosed with the drugs under examination, in its different degrees of strength, in order to test various possible effects. This is an important service the animals perform, as well as in the production of antitoxic. To raise its own specimens the laboratory maintains an extensive establishment. It is estimated that it will take 6,000 guinea pigs a year, besides many rabbits and mice, for the legitimate operations of the laboratory.

As a structure, the new laboratory is one of the most excellently equipped for scientific research ever constructed. Electrical appliances are everywhere. Electricity heats and lights the building, furnishes power and aids in exact measurements. A refrigerating plant is in operation, so that all the rooms, wherever there is a scientific purpose in doing so, are maintained at an exact temperature. The incubator rooms, for example, are maintained at the normal temperature of the human body—98.6 Fahrenheit—so that the development of germs, so far as temperature is concerned, will be facilitated. The serums and antitoxics are kept 5 degrees above freezing.

The new laboratory is divided into four divisions, those of bacteriology and pathology, zoology and pharmacology, with a division of chemistry in process of organization. Each of these is in charge of a chief or supervisor, while the laboratory itself is under the charge of Dr. M. J. Rosenau, passed assistant surgeon of the Marine Hospital Service, whose title is that of director, with Dr. John F. Anderson, of the same rank and service, as assistant director.

In the photographic room, which is near the main entrance, may be seen a complete outfit, both for ordinary photographic work and for the reproduction of microscopic objects. Photographs of all the specimens are

carefully kept, with printed labels and a card index. Here may be seen photographs of the bacteria of tetanus, the bacilli of typhoid and the amœba which causes dysentery, besides representations of different pathological processes, such as tumors, cancers and parts of human organism laid waste by tuberculosis. This room is also used for the instruction of the student officers, since all the young officers are detailed at intervals to this laboratory for instructions. On a screen are thrown these different photographs, as an effective method of familiarizing the students with bacteriological and other forms.

The reference library contains 9,000 volumes. It receives sixty medical journals, half of them in foreign languages, and these are divided among the officers each month. They are expected to give a brief extract of the articles bearing on the laboratory work at a meeting held weekly of what it called the "Journal Club." It is planned to have about twelve officers regularly stationed at the laboratory, besides the director and his assistant, who will be there on a four years' detail.

The zoological division has been investigating the hook-worm, besides doing much general work. Anything in the shape of worm or animal life affecting the human body can be sent here for determination. While specimens from private physicians have thus far been examined without charge, the laboratory will take pains not to compete with men who are conducting similar work on private account.

All the drugs used in the Public Health and Marine Hospital Service, which has 60,000 patients a year, are examined in the pharmacological division. This branch of the laboratory is also on the lookout for new alkaloidal principles in drugs, and is constantly studying the effects of new drugs upon animals. This is chiefly research work. Of late some of the most important experiments have been made with quinine compounds, and although the results are not quite ready for presentation the prospect is that some important discoveries may be announced. The aim was to secure a compound which would kill the micro-organisms that quinine is so effective in attacking, but one which would be without the ordinary disagreeable effects of that drug. Experiments have gone far enough to show a quinine derivative which is a great deal more effective on these micro-organisms, but not so injurious to warm-blooded animals. The tests have not yet been applied to human beings, but the poisonous qualities of the compound have been pretty well ascertained. It takes twice as much of the new quinine to kill a mouse as of ordinary quinine, while of the micro-organism, which is known to cause malaria, it is known to be more effective. The findings along this and similar lines are published in the laboratory bulletins, which are issued from time to time.

Another interesting series of experiments has had to do with the action of alcohol in the treatment of snake bites and certain forms of fever. There are many popular notions regarding the efficacy of alcoholic stimulants, which are not borne out scientifically, while other popular maxims represent the real, as well as the concentrated, wisdom of the ages. In certain poisons, but those of very rare occurrence, alcohol has been found to act as a positive antidote. It is hoped to define more accurately the cases in which alcohol is a valuable corrective.—*New York Evening Post*, August 6, 1904.

A. M. A. FINANCIAL STATEMENT.

The report of the Board of Trustees, which is really the financial statement of the Association, published in the *Journal* for June 18th, pages 1635 to 1638, is a very interesting document, and well worthy careful study. The deductions made in the report from the figures presented are also worth considering. For instance, the auditor's statement shows:

Total revenue, of all sorts	$224,424.52
Total expenses, of all sorts	186,322.46
Net profit for year	$38,102.06

(How much of this $38,102.06 was received for advertising "secret remedies," in violation of the principles of ethics of the American Medical Association, is not stated, and is merely an incidental query.)

The amount received for dues and interest is:

Dues	$63,237.48
Interest and income from rents	1,960.34
Income of the Association, not including *Journal* income	$65,197.82

Against this revenue can be charged, as given on page 1637, the following:

Organization expense	$5,323.19
Association expense	6,629.80
Total Association expense	$11,952.99

As the report states that "This amount is an expense incurred by the Association, that has absolutely nothing to do with the expense of the *Journal*," we may assume that no other items of expense are chargeable to the Association per se, and not to the *Journal*.

Association income	$65,197.82
Association expense	11,952.99
Association, net income	$53,244.83

Against this net income from the Association as such, without reference to the *Journal* income, and from the figures of the report itself, consider the following:

Association, net income	$53,244.83
Association and *Journal*, net income	38,102.06
Cost of *Journal* to Association	$15,142.77

In other words, the members of the American Medical Association are paying $15,142.77 for the privilege of publishing the "greatest advertising medium for proprietary medicines in this country," while at the same time announcing to the world at large that they believe it "is equally derogatory to professional character for physicians to dispense or promote the use of secret remedies." Lovely; makes one swell up and feel proud and chesty. The trustees do not make this deduction from the report, but the figures are there.—*California State Journal of Medicine.*

THE A. M. A. TRUSTEES.

While presidents come and presidents go, the trustees stay on forever, or nearly so. It is the Trustees who are really the American Medical Association, for everything that is done at a meeting must be again enacted by the Trustees, in Illinois, in order for it to be a legally accomplished fact. And also it is the Trustees who guide—and should guide—the business of the

Association, including the *Journal,* which is its principal business. T. J. Happel, W. W. Grant, Philip Marvel, E. E. Montgomery, H. L. E. Johnson, A. L. Wright, William H. Welch, Miles Porter and M. L. Harris are the gentlemen who compose the Board of Trustees. Gentlemen, the conduct of "the greatest advertising medium for proprietary medicines in this country"—the *Journal of the American Medical Association*—is in your hands. What are you going to do with it? Are you going to continue the policy of "Dollars; dirty or clean; DOLLARS"? Or are you going to remember that the Journal of the Association is the property of the members, and that at least some of these members have a sort of shamefaced idea that honesty, right, truth, decency and professional ethics demand a modicum of consideration? Are you going to comfortably forget that the Association has unanimously, and amid great applause, placed itself on record as supporting the fact that "It is equally derogatory to professional character for physicians to dispense or promote the use of secret remedies"? Remember that portion of the phrase, "promote the use of secret remedies"; think about it; let it sink into your mind. It is not right, nor ethical, and it is derogatory to professional character, to do a certain thing. What thing? "To promote the use of secret remedies." When you print the false and fictitious statements of manufacturers of "secret remedies" and distribute to the profession of this country over 30,000 copies of such statements each week, is that "promoting the use of secret remedies," or is it not? Is a net income of $40,000 a year—which does nobody any good—worth the price of shame which every self-respecting member of the Association must pay for it? Gentlemen, the issue is clearly up to you.

(N. B.—Please do not abuse the editor of the *Journal A. M. A.* He is not responsible for the business management of the *Journal.* And besides, he says he doesn't know which advertisements are unethical.)—*California State Journal of Medicine,* August, 1904.

RESIDENT PHYSICIANS FOR HOSPITAL FOR CONTAGIOUS DISEASES.

An examination of applicants for the position of assistant resident physician in the hospitals for contagious diseases connected with the Department of Health will be held at the Willard Parker Hospital, at the foot of East 16th street, on September 1 and 2, 1904, at 2 P. M.

Applicants should have a general hospital training, or practical experience in the care of infectious diseases. The positions are salaried.

Examinations will be both written and practical, and will include general medicine, surgery, pediatrics, bacteriology, pathology, and infectious and contagious diseases.

Candidates for the position should, as soon as possible, file their applications with the secretary of the Department of Health, 55th street and Sixth avenue.

REGISTRATION OF BIRTHS.

The Department of Health of the City of New York has issued a circular calling attention to the moral and legal responsibility of physicians relative to the registration of births. The failure of the physician to comply with the law requiring him to register births is attended with serious consequences to the child, who is deprived of the opportunity in many cases to help his parents and earn his own livelihood at a time when he is willing and able to do so; for, upon the filing of a birth certificate by the physician in attendance at the time of birth depends:

1st—The admission of the child to the public school at the proper age.

2d—His ability to obtain employment on arriving at the age of 14, provided he is unable to furnish other proofs of age.

The new Labor Law, which took effect October 1, 1903, requires the parents of the child to furnish *documentary proof* before the Board of Health is allowed to issue an employment certificate. In the case of native-born children, the only proof available, besides the birth certificate, consists of religious records—baptisms, confirmation, circumcision, etc.—but where the parents stand outside of any religious communion, or where they have neglected the ceremonies attached to their former belief, they must depend wholly upon the record of birth.

The physicians failing to comply with the law thus lay upon themselves a serious moral responsibility, besides rendering themselves liable to a fine of one hundred dollars ($100), recoverable by the Board of Health.

THE LABORATORY CONCEPTION OF TUBERCULOSIS.

In a recent article by von Behring, supported by statistics of Naegeli, that numerous autopsies prove that practically all dying beyond 30 years of age give evidence of having been at some time the hosts of the tubercle bacillus, takes strong ground in favor of the view that the tubercle bacillus enters everybody's system early in life through food, and that it depends upon the subsequent reaction of this individual's system whether or not tuberculosis is set up after 30 or 40 years. This view would relegate the bacillus to pathology and make it play an insignificent rôle in etiology, and our present methods of dealing with the bacillus before it enters the human system will prove but an iridescent dream.

The Thirtieth Annual Session of the Mississippi Valley Medical Association will be held at Cincinnati, O., October 11, 12, 13, 1904, under the presidency of Dr. Hugh T. Patrick, of Chicago. The headquarters and meeting places will be at the Grand Hotel. The annual orations will be delivered by Dr. William J. Mayo, of Rochester, Minn., in surgery, and Dr. C. Travis Drennen, of Hot Springs, Ark., in medicine.

Book Reviews.

The Four Epochs in a Woman's Life. A short study in hygiene. By Anna M. Galbraith, M.D., author of "Hygiene and Physical Culture for Women." Fellow of the New York Academy of Medicine, ex-President of the Alumnæ Association, Women's Medical College of Philadelphia; Attending Physician, Neurological Department, New York Orthopedic Hospital and Dispensary. With an Introductory Note by John H. Musser, M.D., Professor of Clinical Medicine, University of Pennsylvania. Second edition, enlarged and revised. Philadelphia, New York, London: W. B. Saunders & Co., 1903.

It has been well said in an introductory note to this book by Dr. John Musser, That the Bulwarks of a Nation are the Mothers, and any contribution to the physical and hence the mental perfection of women should be welcomed alike by her own sex, by the thoughtful citizen and by the hygienist. Observation of these truths are expressed in a modest, pleasing and conclusive manner and the essay of Dr. Galbraith contributes to this end. These truths should be known to every woman, and I gladly commend the essay to their thoughtful consideration.

Gibson and Russell's Physical Diagnosis. Third edition, revised and rewritten. By Francis D. Boyd, C.M.G., M.D., F.R.C.P., Ed.; Assistant Physician, Edinburgh Royal Infirmary; Physician to the Deaconess' Hospital. With 144 illustrations. New York: D. Appleton & Co. Edinburgh and London: Young J. Pentland, 1902.

The author has considered physical examinations in practical medicine in which the most assistance is required by the student. In this third edition new sections have been added and several old ones revised. It is carefully written and meets the necessities of the requirements of modern medicine.

Practical Points in Nursing. For Nurses in Private Practice. With an Appendix containing Rules for Feeding the Sick; Recipes for Invalid Food and Beverages; Weights and Measures; Dose List; and a full Glossary of Medical Terms and Nursing Treatment. By Emily A. M. Stoney, Late Superintendent of the Training School for Nurses, Carney Hospital, South Boston, Mass. Third edition, thoroughly revised. Handsome 12mo of 458 pages, fully illustrated, including 8 colored and half-tone plates. Philadelphia, New York, London: W. B. Saunders & Co., 1903. Cloth, $1.75 net.

The revision of this work has been very extensive that the latest advances in the profession of nursing might be included. It is practical and useful, not only to nurses, but to the medical profession.

A System of Practical Surgery. By Drs. E. von Bergman, of Berlin; P. von Bruns, of Tübingen, and J. von Mikulicz, of Breslau. Edited by William T. Bull, M.D., formerly Professor of Surgery in the Medical Department of Columbia University, New York. To be completed in five Imperial octavo volumes, containing 4,000 pages, 1,000 engravings and 110 full-page plates in colors and monochrome. Sold by subscription only. Per volume, cloth, $6.00; leather, $7.00; half morocco, $8.50 net. Volumes I, II and III now ready. Philadelphia and New York: Lea Bros. & Co.

This System of Surgery by von Bergmann, von Bruns and von Mikulicz is, without doubt, the most important work on the subject that has recently appeared. Its first edition in the original met with such a demand that the earlier volumes were out of print before the later ones were ready for issue. The second edition, carefully revised and brought thoroughly up to date, is the basis of the present English translation. The work has been done by Dr. William T. Bull and his collaborators with great fidelity and thoroughness. They have brought to their work not only enthusiasm and industrious effort, but also a wide surgical experience, enabling them to add judicious references to methods of practice which have gained the preference of English and American surgeons. The number of illustrations in this translation greatly exceeds those found in the original—a feature which, without doubt, will much enhance the value and add to the interest of the text.

The work is encyclopedic in character. Many of its chapters exceed in scope and detail special treatises which have been published on their subjects. The great value of the work lies in its practical and clinical character, but there will be found an abundance of pathological data, details of original research and statistical facts, so that there can be no question of the inestimable value of these volumes to the student, the surgeon and the general practitioner. The first volume covers the following subjects: Injuries and Diseases of the Skull and Its Contents; Malformation, Injuries and Diseases of the Ear; of the Face, including Plastic Operations and the Neuralgias of the Head; of the Salivary Glands, including Anomalies; of the Jaw; of the Nose and Its Adjacent Tissues; of the Mouth and of the Pharynx.

Americans are quick to appreciate merit, and have evinced this trait anew in the immediate demand for this cosmopolitan surgery which has greeted the issue of the first volume. It dealt with the Head, a regional arrangement which is conveniently continued by the consideration of the Neck, Thorax and Spinal Column in the second volume, while the third volume which has just come to hand considers the surgery of the extremities.

It is significant of the development of surgical knowledge and skill throughout America that the highest literary product of European surgery should be so warmly welcomed here. Even at this early date the demand for the work exceeds expectations. As each country has its special conditions and preferences as to operations, the translators, themselves skilled surgeons, under the general editorship of Prof. William T. Bull, of New York, have added whatever is necessary to make the work representative of American practice, so that readers may feel assured of possessing the latest and fullest surgical knowledge of the two continents. Modern progress is so rapid, and withal so solidly founded, that it behooves every surgeon, and likewise physicians who have even occasional surgery to perform, to add this library of surgical information to their shelves.

Practical Materia Medica for Nurses...With an appendix, containing poisons and their antidotes, with poison. Emergencies; Mineral Waters; Weights and Measures; Dose List, and a Glossary of the terms used in Materia Medica and Therapeutics. By Emily A. M. Stoney, Graduate of the Training School for Nurses, Lawrence, Mass.; Late Head Nurse Mercy Hospital, Chicago, Ill.; Late Superintendent of Training School for Nurses, Carney Hospital, South Boston, Mass.; author of "Practical Points in Nursing." Second edition, thoroughly revised. Philadelphia, New York and London: W. B. Saunders & Co., 1904.

A book of some value to nurses, as it gives in a clear and definite statement the action of drugs. It is an open question to instruct the nurses in the use of medicine. It is, however, a handy little book and probably the best of its kind published.

A System of Physiologic Therapeutics. A practical exposition of the methods other than drug-giving; useful for the prevention of disease and in the treatment of the sick. Edited by Solomon Solis Cohen, A.M., M.D., Senior Assistant Professor of Clinical Medicine in Jefferson Medical College; Physician to the Jefferson Medical College Hospital, and to the Philadelphia, Jewish and Rush Hospitals, etc. Volume V. Mechanotherapy and Physical Education, including Massage and Exercise, by John K. Mitchell, M.D., Fellow of the College of Physicians of Philadelphia; Physician to the Philadelphia Orthopedic

Hospital and Infirmary for Nervous Diseases; Assistant Neurologist to the Presbyterian Hospital of Philadelphia, etc., and Physical Education by Muscular Exercise, by Luther Halsey Gulick, M.D.; Director of Physical Training in the Public Schools of Greater New York; President of the American Physical Education Association; Chairman of the Physical Training Committee, Louisiana Purchase Exposition; Chairman of the National Basketball Committee, etc., with special chapters on Orthopedic Apparatus, by James K. Young, M.D., Professor of Orthopedic Surgery in the Philadelphia Polyclinic; Assistant Orthopedic Surgeon to the Hospital of the University of Pennsylvania; on Corrective Manipulations in Orthopedic Surgery (including the Lorenz Method), by H. Augustus Wilson, M.D., Clinical Professor of Orthopedic Surgery in Jefferson Medical College; Orthopedic Surgeon to the Philadelphia Hospital, etc., and on Physical Methods in Ophthalmic Therapeutics, by Walter L. Pyle, M.D., Assistant Surgeon to Willis Eye Hospital, Philadelphia. With 229 illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut street, 1904.

The author has constructed a system of medicine in all the important facts as known, the origin, diffusion and prevention of disease and the prophylaxis of special infections. In Part II the importance of civic hygiene to that of medicine is given due consideration. With great clearness and precision the author has shown the importance of domestic and personal hygiene in the nursing and care of the sick-room. Much industry has been expended and the result should prove useful.

Atlas and Epitome of Operative Gynecology. By Dr. Ashar Schaeffer. Authorized translation from the German, with editorial notes and additions by J. Clarence Webster, M.D. (Edin.), F.R., C.P.E., F.R.S.E.; Professor of Obstetrics and Gynecology in Rush Medical College, etc. Philadelphia, New York and London: W. B. Saunders & Co., 1904.

This book will be found a valuable aid to those who desire to study gynecological operations. It contains 42 colored lithographic plates, besides many text illustrations, many of which are in colors.

A Manual of Medical Jurisprudence, Insanity and Toxicology. By Henry C. Chapman, M.D., Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College, Philadelphia. Third edition, thoroughly revised, greatly enlarged and entirely reset. Handsome 12mo volume of 329 pages, fully illustrated, including four colored plates. Philadelphia, New York and London: W. B. Saunders & Co., 1903. Cloth, $1.75 net.

The author has written an excellent work which can be of great assistance to the coroner and coroner's physician. Much of the matter in this edition has been rearranged, and by reference to cases the text is fully amplified.

The Prevention of Consumption. By Alfred Hillier, M.D., C.M., B.A., Secretary of the National Association for the Prevention of Consumption (London), etc. Revised by Prof. R. Koch. With illustrations. London, New York and Bombay: Longmans, Green & Co., 1903.

This work has been prepared with great care by the author, who is a known authority, and is of considerable value, both to the consumptive and physician. All the facts are clearly written, and the latest scientific views are so arranged that every reader can receive reliable instruction.

Diseases of the Intestines and Peritoneum. By Dr. Herman Nothnagel, Professor of Special Pathology and Therapy in the University of Vienna. Authorized translation from the German. Edited by Dr. Alfred Stengel, Professor of Clinical Medicine in the University of Pennsylvania. Philadelphia, New York and London: W. B. Saunders & Co., 1904.

This work forms one of the volumes of Nothnagel's Encyclopedia of Practical Medicine and places before the English reader a very elaborate and valuable treatise on the Diseases of the Intestines and Peritoneum. The chapter on Appendicitis is of especial interest, but we do not approve of the author's views in regard to the use of opium, compresses, poultices and ice-bags in the treatment of the disorder, as such treatment only serves to mask the symptoms of the disease, allay the apprehension of relations and to postpone the proper surgical procedure in removal of the offending organ, until it is frequently too late to be of benefit to the patient.

Obstetrics for Nurses. By Joseph B. De Lee, M.D., Professor of Obstetrics, Northwestern University Medical School; Obstetrician to Mercy, Wesley, Provident, Cook County, and Chicago Lying-In Hospitals; Lecturer in Nurses' Training School of same. Fully illustrated. Philadelphia, New York and London: W. B. Saunders & Co., 1904.

This work was written for nurses, yet we firmly believe that medical students will find it of value, as the duties of nurse often devolve upon them in the early years of their obstetric practice. The illustrations have been made expressly for this book. The photographs were taken by the author from actual scenes, and are true to life in every respect. The text is the outgrowth of eight years' experience in lecturing.

BOOKS RECEIVED.

A System of Practical Surgery. By Prof. E. von Bergmann, M.D., of Berlin; Prof. P. von Bruns, M.D., of Tübingen, and Prof. J. von Mikulicz, M.D., of Breslau. Volume IV. Translated and edited by William T. Bull, M.D., Professor of Surgery, College of Physicians and Surgeons, Columbia University, New York, and Edward Milton Foote, M.D., Instructor in Surgery, College of Physicians and Surgeons, Columbia College, New York; Carlton P. Flint, M.D., Instructor in Minor Surgery, College of Physicians and Surgeons, Columbia University, New York, and Walton Martin, M.D., Instructor in Surgery, College of Physicians, Columbia University, New York; Surgery of the Alimentary Tract. New York and Philadelphia: Lea Bros. & Co., 1904.

The Practical Application of the Rõntgen Rays in Therapeutics and Diagnosis. By William Allen Pusey, A.M., M.D., Professor of Dermatology in the University of Illinois; Member of the American Dermatological Association, and Eugene Wilson Caldwell, B.S., Director of the Edward N. Gibbs X-Ray Laboratory, University and Bellevue Hospital Medical College, New York; Member of the Röntgen Society of London; Associate Member of the American Institute of Electrical Engineers. Second edition, thoroughly revised and enlarged. Philadelphia, New York and London: W. B. Saunders & Co., 1904.

A Text-Book of Pathology, for Practitioners and Students. By Joseph McFarland, M.D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College, Philadelphia; Pathologist to the Philadelphia Hospital, and to the Medico-Chirurgical Hospital, Philadelphia. With 350 illustrations. A number in colors. Philadelphia, New York and London: W. B. Saunders & Co., 1904.

Radiotheraphy and Phototheraphy, Including Radium and High-Frequency Currents, Their Medical and Surgical Applications in Diagnosis and Treatment. For Students and Practitioners. By Charles Warrenne Allen, M.D., Professor of Dermatology in the New York Post-Graduate Medical School; Consulting Dermatologist to the Randall's Island Hospitals; Consulting Genito-Urinary Surgeon to the City Hospital; Member of the American Medical Association, the American Dermatological Association, the New York Dermatological Society, etc., with the cooperation of Milton Franklin, M.D., lecturer on Electro-Radiotheraphy, New York Polyclinic Medical School, and Samuel Stern, M.D., Radiotherapist to Dr. Lustgarten's Clinic at Mount Sinai Hospital; Clinic Assistant to the Skin Department of the New York Post-Graduate Medical School. Illustrated with 131 engravings and 27 plates in colors and monochrome. New York and Philadelphia: Lee Bros & Co., 1904.

Original Articles.

ADENOIDS.[1]

Importance of Early Recognition and Removal in Children.

BY STEPHEN W. WELLS, M.D.,
Liberty, N. Y.

WHEN invited to present a paper at this meeting on some subject "other than tuberculosis," it occurred to me that, having last fall observed an example of neglect in a case of adenoids of four years' standing, a report of the case and a brief discussion of the subject might be acceptable to you. That it is a subject of some importance may be inferred by the statement that "hospital statistics of relative frequency show that hypertrophy of the pharyngeal tonsil constitutes 88 per cent. of all affections of the vault of the pharynx; and 25 per cent. of all diseases of the upper throat generally, including those of the fauces."

The case in mind was that of a child 4½ years of age. Since he was several months old there had been, at intervals as frequent as four to six weeks, pain in the left ear, usually followed by purulent discharge. The parents noting the frequency of the attacks sought advice and were assured there was nothing to be done as the child would outgrow the trouble. After waiting in vain a few years for the promised relief, the patient came under my observation. When I saw him the pain had come on the day before and the child was shy and fretful. Temperature was nearly 101 degrees, cheeks were flushed and tongue coated.

He had always breathed with the mouth open, snored at night, had nightmare and very restless sleep, occasionally starting up frightened, screaming and in perspiration.

He was well nourished, had the "adenoid face"; dull expression with flattened nose, wide bridge and drooping canthi. There was a discharge of mucus from the nose, especially the left nostril, in which the inferior turbinate was turgid. The faucial tonsils were moderately hypertrophied, and on palpation a large mass of adenoids was found in the vault of the pharynx. The tympanum was bulging slightly.

It was pointed out to the parents that operation alone would relieve the child of his distressing condition. In a few days, after a subsidence of the acute symptoms, adenectomy and tonsillotomy were performed without anesthesia. A cleansing nasal spray reduced the tumefaction of the inferior turbinate.

At the present time the benefit of operative procedure is fully apparent. The child breathes through his nostrils as nature intended he should, there has been no recurrence of ear trouble, he sleeps well without snoring, is brighter and more intelligent, appetite is good, and the general health is much improved. The immediate improvement after adenectomy of all those conditions resulting from the presence of adenoids is usually very striking. In localities with comparatively small population, the number of cases of adenoids seen in a year must necessarily be small, and unless one is familiar with the condition and its effects, cases in need of surgical intervention may be overlooked, to the child's great misfortune. The evils that can be traced to a large or even a moderate mass of adenoids are numerous. It is not necessary that the entire naso-pharyngeal space should be blocked before operation is imperative. Even small adenoids, if by their position they impede the current of incoming air through the middle meatus, should be removed. If allowed to remain they ultimately cause turgescence of the turbinals with the result of more or less stenosis of the nostrils, leading to imperfect respiration, changes in voice production, disturbances of audition, stammering and stuttering.

It is not unusual to find associated with adenoids, headache—usually frontal—aprosexia, backwardness in study, low spirits and lack of energy, nightmare, snoring, disturbed sleep, dry mouth and throat on waking, teeth grinding, laryngeal and pulmonary troubles, disordered digestion and reflex cough. Laryngismus Stridulus or false croup occurs usually in those who are mouth breathers. Facial and thoracic deformities of serious nature are by no means unknown in mouth breathers, especially when enlarged faucial tonsils are present.

By no means the least important of the ill effects of adenoids is the frequency of ear affections. In a child complaining of pain in the ear the condition of the naso-pharynx should be investigated. In the case reported the adenoids and large tonsils were alone responsible for the periodical attacks of ear pain and discharge as evidenced by there having been no return of the former condition since operation. It is a matter of importance that a child may lose the hearing by the failure to recognize and remove adenoids sufficiently early to prevent such permanent damage. Adenoids are said to be particularly frequent in deaf mutes and cases of cleft palate. There have been recorded numbers of cases in which there were reflexes said to be of adenoid origin—many of which may also be associated with the intra-nasal obstructions. A few that may be mentioned, aside from those of laryngeal and pulmonary character, are attacks of paroxymal sneezing, hay fever, spasmodic chorea, asthma, epilepsy, torticollis, headache, enuresis and genital irritation.

Lenox Browne records a case of prolapse of the rectum in a child from whom it became necessary to remove adenoids of long standing, following which operation the prolapse disappeared. It was supposed that the obstruction to nasal respiration and the consequent labored and difficult mouth breathing were responsible for the unusual reflex condition. However, such cases are uncommon.

[1]Read at the Annual Meeting of the Sullivan County Medical Association, Liberty, N. Y., April 13, 1904.

Diagnosis.—To one familiar with the typical facial aspect presented by those with adenoids, the diagnosis can frequently be made at first sight. The open mouth, dry lips, shrunken alae, flattened cheeks and widened bridge, together with an edematous condition at the root of the nose and drooping inner canthi, form a picture suggestive of adenoids. Should such an "adenoid face" not convince one of hypertrophy of the pharyngeal tonsil, it should at least excite a suspicion leading to a further investigation. Examination of the back of the mouth would then be in order. On depressing the tongue enlarged faucial tonsils may first be observed, and ofttimes parts of the adenoid mass may be seen behind the palate. It may be necessary to draw up and forward a relaxed palate in order to bring the mass into view. Even should this measure reveal nothing, we have in the enlarged tonsils and paretic palate convincing evidence of the presence of adenoids.

In children up to the age of puberty it is the rule that enlarged tonsils and adenoids coexist. This is explained by remembering that there is a ring of lymphoid tissue encircling the pharynx known as the "adenoid triangle" or "lymphatic ring" embracing the pharyngeal, tubal, faucial and lingual tonsils. Lymphoid tissue in this region, which is so developed and active during the growing period, is liable to hypertrophy on the slightest irritation in young children. It may be an attack of tonsillitis or an acute coryza or both that is responsible for the initial enlargement in one or the other of these bodies. Adenoids by interfering with nasal respiration are responsible for turgid turbinals and mucoid or muco-purulent discharge from the nose, which in time, by the habit of mouth breathing formed, may cause some affection of the faucial tonsils or chest, or, any part of the lymphatic ring being hypertrophied, the irritating influence may find its way through the communicating channels to the other parts of the ring.

Lenox Browne says: "Naso-pharyngeal hypertrophies frequently exist without overgrowth of the faucial tonsils; and, that on the other hand our daily experience conclusively demonstrates the extreme variety of enlarged faucial tonsils up to the age of puberty, without a corresponding association of adenoids."

Given, then, a child with enlarged faucial tonsils, and especially when some ear affection is also present, we may be moderately certain that adenoids, to a greater or less degree, occupy the vault of the pharynx.

Palpation of the vault of the pharynx will establish beyond doubt the presence or absence of adenoids. It is a proceeding that may be well left until, as a preliminary to operation, it is utilized to accurately locate the position of the growth so that the chosen instrument may be used with precision. Naturally, a child rebels against it, and, having once been subjected to so disagreeable a proceeding, may decline to present himself later for operation. On removing the finger from the mouth it is usually blood-stained, if it has come in contact with adenoids, no matter how gently inserted.

Very soft adenoids can sometimes be scraped away by the forefinger without the aid of instruments.

Treatment.—Local treatment of adenoids is useless. When they are large enough to cause nasal stenosis and mouth breathing, they should be removed by operation, the technique of which is well described in most works on nose and throat. It is generally advised that an anesthetic be used This does not appear to be necessary in all cases. A fairly healthy child will stand very well the rapid removal of both faucial tonsils and adenoids without it. A few minutes suffices, usually to allay the hemorrhage and acute pain—leaving only the feeling of soreness and dull pain, which is also present after the use of an anesthetic—all the after effects of which are also avoided. It is not my custom to use cocaine locally as advised by some. It shrinks the mass and may result in incomplete removal.

In using the curette care should be exercised to avoid injury to the tissue about the orifice of the Eustachian tube. It is possible for middle-ear trouble to have its origin due to such injury.

Having defined the position of the adenoids to be removed, three sweeps of the curette, one starting from the summit of the vault and well forward, extending down the median line, one slightly to the right, one slightly to the left, will completely clear the space. When using one of the various adenoid forceps opening laterally grasping the posterior border of the septum must be avoided. This can be done by keeping the shank of the instrument well up against the upper teeth.

Waiting for the natural disappearance of the hypertrophied glandular structure when operation is indicated, is a dangerous plan. The hearing is a sensitive as well as very precious apparatus and permanent injury frequently follows in those cases in which atrophy is depended upon to accomplish that, which, in a few moments, can be done with curette or forceps.

The after treatment is simple. After the bleeding stops, which it usually does in three or four minutes, the patient is kept quiet indoors until the next day, when there may be a reaction temperature, ranging from 100 to 104 degrees. In case of high temperature, a cleansing nasal spray and gargle is ordered to be used three or four times daily, and fluid diet continued. Headache and temperature may be relieved by a migraine tablet or phenacetine. By the third or fourth day, pain will have entirely disappeared, full diet can be resumed, nasal breathing is established, and the patient soon learns to keep the mouth closed.

When the faucial tonsils are hypertrophied they should be removed before the adenoids. While the majority of cases recover without complication, there are certain dangers attending the operation that should not be forgotten. There may be stripping of the mucous membrane or injury to

the Eustachian orifices. The proximity of the sphenoidal sinus should warn against the use of force. When anesthetic is used faintness and asphyxia sometimes follow the passage of blood into the trachea. There may be convulsions following excessive hemorrhage. Injury to the lower jaw or teeth may result from rough use of the instruments. Breaking of the blade of a curette of too light construction has occurred. Later dangers following septic infection due to trauma are suppurative otitis and mastoiditis, erysipelas and cellulitis.

To be brief, then: Adenoids causing symptoms of obstruction should be removed. Mouth breathing, ear trouble, or restless sleep in children should cause one to search for adenoids. Waiting for the natural atrophy, which takes place as the child approaches maturity, when the growths interfere with the patient's development, is detrimental to health and bad practice. The operation should be performed carefully, with great gentleness and at an early date when so indicated.

ACUTE GASTRO-ENTERIC INTOXICATION OF INFANTS.[1]

BY G. F. RICE, M.D.,
Jeffersonville, N. Y.

I HAVE not attempted to write this subject fully.

We get one kind of definition of this disease by the synonyms, which are as follows: Summer diarrhea, gastro-intestinal catarrh, gastro-enteritis, cholera infantum and mycotic diarrhea.

From these variations in the names given to this disease, we can judge, to some extent, how little was known about it in the past; and by reading the various views of the different modern authors on this subject, we should judge that there is much to be learned about it yet. However, I think that nowhere in the domain of medicine has there been greater advancement than in the treatment of bowel troubles having as a characteristic symptom, diarrhea.

The *discovered* pathology of this disease is almost nothing. One good author told me personally that it is nothing, nothing being found at autopsy to account for the illness and death. But I observe that other authors on the subject say there is a slight catarrh, usually of the whole gastro-intestinal canal, this catarrh, at times, being intensified in the ileum. Putrefactive changes are found in the contents of the alimentary canal, and the theory is, that toxins are there generated, and at times ingested, and that these toxins are absorbed.

Etiology.—Holt (last edition) says: "The view almost universally held at the present time regarding summer diarrhea is that it is of infectious origin." He also says, "With our present knowledge we cannot believe that direct contagion is the usual way in which this disease is spread."

In my opinion the two main factors in the cause of this disease are indigestion and bacteria, and while I am not certain as to which predominates, I am sure that they mutually assist each other. The ingestion of toxins is another direct cause, I mean toxins already formed in the food.

The predisposing causes are numerous, hot weather, improper food, too much food, feeding too often, unhygienic surroundings, lowered vitality, etc.

Hot weather acts in two ways. It reduces the vitality and favors the action of bacteria.

It has not yet been determined which of the bacteria are concerned in this disease.

The disease is by no means uncommon at any time of year in this vicinity.

Symptoms.—The symptoms are so well known that I shall not mention many, but simply emphasize a few in speaking of the treatment.

Treatment.—If our theory of the chief causes, bacteria, indigestion, and toxins ingested, be correct, which it undoubtedly is, we have clear indications for treatment. The first of these indications is to clear out of the gastro-intestinal canal the bacteria, the toxins, and the putrefied ingesta as soon as possible. This, as a rule, is best done with castor oil, either in one good-sized dose or in small, repeated doses, according to the tolerance of the stomach.

But calomel or gray powder or the salines may be used. In cases of irritable stomach, gray powder or calomel would be preferable. Enteroclysis should, in most cases, be used as an adjunct; and, in some cases, lavage is beneficial. Normal saline solution is the best solution, as a rule, to use for enteroclysis. It is best done with a fountain syringe and a single, soft, rubber catheter or a small rectal tube, the stream being started as soon as the introduction of the tube is started. By starting the stream thus early the tube is stiffened and the way in front of it is opened. This method necessitates having the child on the edge of the bed or the lap, with rubber sheeting leading into a slop jar. With the double tube or two tubes the solution can be led off a little more conveniently.

This irrigation should continue till the solution comes away clear, may be repeated two or three times the first day, and may be done every day for a few days.

The next step is to stop whatever kind of food the infant has been taking, and for a few feedings nothing but toast water be given, and then the white of egg should be added to the toast water for about twenty-four hours.

The drugs indicated, besides those mentioned for clearing out, may be paregoric, chloral hydrate and subnitrate of bismuth. I think the benefit derived from the following antiseptics, often given, is doubtful: Guaiacol carbonate, salol, resorcin, salicylate of soda, sulpho-carbolate of zinc, etc. They will impair digestion, and in-

[1]Read at the Annual Meeting of the Sullivan County Medical Association, Liberty, N. Y., April 13, 1904.

digestion is one of the causes of the disease we want to get rid of. Castor oil and the salines are good antiseptics, and by using them we kill two birds with one stone—we both clear out and sterilize. Calomel and gray powder are supposed to be mild antiseptics. I believe in using these clearing-out antiseptics about every day till the stools are normal. Mild counter irritation over the abdomen is good, and hot mustard baths are soothing to the nervous and irritable.

Then comes the problem of regulating the diet. If the baby be nursing at the breast, it may usually return somewhat gradually, but even this will sometimes have to be stopped. The next best thing to mother's milk is a suitable wet nurse, but suitable wet nursing is not very available, either in the country or the city.

As to artificial feeding, the profession is almost unanimously agreed that good, fresh cow's milk, properly modified, is the best food available. It is beyond the scope of this paper to discuss fully the proper modification. But, whenever the stools are abnormal in color or consistency some change is indicated. The first signs of abnormal stools are the white pieces of casein, the yellowish chunks of fat, and the greenish color. This greenish color, Hare says, is due to a microorganism, and Wegschneider says it is due to biliverdin. I am inclined to agree with Hare.

In order to be brief, I have not said anything about the variations of the disease and of the treatment accordingly. Some cases would need only a dose of castor oil and a little modification of the diet.

After the first two or three months, in feeding an infant artificially, I have a theory that a little variety in diet would be beneficial. In this variety, modified cow's milk can be the main food, with occasional feedings of white of egg in toast water and with cream added; condensed milk, especially in the cities, could be used for occasional feedings; and some of the proprietory baby foods that do not contain unchanged starch could be used for some feedings. Fruit juices in small quantities, occasionally, given diluted, or with the other food, are usually beneficial. And, as the infant gets a little older, some of the liquid preparations of meat are useful.

As to sterilizing the milk, it is better to use it without sterilizing, if the milk is sufficiently pure, but sterilization will often be found necessary, especially in the cities.

Some of the main points in which this paper differs from those you usually see are these:

1. The antiseptics, guaiacol carbonate, salicylate of soda, resorcin, etc., are mentioned as likely to do more harm than good by impairing digestion.
2. Castor oil and the salines are stated to be antiseptics.
3. The continued use of castor oil or the salines.
4. Chloral hydrate as a sedative.
5. Some variety in the diet of an infant fed artificially.

SOME DISEASES DEMANDING PROMPT AND ACCURATE DIAGNOSIS.[1]

BY ALLEN A. JONES, M.D.,
Buffalo, N. Y.

I HAVE often been impressed by the urgent necessity that exists of diagnosticating correctly many conditions that threaten or cause death if the patient is not operated upon promptly. How frequently the surgeon is asked to operate upon a patient who is past all reasonable hope of assistance. Either inflammation of vital structures has been given sufficient time to cause irreparable damage or pressure has been allowed too long inside the skull, or sepsis has, through delay, become general where it was originally localized. As instances of diseases that strike quickly and fatally, or work insidiously, but nonetheless surely, toward a fatal termination, if not interfered with, let me mention the following:

Injuries of the head may be accompanied by hemorrhage within the skull that may pass for concussion when trephining should be done. It is sometimes difficult at the bedside to distinguish between simple concussion and contusion. Theoretically in concussion only the function of the brain is disturbed, whereas in contusion, lacerations or hemorrhages more or less extensive take place in or upon the brain. In pure concussion consciousness is but temporarily lost—perhaps as in the case of a prize-fighter, only for a few seconds—there is pallor, quick, frequent pulse and rapid, shallow respirations. An injury sufficient to cause contusion also causes the symptoms of concussion, but when unconsciousness persists and a rapid, small pulse becomes stronger, larger and less frequent, the respirations grow deeper, the pupils enlarge and fail to respond to light, there is reason to suspect a structural lesion and special peripheral symptoms and signs should be studied, such, for instance, as limited paralyses or convulsive movements. A rise of temperature with structural lesions is of interest and prognostic value as Phelps has shown by a study of 500 cases of which none recovered whose temperature rose to 105 degrees F. and there persisted.

Another common affection, simple in the beginning, but which not infrequently leads to fatal results is suppurative otitis media causing mastoiditis. Much care and scrutiny should be exercised to determine the question of trephining the mastoid. The exact time at which the operation should be done taxes the diagnostic skill to the utmost and good men may disagree in a given case. The information that may be contributed by a leucocyte count may be of assistance in coming to a conclusion.

The common affection diphtheritic laryngitis in cases presenting no exudation in the nose or throat may pass unrecognized if the clinician is hurried or careless and thus the use of antitoxin may be deferred until too late. Hoarseness,

[1]Read at the meeting of the Wyoming County Medical Association, Perry, N. Y., April 12, 1904.

hoarse cough and wheezing may occur in simple laryngitis, and so if one is off guard valuable time may be lost.

One is safe in saying that suppurative conditions of the pericardium and pleuræ demand fairly prompt diagnosis as there is nothing to be gained by delay in evacuating the pus. It seems scarcely necessary to mention a disease so easy to diagnosticate as empyema, but distraction, carelessness or haste on the part of the physician may allow the affection to pass many days or even weeks without proper treatment. Indeed, we have many of us seen cases that we feel reasonably sure passed unrecognized too long Not a little misleading sometimes is the bronchial breathing and bronchophony that may be heard despite the pressure of a purulent effusion; and although this is more commonly the case in children yet in adults they are not infrequently heard.

Of gastric diseases demanding immediate diagnosis, perhaps perforating ulcer is the most important. The recoveries following operation in the first few hours after perforation so far outnumber those in cases operated upon after twelve or more hours have elapsed that they emphasize the dictum that every minute is precious, and immediate diagnosis is the desideratum. In many cases the intense pain, abdominal rigidity, frequent wiry pulse, blanched, cold surface, and other evidences of pronounced shock, coupled with a previous history of gastric ulcer render the diagnosis a matter of comparative ease, but unfortunately some cases occur in which the pain is not so severe, nor the shock so marked, nor the symptoms so emphatic that they might not be caused by biliary or pancreatic colic. Confusion may arise, too, when one remembers that pancreatic hemorrhage, acute hemorrhagic pancrettitis or embolism of the superior mesenteric artery may excite analogous symptoms. Again the perforation may be that of a duodenal ulcer. In perforating ulcer of the stomach as in other perforating conditions in the abdominal cavity an early leucocytosis, sometimes of a high degree, may be discovered. In perforation of a typhoid ulcer the sudden development of a sharp leucocytosis is now looked upon as a valuable guide in determining upon operative procedure. A sudden marked rise of blood pressure is a valuable signal that perforative peritonitis has occurred. Laparotomy done at the earliest possible moment, as is now well known, saves lives that would surely be lost without it.

Acute intestinal obstruction is another condition that requires prompt recognition. The nature of the obstruction is often most difficult to determine. If it be due to internal strangulation or volvulus it is not possible to arrive at a positive conclusion before the abdomen is opened. Intussusception has, of course, more definite symptoms, such as rectal tenesmus and small, bloody stools; and occurring with greatest frequency in infancy and childhood may be more accurately determined. It is worth noting that indicanuria of marked degree is found to accompany volvulus and strangulation of the small intestine.

As an aid to the diagnosis of the nature of a given case of ileus, the classification recently given by Tuholske[1] is worthy a careful consideration. He divides ileus into

1. Dynamic ileus,
2. Strangulation ileus,
3. Obturator ileus,

and points out that the early symptoms and signs of general peritonitis are present with, and the peritonitis is the cause of, the ileus or obstruction in the dynamic form. The characteristics, then, of this form will be early general distension with an absence of intestinal peristalsis and an absence of contouration of intestinal loops; extreme tenderness, immovable diaphragm, labored, hurried, thoracic breathing and frequent feeble pulse.

Conditions pointing toward the existence of strangulation are the violent sudden onset with pain, collapse, nausea and vomiting associated with an urgent desire to empty the rectum. Asymmetry of the abdomen is seen at first and later symptoms of intestinal distension and peritonitis develop.

Obturator ileus due to gallstones, enteroliths, feces or other foreign body has a less sudden and severe onset; periodic, intermitting, peristaltic pain; vomiting supervening later, and being stercoraceous. The sudden pronounced shock seen in acute strangulation—called incarceration shock—is absent in many cases of obstruction from foreign body, the obstruction is not always absolute, in some cases abdominal distension is very moderate. The heart is often strong until late in the disease and symptoms of peritonitis are absent even in the presence of stercoraceous vomiting. In the differential diagnosis a few special points should be remembered. Strangulation is very rare in children, but occurs in young adults, and 68 per cent. of cases have a history of peritonitis, and the small intestine is the part incarcerated. Volvulus is rare before 40, occurs at the sigmoid flexure, is four times more common in men than in women, distension begins in the left side and moves up to the right hypochondrium—being in the large intestine. When the small intestine is obstructed the colon will hold large enemata, in volvulus such is not the case.

Obturator ileus is most common in old people or in those who give a history of chronic cholelithiasis, with, perhaps, evidence of chronic biliary obstruction with severe pain. The peculiar liability of old people to fecal impaction is familiar to us all.

It is well to recall a disease of the gallbladder that is sometimes so fulminating and so rapidly fatal in its character that only the earliest operation and drainage offers hope of recovery. I refer to acute suppurative cholecystitis that is early accompanied by violent vomiting, grave prostration, chills, high intermittent temperature and rapid, weak pulse, with abdominal pain and

[1]Jour. Am. Med. Assoc., Feb. 27, 1904.

distension, and usually obstinate constipation. In cases that have come under my observation the patients have grown steadily worse in spite of every effort to control the symptoms and have died in a few days. The condition is analogous to acute fulminating gangrenous appendicitis. Leucocytosis may here be found and upon physical examination, perihepatitis with pleuritic friction and crepitation at the base of the right lung is quite constantly present. In this condition very early operation and drainage may, as Deaver has recently emphasized, prevent purulent infiltration of the liver and general sepsis. As suppurative cholecystitis and cholangitis are often associated purulent infiltration may follow up the bile radicals.

We recognize the urgent necessity for the earliest possible diagnosis of appendicitis. Severe abdominal pain that was formerly styled colic or enteralgia is now regarded with watchful suspicion. While we see cases of marked pain in the lower abdomen that lasts possibly for half an hour or longer and then disappears, not to return, leaving the patient apparently as well as before the attack, nevertheless it is unsafe to disregard pain in the region mentioned. While it shows a lack of good judgment to call every pain that occurs in the lower or mid-abdomen appendicitis, yet pain is, as it were, an alarm signal that should put us on our guard. The temperature, pulse, vomiting and local signs and symptoms are all helpful in diagnosis and with these the leucocyte count is often of considerable value; especially if the polymorphonuclear cells are relatively increased. But leucocytosis may be found with but little, if any, pus, while considerable pus may be present without a high leucocytosis. It is proper to allow a leucocyte count to aid one in arriving at a diagnosis, but not to permit it to dominate and overthrow one's broader clinical view. It is a safer rule to remember that when in doubt as to the extent and gravity of the process in and around the appendix (and we are always in more or less uncertainty before operation) operation is far less dangerous than delay.

Coming now to consider the pelvis and its diseases, exclusive of and omitting obstetric urgencies, there are two that fit naturally into this discussion. One is ruptured pyosalpynx causing acute septic peritonitis. Only immediate laparotomy offers hope of saving the patient in the vast majority of cases. Or a collection of pus in a mass of inflammatory pelvic exudate may suddenly find its way into the general peritoneal cavity. In many cases acute excruciating pain, abdominal rigidity, small, frequent pulse with other evidences of shock are occasioned by the rupture, but, as is true of other perforative conditions in the abdominal cavity, the symptoms may be so mild or so masked as to mislead the clinician until it is too late to save life by operation.

Lastly, let me mention ruptured tubal pregnancy as a condition demanding prompt and accurate diagnosis. In some cases confusion arises because the flow from the uterus per vaginum is so profuse as to suggest an ordinary abortion with severe pain. The location of the pain, often on one side, its sudden severity, the prostration, shock, or syncope shown by the patient; these with other symptoms should aid in the diagnosis, while vaginal examination with bimanual palpation may show a beggy mass behind, around or above the broad ligament.

I have merely mentioned the above disorders in a cursory manner, not attempting close discussion of the diagnosis of each, but to urge the need of constant vigilance in our daily work as prompt diagnosis points the way to immediate operative intervention, or special treatment as in the case of diphtheria, and thus lives may be saved that through the slightest carelessness, through ignorance or delay may in an hour pass beyond the hope or possibility of rescue.

SOME ENCOURAGEMENT IN THE TREATMENT OF MALIGNANT GROWTHS.[1]

BY BENJAMIN W. STEARNS, M.D.,
Binghamton, N. Y.

TWO years ago I read a paper before this Association on the paste treatment of cancer and at that time reported a case of epithelioma of the tongue which I had treated with arsenic and chlorid of zinc paste. Since that time I have treated quite a number of cases of epithelioma with paste varying the proportion of zinc chlorid according to the location of the growth. For it is with the zinc chlorid that I guard against the possibility of hemorrhage. About a year ago I undertook the treatment of an old man past 80 years of age, with an epithelioma on the cheek. He had been to a charlatan here in the city who informed him that he had a very bad case of cancer, that the cheek bone was affected, that the growth would soon extend to the brain and kill him. I assured him that his informer was mistaken in the prognosis, that the growth was an epithelioma and would not destroy bone structure. I applied a paste and removed a mass the size of a hen's egg from the center of the cheek. This left the malar bone bare about the size of a silver quarter; part of this bare bone did not become covered by the healing of the sore, which otherwise healed up in about eight weeks. But within a month there was evidence of a return at the lower edge of the scar. Hesitating about again applying the paste I decided to try a solution of the following agents, viz., ergotin, adrenalin, chlorid solut., thiosinamin and cocaine, used first with the hypodermic syringe in and about the growth and after on cotton applied as a dressing. The effect of this solution apparently checked the advance of the growth, though not causing it to disappear. This patient continued under my care up to the time of his death, something over a year, in spite of the very flattering

[1]Read at the Annual Meeting of the Broome County Medical Association, Binghamton, N. Y., April 12, 1904.

promises of cure offered him by three different charlatans of this city. The growth gave no evidence whatever of hastening his death, which was due to the ordinary decline of old age. In treating a malignant growth located near a gland, I add atropin to the above solution, to arrest the glandular section. In the case of A. M., which was a very extensive epithelioma of the tongue, with secondary involvement of the submaxillary glands, the tongue and glands were enormously swollen. There was a continuous druelling of saliva with the characteristic cancerous odor. The effect of the solution exceeded my expectations to the point of surprise. It corrected the offensive odor, stopped the discharge and druelling of saliva and markedly reduced the swelling within eight days.

During the month of October, 1903, I treated an epithelioma of the uterus, involving the vagina and rectum, extending downward into the labiæ and inner gluteal fold, with the usual discharge and odor. During the third week of treatment the sloughing established an opening between the rectum and vagina through which there has been a continuous escape of fecal matter. The treatment with the solution was stopped at the end of four weeks, and all hope in the case abandoned, not expecting that the woman would live longer than two months. But after reports from time to time that the patient still lived, I started out early this morning, April 12th, compelled by the impassable condition of the roads to walk three miles, to see the patient and ascertain the cause of her continuing to live and her present condition.

There had been no progress in the disease since the use of the solution and no discharge or odor. The patient was able to walk about the room, and entirely free from pain, and I will add that there is an entire absence of the cancer cachecia, though the greater part of the induration continues at parts affected.

I have a case under treatment at the present time, an epithelioma of the uterus of some eight months' standing, the cervix is entirely sloughed away up to the vaginal junction, with the usual discharge and odor. In this case I replaced the ergotin with Fl. Ext., Theya. At the end of two weeks' treatment, using the solution every second day, the sloughing has been supplanted by a healing process, with a correction of the odor and discharge. I believe the solution offers better results than the X-ray. Though certain variations in its composition are necessary according to the location of the growth, I draw the following conclusions from the study I have given the subject for the past five years, viz., that an epithelioma of the skin arises from the structure developed from the epiblast of the ovum; that an epithelioma of a mucous surface arises from the structure developed from the hypoblast of the ovum, and that neither of these will destroy bone tissue; that a sarcoma arises from the structures that are formed from the mesoblast of the ovum, that is, muscle, bone and cartilage, and will destroy these structures in its progress; that a carcinoma invariably originates in glandular structure and by its metastasic action on the nourishment of the surrounding tissues destroys all before it.

I omit any discussion as to the nature of these processes, inasmuch as there is no established theory at the present time. The attention I have given these cases is mainly along the line of clinical study and treatment, considering the fact that many cases progress to the second stage, in which induration of the surrounding tissue takes place, before the patient seeks medical relief. Then if the lymphatics are infected it is useless to operate.

It has been my object to work out some line of treatment that would arrest the progress of the disease and possibly remove the induration.

The solution above mentioned arrests the progress of epitheliomata, checks the discharge, relieves the pain and corrects the offensive odor. The first two or three injections produce some temporary disturbance of the system as dizziness, inability to stand on the feet and sometimes nausea, which continues for three or four hours; for this reason I only use the injections every second or third day. Like other stubborn diseases, some variations are necessary in the solution to bring about the desired results in different cases. I cannot at this time offer you an unqualified cure for all malignant growths, but I have abundant evidence that I can do much more for the prolongation of life and the comfort of these patients now than I was able to a year ago, and by a little support from the profession, so that I may give more extended application of the line of treatment I am working on, I hope in time to complete a comprehensive line of treatment for the relief of these sufferers, and should success crown my efforts, you can be assured of the full report thereof, free from copyrights or patents.

For, of all classes of afflicted humanity that are being preyed upon by unprincipled charlatans throughout the country, these are the most imposed upon, and their rescue and relief by the medical profession is urgent indeed.

"ALCOHOL" TONICS.

The fact that these "patent medicines" will sometimes give a supposed sense of relief, or tone up a sluggish system, makes them all the more dangerous. Why should they not stimulate and tone up, or soothe pain? The alcohol in these preparations often gives a sense of temporary wellbeing. Opium, as we all know, will soothe pain, while cocaine will stimulate and excite, making the beggar feel a millionaire. The mixtures containing these drugs are freely taken by people who would be outraged at the very thought of going into a saloon and ordering a glass of whisky.—Bok, in *Ladies' Home Journal.*

ECZEMA.[1]

BY HOMER GENUNG, M.D.,
Freeville, N. Y.

SEVERAL years ago I experienced my first hard case of exophthalmic goiter or Graves's disease. Being much worried about the case, I called in council an old and experienced physician. He eased my mind, and relieved my anxiety, by saying, "These cases do not often die, but will live until you get tired of seeing them. The closer you study the individual case the better will be your success and the sooner you will be likely to relieve the patient." It is much the same with the disease which I have chosen for your discussion this afternoon.

Eczema is an inflammatory, non-contagious disease of the skin, characterized by a multiformity of lesion, and the presence, in varying degrees of itching, infiltration and discharge. It may be acute, subacute or chronic, and undergoes various secondary changes, such as scaling, crusting, fissuring and dense thickening of the skin. It was formerly held that eczema was invariably a vesicular disease, and the other types which it presents represented other diseases such as impetigo, lichen, etc. We now fully recognize the fact that it is a truly protean affection in its manifestations, although possessing a pathological unity in its essential features that is unmistakable. So far from eczema being a vesicular disease, it may run its course without the appearance of a single vesicle. On the contrary, the disorder may be characterized by an eruption consisting of erythema, papules, vesicles and pustules. All of the lesions are not necessarily present at the same time, although to some extent they may be. One form of eruption may become transformed into another, but as a rule, one or the other so predominate as to establish the type of the disease. In practice, however, as a rule, we do not see the case until it has passed into the subacute or chronic stage, and we, as physicians, have mostly to deal with the secondary changes or conditions. The surface may be raw, red and weeping, with severe itching, or scaly, dry, hard, cracked and fissured.

The chief symptom, and the one most troublesome to the patient, and which taxes our skill the most, is itching, which in some cases is very severe, almost unendurable. I have seen many cases where the skin had been entirely scratched away in an effort to get relief. Eczema is most frequent during childhood. I do not think that it is hereditary. However, this question is open to discussion. The ill-nourished and strumous are prone to eczema, especially of a pustular type, with swollen glands and abcesses in various regions. Unhygienic surroundings, insufficient or improper food, and a lack of vegetable food, food too rich, improperly cooked, etc., are all classified as causes. Among the external irritants which may cause the disease are heat, cold, strong soap, hard water and rough and irritating garments, and many other causes both internal and external, depending more or less on the resisting powers, or the susceptibility of the individual. I think the most prevalent and I am sure the form which has given me the most trouble is the pustular type. It is to this form which I would especially like to call your attention for a few moments. In the fall of 1898, when small-pox was prevailing at McLean, one of the large boys at the George Junior Republic at Freeville was slightly hurt in a game of foot-ball. The injury, which was practically of no consequence, consisted in tearing the lower lobe of his right ear loose from his head for a short distance. The wound did not heal readily, a slight discharge being present. The boy did not apply to me for treatment. In the course of a few weeks went to his home in New York City for a visit. During his stay at home he chilled the ear one cold night, which caused it to become much more troublesome. The wound began to discharge more freely. He consulted a physician and was given some dark-colored salve which I presume was some of the tar preparations. The boy came back to the Republic and then went immediately to Auburn to work in the Osborne shops of that city. He, with another ex-Republic citizen, were rooming together in the Y. M. C. A. Building. Mr. T. M. Osborne, their employer, who is a very tender-hearted and sympathetic gentleman, noticed the sore on the boy, which, by this time, had spread over the ear and neck to a considerable extent, in the form of a pustular eruption, quite confluent in character, and was especially noticeable by reason of the dark-colored ointment which he was using on it. Mr. Osborne immediately sent the boy to a physician, who happened to be a newly elected health officer of the city of Auburn. I do not suppose that fact influenced him any in his opinion, however. On returning from a call the doctor found the boy comfortably seated by his office fire, reading one of his books. According to the statement of the lad (which was later fully corroborated, the doctor took the book from him, threw it in the fire, and hurriedly took the history of the case, so far as to find out who he was, and where he came from, and where he stopped while in the city. The doctor immediately ordered him to proceed by first train to Freeville, ordered his room sealed until it could be fumigated, and proceeded to wire the State Board of Health that we had at the "George Junior Republic" some kind of a pustular eruptive disease, which was contagious. The lad came on the evening train and told his story. About the same time a telegram was received by Mr. George from Mr. Osborne, who is president of the Republic Association, saying to look out for a visit from the State Board of Health. Mr. George, now thoroughly frightened, sent a messenger for me. I allayed his fears as best I could, and we immediately isolated the boy in a vacant room of an unused building, fearing that a

[1]Read at the Meeting of the Tompkins County Medical Association, Ithaca, N. Y., April 19, 1904.

controversy might arise over the case, and I might be beaten in the argument. I proceeded the next morning to have him photographed (some of which I have here with me for inspection) that I might have some tangible facts to put before the State Board of Health should they require it and should the doctor in Auburn make an overdrawn statement.

The next day I received notice from the State Board directing me as health officer of the village of Freeville to investigate the case at the Republic and report the facts to them at once. I gave them the complete history of the case, giving also the name and address of the physician in New York City who had treated him, also the condition in which I found him. I stated it was my firm belief that it was a case of pustular eczema. In due time I received an answer from them saying they accepted my view of the case and presumed my diagnosis was correct. I had already commenced the thorough application of oxide of zinc ointment with a small amount of dry calomel worked into it. In less than ten days the cure was complete and the boy returned to his work in Auburn.

Now, was this case really one of pustular eczema, impetigo contageoso, or simply an infected and frosted wound or small-pox as the doctor in Auburn later reported it to have been?

TUBERCULOSIS, PNEUMONIA, TYPHOID FEVER.

The three ubiquitous diseases—tuberculosis, pneumonia and typhoid fever—force themselves upon the attention of every practitioner. It cannot be said that the last word has been said about either of these diseases and we need careful bedside study with the application to the individual patient of all the teachings of modern science.

"Familiarity breeds contempt" is alike true in morals and medicine. Phthisis is so common that we often look upon it with indifference and easy tolerance of its frightful ravages. This great "white plague," regardless of station of circumstance, age, sex or previous condition of servitude, invades alike the homes of the rich and the abodes of the poor. "The pestilence that walketh in darkness, the destruction that wasteth at noonday," the ravages of war all pale into insignificance when placed by the side of consumption. In nearly every household there is heard "weeping and lamentation, the voice of Rachel weeping for her children and refusing to be comforted because they are not."

Tuberculosis is not a passing epidemic but the most devastating scourge known to man. I shall not weary you by calling the roll of the well-nigh endless list of drugs and medicaments administered in powder, liquid, solution, vapor; by mouth, per annum, inhaled or sprayed, internally or externally; hot air and other inhalations; gaseous enemata and foods equally as absurd if not as foul-smelling, the blood of bullocks quaffed and the blood of malodorous goats hypodermatically injected; for all have proved their success as uniform failures.

We have been slow to appreciate the communicable and preventible character of this disease and the necessity for intelligent sanitary surveillance. No essential facts have been added to the observations of Koch on the etiology of the disease. Its preventibility and curability are not matters of recent discovery. Even yet, in comparatively only a few places, have measures been put into effect for the proper control of the disease. There has been a wave of agitation and popular education on the subject, but no comprehensive or effective measures have been generally taken for dealing with the disease. The profession as well as the laity have consented to the administrative control of other communicable diseases, such as smallpox, scarlet fever, diphtheria, etc., but it has seemed to be impracticable to secure the enactment of suitable legislation on the subject of tuberculosis. Measures looking to its proper sanitary supervision have been instituted in New York, and statistics show that the death-rate per thousand has been reduced in the past twenty years from 4.45 to 2.68 and the total mortality from 25.82 to 19.10. Tuberculosis is essentially a house disease and we recognize now the essential unity between human and bovine tuberculosis and the intercommunicability between man and cattle. There is great variation in virulence. We do not inherit the disease but simply a suitable soil. Tuberculosis may be latent and it is a striking fact that the mortality under fifteen years of age is very slight. After that period the mortality surpasses that from all other diseases. One in every four or five adults die of it. Children are certainly as much exposed as adults to the infection. Yet there must be a period of latency during the early years of life, to be kindled into activity by the onset of some acute exciting cause. Infection may occur by inhalation, ingestion or inoculation. The exposition in Baltimore was one of the most important movements yet taken to enlighten the public in regard to the nature and prevention of tuberculosis. Such an exposition held in each of the States would prove of far-reaching importance and value to the medical profession as well as to the laity.

Following the tuberculin fiasco came the era of serum treatment, now most generally abandoned; then came the climatic treatment; then a reaction following this, the sanitarium treatment; and now the home treatment. Tuberculosis is the most preventible of all the infectious diseases. As far as we know there is no drug which has the slightest specific action on the disease. Early cases are comparatively easy to cure; advanced cases are impossible to cure. The watchword should be "the earliest possible diagnosis." Let me emphasize the importance of careful physical examination, especially posteriorly over the lungs. With a history of a rapid pulse, slight elevation of temperature, loss of weight and di-

gestive disturbances, we can frequently make a diagnosis even before the tubercle bacillus can be detected in the sputum. Difficult refinements of physical diagnosis are useless so far as any good to the patient is concerned. It is impossible to detect small areas of dulness and when a cavity is detected, the disease has made great headway and soon the bed becomes the mercy-seat.

We recognize the supreme importance of air, sunshine and diet. The so-called home treatment may be a delusion and a snare. Sanitarium treatment, if properly conducted, holds out the hope of the future. But let us not build extensive or expensive hospitals, but more huts, cabins and tents where the patient can live in the full eye of "the healing wind of God."

The laboratory conception of tuberculosis has prevailed. In a recent article Von Behring, supported by the statistics of Naegeli that numerous autopsies prove that practically all dying beyond 30 years of age give evidence of having been at some time the hosts of the tubercle bacillus, takes strong ground in favor of the view that the tubercle bacillus enters everybody's system early in life through food, and that it depends upon the subsequent reaction of this individual's system whether or not tuberculosis is set up after 30 or 40 years. This view would relegate the bacillus to pathology and make it play an insignificent rôle in etiology, and our present methods of dealing with the bacillus before it enters the human system will prove but an iridescent dream.

Croupous pneumonia, in the cities especially, easily ranks as the most frequent and fatal of the acute diseases, and in the words of quaint old John Bunyon, "It is the Captain of the Bands of Death." The medical and lay press have been groaning under the load of articles on this subject and every medical society perhaps in the land has discussed it. I am persuaded that the disease is infectious and should be managed with the same care as other diseases of this class. While its contagion may be slight, and while it is claimed that the specific organism is present in the mouths of 20 per cent. of healthy people, scrupulous cleanliness of mouth and throat of every patient with the disease and the destruction of the nasal and buccal secretions, with isolation of other members of the family and better hygienic management, is the proper method to pursue. The overcrowding in small, poorly ventilated houses with deficient air space and absence of sunlight too often causes a man's castle to become his chamber of death.

In the treatment of the disease the tendency is to overtreatment and meddlesomeness. In a disease that is self-limited and running generally a short course, the skill of the physician is taxed, and while prompt and energetic treatment may be necessary to save life, useless drugging and agencies applied internally and externally, overfeeding and over-stimulation and over-handling or over-nursing are fraught with great danger. Fresh air, digestible food in small amounts, sleep —tired Nature's sweet restorer—and the treatment of symptoms as they arise are the beacon lights in the management of this disease. The routine administration of alcohol, of strychnine or other so-called heart stimulants is fraught with great danger. Applications to the chest may be a great nuisance and a source of discomfort; only by relieving pain, thereby contributing to the comfort of the patient, have they any virtue. Antipyretics are never called for; the temperature is never high enough or long enough in duration to put the patient in peril. The truth is, a patient with a low temperature, clammy skin and lividity, with feeble pulse, is in most danger. Cough mixtures have a very minor place in treatment. So-called expectorants of all kinds are contraindicated. Feeble patients need rest by day and sleep by night, and it is rarely wise to wake a patient for food or medicine. Many of the symptoms—pain, fever, cough, etc.—are conservative in their origin and should only be checked when excessive. Opium, so generally given to check cough and alleviate pain, is potent for evil rather than good. Cough and expectoration should not be checked. The safety of the patient depends on the respiratory centers being kept "wide awake." Opium depresses and finally paralyzes the respiratory centers and checks all secretions except that of skin. Pain, cough and restlessness are preferable to the somnolence which paralyzes the respiratory centers and checks elimination. At the approach of the crisis, opium is more to be dreaded than any other drug.

Little or no aid in the diagnosis or treatment has followed the discovery of the pneumococcus. At the present stage of progress no hope is held out of a protective antitoxin; there is absolutely no specific. The prevailing use of cold-tar products as headache remedies has weakened the hearts and lowered the resisting power of many patients, killing many that would otherwise have escaped pneumonia. The individual patient presents the problem in the therapeutics, and we go wide of the mark when we look upon the patient as a mere integer in a column of statistics. Not the figures on the nurse's chart, but a close study of the totality of symptoms in the individual, is the only rule to follow.

Our conceptions of typhoid fever have undergone frequent changes. The old idea of a fixed pathological picture with intestinal ulceration as the leading feature has been revised and we now know that this ever-changing and protean disease is a general infection, a bacteriemia. The absorption of typhoid toxines from the intestinal tract is of far less importance than the widespread production of toxines in the blood, spleen, etc., and emphasizes the folly of the so-called specific or intestinal antiseptic treatment. There are closely allied infections due to the para-typhoid or paracolon bacilli which are attracting attention at present, but we have no positive means of differentiation. Typhoid does not terminate by

crisis and has no definite duration. Many cases last beyond the traditional 21 to 28 days. In a certain number of cases fever persists for several weeks despite the non-existence of complications; these are the cases that vex the soul of the physician. Constipation, too exclusive milk diet or starvation may account for some of these cases.

There has been a widespread prevalence in this country of typhoid fever since the Spanish war, and while science tells us that a patient sick with typhoid fever is a focus of infection and that we might have ready at hand means for destroying the poison as eliminated from the patient, yet the carelessness of the doctor or nurse in not instituting well-known means which should be enforced in every case of typhoid fever, may through ignorance or carelessness on the part of the attendants, cause a widespread infection. As long as we continue to run our sewer into our streams of water, polluting our source of drinking supply, and do not compel better sanitary arrangements along our great lines of railway, it seems almost a hopeless task to stamp out the disease. It is a trite axiom in sanitation that the prevalence of typhoid fever is an index of the sanitary culture of the community. A striking commentary has been afforded by Vaughn in a recent paper, showing that there are 50,000 deaths from typhoid fever and 500,000 people sick with it in the United States each year, and that we pay $90,000,000 for our stupidity and ignorance of a disease which, if every man did his duty, would not exist at all.—Oration in Medicine by J. B. Marvin, *Kentucky Med. Jour.*

TREATMENT OF MORPHINE ADDICTION.

In the *Boston Medical and Surgical Journal* of April 14, 1904, Dr. W. S. Birge describes a method of treatment for morphine addiction which has in his experience given remarkable results. The treatment is used in a sanitarium, which he visited for the special purpose of observing it, but it might be equally well carried out in any hospital or even at home under the observation of a physician and nurse. The treatment is as follows: A careful physical examination is first made of the patient. The quantity of drug used is still continued until time for active, or seventy-two-hour treatment, begins, but if patient is using alcoholic stimulants of any kind they are discontinued or left off as soon as possible. The active treatment should not begin until three days after patient has entirely discontinued the use of alcoholics. A dose of 10 gr. of calomel is given at bedtime, followed in the morning by a full dose of epsom salts. This should start up the secretions freely, and completely unload the bowels. If this has not been done satisfactorily, give 5 gr. of calomel the second night, following as before by the dose of salts in the morning. In addition to the above a Turkish bath should be taken at least every second day during the preparatory treatment. When the time for active treatment comes the usual dose of morphine is taken up to noon of that day when it is dropped for good and all. At 2 o'clock five drops of a specially prepared solution of mandragorin is given hypodermically, together with one-eighth of a grain of pilocarpin. This dose is repeated every two hours. If the symptoms of abstinence manifest themselves from lack of morphine, the dose of the mandragorin may be increased until comfort ensues, even if fifteen, or sometimes even twenty drops of the solution are taken. The dose of pilocarpin remains the same until the patient is brought into a profuse perspiration, and then sufficient quantity should be given to keep the skin in a continual moisture. Usually as long as the patient perspires freely he is perfectly comfortable. As before said, any symptoms of abstinence that may arise can be relieved by the mandragorin. The pulse, which was stimulated and quick before beginning the treatment, usually becomes slower, but soft, full and regular. The above treatment is continued during the seventy-two hours with the exception of the morning dose at 4 o'clock, which is omitted; that is, there is no medicine given between the hours of 2 and 6 in the morning. The patient is usually quiet and sleeping at this time and it is not needed. At the beginning of the second day's treatment, or before, if there is any weakness of the heart's action, a dose of one-twentieth of a grain of strychnia nitrate and one-eighth of a grain of spartein is added to the hypodermic solution and given every two or four hours during the remainder of the treatment. If, as occasionally happens, the patient becomes extremely restless during the treatment a hypodermic of one-half grain of codeine, or one-quarter of morphine may be given. This will at once quiet all restlessness and can do no harm, for the secretions are so active that it would be worked out of the system in a few hours. At the end of forty-eight hours the antidotal and eliminative effect of the remedies are usually complete, and there is not a vestige of the morphine left in the system. This is plainly demonstrated by the fact that a dose of one-eighth or one-quarter grain of morphine would produce the same effect as it did before the addiction had been formed.

During the treatment light food should be given at regular intervals. It is always taken and well assimilated, the patient even craving a larger amount of nourishment than it is well for him to take for fear of overloading the stomach and causing indigestion.

After the completion of the active treatment the patient should take the hot and cold shower bath, but not enter the hot-air or vapor-bath cabinet. The strychnia nitrate and spartein should be given hypodermically for three or four days afterwards, and a good nerve tonic and sedative given for several weeks.

The solution used as the basis of this treatment contains in each five minims, one seven-hundred-

and-fiftieth of a grain of mandragorin, one six-hundredth of a grain of nitrate of strychnia, one one-hundredth of a grain of pilocarpin and one-twentieth of a grain of caffein.—*St. Paul Med. Jour.,* July 1st.

SURGERY AND EVOLUTION.

That certain surgical operations may, by saving the life of the individual, thwart the designs of nature, which demand the death of the individual in order to save the race from transmitted disease, is contended by Edwin G. Dexter, in a communication to *Science* (July 1st). The writer makes a particular application to the case of the operation for appendicitis, which he regards as a curious instance of an event that is good for the individual, but bad for the race, thus forming an exception to one of the fundamental rules of evolution. He says:

"Since the old theory of foreign lodgments—grape stones and the like—in the appendix as the cause of the trouble has been proved false, at least in a vast majority of cases, we are forced to consider appendicitis a disease, an inflammation of a particularly serious nature, yet no more accidental in its origin than are similar congestions in other parts of the body. But scientists tell us that diseases of all sorts—at least the predisposition to them—are transmissible; that they run in families, and that the probability is greater that the children of diseased parents will fall heir to the particular maladies of the latter than that the children of unaffected parents will be troubled by them. It is true that in the case of appendicitis, recent acquisition as it is to the catalogue of bodily ills, we have no exact data in support of the belief that it is transmissible, yet reasoning from analogy we have every right to believe that it is so. A hereditary predisposition to many other forms of inflammation similar in all respects except that of the part affected has been fully demonstrated, and the inference is certainly a logical one that appendicitis is no exception to the rule.

"But under the conditions of nature such a transmission of disastrous predisposition is taken care of through the early death of the individual with the consequent impossibility of passing them to the descendants. If death comes before the period of maturity is reached, the lack of offspring means the total annihilation so far as the race is concerned, of disastrous consequence in that particular line of descent. If it comes early in maturity, such annihilation is not absolute, but only relative, the danger to the race increasing with the length of life as measured by the number of the children. In any event nature demands death without offspring on the part of the individuals possessing racially disastrous predispositions. Yet that is what the prolongation of life through surgical intervention controverts. All danger of death from the particular diseased part, so far as the individual is concerned, is removed without lessening seemingly one whit its disastrous effects upon the race. A long life is assured, so far as the particular disease is concerned, and, all other things equal, a correspondingly large family with all the laws of heredity potent, so far as the probable transmission of the difficulty is concerned. To believe that the surgical removal of the diseased part does away with the probability of the transmittal of the disease would be to accept the theory of the transmission of mutilations. This few thinking persons, familiar with the field of scientific thought, are willing to do."—*The Literary Digest,* August 6, 1904.

APPENDICITIS.

CAUSE OF MORTALITY.

"It seems to me that every death from appendicitis is chargeable directly to the people, either for not calling in the physician sufficiently early after the onset of symptoms, or to the physician and surgeon for not acting promptly when they are called." * * *

WHEN TO OPERATE.

"The danger of operative intervention in the early stage is scarcely more than that of an exploratory laparotomy. The time required for the convalescence is not more than two and a half to three weeks. Drainage is, as a rule, not indicated and hernia improbable. Unnecessary operations as a result of error in diagnosis would be very limited. The patient would, therefore, be relieved of his appendicitis without hazard, without prolonged illness, without the danger of unpleasant sequelæ, without the possibility of recurrence, by the only timely operation. *To me there appears to be no excuse, no explanation, no logical process, no justifying hope that relieves the patient of the dangers of this disease. Procrastination, under these circumstances, I do not interpret as a manifestation of knowledge, experience, judgment, or true conservatism, but a stigma of their opposites.* This should, therefore, be considered the period of election."—John B. Murphy, A.M., M.D., *American Journal of the Medical Sciences,* August, 1904.

If physicians would only go back to the safe, reliable, ethical and decent paths which their feet did formerly tread, and not be led into the by-ways of new and untried fads, "preparations," unknown mixtures with what-they-are-good-for on the label, and other such nonsensical nostrums, three classes would be benefited—the patient, the pharmacist and the physician himself.—*California State Journal of Medicine.*

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THE

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Delegotes to the Annuol Meeting of the American Medical Association, June, 1904.
E. ELIOT HARRIS, New York. Joseph D. Bryant, New York. Joseph W. Grosvenor, Buffalo. Elias Lester, Seneca Falls.

(*For list of other officers, see lost pages of reading matter.*)

Members of the American Medical Association who are members of The New York State Medical Association:
Total October 1, 1904 . . . 1,053

Members of The New York State Medical Association:
Total October 1, 1904, . . .

The New York State Journal of Medicine.

Published Monthly by The New York State Medical Association.

COMMITTEE ON PUBLICATION:
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"MEDICAL DIRECTORY."

The Committee on Publication beg leave to present the sixth volume of the "Medical Directory of New York, New Jersey and Connecticut," to the members of the Association.

The same general order has been followed as of previous years, giving membership in all societies having a recognized standing in the profession, hospital and dispensary appointments, with residence, office hours, telephone call, and college and year of graduation.

The endeavor to make the "Medical Directory" the best reference book can be furthered by the members of the Association assisting the Committee on Publication by notifying it of errors and omissions, and by showing their friends a copy, and pointing out the value it has been to them and the great usefulness it may be to others.

The total number of physicians in lists contained in Volume VI is 15,204, of which 11,746 are in New York State, 2,176 in New Jersey, 1,282 in Connecticut. Of the 11,746 physicians in New York State, 4,215 are credited to Manhattan and Bronx, 1,506 to Brooklyn, 121 to Queens, 65 to Richmond, a total for Greater New York of 5,907, which makes the number of physicians residing in the rest of the State 5,839.

CARBOLIC ACID.

The Health Department of New York City has adopted the new amendment to the Sanitary code, forbidding the sale of carbolic acid in full strength. When President Darlington made the new ordinance public he issued a statement that "carbolic acid should not be in the homes in full strength, and especially where those who are handling it are ignorant of its danger."

The Sanitary Code, Section 66a, reads as follows:

"No phenol, commonly known as carbolic acid, shall be sold at retail by any person in the city of New York, except on a prescription of a physician, when in a stronger solution than 5 per cent."

The dangers of carbolic acid are becoming better known to the public, and a large number of suicides in which carbolic has been employed as the means caused the ordinance to be enacted.

Dr. Darlington said: "The primary object is to stop suicide by carbolic acid. The Board of Health simply had to act when statistics show that nearly half the suicides are by carbolic acid."

The measure is timely and should produce good results. It is undoubtedly owing to the easy facility in securing carbolic acid at the drug stores, and the carelessness in keeping it at the homes, that so many have used it. The thing most readily at hand is the most frequently used.

THE NEED FOR UNION.

Gentlemen, the times are altering fast, and, just as in our school-days manners and deportment used to be taught, so now in our profession the shiny silk hat and the black frock coat with the consequent mannerism and deportment are becoming less frequent, and the advent of the bicycle and motor-car has necessitated other methods of dress. Still, it is very refreshing now and then to meet one of these gentlemen of the old school, as I had the good fortune to do not long ago, and had a little talk with him. He was speaking very scathingly of the young doctor, and I well recollect he said: "The young medical man nowadays does not know how to enter a sick bedroom, and when he gets there he does not know how to leave it"; and then he said, when he was talking how lightly he was esteemed by the young doctor: "Ah, well; the young doctors think we are fools, but we know they are."

Gentlemen, a great deal of this is a twice-told tale, and those of us who are gone some way on their journey in professional life may be excused if

they pause awhile in the way and give expression to a few thoughts which have impressed themselves on the mind, and we may be sure that the oftener we meet one another the better it is for us.

The interchange of thought and idea is good for us and our patients, and it makes our work the easier and pleasanter, and, looking over the vexations and anxieties of practice, there are many things to compensate us. It is a calling where a high-minded gentleman will always shine, where honor and integrity are held in high esteem, because, gentlemen, beyond all question we are the cleanest-handed body of men to be found, who work year in, year out, for the relief of suffering humanity.

It is hoped that these few fragmentary remarks will be received in the same spirit in which they are given; and, above all, what most impresses me in this age is the urgent need for us all to hold together to protect what not only concerns ourselves, but to look further afield and see if we cannot shield and strengthen a weaker brother—such a one as is obliged to do contract work, club, or what not, and those of us who have no such work are the very ones who can best help those who cannot so well help themselves.

Finally, let me suggest as our watchword, "Unity," and as our two mottoes:

(1) Doing the very best we can for all our patients.

(2) Taking care of our beloved profession, and in so doing we shall be trying to do our duty. —*British Med. Jour.*

LONDON DOCTORS' FEES.

Discussion by London newspapers of doctors' fees has brought to light some curious information. "I know a man," one doctor is quoted as saying, "who has a guinea practice in Harley street, a five shilling practice in Kensington and a sixpenny practice in Seven Dials."

In Clapton, a poor quarter of London, fees of twopence (4 cents) are said to be not unknown. One newspaper remarks: "Of the twopence fee it might be said that it brings sickness within the reach of all. In Clapton, at any rate, there is no excuse or justification for any one being well."

The same newspaper says: "Now that flats are so fashionable the doctor's difficulty in guessing the paying ability of his patient is enormously increased, flats being alike the refuge of the wealthy and the indigent."

CORRECTION.

The editorial on first page of the last issue, second column, seven lines from the bottom of the page should read: "The law as it stands, makes all we want and wish for impossible, under the present By-Laws of The New York State Medical Association."

NATIONAL INCORPORATION.

A communication from the chairman of the Committee on National Incorporation of the American Medical Association has been received, which reads as follows:

32 West 48th Street, New York, N. Y.

Dear Doctor—I am again calling the attention of the members of the House of Delegates to the need of active effort on their part in securing the weight of cooperative action of the members of the American Medical Association in gaining a national incorporation of the organization at Washington the coming winter. The following is the text of the now proposed charter of incorporation as just constructed by Judge Ray, who is still giving us the benefits of his long experience in such matters. (See report of Committee on Medical Incorporation, *Jour. Amer. Med. Ass'n.*, June 11, 1904.)

"Be it enacted by the Senate and House of Representatives in Congress assembled:

"Section 1. That Robert M. O'Reilly, M.D., Presley M. Rixey, M.D., Walter Wyman, M.D., E. H. Gregory, M.D., Henry O. Marcy, M.D., Nicholas Senn, M.D., George M. Sternberg, M.D., J. M. Matthews, M.D., W. W. Keen, M.D., C. A. L. Reed, M.D., J. A. Wyeth, M.D., Frank Billings, M.D., J. H. Musser, M.D., T. J. Happel, M.D., Miles F. Porter, M.D., E. E. Montgomery, M.D., W. W. Grant, M.D., H. L. E. Johnson, M.D., A. L. Wright, M.D., William H. Welch, M.D., M. L. Harris, M.D. and Philip Marvel, M.D., and their successors, are hereby made and constituted a body politic and corporate by the name American Medical Association, with perpetual succession and power to take, for the purposes of its incorporation, by devise, bequest, grant, gift, purchase or otherwise, and hold or convey both real and personal property, and transact business, anywhere within the United States.

"Sec. 2. The object and purpose of such corporation shall be to promote the science and art of medicine throughout the United States.

"Sec. 3. Such corporation shall have power to make by-laws, rules and regulations, and choose officers for its government and the attainment of its purposes."

You will please to arrange it with your colleagues of the House of Delegates of your own State, that the president and secretary of each county organization of the State receive promptly a copy of the enclosed petition along with an urgent request that the signatures of the members of each county organization be promptly signed thereto and returned to you (that you may know at once of compliance with your request), for compiling and forwarding to me not later than November 1, 1904, for presentation at Washington at the opening of the Congressional session. Many of the State organizations have already taken active steps in the matter in accordance with the spirit of the following resolution passed at the last meeting of the American Medical Association at Atlantic City:

"*Resolved*, That the officers and the members of the House of Delegates of the American Medical Association now in session at Atlantic City, do hereby pledge their loyal support and earnest efforts in aid of securing national incorporation of the American Medical Association by a special Act of Congress.

"Yours truly,

"Joseph D. Bryant, M. D.,

"Chairman Committee National Incorporation."

P. S.—It seems entirely fitting to me that other reputable physicians who are not members of the Association be encouraged to aid us in the matter by signing their names to the petition and otherwise giving a hand.

J. D. B.

Gentlemen of the Judiciary Committee of the Senate and House of Representatives of the United States of America:

We, the undersigned, members of the medical profession throughout the United States, most respectfully

request the speedy enactment of the following proposed bill incorporating the American Medical Association:

"Be it enacted by the Senate and House of Representatives in Congress assembled:

"Section 1. That Robert M. O'Reilly, M.D., Presley M. Rixey, M.D., Walter Wyman, M.D., E. H. Gregory, M.D., Henry O. Marcy, M.D., Nicholas Senn, M.D., George M. Sternberg, M.D., J. M. Matthews, M.D., W. W. Keen, M.D., C. A. L. Reed, M.D., J. A. Wyeth, M.D., Frank Billings, M.D., J. H. Musser, M.D., T. J. Happel, M.D., Miles F. Porter, M.D., E. E. Montgomery, M.D., W. W. Grant, M.D., H. L. E. Johnson, M.D., A. L. Wright, M.D., William H. Welch, M.D., M. L. Harris, M.D., and Philip Marvel, M.D., and their successors, are hereby made and constitute a body politic and corporate by the name American Medical Association, with perpetual succession and power to take, for the purposes of its incorporation, by devise, bequest, grant, gift, purchase or otherwise, and hold or convey both real and personal property, and transact business, anywhere within the United States.

"Sec. 2. The object and purpose of such corporation shall be to promote the science and art of medicine throughout the United States.

"Sec. 3. Such corporation shall have power to make by-laws, rules and regulations, and choose officers for its government and the attainment of its purposes."

The proposed charter declares the purpose of the Association. It is non-political, and has for its main object the promotion of medical science which can best be accomplished by unity of purpose and action. Such Association will bring together annually the best and most accomplished medical men of the nation and prove, we believe, beneficial to all the citizens of our country.

———, Aug. 13, 1904.

Dear Dr. Bryant—You will notice that I have made some changes in the wording of the proposed National Charter of the American Medical Association. But no change is made that will any way affect its efficiency. In fact, it is broader and more comprehensive as it is.

The object and purpose of the corporation is to promote the science of medicine throughout the United States. This it may do in any manner not condemned by law. Then the charter should not undertake to say how or by what means the science of medicine is to be promoted by this Society as it may adopt any and all means when the power is granted in general terms. If the charter specifies at all, then what is not included is excluded, hence, there should be no specifications of the means to be used. You will note that the language is explicit that property, both real and personal, may be owned, etc., anywhere in the United States and that the corporation may transact its business anywhere within the Union.

Very sincerely yours,

Geo. W. Ray.

SOME WORK FOR THE LEGISLATIVE COMMITTEE.

More Stringent Laws Needed to Protect Doctors and Patients from Ignorant Drug Clerks.

The need of protection from the unwarranted and unauthorized remarks or substitutions by pharmacists to patients who call with prescriptions needs the attention of the legal department, and an example of this has been recently brought to the attention of the counsel of the Association in a most glaring aspect.

One of our best-known surgeons was called to attend a patient residing in a hotel in New York City, and a prescription was given the patient to have filled. The prescription was taken to Alper's Pharmacy, in West Thirty-first street, and was handed to a young clerk to have filled, the proprietor at the time being absent from the store.

Either by reason of their not having the compound, or a desire to substitute an inferior article for the one prescribed, the clerk, by name Trezise, after looking at the prescription and from the prescription to the patient, and back again, asked the patient who this prescription was for. The patient replied for himself. The clerk then came from behind the counter and looked into some cupboards which he opened, the patient finally saying to him: "It seems hard to find what you want." The clerk, however, having found a bottle returned behind the counter and again hesitated, again examined the prescription closely, and called another clerk. Finally, the patient asked the clerk if there was anything the matter with the prescription, and the clerk replied that this stuff was usually given to animals. The patient was so much struck with the hesitancy in filling the prescription that he became very nervous and finally refused to take the medicine after taking it to his room.

Shortly afterwards the clerk called at the patient's room in the hotel and asked for the bottle, saying that he had found a newer lot of the medicine.

Such an act as this, while it is presumed that the druggist himself might not be held responsible for statements made by his clerk, yet such acts on the part of druggists are often most damaging to the physician and in many cases might result in disaster to the patient himself.

The Alper's Pharmacy has so completely shown its disregard for the rights of physicians and for the public, that though the proprietor immediately discharged the clerk, he has taken this offending clerk back again into his employ.

THE INVESTIGATION OF PROPRIETARY PREPARATIONS?

To the Editor of The New York State Journal of Medicine:

I note in your Journal of September, a letter from Dr. Leartus Connor anent the pure food and drug business in general, with especial reference to the resolutions of the Michigan State Society, and to the proposed National Bureau. It is so clearly shown in his letter that Dr. Connor labors under a misapprehension as to what the intent of the late proposed bureau really was, that I may ask your courtesy in printing this word of explanation. He says: "The first (proposed National Bureau, in which I was much interested), by its indorsement of proprietary articles * * *." The error creeps in right here. The plan of the proposed bureau did not at any time contemplate the indorsement of proprietaries; very far from it. It contemplated exactly what the Michigan resolutions, if carried out, would seek to do, but in a different way. The plan of the proposed bureau which was submitted to our committee

of the A. M. A., and which, by the way, the committee reported favorably, contemplated dealing only with articles concerning which everything relating to composition was advertised generally to the medical profession. And further, it did not undertake to indorse anything; it merely undertook to state that the statements in regard to composition were correct, and that the materials used, quantities, strength, etc., were as given up to standard. Quite naturally, the controlling spirits in the A. M. A. did not and do not want to see anything introduced into the Association that will in any way interfere with the large business accruing from advertising secret proprietaries in the Association *Journal*. There is not the slightest doubt in my mind but what, eventually, something of the sort recommended will have to be undertaken, for the better portion of the medical profession of this country will not, forever and ever amen, allow itself to be used as the huge exploiting agent for the nostrum manufacturers. It is possible, but very very doubtful, that the National Government may, at some time, undertake a portion of this work. Certain it is that with honest and energetic State Association journals, like yours and some few others in the field, public medical opinion must change with enlightenment, and the users of secret proprietary remedies—nostrums, pure and simple—decrease almost as rapidly as they have increased.

Respectfully yours,

John Mills Jones, M.D.,

Secretary, Medical Society of the State of California.

BIRTH REGISTRATION.

The importance of properly recording the births was most emphatically expressed the first part of September to the Health Department of the City of New York. The Board of Education requires for each new applicant for school a certificate from the Health Department, giving the exact date of birth. This requirement was the indirect result of the new Labor Law, as we published in last month's issue, the circular letter sent to all physicians and midwives by the Health Department, no child can obtain employment without documentary proof, and this, in a large number, can be obtained only from the record of birth.

The school boards have required a certificate of birth owing to the large number of children being entered under the required age, and unless they can produce a certified date of birth they are the losers. In 1903 there were recorded in the Health Department 95,000 births, which was ten thousand more than was recorded in 1902, and fifteen thousand more than was recorded in 1901. And it is an unfortunate condition that a large number are sent in incomplete, or so illegible as to be inaccurately recorded, thus causing a great inconvenience to the parents and a loss to the child. The Health Department have in every way that was possible facilitated the issuing of these certificates, yet with the small clerical force at their disposal they were unnecessarily hampered in their search by not finding the record of birth. It is the duty of the obstetrician (physician or midwife) to comply with the law or render themselves liable to a fine of one hundred dollars. A few examples would be a telling lesson to others.

UNPAID DUES.

The attention of members who have neglected paying dues for 1904 is called to that section of the By-Laws which states if members fail to pay their indebtedness by the close of the annual meeting of the Association, their names shall be dropped from the official roll of membership. As one of the duties of the State treasurer—Article 5, Section 5—is to make in the annual report the names of the delinquent members, it is desirable that dues be paid by October 1st to facilitate the work of local treasurers and prevent any mistake.

THE JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY.

Under the above title the first number of the *Journal,* under the full charge of the Society of New Jersey, lies before me. We congratulate the Society on the fine appearance made in their first issue, and the change in journalizing their proceedings we consider a wise step. The editor states the *Journal* is in no sense the organ of any one man or set of men. It is not meant to advance or break down any personal schemes. It is the mouthpiece of the State Society, and asks the good-will and kindly attention of every physician, sanitarian and public man in the State.

We wish it every success.

INSURANCE FOR PHYSICIANS.

The New York *Evening Post* recently made mention of companies advertising in certain medical journals to insure physicians against malpractice suits. By this term is meant suits brought against reputable physicians by intentional blackmailers or by patients who honestly believe themselves aggrieved. Insurance men report that physicians are taking kindly to this means of protection. In a later issue of the *Post,* James T. Lewis, counsel for The New York State Medical Association, calls attention to the fact that the Association mentioned, as well as those in some other States, is ready to defend any of its members against blackmailing malpractice suits. He points to this as one of the benefits derived from membership in the State organization. He furthermore makes a telling point of difference between the protection thus afforded physicians and that they derived from specially formed insurance companies. The State Asso-

ciation furnishes a fighting defense; when application is made to the Association by a physician he is not allowed to compromise, or discontinue, or settle in any way, without the consent of the Association. With the majority of the insurance companies, conciliation and compromise are the first measures considered. The relative effects of the two methods upon both profession and people are apparent to all. *It should furnish a strong incentive for joining medical associations that protect their members.* In the case of those which do not furnish medical defense, or if there be other reasons for seeking the protection of insurance companies, physicians should first very carefully investigate their management and mode of action. In England there are two reliable companies insuring physicians for an annual fee of $2.50. The British Medical Association has for some time been considering the advisability of absorbing these societies and furnishing medical defense to its members. The societies, because of their long experience in this line and their profitable membership, decline to be absorbed. As many of their members do not belong to the British Medical Association and the latter includes only half of all physicians in Great Britain, merging does not appear probable. If it does fail, the Association is not apt to undertake medical defense on its own account.—Editorial Comment, *American Medicine* of August 27, 1904.

REPORT OF COUNSEL—PROSECUTION OF QUACKS AND MALPRACTICE DEFENSE.

SEPTEMBER 20, 1904.

DR. WILLIAM HARVEY THORNTON, President, Council, and Members of The New York State Medical Association.

Gentlemen—The uniform, unqualified and complete success of the defense branch of the legal work of The New York State Medical Association for the past year has been most gratifying. The vigilance, caution and interest displayed by the members throughout the entire State, as evidenced by reports from various counties where violators of the public health laws have shown themselves, have far exceeded the expectations of your counsel, and must be most satisfying.

Information furnished as the result of investigation by various malpractice defense insurance companies has shown, in a great majority of the States, an increase in the number of suits brought in which personal damage has been claimed by reason of the alleged wrongful act of an attending physician. In the State of New York for a period covering the past three years there has been a decided decrease in the number of these suits, though where such suits have been brought the percentage of those which are of the blackmailing variety to the whole number brought has not materially changed. The percentage of such suits remains at about 97 per cent.; the three remaining per cent. representing suits where the plaintiff has a just claim to litigate and was represented by reputable counsel. I believe that the reason for the decrease in the number of malpractice suits brought in New York State has been due in a very large measure to the defense afforded members of The New York State Medical Association, whereby it therefore appears that the entire medical profession of this State (not only the members of The New York State Medical Association) has been actually benefited.

The application for the defense has come from all parts of the State, and up to date there has not been secured a single dollar as a verdict against any member who has applied. No better result could be hoped for. I believe that this success can be accounted for only upon the theory that a defense furnished by The New York State Medical Association is a *fighting defense.* Before a member is defended he must agree not to settle or compromise his claim without the consent of the Association, and the Association in turn agrees to fight his case to the court of last resort. For this reason, as soon as the public becomes aware of the fact that blackmailing claims against members of the State Association will be fought through to the end, that compromise will not be considered, that conciliation and temporizing are not thought of, then, and not before, will these dangerous blackmailing practices be discontinued.

Naturally, it has been cheaper heretofore for a physician to settle his claim in most instances; therefore there has grown up this knowledge that the physician is easy prey, and it is this knowledge that makes most insurance companies, who are canvassing for the names of physicians, successful in attempting to settle rather than fight, which naturally results in an increase rather than a decrease of this class of cases; indeed, I believe that the contracts of most insurance companies should not be made use of by physicians, for the readiness to compromise following the threat of a suit tends to make his brother practitioner also prey of the shyster. Persistent fighting such as is afforded by the defense of the State Medical Association alone will stamp out this evil.

Incidental to the prosecution of violators of the medical law, quacks, etc., your counsel has had occasion, in many instances, to prosecute midwives holding midwifery certificates who have gone outside the province of their work and have undertaken the cure of almost any disease. The courts have imposed heavy penalties upon this class of wrongdoers when convicted, and have emphasized the importance of legislative enactment requiring that midwives have greater medical knowledge, and at the same time limiting and defining the scope of their work. To this end it is respectfully urged that during the coming winter the active work of the Legislative Committee should be continued, and that there be presented by this committee to our State Legislature a full and complete bill embodying laws regulating the practice of midwifery throughout the State.

From the fact that even with the consideration

and thoughtful study given the question of the prosecution of these medical mountebanks by counsel and court it seems almost impossible to stem the increasing tide, it is suggested that more severe penalties be imposed and that a minimum limit of fine of a substantial sum, or in the alternative reasonable length of time of imprisonment, should be fixed. In short, the present law covering the prosecution of illegal practitioners of medicine has proven itself, after years of trial, to be inadequate to the needs for which it was enacted, and must be amended along the lines which I have indicated. The New York State Medical Association, being the regular organization of this State, has come to be recognized and is held responsible for this class of legislative work, and must not shirk responsibility. The Legislative Committee should be carefully selected and its chairman an experienced man. This prosecution work has been largely confined to the city of Greater New York, under the maintenance of the New York County Medical Association.

The importance of the national incorporation of the American Medical Association, which has been under discussion for upwards of three years, has, through the agency of The New York State Medical Association, had its legal possibilities defined, its constitutionality determined, and the work of the Association indorsed and approved by jurists of national reputation, with the result that the chairman of the Committee upon National Incorporation of the American Medical Association, one of our members, is completing a charter which will doubtless be presented at the next annual meeting of the American Medical Association, as *the charter* proposed, fought for and doubtless to be adopted as the suggestion of The New York State Medical Association.

A careful examination of the By-Laws of The New York State Medical Association has disclosed the fact that there are inconsistencies, due doubtless to the hurried, unadvised or insufficiently advised adoption of many by-laws, which must be gone over, considered and reenacted a year hence in order that there should be no resolution adopted or plan indorsed by the Association which would in any manner conflict with the laws of the State under which The New York State Medical Association is conducting its affairs legally.

No step should be taken by the Council or the Council and Fellows which would involve the privileges or rights of person or property of any individual member, without first consulting legal authority. Thus, and thus only, can a large membership corporation be prevented from plunging into pitfalls of mistakes resulting in some unfortunate and disastrous legal complications.

The fact that the amalgamation or coalition of The New York State Medical Association and the Medical Society of the State of New York has failed will place upon the officers and chairmen of committees for the coming year and upon the Council in the interim between meetings of the Association the added work of organization in many counties which have no county medical association, and while their work will be made easier by the many benefits to be derived from membership in the Association, it will be arduous. Such officers as are willing to accept preferment, must expect to graciously sacrifice much time and money to complete this great institution, which the coming year should see accomplished.

In this report to the Association I am omitting many details of the defense of members, owing to the inadvisability of mentioning names, or even localities, and owing to the fact that a brief summary of the work done in the prosecution of illegal practitioners was read before the County Medical Association on May 16th last, and a copy of that printed in the Journal for June, which may be read perhaps with interest in connection with this report.

The coming year promises to be perhaps the most important in the history of our Association, and its growth should be very great.

Your Counsel desires to thank the officers and members of committees, and members in general, for their earnest cooperation and loyal support, without both of which the work of the legal department must fail.

Respectfully submitted,

James Taylor Lewis,

Counsel, The New York State Medical Association.

A PLEA FOR CLINICAL DIAGNOSIS.

The trend of medical research is along the line of pathology but the clinician should follow close in its wake. Care and exactness in diagnosis are of prime and fundamental importance. A diagnosis may be etiological, clinical, or pathological; in other words, an opinion based on the specific cause of disease in an individual case, or the study of the pathological processes in the living body, or a study of the tissue changes the results of diseases as found in the dead body. We have unduly magnified etiology and pathology, and often therapeutics is forgotten. Owing to the undermining of our symptomatic drug therapeutics by the pathologists, we have largely abandoned empiric drug therapeutics, losing faith in pharmaceutic specifics. I am not a drug nihilist nor an approver of the do-nothing policy. We have all heard the cry, but not the corrobative chorus, that the various serums represent an era of precise specific therapeutics and they are the Mecca of the pharmacology and therapy of the future. We must still use many empiric remedies. The pathologist has so far failed to explain the action of so old and so potent for good an agent as iron. The laboratory has brought many means of precision to the clinician. With exactness in clinical diagnosis, there is promise of a brilliant future for therapeutics, but great care is needed in ascribing to drugs good effects that may be justly due to careful hygiene and to Nature's kindly aid.—*Kentucky Med. Jour.*

Association News.

NEW YORK STATE MEDICAL ASSOCIATION MEETING.

Annual meeting will be held in New York, October 17, 18 and 19, 1904.

COUNTY ASSOCIATION MEETINGS FOR OCTOBER.

Cattaraugus County.—Tuesday, October 4th.
Rensselaer County.—Tuesday, October 4th.
Kings County.—Tuesday, October 11th.
Tompkins County.—Tuesday, October 11th.
New York County.—Monday, October 17th.
Lewis County.—Tuesday, October 25th.
Monroe County.—Tuesday, October 25th.

PAPERS FOR OCTOBER MEETING.

Arrangements have been made for the meeting of The New York State Medical Association, October 17th to 19th. The Committee on Arrangements have received titles of some very excellent papers. It is desirable that all who wish to read papers should communicate at once with Dr. S. A. Brown, 23 East Forty-fourth street, chairman of the Committee on Arrangements.

NEW MEMBERS IN THE AMERICAN MEDICAL ASSOCIATION.

A. E. Koonz, New York.

ADDITIONAL LIST OF MEMBERS OF THE NEW YORK STATE MEDICAL ASSOCIATION.

FOURTH DISTRICT BRANCH.

Erie County.—William T. Getman, Buffalo.

FIFTH DISTRICT BRANCH.

Orange County.—E. B. Lambert, Port Jervis; Edward C. Thompson, Newburg.

Orange County Association.—The regular meeting held at Middletown, September 21, 1904.

Dr. E. D. Woodhull, of Monroe, vice-president, presided, in the absence of the president.

Dr. George Brown Cooke, of New York, read an address on "Placentia Prævia."

Dr. M. C. Connor, of Middletown, was elected a fellow to fill the vacancy, Dr. D. A. Sharp, of Central Valley, having removed to Katonah, N. Y.

Dr. E. B. Lambert, of Port Jervis, and Dr. Edward Thompson, of Newburg, were elected as members.

C. I. Redfield, Secretary.

* * *

Rockland County Association.—The regular quarterly meeting of the Association met as the guests of Dr. George A. Leitner, of Piermont, at the rooms of the Piermont Rowing Club, on Wednesday afternoon, July 20th.

There were present the president, Dr. N. B. Bayley, Drs. George F. Blauvelt, S. W. S. Toms, E. H. Maynard, George A. Leitner, of Piermont; Dr. R. R. Felter, Pearl River; Dr. Sansom, Sparkill, and Dr. A. K. Doig, of Nyack, as secretary.

The following resolution was introduced by Dr. Toms, discussed and adopted. Dr. Toms was appointed the committee to further investigate the milk supply in Rockland County, and report at the next meeting:

Whereas, The milk supply, as distributed by vendors, is largely purchased on the open market from producers who have scant knowledge of the sanitary requirements necessary for the proper protection of pure milk from contamination in collecting and distributing it; and

Whereas, The avoidable and common pollution resulting from milking of cows, dirty stables, and from the unwashed udders and ungroomed hides, and unwashed hands of the milkers, and unsterilized containers; and

Whereas, This unclean milk, with the dirt and hairs frequently visible at the bottom of the bottles, is the cause of a high mortality in early infancy and widespread morbidity in children generally, be it

Resolved, That it is the sense of the Medical Association of Rockland County that the milk supply at present admits of much improvement in quality and cleanliness, and it passes a resolution requesting the health officers of Rockland County to have their respective boards of health pass such by-laws that will empower such several boards with authority to investigate the milk supplies from time to time to bring it to the standard of that required by the Health Board of the City of New York, and the cost of such testing to be a charge upon the respective municipalities; that the safety of the community may be safeguarded and a better standard of milk supplied. Furthermore, that the secretary of the Medical Association of Rockland County be instructed to forward this resolution to each health officer in the county, requesting his early cooperation in the matter, and to all regular practitioners as well; and to facilitate the intelligent action and guidance in the matter, the Department of Health of New York City be communicated with for any instruction and information that they may have that would be of assistance in this work.

The above resolution is to be sent to each newspaper published in the county.

In the scientific session Dr. George A. Leitner reported four cases of cancrum oris, following measles in an institution, showing photographs of one of the cases, and detailing its symptoms, progress and treatment.

Dr. Bayley read a paper on delirium acutum (typhomonia, Bell), with report of a case, with the symptomology, etiology, pathology and treatment.

The Association voted to meet at Pearl River on the third Wednesday of October.

Norman B. Bayley, President.

THE NEW YORK STATE MEDICAL ASSOCIATION.

Among the papers to be read at the meeting the following list comprises those who have sent in their titles:

Goelet, A. H., New York City.—"Nephroptosis, Its Gynecological Importance."

Granger, William D., Bronxville, N. Y.—"Dysentery."

Greeley, Jane Lincoln, Jamestown, N. Y.—"An Old Specialty."

Jack, George N., Buffalo, N. Y.—"Asthma and Its Relation to Environments, from a Blood Etiological Standpoint."

Jerecky, Herman, New York City.—"Salivary Calenli."

Meyer, William J., White Plains, N. Y.—"Simple Dystocia."

Meyer, Willy, New York City.—"Ten Years' Experience with My Radical Operation for Carcinoma of the Breast."

Moriarta, Douglas C., Saratoga Springs, N. Y.—"Municipal Sewage Disposal."

Myers, J. F., Meyers Hospital, Sodus, N. Y.—"Pelvic Infection, Including Pyosalpinx and Pelvic Abscess."

Reid, W. B., Rome, N. Y.—"An Atypical Case of Appendicitis, Presenting Some Unusual Features Found at Operation."

Sands, Norton Jerome, Port Chester, N. Y.—"Prolonged Fasting as a Factor in the Treatment of Acute Diseases, with Special Reference to Affections of the Alimentary Canal."

Stern, Heinrich, New York City.—"Concerning the Suppression of the Acetone Bodies in Diabetics."

Toms, S. W. S., Nyack, N. Y.—"Some Subject Relating to 'Ocular Reflexes'; Their Influence on General Health."

Walsh, James J., New York City.—"Some Occupations and So-Called Rheumatic Pains."

King, Willis Eldredge, Newfield, N. Y.—"Carcinoma Uteri; Necessity of Early Recognition, etc."

Bull, Charles Stedman, New York City.—"A Group of Cases of Tumor of the Orbit, with Conclusions as to the Treatment of Such Cases."

Burtenshaw, James Hawley, New York City.—"Iodine in the Treatment of Postoperative Sepsis."

PERSONALS.

Dr. Follen Cabot has been appointed Visiting Genito-Urinary Surgeon to the City Hospital, New York.

Dr. Isaac M. Wilzin, New York, married Miss Ina E. Bishop September 22, 1904.

Dr. Carl S. Tompkins, of Randolph, secretary of the Cattaraugus County Medical Association, married Miss Ruth Dow Johnson, of Randolph, on the 7th of September, 1904.

OBITUARY.

Dr. Lyndhurst C. Dodge died August 12, 1904, at his home, in Rouse's Point, N. Y., age 63. Dr. Dodge was one of the most prominent physicians of the section in which he lived for almost forty years. Quiet, modest, yet a most positive character, he was assistant surgeon during war, on duty at Lincoln Hospital, at Washington, D. C. He was a charter member of The New York State Medical Association, and nominated its first president, Dr. Didama, of Syracuse. By his will he leaves $10,000 for a library in his home, and $5,000 for another library at West Chazy, the home of his childhood, besides several other bequests of a public nature.

Dr. Henry Marshall Fenno died at his home, 34 Hamilton avenue, Rochester, on August 17th, 1904. Dr. Fenno was a graduate of Harvard University, Class of 1876. He was a member of the American and The New York State Medical Association, American Public Health Association and the Medical Society of the County of Monroe.

FELLOWS AND ALTERNATES OF THE NEW YORK STATE MEDICAL ASSOCIATION FOR 1904.

Fellows.	*Alternates.*
First District Branch.	
HERKIMER COUNTY MEDICAL ASSOCIATION.	
Charles H. Glidden.	Seymour S. Richards.
JEFFERSON COUNTY MEDICAL ASSOCIATION.	
B. C. Cheeseman,	F. C. Peterson,
C. C. Kimball.	F. R. Calkins.
LEWIS COUNTY MEDICAL ASSOCIATION.	
Charles R. Barlett.	Charles E. Douglass.
ONEIDA COUNTY MEDICAL ASSOCIATION.	
Fred J. Douglas.	Walter K. Quackenbush.
Second District Branch.	
ALBANY COUNTY MEDICAL ASSOCIATION.	
John U. Haynes.	William E. Lothridge.
COLUMBIA COUNTY MEDICAL ASSOCIATION.	
Hortense V. Bruce.	Eloise Walker.
ESSEX COUNTY MEDICAL ASSOCIATION.	
Lyman G. Barton.	Albert A. Wheelock.
RENSSELAER COUNTY MEDICAL ASSOCIATION.	
Everard D. Ferguson,	Thomas C. Church,
William Finder, Jr.,	James P. Marsh,
John B. Harvie,	John T. Cahill,
William L. Hogeboom.	George L. Meredith.
SARATOGA COUNTY MEDICAL ASSOCIATION.	
Douglas C. Moriarta,	
George F. Comstock,	
John F. Humphrey,	
Miles E. Varney,	
Frank F. Gow.	
WARREN COUNTY MEDICAL ASSOCIATION.	
George A. Chapman.	Annetta E. Barber.
Third District Branch.	
BROOME COUNTY MEDICAL ASSOCIATION.	
John G. Orton.	John H. Martin.
CORTLAND COUNTY MEDICAL ASSOCIATION.	
Henry C. Hendrick.	Samuel J. Sornberger.

Fellows.	*Alternates.*
ONONDAGA COUNTY MEDICAL ASSOCIATION.	
Florince O. Donohue.	
OTSEGO COUNTY MEDICAL ASSOCIATION.	
Andrew J. Butler.	Daniel Luce.
SENECA COUNTY MEDICAL ASSOCIATION.	
John W. Russell.	Frederick W. Lester.
TOMPKINS COUNTY MEDICAL ASSOCIATION.	
Archibald S. Knight,	Chauncey P. Biggs,
Edward Meany.	Arthur D. White.

Fourth District Branch.

ALLEGHANY COUNTY MEDICAL ASSOCIATION.	
Charles M. Post,	Francis E. Comstock,
Nathaniel H. Fuller.	Emerson W. Ayars.
CATTARAUGUS COUNTY MEDICAL ASSOCIATION.	
Orrin A. Tompkins,	Charles P. Knowles,
CHAUTAUQUA COUNTY MEDICAL ASSOCIATION.	
Josiah W. Morris,	Alfred T. Livingston,
William M. Bemus,	John W. Nelson,
Vacil D. Bozvosky,	Thomas D. Strong,
John A. Weidman.	Walter Stuart.
ERIE COUNTY MEDICAL ASSOCIATION.	
DeLancy Rochester,	Charles Sumner Jones.
William C. Phelps,	Frank A. Helwig,
Charles G. Stockton,	Vertner Kenerson,
F. Park Lewis,	Marshall Clinton,
Alvin A. Hubbell,	Earl P. Lothrop,
Charles A. Wall,	Orville G. Strong,
Bernard Cohen,	Julius Ullman,
George F. Cott,	Jacob S. Otto,
Francis W. McGuire,	Albert J. Colton,
Edward E. Blaauw,	Ray H. Johnson,
William G. Taylor,	Thomas F. Dwyer,
Marcel Hartwig,	William H. Heath,
Grover W. Wende,	Carlton C. Frederick.
Stephan S. Green.	
GENESEE COUNTY MEDICAL ASSOCIATION.	
William D. Johnson.	Benjamin F. Showerman.
MONROE COUNTY MEDICAL ASSOCIATION.	
James C. Davis.	S. Case Jones.
NIAGARA COUNTY MEDICAL ASSOCIATION.	
Allan N. Moore,	Jacob E. Helwig.
Chester E. Campbell.	Frank Guillemont.
ORLEANS COUNTY MEDICAL ASSOCIATION.	
Edward Munson.	John H. Taylor.
STEUBEN COUNTY MEDICAL ASSOCIATION.	
Charles R. Phillips.	John G. Kelly.
WAYNE COUNTY MEDICAL ASSOCIATION.	
Newell E. Landon.	Gard Foster.
WYOMING COUNTY MEDICAL ASSOCIATION.	
M. Jean Wilson,	Philip S. Goodwin,
Zera J. Lusk.	George S. Skiff.

Fifth District Branch.

DUCHESS COUNTY MEDICAL ASSOCIATION.	
John W. Atwood.	Irving D. LeRoy.
KINGS COUNTY MEDICAL ASSOCIATION.	
Louis C. Ager,	Julius C. Bierwirth,
Hubert Arrowsmith,	Arthur C. Brush,
Frank R. Baker,	William D. Davis,
L. Grant Baldwin,	James C. Hancock,
Thomas A. McGoldrick,	Herber N. Hoople,
Leonard C. McPhail,	James W. Ingalls,
George F. Maddock,	Stephen H. Lutz,
Henry S. Pettit,	Henry M. Smith,
John O. Polak,	Morris G. White.
Frank C. Raynor,	
Warren S. Shattuck,	
E. H. Squibb,	
William H. Steers,	
George H. Treadwell,	
Darwin W. Waugh.	

Fellows.	*Alternates.*
NEW YORK COUNTY MEDICAL ASSOCIATION.	
Joseph H. Abraham,	Ellice M. Alger,
Isaac Adler,	William B. Anderton,
S. Busby Allen,	Mary Appleton,
John Aspell,	Richard T. Bang,
David P. Austin,	Bennett S. Beach,
Carl Beck,	Louis F. Bishop,
Charles S. Benedict,	Herman J. Boldt,
Henry W. Berg,	Samuel M. Brickner,
John W. Brannan,	Charles S. Bull,
Nathan E. Brill,	Charles H. Chetwood,
Joseph D. Bryant,	Charles G. Child, Jr.,
James H. Burtenshaw,	Edmund L. Cocks,
William B. Coley,	Robert H. M. Dawbarn,
George W. Collins,	William B. DeGarmo,
Thomas Darlington, Jr.,	D. Bryson Delavan,
J. Harvie Dew,	Edward B. Dench,
Henry A. Dodin,	Ellery Denison,
Charles R. Ellison,	Daniel S. Dougherty,
John F. Erdmann,	Edward C. Ehlers,
Austin Flint,	Jeremiah S. Ferguson,
W. Travis Gibb,	John A. Fordyce,
J. Riddle Goffe,	Joseph W. Gleitsmann,
John W. S. Gouley,	Nathan W. Green,
Frederick P. Hammond,	Isaac M. Heller,
George T. Harrison,	William H. Hemingway,
Irving S. Haynes,	Nelson H. Henry,
Neil J. Hepburn,	William P. Herrick,
Lucius W. Hotchkiss,	John H. P. Hodgson,
Ernest V. Hubbard,	H. S. Houghton,
Monta W. Jamison,	Edward F. Hurd,
Joseph E. Janvrin,	Charles S. James,
S. Ely Jelliffe,	Herman Jarecky,
Charles G. Kerley,	Richard Kalish,
Edward L. Keyes, Jr.,	Theron W. Kilmer,
Francis P. Kinnicutt,	S. Adolphus Knopf,
Alexander Lambert,	Charles A. Leale,
Johanna B. Leo,	William G. LeBoutillier,
Samuel Lewengood,	William M. Leszynsky,
Charles McBurney,	Frederick W. Loughran,
Emil Mayer,	Anna Lukens,
S. Carrington Minor,	Joseph E. Messenger,
Francis W. Murray,	Robert T. Morris,
Michael C. O'Brien,	John T. Nagle,
Henry S. Oppenheimer.	John M. O'Brien,
William H. Park,	Seymour Oppenheimer,
Charles Phelps,	Edmund J. Palmer,
Harry R. Purdy,	Edward H. Quinn,
Charles E. Quimby,	John Rogers, Jr.,
Francis J. Quinlan,	Henry Roth,
Thomas F. Reilly,	John C. Schminke,
Adolph Rupp,	Walter M. Seward,
Harry H. Seabrooke,	William Shannon,
John Shrady,	Thomas S. Southworth,
Henry Mann Silver,	Heinrich Stern,
A. Alexander Smith,	Douglas H. Stewart,
Stephen Smith,	William R. Stone,
Wiliam E. Swan,	George D. Stewart,
Parker Syms,	Henry Ling Taylor,
William S. Terriberry,	Paul E. Tiemann,
William G. Thompson,	Edward C. Titus,
Alfred B. Tucker,	Frederick M. Townsend,
James P. Tuttle,	Edward G. Tuffs,
James C. P. Van Loan,	George A. Tuttle,
James J. Walsh,	Simon J. Walsh,
John E. Weeks,	Z. Swift Webb,
Robert F. Weir,	William A. White,
Frederick Holme Wiggin,	Orrin S. Wightman,
Julius H. Woodward,	Herbert W. Wootton,
John A. Wyeth,	Sidney Yankauer,
	Bernard Zweighaft.
ORANGE COUNTY MEDICAL ASSOCIATION.	
Charles W. Dennis,	Henry E. Wise,
Edward A. Sharp,	Milton C. Conner.
ROCKLAND COUNTY MEDICAL ASSOCIATION.	
Charles D. Kline.	James A. Dingman.
SULLIVAN COUNTY MEDICAL ASSOCIATION.	
Stephen W. Wells.	Richard A. DeKay.

Fellows.	*Alternates.*
ULSTER COUNTY MEDICAL ASSOCIATION.	
Albert H. Reed.	Henry Van Hoevenberg,
WESTCHESTER COUNTY MEDICAL ASSOCIATION.	
Edward F. Brush.	H. Eugene Smith.

OBJECTIONABLE ADVERTISING.

———, Feb. 13, 1904.

Press Publishing Company, Managing Editor,
63 Park Row, New York City.

Dear Sir—With the full knowledge that the press of this city is in accord with the medical organizations in protecting the public, especially against quacks and the illegal practice of medicine in its various forms, I desire to call your attention to certain advertisements which appeared in your publication of this morning under the head of "medical advertising," and to inform you that during the past month I have secured the conviction of Mrs. Stack, of Lexington avenue, and of Bertha Brown, advertising under the name of Mrs. Schaub, of East 45th street, both of whom are practicing medicine illegally and offering to commit unlawful abortion.

With the request that you refuse to accept advertisements of those who have been convicted of practicing medicine, I will be glad to notify you from time to time of those who have been convicted who are advertising in your paper.

Very truly yours,
James Taylor Lewis,
Counsel, The New York State Medical Association.

———, Aug. 2, 1904.

The Evening Telegram, Business Manager,
35th street and Broadway, New York City.

Dear Sir.—I have from time to time called the attention of the Herald to certain individuals who are advertising in that paper under the head of "personal and medical" whom I had convicted of practicing medicine illegally, and who had been fined or sent to prison for so doing.

I have received a letter from the manager saying that such names as were sent would be stricken from the advertisers, and this cooperation has been continued. I would like the same cooperation of the *Evening Telegram,* because the organization which I have the honor to represent is desirous of breaking up a most serious menace to the public health, namely, the flaunting before the public of advertisements, most of them of women who are licensed midwives advertising to cure female irregularities.

The law does not allow midwives any other scope than the attendance of women in confinement, and I would be glad if you would refuse the advertisements of such persons as I have already convicted of practicing medicine, and who are doubtless continuing it in violation of the law.

The following are two who appear in to-day's *Evening Telegram* whom I have already convicted: Mrs. Schaub-Brown, who is now advertising from East 53d street, and Mrs. Davidson, of East 78th street.

Very respectfully yours,
James Taylor Lewis,
Counsel, The New York State Medical Association.

———, Aug. 4, 1904.

Mr. James Taylor Lewis,
New York State Medical Association,
180 Broadway, New York City.

Dear Sir—Reference is made to your favor of August 2d.

The two advertisements to which you direct our attention have been discontinued in the *Evening Telegram,* and we would thank you to call our attention to any similar cases which come to your notice.

Yours very truly,
The Evening Telegram,
By E. D. DeWitt, Advertising Manager.

———, Aug. 5, 1904.

New York World,
Park Row, New York City.

Gentlemen—Some time ago I wrote you with reference to advertisements which you were publishing under the heading of "medical," of women who were advertising themselves to be licensed midwives or otherwise, and were guaranteeing to cure various diseases or irregularities of women.

I called your attention to the fact that I had convicted some of your advertisers of practicing medicine illegally, and requested that you do not receive their advertisements any further, upon the ground that such advertisements were demoralizing and the advertisers were offering services to commit a crime, as midwives have no authority to treat any disease, but simply the right to attend females in confinement.

You are still publishing the advertisements of some of these women who are doubtless continuing their practices, after notice to you, and I now respectfully demand that you discontinue at once the advertisements under the heading of "medical" of Mrs. Stack, giving her address as Lexington avenue, near 34th street, and of Mrs. Schaub, who also advertises occasionally under the name of Braun or Brown, or occasionally under the name of Schaub-Brown, as The New York State Medical Association, which I have the honor to represent, is determined to stamp out this menace to the public health and desires your cooperation.

Very truly yours,
James Taylor Lewis,
Counsel, The New York State Medical Association.

The above letters were sent to the New York *World,* with the result that the advertisements which have been refused in the *Herald* and *Telegram* have not only been transferred, but those that were in the *World* have been continued.

The counsel of the State Medical Assocaition will now bring the matter to the attention of the public prosecutor and the Board of Health.

CARBOLIC ACID AND ITS DANGER.

Carbolic acid has long been regarded as a harmless chemical, and as such forms part of the domestic equipment of many homes. Its dangers, however, are coming to be appreciated. We have learned that even in dilute solution it may cause serious lesions and its lethal possibilities are recognized by an increasing numbe· of would-be suicides. It is on account of this last-named fact that the health authorities of New York City have, it is reported, made a regulation requiring the registration of all sales of carbolic acid of strength above a 5-per-cent. solution. This is a measure which can be commended and should have been adopted before. It is to be hoped that the example will be followed in other communities. It is rather a curious fact that suicides often choose most repulsive and uncomfortable methods, and this may account for the preference in so many cases for carbolic acid, which can hardly be considered an agreeable method. Be this, however, as it may, the chances of accidents from the common domestic use of this poison are of themselves sufficient to justify restrictions of its sale.—*Jour. A. M. A.*

A MEDICAL DIPLOMA OF THE NEW YORK HOMEOPATHIC MEDICAL COLLEGE AND HOSPITAL OFFERED FOR SALE.

About a week since there appeared in the *Evening Telegram* an advertisement of a medical diploma for sale, and directed that replies be sent to 49 Columbus avenue. Three replies were sent, apparently from various sources, but really emanating from the office of the counsel of the State Association. Replies were received to each, offering for sale a medical diploma issued in 1879 to Dr. Martin, now dead.

Pursuant to replies, the counsel called at No. — West 82d street, and had a conversation with two young men with reference to the sale of the diploma, which was exhibited. After learning that the diploma was not in the hands of professional criminals, but in the hands of two youths who did not realize the enormity of their offense, the counsel finally decided it was necessary to arrest the culprits, and the arrest was made on September 20th by a Central Office detective, and the owner of the certificate taken to the 54th Street Court.

After some conversation with the Judge and after sending for Dr. King, the dean of the Homeopathic Medical College, it was determined, in view of the position of the family and the extreme youth of the culprit, that all the ends of justice and the wishes of the Association in getting the diploma out of the market would be best served by transferring the diploma back to the institution by assignment executed by the mother and the boy discharged. This course was followed, and the diploma was returned to the college for preservation.

MEDICINE FIRMS WILL FIGHT.

Dealers in Patent Nostrums Will Strive to Prevent Threatened Exclusion from the Mails.

It was said at the Bureau of Chemistry that recent expert investigations into patent medicines put many large firms in danger of exclusion from the mails under the fraud laws. In this connection postal authorities are threatened with a determined and well-financed fight against exclusion by patent-medicine men.

It is reported that a prominent lawyer has been engaged to take up the question, and that a fund of $2,500 will be contributed by one hundred of the largest patent-medicine firms in the country, who are ready to increase the sum to $10,000.

The Post-Office Department, with experts of the Bureau of Chemistry, has been making a thorough investigation into all products of this sort, which are being advertised. Some surprising discoveries are said to have been made. The officials believe that to a certain extent the patent-medicine business is a colossal fraud, and they are trying to prove it and start a vigorous campaign against the firms.—*N. Y. Herald,* August 28, 1904.

EDITORS' MEETING.

At a meeting of the American Medical Editors' Association, held in Atlantic City, the following resolutions were acted upon:

WHEREAS, The public is, and long has been, suffering from the use of nostrums, and from the misuses of medicines, and,

WHEREAS, The medical profession and press have endeavored by every means in their power to instruct the laity upon the subject, and,

WHEREAS, Some journalists either do not understand the true situation, or find it to their pecuniary gain to favor the use of nostrums and pander to the greed of their manufacturers at the expense of the health or even lives of their dupes among the people, and,

WHEREAS, the eminent editor of the *Ladies' Home Journal,* Mr. Edward Bok, in an able and vigorous editorial on page 18 of the May number of that journal laid the truth of the matter before his readers, thus aiding in the work of warning, educating and conserving the health and welfare of the public, be it

Resolved, That the American Medical Editors' Association commends Mr. Bok, and approves the intelligent, honest, fearless and well-grounded position he has taken, and this is in every way thoroughly appreciated by it, as well as the medical profession in general.

Resolved, That copies of these resolutions be spread upon the minutes of this meeting, be transmitted to Mr. Bok, and be published in the medical journals throughout the country.

THE "LADIES' HOME JOURNAL" AND THE PATENT MEDICINE CURSE.

The *Ladies' Home Journal* has a million paid circulation; we wish it might have a circulation of ten million for the article on the patent-medicine curse in its May issue should be read by every man, woman and child in the United States. Mr. Bok, the editor of the *Ladies' Home Journal,* has performed a service of incalculable value to the people of this country by his frank and fearless exposure of the swindling business, which not only draws such immense sums from the pockets of the people under the guise of giving them relief from their real or fancied ailments, but which is responsible for so many drunkards and drug fiends, by furnishing in so-called "medicines" of unknown composition alcohol and narcotics in unlimited quantities to its dupes. If a few more of the influential journals of this country would tell the truth on this subject the patent-medicine swindle would die a speedy death.

It gives us much pleasure to write Mr. Bok, congratulating him on what he had done, and to enclose a check for our subscription to the *Ladies' Home Journal.* We should be glad if every one of our subscribers would do the same.—Editorial, *St. Paul Med. Jour.,* June.

News Items.

SHOULD THE PHYSICIAN PATENT HIS IDEAS?

The opposition of the profession to the patenting of surgical instruments has been based upon the tradition which has come down from our medical forefathers that appliances and remedies used in medicine and surgery are primarily for the benefit of humanity, and that any pecuniary profit or other advantage which may accrue to the inventor is an obstacle to the application of the invention to humane ends. The fallacy of this position seems to me more than obvious. In order that the ethical principle regarding medical and surgical inventions established by our medical forefathers should be applied to the letter, certain conditions are absolutely necessary: 1, The instrument maker should furnish the appliance to the profession without profit to himself. 2, The physician or surgeon using the appliance should restrict its use to cases in which no fee is charged for his services. 3. Any hospital or other institution making use of a medical or surgical appliance for the relief or cure of disease should restrict the use of such inventions to pauper patients.

Whenever it can be shown that any person whosoever has made a profit, however small, out of the use of medical and surgical appliances, the strictly humane end and aim of the old-fashioned ethical principles involved are defeated. It requires very little argument to show that in practice the only individual who is made to conform to the established principle of ethics governing the patenting of medical and surgical appliances and remedies is the individual to whom we are indebted for the invention.

As matters now stand, the surgeon who invents an instrument and the physician who discovers a valuable remedy are compelled to produce them in the first instance at the expense of their own time, labor, and money, to say nothing of their brains. To add insult to injury, the instrument maker or drug manufacturer to whom he gives the profits of his ingenuity not only charges the profession, to which is entrusted the humane application of the invention, a large profit, but imposes upon the inventor himself a tax of profit on such of his own inventions or preparations as he may desire for his individual use. A bill lying upon my desk, rendered me by an instrument maker for an instrument which I invented, and which he is marketing at the usual rate of profit, serves as a case in point.

The spectacle of a hospital surgeon using an instrument invented by one of his brethren in operating in a case for which he has received or expects to receive a large fee, in a hospital which is charging high prices for lodging, nursing, and surgical dressings, is a grim satire upon the humane principle that actuated our medical forefathers in the formulation of that feature of medical ethics which covers the patenting of medical and surgical inventions. Where, as is only too often the case, the surgeon who is doing the operation with the appliance from which the inventor receives no profit, and in the invention of which he incurred great labor and expense, is paying commissions, the situation is worthy of the satire of a Smollett or a Molière. I do not hesitate to say that the humane idea, as applied to medical and surgical inventions, is an arrant humbug and an obstacle to scientific progress. Comparisons may be odious, but I believe that the humbug is much greater in America than elsewhere.

Some of the advertisements in medical journals strongly resemble those of cure-alls to be found in the daily papers. If a remedy is a valuable one, why should a journal object upon ethical grounds to its mention in the reading columns? Does the fact that somebody derives a profit from the product of his ability interfere with the humane application of the remedy? If the remedy is unethical, why should not a journal which objects to its appearance in the reading columns refuse to allow it to appear among its advertisements? With no desire to make invidious distinctions between journals, I feel safe in asserting that there are numerous high-toned medical journals which, while objecting to the mention of such preparations in a scientific article, without payment at advertising rates, could readily be cajoled into a change of heart as to the ethical principle involved by the satisfactory—shall we call it "payment" or "honorarium"? The same medical journals that would object to the mention of a protected American preparation will blithely publish in their reading columns scientific articles in which the merits of various European preparations are extolled, without protest. Does the fact that European genius rather than American derives a profit from certain proprietary remedies make these remedies "ethical" according to American standards?

A very important question in connection with the subject under consideration is that of whether the deriving of a profit from medical and surgical inventions by reputable scientific men would not be more directly in the interests of humanity than the present absurd custom. Great progress in invention cannot be expected without material rewards. This is as true in medicine and surgery as elsewhere. It would be absurd for any one to say that the profit that has been derived by inventors and "middlemen" from various electrical appliances has retarded the advancement in this field or has been detrimental to the best interests of humanity. Edison's inventions, for example, have been none the less valuable because of the profit the inventor and others have derived from them. The possibility of pecuniary returns would stimulate invention in medicine and surgery quite as much as it does elsewhere, and would induce certain inventive minds in the profession to enter the paths of invention, which are at the present time closed to them for the reason that their pro-

fessional position is such that the invention of a valuable instrument or preparation could in no way aggrandize themselves by the advertisement incidental thereto.

The inconsistency of the medical profession in the matter under consideration is perhaps best shown by the fact that remedies of a semiproprietary or even proprietary nature are being extensively prescribed. The physician who prescribes a preparation protected by special marks, and who would at the same time adversely criticize the medical man who should patent an invention and thereby receive a small profit on the product of his brains, is in a very absurd position. He is content to pull the proprietary medicine man's chestnuts out of the fire at the expense of his own fingers, and incidentally of his patients, but he rebels against the idea of a professional confrère receiving any profit from his inventive ability. He is also content to allow the instrument maker to mulct him for an excellent profit on the surgical instruments necessary in his practice, and especially content because the doctor inventor does not participate in those profits.

If medical men patented their inventions a stop would be put to the prevalent practice among medical men of stealing the ideas of others and publishing them as their own. It would no longer be possible for the purloiner of surgical ideas to transpose a couple of screws in a valuable surgical invention and coolly publish it as his own. It is wrong that the inventor of a valuable instrument should be robbed of his just dues, and because of his invention not being protected by patents that he should be compelled to submit to the stealing of his ideas by dishonest professional folk. It is wrong also that the instrument maker should go on blithely robbing the profession of its legitimate dues and selling doctors' brains back to the profession at exorbitant prices.

To sum up: I believe that by the patenting of surgical instruments the following benefits would accrue to the profession: 1, The physician inventor would get the benefit of his ingenuity just as laymen inventors do. 2, He would protect himself against dishonest men in his own profession, who steal his ideas and publish them as original, and who, possibly, not content with stealing the products of his inventive genius, claim as their own the operation which the invention has made possible. 3, The question of priority in surgical invention and operation would in many instances be settled once and for all. 4, Competition and invention would be stimulated, and the best brains of the profession would be devoted to new inventions. 5, The profits now monopolized by the surgical instrument maker would be participated in by the men who furnish the ideas. I am aware that the instrument maker will have a counter plea upon this point, and state that a large proportion of the alleged inventions of medical men are really designed by the instrument maker, the doctor's name being used in connection with them to boom their sale. Very good. The patenting of surgical appliances would put a stop to this arrant fraud, and give the instrument maker what is legitimately his due. The rule would work both ways. The instrument maker who invents a valuable instrument would get not only the profit, but the reputation incidental to its invention. This would be only just. 6, A better class of instruments would be invented and there would not be in our offices so much metal and glass to be consigned to the dead room of blasted hopes in medical and surgical inventions.—G. Frank Lydston, *N. Y. Med. Jour and Phila. Med. Jour.*, September 3, 1904.

THE DOCTOR'S DUTY TO THE STATE.

It is difficult to understand the mental quality of an educated physician who believes that he is acting honestly toward his patients when he accepts his therapeutic teaching from the advertisements of secret remedies and writes his prescriptions after consultation with the drummer of a drug firm. I formerly supposed that the sale of large quantities of these secret medicines was due to their use by ignorant physicians who had graduated from low-grade medical schools. Careful observation has convinced me of the error of this view. Some years ago, I read in a cyclopædiac work on one of the specialties an elaborate article by one of my hospital colleagues, in which "A———" was suggested in the treatment of a certain disease. I saw recently a letter written by a professor in a great university medical school, in which he advised that a patient, whom I had referred to him, be given "P———." Not very long ago, I heard a metropolitan professor of surgery descant on the value of "H———;" and about a year since, one of my patients told me that she had been advised to take "M———," by a hospital physician of Philadelphia. These facts suffice to show that intelligent physicians, and even teachers, have been led into the illegitimate practice of treating patients with remedies of whose composition they are ignorant.

It is clearly improper for a doctor to prescribe a certain remedy for a patient when he does not know, and is not permitted to find out, the character and the amount of the powerful drugs it contains. It is also, in my opinion, detrimental to professional integrity for medical journals, conducted under professional auspices, to accept advertisements of pharmaceutical products of secret composition.

Both of these questions have been vigorously discussed in medical circles during recent years. As to the first proposition, there can be but one answer, which is that a doctor has no right to use a powerful therapeutic weapon, unless he knows its possibilities for good and evil. These possibilities he cannot know unless he is able to learn how much acetanilid, strychnine, arsenic, mercury, or other active ingredient it contains. The propriety of medical journals, published un-

der medical influences, increasing the dangerous use of these secret remedies by accepting their advertisements cannot be successfully maintained. In a discussion among some officers of a medical journal, a distinguished professor of medicine once said: "Other journals take them, why shouldn't our journal?" The reply to this query is: "Some doctors accept commissions for steering patients to operating specialists, why not we also?" If the vice of prescribing medicines of unknown composition is to be rooted out, honest doctors must jointly repudiate any such illicit combination with commercial journalism, and individually refuse to prescribe remedies of whose composition they are kept in ignorance.

It is said that in Japan the importation of secret proprietary medicines containing a poison, from which accidents might result, is absolutely prohibited; and that the retailer must be informed as to the ingredients, proportions, and doses (*American Medicine,* May 9, 1903, from *Canadian Journal of Medicine and Surgery*). Such a law would render valuable service to the public of America. Osler, in an address before the Canadian Medical Association, in 1902, spoke of these nostrums being "foisted on the profession by men who trade on the innocent credulity of the regular physician, quite as much as any quack preys on the gullible public." It must be a very ignorant or dishonest doctor, and not an innocently credulous one, who treats his patients with the secret nostrums brought to his notice by interested salesmen.

Such a travesty of medical science deserves the condemnation of every honest doctor. It is the duty of every honest consultant to express his adverse opinion when such course of treatment is suggested in the consultation room. It may be true that men of distinction use remedies of unknown composition, it may be true that medical journals, owned by doctors or by great medical schools and organizations, accept advertisements of these abominations; but such conduct only serves to show to what degradation a lax ethical spirit may bring even those whom we would like to respect.

The secret remedy evil is degrading the medical faculty at this hour very much as the low-grade medical school debauched the profession two or three decades ago. The cause is the same —laziness and love of money. The cure is the same—an aroused professional sentiment. It was the leaven of honesty in the hearts of the doctors at large which compelled avaricious professors and low-grade medical schools to cease deluging the public with unsafe and ignorant medical practitioners. It took energy, courage and unselfishness to carry on the work. Honest men were compelled to antagonize friends, to fight against their almæ matres, to relinquish opportunity of professorial position, and to be misunderstood by other honest men. What matter! when the goal was to preserve the State and uphold the honor of the medical guild.

You and I have now a similar, but mightier, task. Then we fought colleges with self-satisfied faculties and thousands of dollars invested in teaching plants. Now, we have to battle against professional dishonesty, therapeutic credulity, and millions of dollars invested in the manufacture of secret nostrums by quick-witted business men.

The task is made more difficult by the fact that a very large number of these vaunted remedies and foods owe their popularity to the alcohol they contain. Dr. Charles Harrington made, a few years ago, a chemical analysis of many of these products. His paper (*Boston Medical and Surgical Journal,* March 12, 1903, quoted in *American Medicine,* March 21, 1903, page 469) showed that one of these foods contained in volume 23.03 per cent. of alcohol; another 10.60 per cent., another 14.81 per cent., another 15.81 per cent., another 15.58 per cent., another 18.95 per cent., another 19.72 per cent. He calculated the nutriment contained in the maximum daily amount which was recommended of these so-called foods to be only 1.25 ounces, but the contained amount of alcohol was equivalent to six ounces of whiskey.

A much-advertised remedy was found by the Massachusetts State Board of Health to contain 23.46 per cent. by weight of alcohol, another 15.33 per cent., another 16.77 per cent., another 5.87 per cent. The New York *Evening Post* (quoted by *American Medicine,* March 21, 1903) mentions a "tonic" which contained 41.6 per cent. of alcohol, and refers to other remedies, called by names suggestive of vegetable composition, containing 26.2 per cent., 18.8 per cent., and 21 per cent. of alcohol.

It is not difficult to understand the ease with which makers of these remedies obtain certificates of their remedial value from preachers, statesmen, and women. One would expect medical men to be too wary to be caught in the trap. Their indorsement by physicians always suggests to me ludicrous credulity, therapeutic ignorance, or downright bribery.

Many of the pain-curing secret remedies, used by the laity and prescribed by dishonest doctors, contain acetanilid, phenacetin, and similar agents in unknown quantity. The danger to life assumed by the administration of these powerful drugs, in indefinite amounts, is so great that a thinking man must stand aghast at the temerity of physicians, who prescribe mixtures of unknown composition for the relief of headache, neuralgia, and other ills. Acetanilid and its congeners are known to depress the heart and may have a hæmolytic or disorganizing effect upon the blood itself (*University of Pennsylvania Medical Bulletin,* 1903, xv, page 462, quoted by *Journal of the American Medical Association,* March 21, 1903, page 786). The *Journal of the American Medical Association* (January 16, 1904, page

177) expresses the belief that a recent increase in the number of sudden deaths from heart disease in New York was due to the unusual consumption of acetanilid.

It is not surprising that addiction to the use of acetanilid, alcohol and cocaine is frequent among persons of unsuspected impropriety in this regard. The unnecessary taking of medicine for all kinds of real and imaginary minor ills is common. The storekeeper and the druggist, whose function is to sell goods, naturally encourage the consumption of proprietary medicines and vaunt their remedial qualities. The doctor should protect the public from such insidious intoxicants and poisons by refusing to condone their use or prescribe them.

The remedy for the evil lies in the development of a feeling of individual responsibility in the medical faculty. Let every doctor refuse to accept samples of secret medicines, refuse to waste time talking therapeutics with smooth-tongued salesmen, refuse to debauch medical science by believing the mendacious advertisements called by the trade "literature," and treat his patients honestly by giving them what they pay for, the best result of his own knowledge and experience.

I think with pleasure of the discomfiture of a drummer for a much-advertised lithia water, when I told him in my office that I did not expect to prescribe the said water, because Professor M———, of the University of ———, had analyzed a number of the lithia waters on the market and had told me that he could find no lithia in any of them. The stereotyped reply, to all agents of secret nostrums, that I do not prescribe medicines of whose composition I am kept in ignorance, has saved me many hours for more advantageous professional work than conversation with men whom I despise.

It is possible that efficient aid may be obtained in our crusade against this evil, through Congressional legislation. The law which gives the Public Health Service a limited supervision over the manufacture of, and interstate traffic in, viruses, serums, antitoxins and the like, and the proposed Heyburn Pure Food and Drug Bill are steps in the right direction.—Roberts, *N. Y. Med. Jour.*

COLLECTIONS AND ACCOUNT BOOKS.

In the last five years I have endeavored to put into practice as much of a definite system in all parts of my work as I could do, and at present take much pleasure from work that at the beginning seemed little less than drudgery.

The subject of bills and statements is the hardest one we have to consider. A statement of services rendered should be sent to all corporations and men in business for themselves at the end of every month. Corporations do not object to this, and a business man with any system in his business will not do so. No account should be traded out when any other form of settlement can be made. All bills should be discounted whenever possible, and an effort should be made to owe no man anything, and to have as few owe you as possible at the end of every month.

Bills for corporation service should be sent out on special forms prepared for the purpose when any amount of this work is done. These should be such that when filed away by the company they would show the entire report of everything in connection with the case on one sheet of paper. —*Central States Med. Magazine.*

A Canadian doctor has lately remarked: "In this country 23 may be taken as about the average age for entering practice, and 53 as the age of death for physicians as a class. This gives us thirty years as a period within which success is to be won or lost. The time and money expended in obtaining an education and gaining a practice will represent not less than five or six thousand dollars. Since most Canadians are comfortably poor at the start, or at least are free from the paralyzing influence of wealth, we may estimate that it will take four years in the country and eight in the city for the average graduate to have cleared off all arrears of debt and reached a self-supporting basis. The modern physician, it must also be remembered, is a highly evoluted individual, with tastes that must be satisfied, and needs that must be met, in addition to the ordinary living expenses of himself and of those dependent upon him. Such provision for age and sickness as every prudent man sets about making must also be taken into account."

Such philosophy will apply very well indeed to practitioners on this side of the boundary line. —*Clinical Review.*

CHRISTIAN SCIENTISTS.

When a thorough study of the literature, addresses, actions, and doings of the Christian Scientists *convinces* us that their so-called system is a mixture of fraud, stupidity, and insane delusions; when the chief priestess of the cult—who, while preaching their doctrines, has not forgotten to become enormously rich—tells us, for instance, that she *instantly* cured a cancer which had eaten into the flesh to a degree that "the jugular vein stood out like a cord"; when the literature is found to consist of the most imbecile gibberish, absolutely unintelligible to a rational being; when the reports of their cures prove on examination to be either pure inventions or gross exaggerations (except in cases of functional neuroses); when, in addition to all that, we see that all their healers, from the highest to the lowest, are furiously bent upon making money, and will not distribute any of their comfort or preach any of their truth without consideration; when we learn that the chief absent-treatment-fakiress—down in Florida, against whom the Post-office officials recently issued a fraud order—obtained

$200 from a man in New York, under a promise to make his shortened leg two inches longer by *thinking* of it; when osteopathy, which is nothing but a perfected massage, impudently makes claims as a complete system of medicines, capable of curing the most diverse diseases by external manipulation; when an osteopath claims, for instance, that he can "reduce" typhoid fever (as if it were a dislocation), by pressing upon the seventh cervical vertebra; when we see these mostly illiterate bonesetters knocking at the doors of various legislatures to be admitted to the practice of medicine without proper educational requirements; when we see that the followers of these cults endanger not only their own lives but also the lives of the community by refusing to take any precautions in the infectious diseases; when, what is still worse, innocent little children are allowed to die in agony without any attempt at relief—a child that sustained an extensive burn, and another one that had diphtheria in a most virulent form, were recently prevented from getting medical aid by their Christian Scientist parents, until death freed them from their terrible sufferings—we say, when we see such facts of similar or worse character, then it becomes our duty to assume an unequivocal attitude. We must expose the humbugs and fight the knaves whenever and wherever we can. This must be the attitude of the medical press, of the medical societies as a whole, and of every right-minded physician, as an individual and a citizen.—*Critic and Guide.*

THE BACTERIOLOGIC DIAGNOSIS OF DIPHTHERIA.

While the specificity of diphtheria and the diphtheria bacillus is universally admitted, it is recognized that, on the one hand, membranous deposits may form in the air passages from other causes, while, on the other hand, the bacillus may be present in association with catarrhal manifestations alone or even without other evidences of diphtheria. Diphtheria bacilli have been found also in the throats of persons suffering from other diseases, scarlet fever especially. In order to clear up some of the mooted points in connection with the presence and the pathogenicity of diphtheria bacilli, Dr. B. Czerno-Schwarz made a study of the nasal and pharyngeal secretion from the patients admitted to the department for contagious diseases at the Wladimir Children's Hospital of Moscow. Of 385 patients received into the division for cases of scarlet fever and measles, 45 (11.6 per cent.) yielded, on first examination, a growth of diphtheria bacilli, divided as follows: Eight of 207 cases of scarlet fever, 3.6 per cent.; 37 of 160 cases of measles, 21.92 per cent. Of the former patients, seven presented necrobiotic angina and one follicular angina, while of the latter only two presented symptoms of diphtheria. As a result of the observations made, the conclusion is reached that negative results from repeated examination for the presence of diphtheria bacilli are of undoubted and absolute value. By this means it has been demonstrated that membranous angina, laryngitis and croup may be of non-diphtheric origin. The significance of positive results from bacteriologic examination is likewise undoubted when the clinical picture is that of diphtheria. When, however, there is a discrepancy between the clinical picture and the results of bacteriologic examination the diagnosis must be considered as doubtful.—*Jour. A. M. A.*

THE A. M. A. MEETING.

The fifty-fourth annual meeting of the American Medical Association was the most successful in its history, so far as attendance was concerned. Something over 2,800 members registered at Atlantic City. As a meeting place, it would be hard to find a more satisfactory city, for the hotel accommodations are almost unlimited. A little matter of two or three thousand people does not bother 800 hotels! There was less work in the House of Delegates than was the case last year, though there was still too much time wasted. The Association is committing a serious error in doing too much tinkering with its constitution and by-laws, and in allowing a "close corporation" of individual members, representing but four or five States, to run the whole machine. Organization is progressing rapidly and satisfactorily, it is true, and it is to be hoped that it may so continue. There is, however, a very decided undercurrent of feeling of resentment, and this should not be overlooked by the gentlemen of the coterie. If the organization is to be effectively *held together when once secured,* there must be evident less "close corporation" politics and more broadness in dealing with those questions which affect the general tone of the whole profession. The Association must, sooner or later, recognize that a control which makes its *Journal* the "greatest advertising medium for proprietary preparations" in the United States is not the control that will hold together State Associations which do not approve of this policy; there are such, and their number is rapidly increasing.—*California State Jour. of Med.*

REGISTER OF BIRTHS.

The following opinion of Supreme Court on the Register of Births is given in full:

DEPARTMENT OF HEALTH OF CITY OF NEW YORK v. OWEN.

(Supreme Court, Appellate Division, First Department. May 13, 1904.)

1. Municipal Corporations—Health Department—Physicians and Surgeons—Register of Birth—Certificate—Filing.

Greater New York Charter, §§ 1237, 1239, Laws 1901, pp. 522, 523, c. 466, imposing on physicians the duty of reporting within 10 days, to the department of health, births in which they have professionally assisted, and declaring the person failing to make such report guilty of a misdemeanor, besides rendering

him liable to a fine of $100, to be recovered in the name of the department of health, does not require notice to be personally brought to the office of the health department, but the statute is sufficiently complied with by mailing such notice.

2. SAME—ACTION FOR PENALTY—EVIDENCE—SUFFICIENCY.

In an action against a physician for failure to comply with Greater New York Charter, §§ 1237, 1239, Laws 1901, pp. 522, 523, c. 466, requiring him to report a written copy of the register of birth at which he attended to the department of health within 10 days after the birth, his testimony that he made a record of the birth by entering it in his books and preparing a copy for the health board, which he put into an envelope, properly directed to the board of health, stamped the envelope, and put it in one of the regular mail boxes of the government, was sufficient to sustain a judgment in his favor though he could not give the exact date, but stated positively that the notice was made out and sent within the 10 days.

Van Brunt, P. J., and Laughlin, J., dissenting.

Appeal from Appellate Term.

Action by the department of health of city of New York against William W. Owen. From a judgment of the Appellate Term (85 N. Y. Cupp. 397) affirming a judgment of the Municipal Court in defendant's favor, plaintiff appeals. Affirmed.

Argued before VAN BRUNT, P. J., and McLAUGHLIN, PATTERSON, O'BRIEN, and LAUGHLIN, JJ.

Theodore Connoly, for appellant.

Thomas W. McKnight, for respondent.

O'BRIEN, J. The action was brought to recover a penalty provided by section 1239 of the Greater New York Charter, Laws 1901, p. 523, c. 466, for a violation by the defendant of said section in failing to report to the department of health a written copy of the register of birth of James Driscoll. The defendant is a practicing physician, and his claim is that he mailed the certificate of birth to the department.

Section 1237 (page 522) of the Greater New York Charter provides, among other things, that it shall "be the duty of physicians * * * to keep a register of the several births in which they have assisted professionally, * * * and to report the same within ten days to the department of health." And by section 1239 of the charter it is provided that "for every omission to make and keep a register of * * * births required by the preceding sections, and for every omission to report a written copy of the same to said department of health within ten days after any birth * * * provided to be registered, and for every omission to make the report of any * * * birth * * * the person guilty of such omission shall be liable to pay a fine of one hundred dollars." The assistant register of records of the borough of the Bronx, to whom the report should have been made, testified that there is a regular form supplied by the department of health upon which the notification by a physician is made, and that the general rule is to mail the notices so that they reach the health department through the post-office. The appellant contends that this is not a compliance with the provisions of the charter, and that, to relieve themselves from the penalty, the duty is imposed upon physicians of personally filing such certificates. We do not deem it necessary to discuss this question at any length, because the opinion rendered by the learned Appellate Term fully covers it, and we agree with the views therein expressed that the construction for which the appellant contends cannot be sustained, and that a physician complies with the statute when he has properly made out a certificate, and has mailed it properly directed to the department of health. Although the statute does not require that the certificate should be taken in person by the physician to the board of health, it places the burden upon him, where it does not appear that the certificate was filed with the board, of furnishing the evidence of its having been properly and duly mailed, if he would escape the penalty imposed for the omission to comply with the provisions of law. The more serious question is as to whether the notice here was actually mailed within the 10 days. Upon this we have the defendant's testimony, which, although it is not as positive and satisfactory as could be wished, was sufficient to justify the conclusion at which both the Municipal Court and the learned Appellate Term arrived that the notice was properly mailed. Summarizing the defendant's testimony, he says that he attended at the birth of the child, and made a record thereof by entering it in his books and preparing a copy of such record for the health board; and in reply to the question, "What did you do with that certificate?" he answered, "Put it in the letter box, as near as I can remember." Were this all of his testimony, we should not deem it sufficient; but he further testified that he took the certificate, put it into an envelope, directed the envelope to the "Board of Health, Bureau of Records, 55th Street and Sixth avenue," which concededly was the place to which such certificate should be sent, put a stamp on the envelope, and put it in one of the regular mail boxes of the government. When cross-examined with reference to the exact date, he could not give it, although he stated positively that the notice was made out and sent within the 10 days. From his further testimony it would appear that the child died within seven days of its birth, and that he sent to the health board a certificate of the death; and, when cross-examined as to when he mailed this latter certificate, he was much more hazy as to the date and manner of mailing it. With reference, however, as to mailing the certificate of birth, he again swore, on redirect examination, when his attention was again called to the subject, that while he could not fix the date nor the place positively, it was within the 10 days required by law, and that he was quite sure that he mailed it personally. We think, therefore, as already said, that, although the defendant might have been a little more definite as to the date and the particular letter box in which he placed the notice, in view of his testimony that he made it out and placed it in an envelope duly stamped and properly directed, and that he personally placed it in a letter box, there was sufficient upon which to rest the conclusion of the Municipal Court and the Appellate Term as well as the decision of this court that the certificate was actually mailed by the defendant to the board of health.

It follows accordingly that the determination of the Appellate Term affirming the judgment of the Municipal Court should be affirmed, with costs.

PATTERSON and McLAUGHLIN, JJ., concur.

VAN BRUNT, P. J. I dissent. The statute was in no way complied with.

LAUGHLIN, J. (dissenting). I am of opinion that the Legislature intended to make it the duty of a physician not only to make out and keep a register of the births he has attended professionally, but also to see to it that a copy of the entry in such register concerning a birth reaches the department of health within 10 days. Of course, it is not necessary that he should present it in person. He may employ the mails, or any agency, for the purpose of transmission; but in that event he must, by inquiry or otherwise, ascertain that it has reached its proper destination within the time prescribed therefor by the statute. The language employed is fairly susceptible of this construction, and the efficiency of the statute requires it. The construction given in the prevailing opinion opens the door to collusion and corruption, and will render the law ineffectual. Physical or mental inability to comply with the law would doubtless be a defense to a prosecution for the penalty; but in the absence of such disability it was clearly competent for the Legislature to require an individual practicing a profession requiring a license to perform, as a condition of his right to practice his profession, an act manifestly justified by public policy, and essential to the enforcement of the criminal laws and to the establishment, preservation, and enforcement of personal and property rights. This construction of the statutes relating to the filing of certificates of births, marriages, and deaths will not impose an onerous burden upon the practitioner who wishes to comply with the law. If

he sends the certificate through the mail, or otherwise than by a personal delivery, he may readily ascertain by telephonic communication whether it has been received, and there should be no difficulty in having an understanding with the department of health that the receipt of such certificate will be timely acknowledged. The reputable, careful practitioner will take pride in observing the law. The penalty was only necessary to compel compliance by the disreputable and negligent members of the profession. It is no reflection on the medical profession, the great body of whom are conscientious upright citizens, to say that in it as in all other professions there are unfortunately some who could, for a sufficient consideration, be induced to omit filing a certificate of death, marriage, or birth. The construction I have indicated will remove this temptation, and will naturally insure the accuracy and completeness of the official records.

To the Editor of The New York State Journal of Medicine:

Dear Sir—The American Medical Society for the Study of Alcohol and Other Narcotics was organized June 8, 1904, by the union of the American Association for the Study of Inebrity and the Medical Temperance Association. Both of these societies are composed of physicians interested in the study and treatment of inebriety and the physiological nature and action of alcohol and narcotics in health and disease. The first society was organized in 1870 and has published five volumes of transactions and twenty-seven yearly volumes of the *Quarterly Journal of Inebriety,* the organ of its association. The second society began in 1891 and has issues three volumes of transactions and for seven years published a *Quarterly Bulletin* containing the papers read at its meetings. The special object of the union of the two societies is to create greater interest among physicians to study one of the greatest evils of modern times. Its plan of work is to encourage and promote more exact scientific studies of the nature and effects of alcohol in health and disease, particularly of its etiological, physiological and therapeutic relations. Second, to secure more accurate investigations of the diseases associated or following from the use of alcohol and narcotics. Third, to correct the present empirical treatment of those diseases by secret drugs and so-called specifics and to secure legislation prohibiting the sale of nostrums claiming to be absolute cures containing dangerous poisons. Fourth, to encourage special legislation for the care, control and medical treatment of spirits and drug takers. The alcoholic problem and the diseases which center and spring from it are becoming more prominent and its medical and hygienic importance have assumed such proportions that physicians everywhere are called on for advice and counsel. Public sentiment is turning to medical men for authoritative facts and conclusions to enable them to realize the causes, means of prevention and cure of this evil. This new society comes to meet this want by enlisting medical men as members and stimulating new studies and researches from a broader and more scientific point of view. As a medical and hygienic topic the alcoholic problem has an intense personal interest, not only to every physician, but to the public generally in every town and city in the country. This interest demands concentrated efforts through the medium of a society to clear away the present confusion, educate public sentiment, and make medical men the final authority in the consideration of the remedial measures for cure and prevention. For this purpose a most urgent appeal is made to all physicians to assist in making this society the medium and authority for the scientific study of the subject. The secretary, Dr. T. D. Crothers, of Hartford, Conn., will be pleased to give any further information.

EXPLAINS DOCTORS' FEES.

To the Editor of the *Herald:*

"Layman," in to-day's *Herald,* tells us that medicine is not an exact science. Like a good many people who are puzzled and pained by things as they are and not as they should be according to their own ideas of fitness, "Layman" is perplexed because the pay medical practitioners command is as inexact as the social status of the patient.

Practical medicine is just as inexact an art as statecraft. The man who has the reputation of being the most well informed, of exercising the best judgment, and who does best, is the man who is most sought for by "the ailing," and he gets the fattest fees. Charges are regulated not by any intrinsic value of services themselves, but by what they are worth to the party needing and demanding them, and within financial limitations.

The same inexact rule holds for legal services and banking transactions. Society is sure to get only what it pays for. If poor fees are guaranteed, then only inferior men will enter a profession. And so long as social class distinctions prevail, and the talents of men vary, so long will exact and uniform fees "for all concerned" continue, with varying inexactitude.

Dr. Adolph Rupp.

New York, September 2, 1904.

CHARGES SHOULD GROW WITH EXPERIENCE.

You will see this anomaly, physicians grown gray in hair, rich in experience and skilful in nice technique and wise in all that concerns the treatment of their patients, who yet continue to give their lives to their patients for the same fee that they received when they began to practice forty or fifty years ago. They have kept up with the procession as to fitness for their work. They know all the newest methods, and, in a word, measure up to the full stature of professional requirements in our time. Yet they are so tied by habit, routine and conservatism that they cannot, or will not, keep up with the procession financially. They should be consultants only, whereas they continue to do a beginner's work and for a beginner's fee. This is failing at a vital point, not for themselves alone, but for the whole profession.—*Brooklyn Med. Jour.*

MEDICAL SOCIETY OF VIRGINIA.

Thirty-fifth annual session will be held at Richmond, Va., October 18-21, 1904. Among those who will read papers are Dr. W. B. De Garmo, New York, on "The Appendix and Its Relation to Abdominal Hernia"; Dr. George Tucker Harrison, New York, on "Conservative Treatment of Affections of the Uterine Adnexa."

Book Reviews.

First Report of the Tenement House Department of the City of New York. Volume 1, January 1, 1902, to July 1, 1903.

These volumes show how the tenement-house problem has worked in practice under the radical treatment of a new commission, adopted by the Legislature for a new department of the city government, in 1901. The present volume covers the period from January 1, 1902, to July 1, 1903.

That the work of the department has been honest, impartial, tactful, and of conspicuous value to the public is sufficiently shown by the popularity which the department has achieved. Attempts to emasculate the Tenement House act in the Legislature have aroused spontaneous protests from the great tenement population of the East Side, and no amendment of any kind has been made unless asked for by the Commission.

A Text-Book of Mechano-Therapy (Massage and Medical Gymnastics). Prepared for the use of Medical Students, Trained Nurses and Medical Gymnasts. By Axel V. Grafstrom, B.Sc., M.D., Late Lieutenant in the Royal Swedish Army; Late House Physician City Hospital, New York; Attending Physician to the Gustavus Adolphus Orphanage, Jamestown, N. Y. Second edition, revised and enlarged. Philadelphia, New York and London: W. B. Saunders & Co., 1904.

This useful little work has been entirely rewritten, and very much enlarged. The author states that his object has been to present a work that would be useful as a text-book to students, trained nurses, and medical gymnasts, and as a reference book for the general practitioner. It is certainly a practical and clear consideration of the subjects of massage and medical gymnastics. The mechanical get-up is all that could be desired.

Arteria Uterina Ovarica. The Utero-Ovarian Artery or the Genital Vascular Circle Anatomy and Physiology, with their Application in Diagnosis and Surgical Intervention. Byron Robinson, B.S., M.D., Chicago, Ill. Author of "Practical Intestinal Surgery," "Landmarks in Gynecology," "Life-Sized Chart of the Sympathetic," "Abdominal Brain," "Colpoperineorrhaphy and the Structures Involved," "The Ureter," "Gynecologic Charts of Genital Circulation." The object of research is the benefit it may confer and not merely to know the truth. Chicago, Ill.: E. H. Colegrove, 1903.

An excellent monograph on arteria uterina ovarica, with a part of the abdominal aorta. Several new features have been added in the utility of the genital vascular circle in surgical intervention on the tractus genitalis.

The work has been amply illustrated, very accurate and reliable from nature, and is a very useful book for the gynecologist.

Epilepsy and Its Treatment. By William P. Spratling, M.D., Medical Superintendent of the Craig Colony for Epileptics; Secretary of the National Association for the Study of Epilepsy and the Care and Treatment of Epileptics; Member American Medico-Psychological Association, New York Academy of Medicine, Buffalo Academy of Medicine, Rochester Pathological Society, American Medical Association, etc. Fully illustrated. Philadelphia, New York and London: W. B. Saunders & Co., 1904. Cloth, $4 net.

The author has used the opportunities for the study and observation of this disease, having been medical superintendent of the New York Colony for Epileptics for many years, and has based the book on his personal investigations. His individual opinion on the general treatment of epilepsy cannot be excelled, having been taken from his practical knowledge and personal experience. The book covers the subject very completely and is a valuable contribution to literature. The descriptive chapter will be of great value to the general practicer of medicine.

Infectious Diseases. Their Etiology, Diagnosis and Treatment. By G. H. Rogers, Professor Extraordinary in the Faculty of Medicine of Paris, etc. Translated by M. S. Gabriel, M.D., New York. With 43 illustrations. Pp. 864. Cloth. Price, $5.75 net. Philadelphia and New York: Lea Bros. & Co., 1903.

The work covers the subject in all its phases and is thoroughly understood by the writer, showing the familiarity of the author in the laboratory and having unlimited clinical material. The work is of value to the general practitioner of medicine and surgery.

The Surgery of the Heart and Lungs. A History and Résumé of Surgical conditions found therein, and experimental and clinical research in man and lower animals, with reference to Pneumonotomy, Pneumonectomy and Bromchotomy and Cardiotomy and Cardiorrhapy. By Benjamin Merrill Ricketts, Ph.B., M.D., Member American Medical Association Railway Surgeons, Mississippi Valley Medical Association, Cincinnati Academy of Medicine, Ohio State Medical Society, American Proctologic Society, Honorary Member Medical Society State of New York, Honorary Member St. Louis Medical Society, Fellow New York State Medical Association and Member Société Internationale De Chirurgie. New York: The Grafton Press, 1904. Price, $5.

The present volume is the work of Dr. Benjamin Merrill Ricketts, a well-known surgeon of Cincinnati, who has been engaged for a long period in interesting and original experiments in the surgery of the heart and lungs. Those familiar with the published articles and addresses, will be glad to find them put forth in book form by the author. The volume is devoted about equally to the surgery of the heart and to that of the lungs.

The subject is formally treated from both the historical and the experimental side. Complete bibliographical notes follow the chapters, making the work especially valuable to the student, while the general practitioner cannot fail to find much permanent value in Dr. Ricketts' experiments in this department of surgery.

Radiotherapy and Phototherapy, including Radium and High-frequency Currents, their Medical and Surgical Applications in Diagnosis and Treatment. For Students and Practitioners. By Charles Warrenne Allen, M.D., Professor of Dermatology in the New York Post Graduate Medical School; Consulting Dermatologist to the Randall's Island Hospitals; Consulting Genito-Urinary Surgeon to the City Hospital; Member of the American Medical Association; The American Dermatological Association; the New York Dermatological Society, etc., with the cooperation of Milton Franklin, M.D., Lecturer on Electro-Radiotherapy, New York Polyclinic Medical School, and Samuel Stern, M.D., Radiographist to Dr. Lustgarten's Clinic at the Mount Sinai Hospital; Clinical Assistant to the Skin Department of the New York Post Graduate Medical School. Illustrated with 131 engravings and 27 plates in colors and monochrome. New York and Philadelphia: Lea Bros. & Co., 1904.

This work is a thorough treatise on radiotherapy, devoting particular attention to its use for malignant growths and skin diseases. Phototherapy, radium and high-frequency currents are considered with much detail.

The chapters on apparatus in general are very complete; the relative merits of different kinds of instruments for generating X-rays are clearly stated, the author's opinions showing some effects of local influences. No attention is paid to the details of skiagraph making, the book being primarily for therapeutics.

In the chapters on the X-ray's relation to general medicine and surgery, the emphasis placed on the ray's use for making the earliest possible diagnosis of

tubercular and allied conditions, particularly in the chest, is commendable.

The parts on malignant growths, epitheliomata and skin diseases, illustrated by valuable photographs of lesions, are worthy of particular attention. While not lacking enthusiasm over results in some cases, conservatism marks their judgment. In relation to malignant tumors, surgery is advocated in all operable cases, ranging in inoperable cases or in conjunction with surgical procedures. We would suggest—

On page 178 (selection of cases) that an important factor is the character of the skin involved, senile atrophy being distinctly unfavorable.

On page 196 (ultimate results in cancer) that the test is recurrence not only in situ but metastatic.

On page 216, that sarcoma is not a "form of cancer," and we question "the known hopelessness of operating for most varieties of sarcoma."

On page 266, that pityriasis rosea is a self-limited disease, belonging to the erythema group, consequently these results are not significant.

That in the treatment of pruritus the relation of etiology is not given due attention.

On page 270, that raying for psoriasis should be limited to inveterate cases.

On page 272, that in rosarea, medicinal and local treatment are usually sufficient and the rays are indicated only in the stage of hypertrophy.

Burns and deleterious actions of the X-rays are discussed and attention again called to the important matter of the dangers to the operator himself.

Exact measures of dosage are advised and methods explained.

The chapters on light include consideration on sun, incandescent lamp, arc, blue and Finsen rays, giving their theories, physical properties, action and therapeutics.

Radium and similar substances, and other newly discovered rays, receive attention. The chapters on high-frequency currents are similarly replete. These currents are recommended in skin diseases to be used in conjunction with the Rontgen rays.

The authors are to be congratulated for the numerous citations of literature, although their efforts to be complete have included some meritless references. On the whole, the book shows careful consideration and presents judicial opinions.

BOOKS RECEIVED.

A Text-Book of Diseases of Women. By Charles B. Penrose, M.D., Ph.D. Formerly Professor of Gynecology in the University of Pennsylvania; Surgeon to the Gynecean Hospital, Philadelphia. With 225 illustrations. Fifth edition. Revised. Philadelphia, New York, London: W. B. Saunders & Co., 1904.

Pathological Technique. A Practical Manual for Workers in Pathological History and Bacteriology, including Directions for the Performance of Autopsies and for Clinical Diagnosis by Laboratory Methods. By Frank Burr Mallory, A.M., M.D., Associate Professor of Pathology, Harvard University Medical School; First Assistant Visiting Pathologist to the Boston City Hospital; Pathologist to the Children's Hospital, and James Homer Wright, A.M., M.D., Director of the Clinico-Pathological Laboratory of the Massachusetts General Hospital; Instructor in Pathology, Harvard University Medical School. Third edition. Revised and enlarged, with 156 illustrations. Philadelphia, New York, London: W. B. Saunders & Co., 1904.

The Principles of Hygiene. A Practical Manual for Students, Physicians, and Health Officers. By D. H. Bergey, A.M., M.D., Assistant Professor of Bacteriology, University of Pennsylvania. Illustrated. Second edition, thoroughly revised and enlarged. Philadelphia, New York and London: W. B. Saunders & Co, 1904.

A Hand-Book of Surgery, for Students and Practitioners. By Frederic Richardson Griffith, M.D., Surgeon, Bellevue Dispensary; Assistant Surgeon at the New York Polyclinic School and Hospital; Assistant Genito-Urinary Surgeon at the New York Hospital (Home of Relief); Past Acting Assistant Surgeon, Third Regiment Infantry, N. G. P.; Fellow of the New York Academy of Medicine; Associate Editor of the *Medical Critic,* etc. With 417 illustrations. Philadelphia, New York, London: W. B. Saunders & Co., 1904.

A Text-Book of Materia Medica, including Laboratory Exercises in the Histologic and Chemic Examination of Drugs, for Pharmaceutic and Medical Schools and for Home Study. By Robert A. Hatcher, Ph.G., M.D., Instructor in Pharmacology, Cornell University Medical School, New York; formerly Professor of Materia Medica and Vegetable Histology, Cleveland School of Pharmacy; and Demonstrator of Pharmacology, Western Reserve University, and Torald Sollmann, M.D., Associate Professor of Pharmacology and Materia Medica in the Medical Department of Western Reserve University, Cleveland, O. Illustrated. Philadelphia, New York, London: W. B. Saunders & Co., 1904.

The Medical Epitome Series—Surgery.—A manual for students and practitioners. By M. D'Arcy Mabee, A.M., M.D., Demonstrator of Surgery and Lecturer on Minor Surgery in the Georgetown University Medical School; Assistant on the Surgical Service of the Georgetown Hospital, Washington, D. C., and Wallace Johnson, Ph.D., M.D., Demonstrator of Pathology and Bacteriology in the Georgetown University Medical School, Washington, D. C.; in charge of the Clinical Laboratory Emergency Hospital; Assistant on the Surgical Service of the Central Dispensary, Washington, D. C. With an appendix on X-ray work in surgery. By Edward O. Parker, A.M., M.D., Physician at the New York Dispensary. Series edited by V. C. Pedersen, A.M., M.D., Instructor in Surgery and Anesthetist and Instructor in Anesthesia at the New York Polyclinic Medical School and Hospital; Genito-Urinary Surgeon to the Out-patient Department of the New York Hospital and Hudson Street Hospital; Anesthetist to the Roosevelt Hospital (First Surgical Division). Illustrated with 129 engravings. Philadelphia and New York: Lee Bros. & Co.

A Treatise on Obstetrics, for Students and Practitioners. By Edward P. Davis, A.M., M.D., Professor of Obstetrics in the Jefferson Medical College; Professor of Obstetrics in the Philadelphia Polyclinic; Medical Director of the Jefferson Maternity; Visiting Obstetrician to the Jefferson, Philadelphia and Polyclinic Hospitals; Member of the American Gynecological Society, College of Physicians of Philadelphia, Philadelphia Obstetrical Society; Member (Founder) of the International Congress of Obstetrics and Gynecology; Honorary Member of the State Medical Society of Virginia; Honorary Member of the Surgical Society of Bucharest, Consultant to the Preston Retreat, Etc., Etc., Etc. Second edition. Illustrated with 274 engravings and 39 plates in colors and monochrome. Philadelphia and New York: Lee Bros. & Co., 1904.

A Text-Book of Physiological Chemistry for Students of Medicine and Physicians. By Charles E. Simon, M.D., of Baltimore, Md. Second edition, revised and enlarged. Philadelphia and New York: Lee Bros. & Co., 1904.

The Medical Epitome Series—Nervous and Mental Diseases.—A Manual for Students and Practitioners. With an appendix on Insomnia. By Joseph Darwin Nagel, M.D., Consulting Physician to the French Hospital of New York; Member of New York Academy of Medicine; Honorary Member Société Royale de Belgique, etc.; Consulting Physician to St. Chrysostom's Dispensary. Series edited by Victor Cox Pedersen. A.M., M.D., Instructor in Surgery and Anesthetist and Instructor in Anesthesia at the New York Polyclinic Medical School and Hospital. Genito-Urinary Surgeon to the Out-patient Departments of the New York and the Hudson Street Hospitals; Anesthetist to the Roosevelt Hospital. Illustrated with 46 engravings. Philadelphia and New York: Lee Bros. & Co.

Original Articles.

THE IMPORTANCE OF DISTINGUISHING BETWEEN PRIMARY AND SECONDARY LOW ARTERIAL TENSION IN THE TREATMENT OF CIRCULATORY DISEASE.

By LOUIS FAUGERES BISHOP, A.M., M.D.,
New York City.

ONE of the facts that make it impossible to form a just opinion as to the significance of symptoms except after a careful study of the history of their development is that the same symptoms may arise in different ways. It is like observing a man half-way up a mountain and trying to guess at his physical condition. How important it is to know whether he has just walked from the bottom or whether he has been to the top and is half-way down again.

By primary low arterial tension we mean failure of the circulation primarily due to deficiency in the power of the heart, or indeed, a loss of tone throughout the circulatory apparatus. In primary low arterial tension the cause is to be found in something directly influencing the integrity of these organs.

By secondary low arterial tension we mean that condition which is found when the heart, having become more and more active in order to overcome resistance in the peripheral circulation or to supply a demand on the part of the system for a high arterial tension, and having maintained this for a long time becomes exhausted and is no longer able to maintain that tension in the blood vessels necessary for the maintenance of the circulation under the conditions present.

In the treatment of primary low arterial tension we have at our command all those forces which tend to compensatory hypertrophy and to the proper regulation of the blood supply in various parts of the body. In the secondary cases these powers have been, to a great extent, already exhausted. In primary cases contraction of the blood vessels may be of advantage in helping to a return of a proper pressure. In secondary cases the heart has ceased to respond to the stimulus of back pressure, and until it can be restored this must be avoided. Furthermore, in primary cases we are much more apt to have to deal with sound organs in other parts of the body.

Again, primary low arterial tension is either due to recently acquired valvular defects or secondary to some acute disease. With sufficient rest the valvular defect will be taken care of by compensatory hypertrophy and the results of acute disease will be removed as the patient recovers from the condition of debility. For this reason a good prognosis is possible.

It is secondary low arterial tension that needs more earnest consideration. The time to treat it properly is long before it shows marked symptoms, or better yet, it would be well if the patient could be seen during the existence of high arterial tension.

High arterial tension is best treated by a suitable regimen. This consists of a low diet without alcohol or excess of meat or of fluids, of abstinence from absorbing or exciting occupation, of out-door exercise and frequent warm baths. To this may be added the occasional use of nitroglycerine and the iodide of soda. There is no doubt that if a patient during the early development of high arterial tension would submit to such a regimen that the tendency might be checked.

In a little later stage, when there are signs of failing compensation in the early appearance of short periods of low arterial tension, the same regimen as above is indicated and more strongly demanded. When we come to the cases where there is a definite failure of the circulation, the first indication is physical rest, the use of vasodilators and attention in detail to local complications which have arisen from the condition. These may consist of edema, effusions into the serous cavities, congestion of the liver, congestion of already diseased kidney, bronchitis or impairments of digestion. Each must be treated with careful detail, but at the earliest possible moment the patient must be restored to a suitable regimen of life in the open air in suitable weather.

Secondary low arterial tension does not justify the same degree of persistence in bed treatment as a primary condition because we have to deal with what may well prove to be a terminal condition. Practical experience shows that there is more success in the management of these patients if the condition is accepted and plans are made to allow them the fullest enjoyment that is possible under the circumstances. Under this plan every little while a patient shows a surprising improvement, while under the plan of confinement and excessive therapeutics there might well have been a progressive anemia and failure of nutrition leading to a fatal termination. In other words, in secondary low arterial tension is it possible to be too conservative.

The ideal situation is where the physician can experiment with his patient and discover what is the most liberal regimen that is applicable to his case.

RESTRICTIONS ON SALES OF CARBOLIC ACID IN GERMANY.

The sale of anything stronger than 5 per cent. is prohibited. Pure carbolic can only be obtained on a prescription which has been approved by the Police Department.

In Chicago, Ill., the sale of a stronger solution than 5 per cent. is prohibited. Full strength can only be obtained on the prescription of a physician.

TYPHOID FEVER.[1]

BY R. SAYRE HARNDEN, M.D.,
Waverly, N. Y.

ITS history, etiology, morbid anatomy, etc., I shall pass over, for I am sure you are all familiar with them.

Of its mode of infection, I shall simply give my own views, based upon an experience of over thirty years, and some reflections upon the views of others. I have not the time or wish to make an extensive compilation, nor have you, to listen to the same.

We are told by many eminent authorities that cases of typhoid occur where no intestinal lesion exists. This, to my mind is infallible proof, that the germ or bacilla does not enter the system through the digestive canal. I have long felt that nature had provided too well and thoroughly against the introduction of infection by that channel, and the researches of Donlitz, of Germany, indicates that water infection is less common than generally supposed.

Certainly it is good logic, when we say one single case of well authenticated advent of the bacilla through other channels, would negative all the proof we have, that the entrance is through the stomach and intestine. In fact, we have no absolute proof of the latter; it is simply a theory. The claim that the water courses were the only sources of infection, has already been exploded. We ask why did this chimera satisfy the medical mind so long? It was utterly untenable. With a few notable exceptions, the bacilla are not found in water, and we are told by the microscopist, that it is very difficult, and often impossible to find them, and yet we are informed they are there! Must we accept theory as established fact?

We are told by Osler, and other eminent authors, "that there is no conclusive evidence that the bacilli ever enter the body, except through the intestinal tract," and yet Osler admits that there may be a possibility of such entrance. Reasoning by analogy, why do not the other infectious diseases enter the body via the intestinal tract? Perhaps they do, but there seems to be abundant proof that they enter through the unprotected lymphatics of the respiratory organs, in fact, are often "snuffed from afar." It is the lymphatic tissues or glands in the intestines which are affected in the majority of cases. Why should not the reasonable hypothesis be accepted, that they reach such organs through the unprotected lymphoid channels? I would not dwell upon these mooted views, but that, as you are all aware, the generally accepted mode of infection does not fully satisfy, either the scientific, or the lay mind. So many cases occur that cannot be attributed to water, or food, as to give rise at least, to doubt, as to water, or food, being the common vehicle of entrance or convection.

The most scientific investigations in Germany and France, some years since, failed utterly to demonstrate the bacilla in the water, which had been accredited as the cause of several epidemics, but does demonstrate that too little attention has been given to other and less conspicuous modes of dissemination and infection. They did find the germs up on the mountain side, upon the uppermost leaves of trees, at the timber line, which were without a shadow of doubt deposited there in the dust of the atmosphere and came from an infected area twenty miles away, beyond the mountains. Bacilla were also found in the dust upon the surface of the ground in the camp of troops infected by typhoid. The Journal of Hygiene, of Berlin, thereupon remarked, "There is no longer any doubt, of the aerial convection of the germs of typhoid fever."

The Journal de Hygiene, of Paris, also makes the same claim. And gentlemen, it is an explanation that explains and renders self evident and plausible, the method of convection and introduction of typhoid germs into the body.

I would not dispute the fact, that typhoid germs thrive in good culture mediums, such as impure water, etc., or that they are conveyed through the water as well as air. If, they were, *only* conveyed through the water channels, it would not disprove, or render untenable, the claim I advance; one single, well authenticated circumstance like those described in Germany does seem to be proof that the disease may be, and probably is, in most instances, introduced to the system through the unprotected lymphatics of the respiratory tract, even though they were deposited in the fauces—through the vehicle of water. This is at least as reasonable as the opposite view that the dust laden germs are swallowed. Not long ago I had a case of typhoid, which first attacked the eyes, producing an aggravated, acute glaucoma, with high temperature ($105\frac{1}{2}$) first day, accompanied by delirium; eyeballs protruding larger than black walnuts, and intensely red, actually leaving the lids behind them. One week from its advent the eruption of typhoid became well marked and all other symptoms of a typical typhoid fever ensued; obstruction of gall-ducts and icturus following subsidence of fever. I consider this case unique, and for that reason have reported it. I think it fully exemplifies the fact that the germs may enter through any of the lymphatic channels. As a matter of fact, the pneumo-typhoid condition preceding so many typhoid cases of late years—perhaps influenced in some measure by the prevalence of influenza—indicates the entrance through the respiratory tract, at least, in many cases. We may well ask, I think, may it not be the common channel of infection? This hypothesis would relieve the medical mind of much of its perplexity, and clear up many of the mysteries regarding the sources and method of convection of typhoid germs. Recently, the German sanitarians are devoting all their energies to exterminate typhoid through attention to other resources of infection than the water channels.

Afebrile Typhoid.—To my knowledge, I have never met with it, and yet I have at this time one

[1]Read at the Annual Meeting of the Third District Branch, July, 1904.

of three cases in the same house, where the stools, eruption, etc., is characteristic, but the temperature is below normal (A. M.), and only one and one-half degree above (P. M.), except upon two days when it reached 101½.

It is not my purpose to report unusual cases or conditions, hemorrhage, perforation, thrombosis, etc. I wish, however, to refer to one case of typhoid, which, has been considered quite remarkable, in fact; it is one of those which demonstrate to the physician that his prognosis in any case of typhoid, need not be unfavorable under almost any conditions, and further, that he cannot in any case, give a definite prognosis. This case was attended with relapse, and no other complications, except pneumonia, two weeks after recovery. The first attack was attended with muttering delirium and incoherency from beginning; and other adynamic symptoms; skin, color of Spaniard; involuntary stools after first week, sordes black; stools dark chocolate, also incontinence of urine; pulse never more than 50—from 45 to 50; temperature never above 101 3-5; case apparently hopeless; temperature dropped to normal 22d day and color of skin became normal, which was almost blonde—mind became clear and all functions restored. At the end of one week temperature began to rise, until in a few days it reached 105 A. M. and 106½ P. M. Pulse 130 to 160; respirations 25; no delirium or tympany; no incoherency, or sordes, perfect control of bowels and bladder, no darkening of skin; eruption well marked. No hemorrhage, stools ochre. I mention this case partly for this reason: It taught me that mere temperature or high temperature need not be taken seriously into account.

Of diagnosis I shall say but little. I do not feel at all certain of my diagnosis until the appearance of the eruption. Though it occurs late in some cases, the late Prof. Flint said, while connected with a general hospital in New Orleans, "An old auntie who had grown up in the hospital, would smell out a case and never make a mistake. There is certainly a characteristic odor and peculiar hue in the skin. There seems to be abundant evidence that the 'Widal test' is of much value." And I believe the agglutometer test, as prepared by P. D. & Co., if cultures are slightly warmed (to 120) is of still greater value and to the general practitioner a godsend.

PROGNOSIS.

The mortality is decidedly variable, ranging, it is said, from 5, to 20 per cent., and somewhat greater, in hospital, than in private practice, less in some epidemics than others: less under the revived Currie water treatment, than under any of the unusual nonantisiptic methods of treatment. If temperature be the most important factor—which I deny—then Currie or Brandt should be followed, but guiacol, pure, applied over abdomen, will lessen the temperature as effectually, and more promptly, than the former; and so will knocking the patient on the head; or bleeding him. If temperature is an unimportant, factor, then, it is manifestly improper to make any attempt whatever to reduce it. If it be a result of nature's effort to burn up and destroy toxins, then we should assist nature in her efforts by attacking the toxins and reducing or preventing sepsis. It has been recently demonstrated that the bacilla produce in their evolution, toxins which are exceedingly virulent, even in infinitesimal quantities. These toxins, gentlemen, are the lethal factor, and largely reponsible for the necrosis, and if we come to the help of nature with her own army of phagocytes, and add our potential agencies to hers, the temperature will take care of itself, and usually assume a lower, and permanently lower plane.

TREATMENT.

Osler has no confidence in antiseptics. Yet, he says, he can vouch for the efficacy of several, "Beta-Napthol," "carbolic acid," and "iodine." This simply shows prejudice upon his part. He swears by the Brandt method with results no better, if as good, as Flint reported in the cases of lumbermen in the woods, who had no treatment. Thirsth, and many others have advocated a combined eliminative and antiseptic treatment. Its results were remarkable. The serum treatment, both curative and for immunization, points to the proper method, or at least, to the principles of treatment, as does the antitoxin for diphtheria. It simply deals with the toxins, and in no wise, does it abort or cut short the disease itself. That hygiene and sanitation has lessened the prevalence and virulence of typhoid is another proof of the value of antiseptic treatment. That several thousand cases have been treated by antiseptic measures with mortality rate of less than 2 per cent., should convince the most sceptical mind, even an Osler. My own results, 134 consecutive cases, with but one fatality, and that from perforation—and I may add it was a case which I took in the second week from the hands of a confrère in his absence—has convinced me, beyond and above the views of any and all authorities, who theoretically refuse to accept, or even give it a fair trial, of its preeminent value. The only argument against it seems to be the purely theoretical one, that antiseptics cannot be used which will destroy the germs, or even reach them in their inaccessible hiding-places.

Here we must enter a protest against such arguments. Does antitoxin of any sort kill the germs of disease? Not at all! We have not yet reached that happy epoch, but we may destroy or prevent their toxins until they arrive at the end of their short-lived journey. Now, it is not a question of what will kill these germs, or what will destroy the toxins in the intestines, but what will reach the toxins throughout the body. Next in value to the serum, I believe carb. of guiacol is foremost in 3 gr. doses every three hours. It gives rise to no trouble and is given off by the kidneys, through the skin and exhaled from the lungs, as shown by its perceptible and characteristic odor.

If Osler can vouch for carbolic acid, which is its first cousin, and which is a lethal poison, we

should find in guiacol a non-lethal poison and antiseptic of wonderful value. Certainly my own experience with it for many years has shown me its intrinsic value.

My treatment of typhoid for thirty-two years has been antiseptic. My first agent was lactic acid. A suggestion from "Ringer," of London, that it was a valuable antiferment in intestinal infections led me to adopt it with 2 per cent. mortality. Later on I added guiacol, and the mortality has been even less, as above stated—less than 1 per cent. Acetozone seems an ideal antiseptic, the mortality under its use being very low.

Now, gentlemen, typhoid fever can be much shortened in its duration and wonderfully modified by effective antiseptic treatment. In most of the cases reported, treated by acetozone, the average duration has been about fifteen or sixteen days. Under guiacol and lactic acid, my own cases have averaged seventeen days from initial chill to first morning drop to normal. Who has not wondered at the remarkable metamorphosis, after the use of antitoxin, in diphtheria. No less remarkable is that of typhoid under proper antiseptic treatment. The sordes, the brown, dry curled or glazed tongue, tympany, meteorism, most of the delirium, the foul odor of feces, strong urine, etc., fade away or fail to appear, at least in most cases. The temperature assumes a lower plane, usually dropping from 1 to 2 degrees after three or four days use of the antiseptic treatment, and so continuing. That antiseptic treatment does not diminish the tendency to hemorrhage, or prevent relapse, is proof, to my mind, that it simply prevents or destroys toxins developed by the bacteria.

To A. McFadden, of London, in *British Medical Journal,* March 21, 1903, is given the credit of developing and separating the toxins and demonstrating their lethal properties. He has also shown that the toxin injected into monkeys was quickly fatal, and in other cases thus infected injection of the typhoid serum was quickly followed by recovery.

Woods and Thrush, in Philadelphia Hospital, 1903, report fifty-three consecutive cases of recovery from typhoid after use of acetozone, and Billings twenty-five cases without a death; Sisters' Hospital, Buffalo, forty-four cases without a death, both using same remedy.

I might go on indefinitely quoting similar results up to at least 20.000 cases treated by antiseptic or antiseptic and eliminative treatment, with less than 2 per cent. mortality. I have not used the elimination methods except so far as a few 1/10 of calomel, four to six or eight a day for three or four days. I consider the frequent cleansing the mouth with listerine (1 to 5 of water), very important. Also the occasional sponging of the body with alcohol and water or soda and water. Not, however, with a view to lowering the temperature. The stools and urine should be sterilized by copperas or chlorinated lime water and buried, or subjected to bichloride and permanganate solutions. If tympany and meteorism occur, which is rarely the case, turpentine stupes and saline enemas are effective. In cases attended with adynamic symptoms, I find the heart stimulants with the addition in some cases of strychnine to be absolutely necessary. In cases attended with hemorrhage I have found opium, or opium and sugar of lead with adrenalin, useful and generally more effective than gallic acid and other styptics. If the skin is dry aconite is indicated. This, however, with other symptoms I treat expectantly.

For a diet in typhoid I rely mostly on milk, buttermilk, rice gruel, barley water, egg albumen, but usually upon milk. It was once my good fortune to be connected with a great hospital which at that time contained in its buildings and tents 4,500 typhoid cases brought from the military prisons of the South in 1864. In the emergency we were obliged to resort to milk as a diet for those sheltered by the tents. The percentage of mortality was much less than among those cared for in the pavilions of the hospital. This was the birth of the milk diet, and the tent housing exemplified the importance of fresh air.

Realizing fully the incompleteness, brevity and imperfection of my discussion of this immensely important subject, but hoping some good may come from it to humanity, I thank you, gentlemen, for your courtesy.

TREATMENT OF TYPHOID FEVER.[1]

BY ASA G. HENRY, M.D.,
Cortland, N. Y.

TYPHOID fever has for ages in the past, and still is, by the vast majority of the profession, as well as the lay community, considered as a very formidable and fatal disease; and in the light of tabulated mortality statistics it may be so accounted.

With the usual treatment, it furnishes an array of symptoms which are calculated to create anxiety and alarm to friends and physicians alike. In a moderately severe case it is not unusual at about the end of the second week to find several, if not all, the following conditions present: high fever with a weak, uncertain pulse; delirium, tympanites, bowels very loose, a foul tongue with accumulating sordes, and nervous symptoms very pronounced. Now, I think it is a fair subject for inquiry if the serious conditions alluded to above may not be due to pernicious feeding and faulty medication, rather than from the necessities of the disease.

I have no hesitation in lending assent to this proposition, and a fair number of cases extending over many years bears out the conclusion reached. I will briefly outline about the way I have managed typhoid fever cases for the past number of years.

The patient is put to bed clothed in a single garment—preferably a loose cotton night dress—and in as good a room as is practicable for thor-

[1]Read at the meeting of the Cortland County Medical Association, at Cortland, N. Y.

ough and constant ventilation and as free as possible from noises from other parts of the building.

I make it a point to tell the patient the nature of his disease, and that it will continue for some time—probably three weeks, more or less. At the same time I assure him that he is in no danger; that he will feel much better within a week than at the present time; headache all gone, fever a little on the decline, sleeping well and less nervous. At the daily visits I do not discuss the patient's condition at all in his presence or hearing. As for the rest, a quiet nurse, no visitors and but little conversation.

As to baths: One general soap bath is given every day. As the balance of the water used on the outside is for tonic purposes, I have the rest of the baths given to the body only. During the height of the fever they are ordered for every two to four hours, and with water quite cool. Particular attention is paid to the spine, running the sponge leisurely up and down the back a number of times.

Diet: With the exception to be noted a little further on, nothing but water is given the patient for from one to two, or even more weeks—the length of time depending upon the condition of the patient. Large quantities of water are given internally—about all that the patient can be induced to take.

After about a week, with everything going well, the patient is allowed, every three hours, a little orange or grape juice, expressed fresh from the fruit, with nothing added.

With this exception, nothing is given the patient but water, until all symptoms of bowel trouble have disappeared, the morning temperature normal, and the tongue clean or clearing. With the above-mentioned conditions present, the secretions of the mouth and stomach will have so nearly become normal as to properly take care of a little food.

As to the kind of food with which to begin the feeding I am not very particular—except negatively.

I do not allow milk, soups, broths, or flesh foods or their extracts of any kind. As preferred by the patient, the most of the cereals or breakfast foods may be given, as well as the breadstuffs and about all kinds of fresh fruits. I allow the patient to eat but once in six hours, and for a number of days but one kind of the articles selected at a meal.

Beginning with but a very small quantity at first, the amount can be gradually increased from day to day.

Whatever is taken should be most thoroughly masticated; the dryer foods, such as toast or bread, should be chewed until they become quite fluid in the mouth, and the softer breads worked over in the mouth for some time, to insure thorough insalivation.

I usually advise giving the fruit juices for some time after solid foods have been resumed. I have them given half-way between meals, to fill the "aching void" the patient sometimes has, as hunger returns and before he has gotten to the point where a full meal is given.

Now, as to any complications or unpleasant symptoms that may arise during the progress of the fever. I will preface my remarks as to how I deal with these by stating that if the case is properly managed from the first there will almost never be any complications or an unpleasant symptom to deal with; no grave bowel troubles or tympanites; no hemorrhage, no delirium; in fact, no symptoms of any kind to produce anxiety.

It is true that sometimes ere a physician is called the patient or his friends may think that he has a "touch of the grippe," that convenient scapegoat for every ailment we cannot find an easy label for, and that a resort has been made to "grippe pills" or some other equally disastrous cathartic; and it may not be until after several ineffectual attempts to "scour out" the disease that a doctor is summoned. I have many times been called to see a patient for the first time after several days of this preliminary bungling, and found inflammatory fires already lighted, bowels very loose and bloated, and the other symptoms usually accompanying these conditions getting in their work well.

To this state of affairs no special attention is paid. The bowels have already been meddled with too much. They need a rest and a chance for nature to repair damages. By withholding all food the bowels will very soon commence getting better. I object to outside applications of any kind—except the usual water bathing—as I think they do no good. But we may be told that a Mr. Blank was all bloated up and that the doctor put lots of turpentine on the outside, and that after a while he got better.

So he would have got better if he had had his bowels fanned for a minute every third day with a palm-leaf fan; and with the latter-named treatment would have avoided adding the intolerable stench of the turpentine to a patient who smelled bad enough before.

As regards the general treatment of the disease by medication, but little drugging is indicated. In the forming stage of the fever—the congested stage, that of headache and probably implication of the intestinal glands—I give belladonna. By its contractile influence on the blood-vessels it tends to prevent their congestion and relieve it when present.

After a few days, when the symptoms for which it was given have passed, it should be discontinued. But to meet the indications for which I give belladonna the drug must be given in not too large doses. Fifteen to twenty drops of the tincture to four ounces of water, and a teaspoonful of this mixture every two hours is about right. As long as the pulse remains rather rapid and somewhat weak, I usually give aconite—ten drops of the tincture to a half-glass of water and a teaspoonful of this mixture every two hours.

As the pulse works down to near normal in

rapidity and strength, I drop all medicine and give a placebo.

Ere concluding, I wish to state most forcibly that there can be no compromising on the food question—that is, that we cannot give even the smallest amount of food during the height of the fever with any expectation of getting the brilliant results which are sure to follow if the indications given in this article are fully carried out.

Not 2 per cent. of all the cases of typhoid fever ought to die of the disease.

In the earlier part of my practice, scattered through the years, I lost a number of cases—perhaps 8, or even more, per cent. But from 1888 to the present time, or since adopting the treatment outlined above, the mortality has been far below 1 per cent. In fact, I have had in my private and hospital ward practice together but one death from typhoid fever since 1888; and that case fell into my hands at the beginning of his third week of sickness, after he had been fed and purged for a fortnight, and was at the point of having hemorrhage, which set in with fatal effect soon after coming under my charge.

CONTROL OF TUBERCULOSIS.

1. Compulsory notification and registration of all cases is essential, otherwise the enforcement of any measures for prevention is impossible. Practical experience has shown the objections urged against it to be without force or foundation. In New York, in 1893, partly voluntary and partly compulsory notification was adopted. Public institutions were *required*, private physicians were *requested*, to report cases under their supervision. In 1897, compulsory notification was required in all cases. Though not yet strictly enforced, each year sees more complete compliance with the requirement.

The fact that tuberculosis differs radically from the more readily communicable diseases demands different measures of sanitary supervision. Notification should be regarded as confidential, and action taken only when the conditions require it.

The notification of a case of tuberculosis does not require action by the authorities if it seems reasonable to assume that such action is unnecessary. The very fact or notification by the attending physician has the greatest educational value and justifies the assumption, in those instances in which the case is under the supervision of a private physician, that reasonable and necessary precautions for the protection of others will be taken. If, however, the consumptive has the disease in an infectious stage and is without a home, or is living in a lodging house or in the poorest kind of furnished room, or with a family in a tenement house in a crowded district, or is receiving charitable medical advice through some public institution, then all objection to the interference of the authorities is removed, and in the interests of the public such supervision becomes necessary. Such is the attitude adopted in New York. It is understood in all instances where the consumptive is under the care of a private physician and the latter undertakes to give necessary instructions to prevent the transmission of the disease, no further cognizance of the case will be taken by the health authorities.

2. To facilitate the early and definite diagnosis of all cases of pulmonary tuberculosis, the sanitary authorities should afford facilities for the free bacteriological examination of the sputum in all early cases of suspected disease. In many early cases, the clinical conditions are not definite enough, in the absence of sputum examination, to admit of a positive diagnosis. Valuable time is thus lost, waiting for equivocal signs, which means further extension of the disease. The health department of New York provided facilities for such examination so early as 1894, and this procedure has proved of the greatest value to the medical profession, the sick, and the authorities. This plan should be universally followed. It is a curious fact that large numbers of physicians in private practice who are reluctant directly to report cases of tuberculosis without hesitation send specimens of sputum for examination, and with them all the facts in relation to the patient which are necessary for registration. Only on this condition are examinations made. During 1903, more than 13,000 specimens of sputum were examined in the laboratory of the department of health, almost entirely from physicians in private practice.

3. Sanitary authorities should educate the medical profession and the people on the subject of tuberculosis. Circulars suitable to different classes of the community and covering different phases of the subject should be distributed and published in the press. The formation of lay societies, agitation in the press, lectures, etc., are all valuable measures.

4. Every case reported, not being under the care of a private physician or being in a public institution, should be at once visited by a Board physician or trained nurse. Verbal instruction should be given and printed circulars left. Data should be gathered as to the history of the sick person and the family, its social and financial condition, the number of persons in the family and their wages, the number of cases which have occurred, the probable scource of infection, the sanitary condition of the premises, the cubic air space per capita, the light and ventilation, the precautions observed, and the need for further intervention. In cases that need it, the patient should be persuaded, and if necessary compelled, to go to some sanitarium outside the city.

5. All rooms, etc., vacated by a consumptive, should be disinfected with formaldehyde, or renovated, where the premises are filthy and unsanitary, by kalsomining, repapering, white-

washing, etc.; textile fabrics should be removed by the authorities and subjected to steam disinfection. Disinfection should be carried out by the health authorities without cost to occupants or owners, but renovation, when ordered, should be at the cost of the owner of the premises. Trained medical inspectors should enforce these measures whenever vacation of premises by death or otherwise becomes known to the authorities. The great difficulty in this measure is the frequent changes, often the result of the financial losses entailed by the disease itself. Requiring the owners to furnish notice of removal might react prejudicially on the poor consumptive by making it more difficult for him to obtain lodgings. Yet, this measure may prove to be the only available method.

6. Repeated visits by trained nurses should be made to tenement houses in cases where removal to an institution does not take place. These visits might aid in the notification of removal, as well as testify to the precautions observed, physical and financial conditions of the patient, etc.

7. Suitable food, especially milk and eggs, should be provided by the authorities, where necessary, if the patient cannot be removed to an institution. (Dr. Biggs discussed various economic problems in connection with this provision.)

8. The sanitary authorities should cause to be provided three classes of institutions: (*a*) Free dispensaries for medical treatment of ambulatory cases, under the constant supervision of district physicians and nurses; food, as well as medicine, being furnished where necessary. Dispensaries should be clearing houses for consumptives, and should continue treatment of cases discharged from institutions.

(*b*) Hospitals for advanced cases. Not all need be under the direct control of the authorities, though all should be under their supervision. In every large city the authorities should have control of at least one such institution for certain varieties of advanced cases that it may be necessary to remove forcibly to an institution. Such are: First, those discharged from other institutions for infraction of regulations, etc. Such cases from the sanitary standpoint especially demand institutional care, though it is obvious that ordinary institutions could not tolerate them without impairing their own efficiency. Secondly, patients from lodging and boarding houses or inmates of public institutions not having facilities for their care. Thirdly, patients where the home conditions, through poverty, destitution, overcrowding, etc., are very unfavorable. Fourthly, patients that refuse to remain in institutions in which they have been placed.

While these classes of cases are the most difficult of control, the experience of New York proves that little difficulty is experienced if the accommodations, food, and care provided are of a superior character. It will be readily understood that the measures suggested can only be taken where the sanitary authorities have full power and control, and that patients can only be detained forcibly in those institutions over which the authorities have direct authority. So far as the author knows, the forcible removal of tuberculous patients has not been attempted by any sanitary authorities, except those in New York.

(*c*) Sanitariums should be provided by the sanitary authorities in country districts favorably situated for the care of incipient cases.

9. The sanitary authorities should issue regulations applicable to public institutions as to the care of consumptives. The reception of consumptives in general wards should be prohibited. These regulations should apply to general hospitals, penal institutions, homes, asylums, etc. Suitable regulations should also be made for teachers and scholars, mercantile establishments, etc.

10. Regulations should be strictly enforced regarding spitting in public places.—Biggs, in *N. Y. Med. Jour.*

AN ADDRESS TO THE PENNSYLVANIA PHYSICIANS UNAFFILIATED WITH COUNTY MEDICAL SOCIETIES.

At this time no man can afford to stand alone in his business or profession. The spirit of the age is for organization of trades, business interests and even professions. The individual must therefore join with his colleagues, if he desires to gain the best position for himself in a commercial, social and industrial sense.

As everybody is joining the local medical organizations, it will soon be considered odd for a reputable physician to remain outside the ranks of his county medical society. The public will begin to feel that there is something about him which makes him unacceptable to his fellow-workers. This tendency is becoming so marked that no doctor who depends on the practice of medicine for his livelihood can afford to remain outside of the county medical organization of his part of the country. It is advisable for a young doctor to join as soon after graduation as the rules of the society will permit him to enter. This advice is given because he is liable to find more animosities after several years of practice than when he is young and not considered a rival of much importance in obtaining public confidence. Those who have allowed years to pass after graduation without uniting with such a medical organization are apt to find their time so occupied or their work of such a character that they think it unnecessary to become a member. This course creates a tendency for routine work, and makes it difficult for the doctor to get out of the rut which many years of laborious practice have made for him. It is far better to join early in life and keep abreast of one's fellows.

Some may object to joining medical societies, because they cannot approve of the acts and char-

acteristics of some of those already members. This is not a valid reason for refraining from membership, because it is a professional duty to elevate the standard of the society; and this can be done better from the inside than the outside.

Membership in a county medical society means, for the doctor, fellowship with the medical profession of his immediate neighborhood, of the county in which he lives, of his State and of the whole nation; for, through the county medical society, he obtains membership in the medical organization of the State and of the United States. This association is valuable for many reasons. It enlarges his social connections very materially, and gives him, his wife and his children congenial and intellectual companionship. It has long been observed that in towns and villages the doctor and his family associate with the best people, and are usually among the best educated and the most prosperous citizens. It is not meant by this statement that doctors as a rule become rich, because doctors do not make large sums of money. The income of medical men does not compare with that which can be made by men in commercial life, who can employ a multitude of clerks and hands to increase the profits from business. A doctor has to do everything himself, and cannot delegate much of his work to an assistant with advantage. For this and other reasons a doctor is not likely to be a wealthy citizen. It is, however, true that physicians are, as a rule, not only the best educated and most influential citizens, but are prosperous up to the point of comfort, even if they are not to be numbered among the unusually rich. Association, therefore, with the medical men and their families in one's neighborhood is sure to bring congenial friends and companions.

Connection with the county medical society, in which one is almost sure to find the most active and most successful doctors of the neighborhood, is a good investment as a business step. The friends so made can be depended upon to act as substitutes in time of sickness, or when the doctor goes on his vacation. It is always easy then to obtain counselors in difficult cases and assistants to help in giving ether or in performing obstetrical or other operations. The knowledge of one's medical neighbors obtained at the meetings of the county medical society enables a man to pick out those of special ability, when the members of his own family need medical advice. It is not only agreeable, but often very valuable, to know that one can give his wife and children notes of introduction to the best medical men in the place which they expect to visit, if they go traveling.

This advantage, which comes from aiding in the medical organization of the profession, is, perhaps, more noticeable among doctors than in other walks of life. It has often surprised the writer, for example, to see how little the lawyers of a large city are acquainted personally with the best members of the bar in neighboring towns and cities. It is likely that members of this profession, as well as business men, have within the last few years greatly enlarged their opportunities in this respect by the organization of State and national societies.

A marked advantage of the social intercourse arising from membership in the same society is the prevention of ill-natured criticism on the part of one's professional rivals for patronage. The doctor is always greatly strengthened in his hold upon his own patients, if the physicians in his town are his personal friends. The public is quite sure to have a considerable degree of confidence in a man, who is known to be on friendly terms with all his professional colleagues, and who is known to be sent for by them and to send for them in cases difficult to treat. The possibility of having as a consultant any doctor that has a reputation for special skill adds very much to the family physician's reputation among his own patients. To be able to get a friend to come from another town, to see a patient even without a fee, is no mean advantage in time of serious illness among one's poor patients. Good fellowship and personal acquaintance with the best men in the county will often enable a doctor to retain his patients in their own homes, even if important surgical or special treatment is required. The expense to the patient of an absence from home is avoided, if a doctor in the same neighborhood is obtained to do operative work. Under other circumstances it might be necessary to send the patient to a distant city, when he, of course, passes from under the immediate care of his family physician, who cannot take the time to remain with him for several weeks while he is under treatment far from home. The fees are then lost to the home doctor.

The support of a medical organization, when ignorant patients threaten suits for alleged imperfect results in practice, is another advantage that comes from membership in the organized profession. Some county medical societies undertake the defense of, and the supply of legal counsel to, their members. Even in cases where this is not done the moral support of the doctors in the same district, instead of their enmity or inactivity, is most important.

The medical defense by-law in one county medical society in Pennsylvania has stopped annoying suits, which dissatisfied patients were about to begin against members. The mere fact that the doctor was known to be a member of a society, which employed prominent counsel and was ready to defend him in court, was sufficient to cause the intended suit to be dropped. It is a great comfort to a doctor to think that he has his professional associates and neighbors back of him; and all of us are liable to be subjected to annoyance from patients dissatisfied with treatment, however innocent we may be of carelessness or ignorance. A good many doctors have often found also that in collecting bills, which have been disputed by patients or executors, it is important to

show that the best doctors in the neighborhood will be put upon the stand to testify to the value of the medical services.

Some county societies have associations for affording financial aid to members and their families in case of pecuniary distress. It sometimes occurs that doctors die leaving very little estate. To know that one's widow and orphans will be looked after by the county society or its aid association is a valid reason for joining a county medical society.

Nothing has thus far been said of the scientific advantage accruing from society membership, because it has been the wish of the writer to make prominent in the first place the commercial value of such association. No man can practice medicine scientifically and keep up with the developments in therapeutics, unless he reads medical journals and comes in close contact with the young men, just out of college, and the older men, who are devoting themselves to scientific work in addition to, or instead of, medical practice. Medical journals cost a good deal of money. To go to a distant city for post-graduate work costs more. While there is no doubt of the value of both of these methods of keeping in touch with medical advances, many men will find it difficult to avail themselves of them. Attendance upon county medical society meetings and upon the connected State and National meetings afford, however, the same sort of instruction.

In the local society men hear new methods of diagnosis and new methods of treatment considered and criticized; and thus may be given a new insight into many of their obscure and difficult cases. Pathology, upon which therapeutics is founded, cannot very well be studied by the active practitioner. In the medical society meeting, however, he hears the latest researches of foreign and native scientists mentioned, and thus learns what is being done in all parts of the world much more promptly than he would be apt to do if he waited until he read a large number of journals. In fact, some of these matters are only discussed in journals written in a foreign tongue, which he might be unable to read, even if he had had the opportunity. A man who attends a good medical society regularly will find that he is taking what is practically a form of post-graduate course. Such meetings are important for the specialist, who is very apt to become narrow, if he keeps away from them, as well as for the general practitioner, who may have no time or inclination to study special branches of medicine, but hears papers on special subjects at these meetings.

Membership in the county medical societies of Pennsylvania does not cost a great deal. It carries with it membership in the Medical Society of the State of Pennsylvania, and gives without cost the *Pennsylvania Medical Journal*, containing the papers read before the State Medical Society. Through this connection with the county and State medical societies, the doctor becomes eligible to membership in the American Medical Association, upon the payment of $5 a year. He gets for this $5, in addition to membership, one of the best weekly medical journals in the world.

Such advantages are not to be despised, and it behooves every doctor who can possibly gain admission to a county society to take early steps to accomplish that end.

No mention has been made of the desirable vacation trips which can be taken by the doctor and his family, by attending the meetings of his State Medical Society and the American Medical Association. These large organizations meet at a time of year when the vacation trip is desirable and pleasant, and they afford low rates by railroad to the points of meeting. Such trips are beneficial for the doctor and his family, because every worker, whether in the household, in a profession, or in business, is better for a vacation and an opportunity to see new friends and new places. The physician, in addition, is given on such occasions the advantage of seeing many of his old professional friends and of coming in contact, and being acquainted, with many other men of aspirations similar to his own.—Roberts, *Penn. Med. Jour.*

FIRST.—TRUTH IN DIAGNOSIS.

Tell the truth as far as possible, but if you are young, and not yet firmly established in practice, it will not do to let the family know that you are in doubt about a diagnosis. If you do, they will lose confidence in you and perhaps turn you out. It is not necessary to assume accurate knowledge in order to impress the patient's mind and hold his confidence.

There are cases in which the voice of duty itself seems to tell us we must lie. A husband confesses to you the sin that has resulted in disease for himself, and unfortunately he has transmitted it to his wife. Are you not justifiable in telling a lie to prevent the breaking up of a family? If the wife, suspecting something, asks you point blank what ails her husband, can you tell her the truth? Suppose you tell her a well-constructed lie. If she has reached the point of suspecting her husband, what are the chances of her believing you? Are her suspicions likely to be quieted permanently? Is there not a fair chance that she knows enough of the usual custom of physicians, when placed in her position, to discount what you say? The truth in such matters very often comes to light sooner or later, and, if it does, the wife is apt to let a number of persons know what kind of a trick you have played on her. Of course there are many cases in which the truth never is found out, but it is not a good thing for us, as professional men, to be living in the hope of not being found out.

SECOND.—TRUTH IN PROGNOSIS.

It is a hard thing to tell a lie about a prognosis, we will admit, but there are cases where it is not easy to see what harm it does, when the good it does is very evident. A patient has gastric cancer; he is told that he has neuralgia of the stom-

ach and feels greatly relieved by the reassurance. Meantime the truth is told to his wife and she makes whatever preparations are necessary for the inevitable end. Now, what harm can be done by such a lie as this? The sufferer is protected from those anticipations and forebodings which are often the worse portion of his sufferings, and yet his wife, knowing the truth and thoroughly approving of the deception, is able to see that her husband's business affairs are straightened out, and to prepare as well as may be for his death? This seems a humane and sensible way to ease the patient's hard path, and who can be the worse off for it? I answer, many may be and some must be. The patient himself is saved from suffering, but his wife has now acquired, if she did not already have it, a knowledge of the circumstances under which a doctor thinks it merciful and useful to lie. She will be sick herself some day, and when the doctor tells her that she is not seriously ill is she likely to believe him? In other words, we have added to the lot of one person the suffering we have spared another, we rob Peter to pay Paul; we think we can isolate a lie as we do a contagious disease and let its effects die with the occasion that brought it about. Is it not a common experience that such customs are infectious and spread far beyond our control? They beget, as a rule, not any acute indignation, but rather quiet chronic incredulity, which is stubborn in proportion as it is vitally important in a given case to get the real truth. I say that a lie saves present pain at the expense of a great future pain, and that if we saw as clearly the future harm as we see the present good we could not help from seeing that the balance is on the other side of harm. It is intellectual short-sightedness.

In my opinion, the necessity of telling the truth is a specious one. The truth works better for all concerned, not only in the long run, but in relatively short spurts, and its good results are not postponed to eternity, but are discernible within a short time. A straight answer to a straight question is what I recommend, not an unmasked presentation of the facts of the patient's case. To refuse to answer questions is sometimes a necessity, and need not involve a falsehood. For example, to balk meddling inquiries by an outsider is often our business. On the other hand, if a patient's mind is already occupying itself with an exaggerated picture of the horror of an operation, an explanation of the real facts may act as a sedative.

THIRD.—TRUTH IN TREATMENT.

In discussing truth and falsehood in diagnosis and prognosis, I have dealt chiefly with spoken truth and spoken falsehood. In the domain of treatment, the true or false impression is often conveyed without words. I suppose every physician has used placebos, bread pills, water subcutaneously and other devices for acting upon the patient's symptoms through his mind. I doubt if there is a physician in this room who has not used them often.

If the patient knows what you are up to when you give him the bread pill it will have no effect on him. If he is a dyspeptic he must believe that you consider the medicine you gave him will act upon his stomach and not merely upon his stomach through his mind, otherwise it will do no good. You deceive the patient and it is only when we act like quacks that our placebos work.

The majority of placebos are given because we believe the patient will not be satisfied without them. He has learned to expect a medicine for every symptom, and without it he simply won't get well. True, but who has taught him to expect a medicine for every symptom? He was not born with that expectation, he learned it from an ignorant physician who really believed it, just as he learned that pimples are a disease of the blood and that shingles will kill the patient whenever it extends around the body. It is we physicians who are responsible for perpetrating false ideas about disease and its cure. The legends are handed down through fond mothers and nurses, but they originate with us, and with every placebo that we give we do our part in perpetuating error.—McCalify, *Mississippi Med. Journal,* May.

DISEASE OF KIDNEY.

For many years past, I have preferred to operate in my own cases of renal disease. A physician cannot divest himself of his responsibility for or his interest in a case by simply turning it over to a surgeon; neither can he expect the surgeon to act simply as an assistant, for the purpose of carrying out the physician's wishes. Moreover, the postoperative treatment, both medical and surgical, in a case of surgical kidney, is frequently of quite as much importance as the operation itself. For these and other reasons, I have preferred to retain complete control of my cases of surgical kidney, and also to do my own operating; and I feel quite justified in recommending a similar course to other physicians who are giving special attention to renal diseases. The operation presents no difficulties which ought to appear formidable to any physician of experience; the incisions are simple, the landmarks plain, and the organ is easily reached and delivered. The physician who has studied the patient and the symptoms relating to the diseased organ for weeks or perhaps months prior to the operation ought to be the best judge of the measures most appropriate for the case in hand, after the kidney is exposed; but if he is only an "innocent bystander," he can have very little to say about it. Again, the after-treatment is important from a purely medical standpoint, and on this account the physician ought to keep his cases under his own control; at least, I have found it most advantageous to my own patients. To avoid any possible misapprehension of my meaning, I add that I have invariably received the most liberal, courteous and friendly treatment from the surgeons with whom I have been associated.—I. N. Danforth, *Am. Med.,* July.

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THE NEW YORK STATE MEDICAL ASSOCIATION.

Next Annual Meeting at New York October 16, 17, 18, 19, 1905.

President—J. Riddle Goffe, 29 West 46th Street, New York.
Vice-President—Allen Arthur Jones, 436 Franklin Street, Buffalo.
Vice-President Ex-Officiis—J. Orley Stranahan, Rome. Everard D. Ferguson, Troy. Josiah William Morris, Jamestown. Franklin J. Kaufmann, Syracuse. Henry Van Hoevenberg, Kingston.
Secretary—Charles Ira Redfield, 44 East Main Street, Middletown, N. Y.
Treasurer—Frederick A. Baldwin, 64 Madison Avenue, New York.
Counsel—James Taylor Lewis, Esq., 180 Broadway, New York.

STANDING COMMITTEES.

Committee on Arrangements.

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Committee on Public Health.

Louis Curtis Ager, Chairman, Third Avenue and Silliman Place, Brooklyn; William Finder, Jr., Troy; Charles A. Wall, Buffalo; Harry R. Purdy, New York City; Bernard S. Moore, Syracuse; Charles B. Tefft, Utica.

Committee on Publication.

Charles E. Denison, Chairman; E. Eliot Harris, Francis J. Quinlan, Thomas F. Reilly, Henry Roth.

Committee on Legislation.

E. Eliot Harris, Chairman; J. Orley Stranahan, Everard D. Ferguson, Chauncey P. Biggs, George W. Goler, W. Travis Gibbs.

Committee on Library.

Alexander Lambert, Chairman; William H. Biggam, Lucius W. Hotchkiss.

Committee on Nominations.

Wisner R. Townsend, Chairman, 125 West 58th Street, New York. W. B. Reid, Rome; Douglas Ayres, Fort Plain, 1st District. John M. Humphrey, Saratoga; William J. Hunt, Glens Falls, 2d District. J. G. Orton, Binghamton; C. D. Ver Nooy, Cortland, 3d District. Alvin A. Hubbell, Buffalo; George L. Preston, Canisteo, 4th District. Michael C. O'Brien, New York; Milton C. Conner, Middletown, 5th District.

Delegates to the Annual Meeting of the American Medical Association, July, 1905.

E. ELIOT HARRIS. J. W. GROSVENOR. EVERARD D. FERGUSON, Troy. WISNER R. TOWNSEND, New York.
(For list of other officers, see last pages of reading matter.)

Members of the American Medical Association who are members of The New York State Medical Association:

October 1	1,053
Increase	3
Total November 1, 1904	1,056

Members of The New York State Medical Association:

Total November 1, 1904 1,640

The New York State Journal of Medicine.

Published Monthly by The New York State Medical Association.

COMMITTEE ON PUBLICATION:
CHARLES E. DENISON, M.D., Chairman.
E. Eliot Harris, M.D.
Francis J. Quinlan, M.D.
Thomas F. Reilly, M.D.
Henry Roth, M.D.

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THE TWENTY-FIRST ANNUAL MEETING OF THE NEW YORK STATE MEDICAL ASSOCIATION.

The twenty-first annual meeting was held in New York City, October 17-19, 1904 The first day of the meeting was devoted entirely to the business affairs of the Association, a full account of which is recorded on another page of the JOURNAL. The meeting was largely attended, being the largest in the history of the Association, and a lively interest was taken in the proceedings. Especially the report of the Committee of Conference, which was unanimously accepted, and as the legal objections require a change in the By-Laws of the Association, the Conference Committee was not reappointed this year. The amendments to the By-Laws, reported in the proceedings, under the By-Law, will lay over until the next annual meeting. At the session of Tuesday the following resolution was presented and passed unanimously:

Resolved, That the unfortunate delay in the effort of the two State medical organizations to amalgamate, due to no fault of either party, is a source of grievous disappointment to this Association.

Resolved, That it is the unalterable desire of The New York State Medical Association, that harmony and good-fellowship should prevail throughout the entire profession of the State, and to that end this Association pledges itself to endeavor to secure the union of the two State organizations until that much-desired end shall have been accomplished.

The scientific sessions were fully attended and the response to the papers was in the order of the program. Only two papers were read by title. The papers were exceedingly good, showing a high order of scientific work. On the evening of the second day about 125 members visited the "College Widow" and were very pleasantly entertained by that vivacious and charming woman.

THE ADDRESS OF THE PRESIDENT-ELECT.

J. Riddle Goffe, M.D., of New York.

I have a lively appreciation, Mr. President and Members of the Association, of the high honor conferred by electing me as your President for the ensuing year. I thank you sincerely for this expression of your confidence. In accepting the position I am sensible of the fact that its significance does not rest entirely in the honor conferred. Indissolubly connected with the office there goes great responsibility, and in addition to this a vast amount of work. I am comforted, however, in the fact that, in the last analysis, this responsibility and this work do not devolve entirely upon me. They are really your own; and by constant vigilance and cooperation on your part lies my hope of making the coming year a successful one in the interests of our organization. There is work for the man in the ranks as well as for the man who leads. No one is called upon to do beyond the power that in him lies, but each one should feel the necessity of doing whatever he can and doing it to the best of his ability.

A faint cloud of disappointment has fallen upon us all from the unfortunate delay that has occurred in the consummation of our anticipated union with the State Society. But we are all strong in the faith that this interruption is only a temporary delay. As far as the two societies are concerned all the articles of amalgamation have been agreed upon in the Joint Committee. The consummation seemed just at hand, when, upon an evil day, we fell into the hands of the lawyers. The law's delay is proverbial and its precedents supreme. We bow to its mandates, conform to its requirements, and wait. No further legal steps, it is true, can be taken during the year in advancing the progress of consolidation, but we can educate ourselves and our fellow members to a fuller realization of what union means, its increasing power for ennobling the

profession, strengthening its dignity and influence, protecting it against the assaults of its enemies and advancing it to a higher plane of usefulness and unity. We have pledged ourselves to-day, in a formal resolution, to continue our efforts and to use our best endeavors during the coming year to consummate the union between the two State medical organizations, and we have every reason to believe that the same spirit animates the members of the State Society. So that with the expiration of this year of grace and patient waiting, the medical men of the Empire State will become one united and harmonious profession. *Una fides altare commune.*

We can never lose our interest or our confidence in the high purposes of our Association. It has been a strong educational influence throughout the State; educational in promoting a wise altruistic spirit, in cultivating good fellowship and spreading abroad the principles and practice of advanced medicine and surgery. Along these lines we have grown in influence and in power. Let us hear no pessimistic note. The work is clear and the future bright. Let us go forward strong in the faith that our purposes are just and true and in the end must prevail.

PRESIDENT'S ADDRESS.[1]

Medical Fellowship.

BY WILLIAM H. THORNTON, M.D.

Medical societies are as essential to the progress of the medical profession to-day as government is to the progress of civilization. The day of individual self-sufficiency has passed. The best men in our profession, the leaders, are all active in medical societies. They appreciate the benefit of organization and cooperation. Among the general practitioners there are many in this State who fail to appreciate the advantage that active membership in a live, working medical body would be to them, and also how much they could do for the progress of the medical profession by giving the benefit of their experience and efforts, to help the work along. As citizens, they appreciate the necessity not only of local government, but of State and national government; but they fail utterly to apply this same principle to themselves, as physicians in relation to State and national medical associations.

A great deal is being done through our public schools, to instil patriotism and love of country into the minds of the children. If in some way, we could instil into the mind of every physician the importance of maintaining at all times and places the honor of our noble profession, and holding that above personal feelings and selfish ends, they would soon rise above the contentions and petty jealousies which mar and dishonor the relations of physicians in so many communities.

[1]Read at the Twenty-first Annual Meeting of The New York State Medical Association, New York, October 17-19, 1904.

In my own city, I have observed during the past few years, with much interest and pleasure, a great change take place in the way of improvement in the relations between physicians. I believe the change is almost entirely due to our medical societies. This result has followed partly from the fraternal feeling of membership in the same societies, and partly from the increased respect for one another, as members became better acquainted and learned to know each other's worth and ability.

In no profession is there so much need of fraternity and mutual respect among its members, as in the medical profession, and yet in no one of the higher professions is there, or at least has there been so little of this feeling.

How can we bring about this better relationship, and what duty is incumbent upon each of us, in order to accomplish this result; a result which is worthy of our best effort?

The condition essential to a better feeling among physicians, is fellowship. Fellowship begets friendship and destroys jealousy. The first step toward fellowship, is membership in the same societies.

Local medical clubs and societies are useful as far as they go, but membership in these is necessarily limited. We must therefore begin with our county organizations. How can we make those so attractive that we will not only have large membership but large attendance and a cordial fraternal feeling among the members?

A great deal has been accomplished in our own State by the officers of our Association. They have visited the Branch and other local meetings, thereby stimulating better meetings and larger attendance. They have suggested improvements in methods of calling and conducting meetings.

I wish I could impress upon you the importance of the individual personal efforts to aid in increasing the interest in and attendance upon the County and Branch meetings. The effect upon the profession in the State would soon be evident. Make your County Association meetings so interesting scientifically that they will be sure to be largely attended. Have few papers but appoint several good leaders to open discussion, then if you add some social feature which will detain those present for friendly intercourse you will aid greatly in improving the relations of members among themselves and do much to promote this feeling of harmony which we all so much desire and make it much easier to insure large meetings.

Make yourselves missionaries to bring in your passive neighbors.

We want to reach the class of physicians who do not appreciate that they would be better men, broader minded and more progressive, less jealous and opinionated, would enjoy their professional work and professional life much better if they would attend society meetings, meet their

neighbors and learn more of the good qualities they never dreamed of their possessing.

Make them appreciate also that the advantage in attending society meetings is not only in listening to the papers and discussions, but perhaps even more in the stimulus one receives by association with others in this same work.

Every one who enters heartily into such meetings as these, receives not only valuable information but inspiration from his own work. He becomes radio-active.

The point I wish most to emphasize is that it is of vital importance for a society to reach, to insist, to hold every man in its jurisdiction who is now or may become not merely an additional name on the membership list, but an active worker, one who feels he is part of a powerful association and by his membership and by his individual interest and work is himself contributing to the success of the organization. You all know the importance of this, I wish to bring it to your minds and have you work upon it.

As an organization how can we help this along?

A JOURNAL helps this; frequent meetings of the County Societies help this; the addition of a social feature to our scientific meetings helps this; a large membership helps this, giving more power to the organization, more resources for its work. A live, growing society is vastly more attractive than a weak, dying one.

A Directory helps this, an accurate list of every man in the State, giving his name, his residence, his office hours, the date and place of his graduation, members and officers of all medical societies, is of much value and interest.

Defense of members against malpractice suits helps.

Our JOURNAL, for instance, is a powerful factor in our present success. It is vastly superior to an annual volume of transactions.

In a JOURNAL the valuable papers presented at our annual meetings reach every member of the Association, they are read; they are live literature and they are as easy of reference, too, as a bound book. A volume of transactions, no matter how valuable, is usually put upon the shelf, perhaps with a good resolution to look it over at our first leisure; but if so the resolution is buried under the same dust that accumulates upon the volume.

Do we take more interest in a society that we hear from once a year, with a volume of transactions published some months after its annual meeting, or one that gives us fresh literature every month and keeps us in touch with recent medical news, and with meetings past and to come, and gives us news of our societies and our prominent members?

The JOURNAL should have our heartiest support.

To say that one has no use for a Directory is practically to say that one's work is confined to his immediate neighborhood and that he has little or no interest beyond the limits of his own drive.

The introduction of defense of members against malpractice suits by our association has helped not only by increasing membership, but it also has the effect of improving the relation between members and increasing the feeling of mutual dependence.

Many of you are teachers in medical colleges. It is incumbent upon you to instruct your students in regard to the proper relations of physicians to one another and the importance of becoming active workers in medical societies.

Of our nearly 1,800 members, over 1,000 are also members of the American Medical Association. This is a large proportion, but I wish it could be much larger. This Association is worthy of the most cordial support of every physician who has the interest of the profession at heart.

The Journal it publishes is one of the best in the country; and in many other ways it is doing a great work to elevate the standard and uphold the honor of the medical profession.

The additional force which we can give to this Association will reflect itself not only upon our State but upon all other parts of the country.

The National Charter which it is hoped soon to secure will add much to its power and usefulness. I hope every member of our Association will do all in their power to help this good work.

For the past few years there has been growing in the minds of the best men in our profession a demand for a united profession in the State of New York. This feeling has become so widespread that it cannot be thwarted. Individuals may aid or retard it, but nothing can stop a movement so wise, so evidently for the best interests of all.

Just as we had reached a point where all expected the immediate achievement of this work, the movement encountered legal obstacles which are, for the present at least, insurmountable.

We would be false to the Association which we love and honor so much, to the principle upon which it was founded, if we did not use all reasonable efforts to overcome these obstacles.

But now we must face the proposition that a considerable time must intervene before we reach the end we thought was so near.

Let us therefore continue those efforts we have put forth so long, to make our Association still nearer the ideal for which we have striven.

Great honor and praise is due to our predecessors for what they have accomplished. They have built up an organization which has become a model for the National and for many other State organizations. We are proud of their work. But times and laws have changed, bringing new problems before us. Let us give them our best thought and energy.

Let us aim to bring every member of our profession into active society work. Let us drive out jealousy and bigotry and establish medical fraternity and good-fellowship in every part of the State of New York.

FAKE DRUGS AND SUBSTITUTION.

During the past week the startling disclosure made concerning the substitution of medicinal agents by a firm of swindlers in this city has excited the indignation of the entire community. The evidence on hand shows that 500 drug stores in Manhattan and 250 in Brooklyn, and no one knows how many in the rest of the State, have been for years selling the adulterated deadly drugs of this band of swindlers in lieu of the legitimate articles called for in the prescriptions of physicians. These frauds have been carried on for nine or ten years. It was the custom of the gang to sell at a diminished cost a box represented to contain one of the many synthetic compounds. They had printed labels and cartons similar to the foreign containers and substituted acetanilid, chalk, etc., for the original.

While many druggists did not know that the contents of the boxes were fraudulent, yet a large number did have more than a suspicion, and, notwithstanding this fact, disposed of the material as they received it. Honest druggists, who dispense honest medicines, seem to be rare, in view of the disclosures made by the Board of Health last year, and the recent raid mentioned above.

The following experience has come to all of us. We prescribe a medicine which has given uniform results for a long time. The prescription is taken to a reliable druggist and we fail to get the results expected. After one or two repetitions we begin to lose faith in the drug and so our therapeutic nihilism grows. We all know of the variability of the various preparations of digitalis, of cascara, etc., and it would seem better to specify the preparation of some particular firm rather than take a chance that the druggist may save a penny or two on the prescription by using his own preparations. Indeed, when such duplicity exists on the part of so many druggists, the question arises whether it is not better to dispense one's own medicine. At least the physician will know where it came from and can act accordingly.

WOOD ALCOHOL.

At the session of the American Medical Association held last June, the House of Delegates unanimously adopted the following preambles and resolution:

Whereas, The employment as beverages of wood spirit or methyl alcohol and its various preparations is known to have been responsible for numerous deaths and many cases of blindness in this country during the past few years; and

Whereas, Even the breathing of confined air charged with the fumes of this form of alcohol has been shown to produce blindness, it is

Resolved, That the House of Delegates of the American Medical Association, recognizing the dangerous character of wood alcohol and liquors containing it, believes that it should be placed on the list of poisons. It accordingly urges the proper Federal and State authorities to take the necessary steps to protect life and eyesight from its pernicious influences.

This action was taken at the request of the section on ophthalmology. A full report on the investigations of the action of wood alcohol is published in the Journal of the American Medical Association. The first instalment appears October 1st. Wood alcohol, it is noted, is being substituted for the less injurious grain alcohol, including medicines, perfumes, condiments, sauces and flavors. Lately in New York City several deaths have been directly traced to the use of wood alcohol in the intoxicating beverages. From the examination of the contents of the stomachs of the victims by the Health Department, there was found an appreciable quantity of wood alcohol. The article is timely and to place this poison on the list of prohibitive sales is certainly commendable and should be done by every State in the Union.

The next meeting of the Council of The New York State Medical Association will take place January 5, 1905. All communications should be addressed to the Business Office, 64 Madison avenue, New York City.

W. C. T. U. SUGGESTION.

At a meeting of the Nebraska State Convention of the Women's Christian Temperance Union, a resolution was introduced calling upon all to boycott patent medicines on the ground that most of them contained alcohol and were therefore detrimental.

WEAKNESS OF CORONER'S SYSTEM.

To the Editor of the New York Times:

Sir—The discovery of the epidemic of wholesale alcoholic poisoning on the West Side does not redound to the credit of the present coroner's system.

It is almost incredible that burial permits should have been granted with so little attention to the discovery of the real cause of death, even in so suspicious an instance as the one in which three previously healthy members of one family died within a few hours of each other.

It was only when the rapidly increasing mortality among vigorous men gave rise in the neighborhood to public discussion and alarm that the matter attracted the notice of the proper authorities.

The cases all came within the ken of the coroner's office, inasmuch as death occurred within twenty-four hours after the initial seizure.

A coroner who has to be elected in the same way as an alderman is loath to excite prejudice in the minds of his constituents by insisting upon a post-mortem in their homes, save in criminal cases, a disadvantage under which a medical examiner would not labor. J. P. D.

New York, October 15, 1904.

ECONOMY.

Mrs. Stubb.—John, you've never used that remedy you bought two years ago.

Mr. Stubb.—No, Maria. It is guaranteed to cure all ills, and I'm waiting to get them all at once so I can try it.—*Chicago Daily News.*

Association News.

THE NEW YORK STATE MEDICAL ASSOCIATION.

Twenty-First Annual Meeting, Held in New York City, October 17-19, 1904.

First Day, October 17th.

MEETING OF THE COUNCIL AND FELLOWS.

The meeting was called to order in the New York Academy of Medicine, by the president, Dr. William Harvey Thornton, at 2.45 P. M.

PRESIDENT'S ADDRESS.

It is the duty of the president at this point to call the attention of the Council and Fellows to the present needs of the Association.

One need, which usually becomes most evident just previous to our annual meeting, is that the members of our standing committees should be much more active and energetic in assisting the chairmen of their respective committees. The tendency is much too strong to leave all, or nearly all, the work to one or two men, and our work and meetings suffer in consequence.

I wish to call especial attention to the officers of the County Associations to the importance of persistent activity in collecting annual dues. We lose members every year who would pay dues and retain their membership if they had been followed up more energetically.

Financially, our condition is now much better than for a number of years past.

In considering the questions which will be introduced this year to lie over for action at the next meeting I trust that all will bear continually in mind both the honor of our Association and the good of the entire profession of our State.

Let us aid by influence and suggestions our Publication Committee in their arduous work.

But, most important of all, let each one of us do all in his power to increase our membership and use all reasonable efforts to promote and preserve harmony in our Association.

The first order of business was the roll-call by the secretary of the Council and Fellows.

Dr. Ferguson said: "I am here as a delegate and as president of the Second District Branch, and I believe that I cannot hold two offices in the Association."

Dr. Lombard replied that, according to the By-Laws, there was no objection to holding two offices in the Association, simply to holding two places in the Council, and the Association would much prefer to have Dr. Ferguson represent the Rensselaer County Medical Association, which had elected him.

Dr. J. H. Martin, of Binghamton, then stated that in the absence of Dr. J. C. Orton, he was there to represent him as alternate.

The annual report of the Council was then read by the secretary.

REPORT OF THE COUNCIL.

MEETINGS OF THE COUNCIL.

I. The Council has, since the close of the annual meeting of 1903, held five (5) meetings.

The first meeting of the Council for the current year was held on October 22, 1903, twelve (12) members being present.

The resignation of Dr. J. Orley Stranahan, from position of chairman of the Committee on Nominations was acted upon, and, owing to the fact that he had already been elected to a position commanding a seat in the Council, was unanimously received.

The treasurer then presented a letter from the counsel of the Association, in which were defined his understandings of the contract which held him for the future twelve months.

It was moved by Dr. Baldwin, seconded by Dr. Stranahan, that contract be executed with Mr. Lewis, according to the aforesaid letter. Same unanimously carried.

The order of business being waived, and new business being taken up by unanimous vote, Dr. Stranahan moved that Dr. Wisner R. Townsend be appointed to position of chairman of Nominating Committee, which was vacant owing to Dr. Stranahan's resignation. Motion was seconded by Dr. Morris. Unanimously carried.

The order of business being resumed, the newly elected chairmen of the various committees submitted to the Council for approval their nominations for members of those committees.

II. At the meeting of the Council held January 19th, 1904, there were present ten (10) members.

Owing to the resignation of two members of the Publication Committee, names of two nominees to fill said positions were voted upon. Unanimously elected.

The report of the treasurer at this meeting showed that the Association was not in debt, and that there were $300 in the treasury.

Resolved, That the expenses of the counsel, Mr. Lewis, for traveling to defend malpractice suits, be paid upon the rendering of bills by him for the same.

The Publication Committee was instructed, upon motion of Dr. Harris, to formulate various plans by which the expenses pertaining to the publication of the Directory might be reduced.

It was moved by Dr. Townsend that no contract involving expenditure of the funds of the Association should be made by *any officer* or *committee* of the Association until same had been approved by the Finance Committee or the Council as a whole. The same was seconded by Dr. Ager. Unanimously carried.

Dr. Townsend moved that a committee, with power, be appointed to draw up suitable resolutions in regard to the death of Dr. Higgins, and that copies of the same should be sent to his family, as well as published in the JOURNAL.

Upon this committee were appointed Drs. Townsend, Harris and Denison.

Dr. Townsend offered a resolution, which is as follows:

Section 1. The Council of The New York State Medical Association earnestly requests all members of the Association to promote in every way possible the union of The New York State Medical Association and the Medical Society of the State of New York, on the plan proposed by the Joint Conference Committee.

Section 2. The Council desires to call the attention of members to Article X of the By-Laws of the State Association, which is as follows:

ARTICLE X.—DUES.

Application for Membership.—Sec. 1. All applications for membership shall be accompanied by five (5) dollars annual dues for the current year, but if the application be made on or after the first day of October such dues will be credited as of the next year.

Dues.—Sec. 2. The annual dues of resident and non-resident members shall be six (6) dollars, but if such dues be paid within three months of the date of submitting the bill a rebate of one (1) dollar may be deducted. Corresponding and honorary members shall be exempt from the payment of dues.

Payment of Dues.—Sec. 3. All dues shall be payable on the first day of January of each year. Resident members shall transmit their dues to the treasurer of their County Association or of their District Branch Association when no County Association exists. Non-resident members shall transmit their dues to the treasurer of the State Association

Collection of Dues.—Sec. 4. On the first day of July in each year the names of all those members who have failed to pay their indebtedness to the Association shall be dropped from the forthcoming list of members to appear in the Medical Directory for that year, and if those members still further fail to pay their indebtedness by the close of the annual meeting of the Association of that year without satisfactory excuse, their names shall be dropped from the official roll of members.

Sec. 5. On every bill for dues sent to members the treasurer shall cause to be printed Sections 1, 2, 3 and 4 of this article.

Distribution of Dues.—Sec. 6. The treasurer of each County Association and District Branch Association shall pay to the treasurer of the States Association the sum of $5 or $6 (in accordance with paragraph 2 of this article) for each and every member who has paid his dues for the year. Remittances should pass to the State treasurer at such intervals as may be determined by the amount of accumulated collections on hand, but by the first day of October in each year all the funds properly coming to the State Association shall be in the State treasurer's hands, to be included in his forthcoming annual statement.

Section 3. At the time of the amalgamation no member can be certified as in good standing or eligible to membership in the consolidated society, who is in arrears for dues.

Section 4. The New York State Medical Association or its successor, the Medical Society of the State of New York, binds itself to carry out all contracts for 1904 with those members who have paid dues for 1904, but cannot incur obligations for those who are in arrears for dues.

Moved that this be sent to the officers of the District Branch and County Associations, and published in the Journal for February.

Seconded by Dr. Bierwirth. Carried.

It was moved by Dr. Bierwirth that the State Association assume the expenses of the Fifth District Branch, until the time of amalgamation, in view of the Fifth District Branch turning its fund of $1,300 into the treasury of the State Association. Expenses not to exceed $200 per annum. Which motion was seconded by Dr. Harris, and unanimously carried.

III. At the meeting of the Council held March 21, 1904, there were present eight (8) members.

It was moved, seconded and duly carried that the resolutions relative to the death of Dr. F. W. Higgins be spread upon the minutes of the present meeting of the Council of The New York State Medical Association.

Said resolutions were spread upon the minutes as follows:

Resolved, The Council of The New York State Medical Association records with sorrow the loss of an honored friend, genial companion and wise counselor, in the death of Dr. Francis Wesley Higgins, of Cortland County. He was a vice-president of The New York State Medical Association, and president of the Third District Branch.

Dr. Higgins was respected and loved by his neighbors, who showed their confidence in him by electing him President of the village of Cortland.

He was held in high esteem by the medical profession, and served with credit in the hospital and as presiding officer in many scientific and medical societies.

In appreciation of his valued services to the State Medical Association, as well as to the whole medical profession, the Council enters upon its minutes this expression of its sympathy and respect, and orders that a copy of this resolution be sent to his bereaved family.

(Signed) E. Eliot Harris,
Wisner R. Townsend,
C. E. Denison,
Committee.

The request of Dr. Truesdell, of Wyoming County, for reinstatement was favorably acted upon.

The secretary, in accordance with the By-Laws of The New York State Medical Association, nominated Dr. John Joseph Nutt, as assistant secretary. Dr. Nutt was elected to that position by unanimous vote.

The chairman of the Committee on Publication, in compliance with directions of previous Council

meetings, reported it possible to cut out about 100 pages in full of Directory printing, and that the bulk of the entire publication might be reduced to a great extent by abbreviations throughout.

The motion of Dr. Stranahan that the bulk of the Directory be cut down in accordance with above suggestions and resolutions was unanimously carried.

Dr. Denison then presented an estimate of Directory expenses for the next three months.

The Committee on Publication, in compliance with the above motions, was directed to proceed with the publication of the next Directory.

Resolutions adopted by the Lewis County Medical Association were read by the secretary, and are as follows:

WHEREAS, We have members in this Association who have for the past twenty years watched the workings of both the State Medical Society and the State Medical Association,

Resolved, That it is our unbiased and firm belief that the plan of organization of the State Branch and County Associations is preferable to that of the State Medical Society, and we are firm in the belief that if the two societies should unite they should adopt the rules and regulations now existing in the State Medical Association, especially as to the District Branch meetings and the mode of election of fellows and alternates.

It is our belief that the present rules as to the District Branch meetings are greatly to the benefit especially of the country members.

We also believe it for the benefit of the medical profession of the State to continue the publication of the Directory and JOURNAL.

Dr. Townsend, secretary of the Joint Committee on Conference, stated that everything which was possible was being done to further legal amalgamation at the earliest possible moment, but that the matter of the annual meetings of the County Societies would assurredly delay said legal amalgamation, owing to the fact that many of these meetings do not take place until the middle of June, or latter part of May. Dr. Townsend therefore moved that the Committee on Arrangements, through the chairman of that committee, be instructed to communicate with the officials of the Medical Society of the State of New York, relative to the advisability of having a joint meeting in October, 1904, if the legal amalgamation of the two bodies has not by that time been completed. Seconded by Dr. Stranahan. Unanimously carried.

IV. At the meeting of the Council held August 29, 1904, there were present seven (7) members.

A letter received from James Taylor Lewis, counsel, relative to the legal impossibilities for amalgamation at the present time, between The New York State Medical Association and the Medical Society of the State of New York, was presented and read. The same was received, and placed on file. It is as follows:

AUGUST 23, 1904.

Dr. William Harvey Thornton, President, The New York State Medical Association, and the Council:

Gentlemen—By reason of the physical impossibility of my being present at the meeting of the Council, to be held on the 29th, of which I have just this moment received notice, and as I desire to apprise The New York State Medical Association, through its Council, of the exact status of its affairs with reference to the proposed amalgamation, I beg leave to submit the following:

During the session of the Legislature of this State last winter, an act was passed authorizing The New York State Medical Association and the Medical Society of the State of New York, under certain conditions, to unite. Pursuant to the permission granted by this act a special meeting of The New York State Medical Association was called for March 21st, notice whereof having been mailed, stating the purpose of the meeting, to the last-known address of each and every member of The New York State Medical Association. At this meeting a resolution was offered and adopted indorsing a plan of uniting the two State medical organizations.

Subsequently, armed with the resolution adopted at this special meeting of The New York State Medical Association, and with a similar resolution adopted by the Medical Society of the State of New York, application was made to the Supreme Court of the County of New York for an order joining the two organizations into one body. The application for this order was made returnable in the Borough of Manhattan, before Mr. Justice Fitzgerald, and upon the return day an affidavit was submitted in opposition to the application, sworn to by the vice-president of the Onondaga County Medical Association, which affidavit among other things raised the question as to whether or not a sufficient notice of the special meeting of March 21st had been given to each and every member of the State Medical Association to make the particular resolution adopted at that special meeting a valid one binding upon each individual member of the State Medical Association.

Upon examination of the by-laws of The New York State Medical Association, it then appeared that there was no by-law providing for the manner of giving notice of meetings of the Association.

The various decisions in this State seem to indicate that where the manner of giving notice of meetings of membership corporations is omitted from the by-laws, then the common law rule applies which requires that if resolutions are to be passed at any meeting which in any manner involves any personal privilege or rights of person or property acquired by membership in such Association, that this notice of the meeting must be served upon each individual member personally, not through the mail nor by word of mouth, and such notice must contain the date, place and hour

of the proposed meeting and the purpose for which it is called. Ordinary business meetings where no such privileges or rights are involved, I believe, would not require such formality.

It would seem, therefore, that the resolution in favor of amalgamation adopted at the meeting held on the 21st day of March last, in so far as it binds the members of The New York State Medical Association to a plan of amalgamation with any other organization, and in so far as it affects the privileges acquired by membership, and the rights of person or property thus acquired, was null and void and had no effect, and there would appear to be left open but two courses—one is to call a special meeting after such personal notice as I have indicated has been served upon each individual member of the Association, which seems well-nigh impossible to perform; the other one is to offer at the October meeting a resolution designating the manner of serving notices upon members of the Association, which resolution will stand over for one year, when action may be taken anew.

Respectfully yours,

(Signed) James Taylor Lewis,

Counsel, The New York State Medical Association.

Dr. Townsend presented the following:

Whereas, It appears that there are inconsistencies in the By-Laws of the New York State Medical Association, and

Whereas, It appears that one of the causes of the failure of the application for amalgamation of the two State organizations was due to insufficient notice being served upon members of the Association, in a measure owing to the fact that provision for the service of notice upon members by mail was omitted from the By-Laws of the State Medical Association,

Resolved, That the Special Committee on Revision of the By-Laws, with the assistance and cooperation of the counsel of The New York State Medical Association, be requested to submit for action at the annual meeting in October, 1904, by-laws covering the various deficiencies and uncertainties existing in the By-Laws of The New York State Medical Association, and that the Secretary be instructed to forward a copy of this resolution to the chairman of the special committee appointed upon a revision of the By-Laws.

Moved that the same be submitted to Dr. Quimby, as chairman of Committee on By-Laws. Seconded by Dr. Brown. Unanimously carried.

A communication from a member in good standing relative to threatened malpractice suit was read, and by unanimous vote it was decided to refer same to the legal adviser of the Association should any further steps be taken against the correspondent.

The report of the treasurer, delivered at this meeting, demonstrated that there was every prospect of closing the fiscal year without debt.

The chairman of the Committee on Arrangements requested that individual members of the Council make personal requests to men of prominence for their assistance in making this meeting a success. The above was seconded and unanimously carried.

The chairman of the Committee on Arrangements notified the Council that in order to facilitate the work of his committee, it would be necessary to expend certain sums, and requested appropriation therefor.

It was moved, seconded and unanimously carried that said committee be empowered to incur expenses within reasonable bounds.

Meeting of the Council of The New York State Medical Association, held at the New York Academy of Medicine, 17 West 43d street, New York City, October 17th, 1904.

Meeting called to order at 1.20 p. m.

Present, Drs. Thornton, Payne, Stranahan, Ferguson, Morris, Kaufmann, Goffe, Lombard, Baldwin, Harris, Nutt, Ager, Denison and Townsend.

Minutes of meeting of August 27th read by the secretary and approved with change of words "Legislature to Arrangements."

Annual report of the Council by the secretary received, and accepted as corrected.

The secretary then presented to Council, in behalf of the Finance Committee, a request to authorize the payment of the yearly renewal of lease of 64 Madison avenue, at the rate of $500 per annum, for the twelve months beginning October 1, 1904.

Moved by Dr. Townsend that lease be renewed at said rate. Seconded by Dr. Ager, and unanimously carried.

The secretary then presented, in behalf of the Finance Committee, a request that the Council authorize the payment of a bill submitted by the Committee on Conference amounting to $583.33.

Dr. Wisner R. Townsend moved that the Council request the Council and Fellows to authorize the treasurer of The New York State Medical Association to pay one-half the bill for legal expenses of the Joint Committee of Conference, as presented and approved by the Committee of Conference of The New York State Medical Association.

Above motion seconded and carried unanimously.

A letter from Dr. Frederick A. Smith, secretary of the Rensselaer County Medical Association, was then read by Dr. Lombard, and was as follows:

Dr. Guy D. Lombard, Secretary New York State Medical Association.

Dear Sir—At a meeting of the Rensselaer County Medical Association, held at Troy, N. Y., October 4, 1904, the resolution to consolidate The New York State Medical Association and the Medical Society of the State of New York, which

had been adopted April 7, 1904, was reconsidered, and that motion was laid on the table indefinitely.

Yours truly,

(Signed) F. A. Smith,
Secretary Rensselaer County Association.

Ordered received and laid on table.

The treasurer then submitted report for year, to be presented at subsequent meeting of Council and Fellows.

Same, in general, was accepted by the Council on movement of Dr. Denison. Seconded by Dr. Ager.

The report of the Committee on Arrangements was not read, owing to absence of the chairman.

The report of the Committee on Library was read by Dr. Nutt, chairman.

Moved by Dr. Ferguson, seconded by Dr. Goffe, that same be approved. Carried unanimously.

The report of the Committee on Public Health was then read by Dr. Ager, chairman.

Moved by Dr. Ferguson, seconded by Dr. Denison, that same be approved. Carried unanimously.

The report of the Committee on Publication was then read by Dr. Denison, chairman of that committee.

Moved by Dr. Goffe, seconded by Dr. Stranahan, that same be approved. Unanimously carried.

It was then moved to waive order of business and take up unfinished business. There being none such, as well as no new business for discussion, the meeting was adjourned at 2.30 P. M.

THE NEW YORK STATE MEDICAL ASSOCIATION.
STATISTICS FOR SECRETARY'S REPORT.

A résumé of the changes in membership during the current year, since our last annual meeting, as taken from the secretary's lists, is as follows:

Total number of active members, October, 1903	1,757	
Number of new and reinstated members, from October, 1903, to 1904.	157	
		1,914
Number of deaths, October, 1903, to 1904	22	
Number of resignations, October, 1903, to 1904	15	
Removals from the State, October, 1903, to 1904	2	
Total		39
		1,875
Total number of delinquent members, October, 1903		95
Total number of active members, October 13, 1904		1,780

October 13, 1904.

THE NEW YORK STATE MEDICAL ASSOCIATION.
STATISTICS FOR SECRETARY'S REPORT.

Figures from the books of the treasurer, which, in accordance with the By-Laws, I submit to you at this time, are as follows:

INVESTMENTS.

Real estate mortgage	$3,250.00

CONDITION OF FUNDS.

Receipts	$15,784.38
Balance	4,073.16
	$11,711.22

(Signed) G. D. Lombard, Secretary.

After the reading of this report, Dr. Ferguson requested that the paragraph concerning the paying of the bill of the Committee of Conference for legal services be read over, as his understanding of it had been that the committee be given power to refer this bill to the Council and Fellows, with the request that the Council and Fellows authorize the payment of half of the same. Dr. Townsend stated that Dr. Ferguson was entirely correct in his understanding of the matter, and that the committee had simply asked to be given power to refer the matter to the Council and Fellows with the request that they be given power to pay half of the same.

Dr. Lombard said that in the rush since the meeting of the Council he had not had the time to get his minutes into order, and that any one who knew his handwriting would understand how the error in reading this paragraph had occurred.

Moved and seconded that the report of the Council be accepted. Dr. Baldwin, the treasurer, then begged leave to submit the treasurer's report up to September 30, 1904.

After the reading of the receipts and expenses of the Association, Dr. Goffe moved that, as the main figures of the report had been read, that the reading of the details be discontinued. Seconded and carried.

REPORT OF THE TREASURER.

The New York State Medical Association, in Account with Frederick A. Baldwin, Treasurer, for the Year Ending September 30, 1904.

Dr.

To Business Office expenditures	$1,372.51
" Treasurer's Office expenditures	272.67
" Legal Department expenditures	744.05
" Committee on Arrangements expenditures.	140.15
" Committee of Conference expenditures	66.69
" Committee on Legislation expenditures	64.50
" Committee on Library expenditures	288.00
" Committee on Public Health expenditures.	5.60
" Journal account expenditures	2,795.73
" Directory account expenditures	5,471.32
" Loan on 1899 Directory repaid	450.00
" Storage on Old Transactions expenditures.	40.00
" Balance	4,073.16
	$15,784.38

	Cr.
By Arrears and dues collected	$8,621.24
" Interest on deposits, etc., credited to the Treasurer's Office	14.07
" Transfer from Building Fund	458.42
" Interest on Building Fund mortgage	146.24
" Fund from Fifth District Branch Association	1,396.72
" Commission received for obtaining new members for the American Medical Association	144.00
" Unused postage returned by Committee on Publication	5.00
" Clerical work, Business Office	34.61
" United States War Department for reprints	35.00
" Medical Society of the State of New York, for reports of the Committee of Conference	112.12
" Purchase Macy File	10.00
" Postage returned by New York County.	32.36
" Commission collecting dues, New York County	8.00
" Journal advertisements	1,825.85
" Sale of Journals	2.20
" Directory advertisements, 1903 edition	392.50
" Directory advertisements, 1904 edition	577.50
" Sale of Directories, 1903-1904	1,216.00
" Unused postage returned, Committee on Publication	27.00
Balance, brought over October 1, 1903	725.55
	$15,784.38

EXPENSES OF THE BUSINESS OFFICE.

Rent for rooms, October 1, 1903 to 1904	$84.00
Telephone service	43.58
Printing, stationery, etc., for the Secretary	142.81
Printing, stationery and other incidentals for the Business Office proper	204.00
Stenographer's services at 1903 Annual Meeting	80.00
Reports of the Committee of Conference	124.50
Returned to J. O. Stranahan, for expenses incurred as President of First District Branch	15.00
Postage advanced for New York County	32.36
For salaries	646.26
	$1,372.51

EXPENSES OF THE TREASURER'S OFFICE.

Direct working office expenses	$62.45
Dues advanced returned to J. W. Morris	20.00
County dues returned to County Treasurers	8.00
Rebate on State Association dues returned to three members	3.00
Reports for 1903	2.00
For salaries	177.22
	$272.67

EXPENSES OF THE LEGAL DEPARTMENT.

For legal services	$740.55
Stationery	3.50
	$744.05

EXPENSES OF THE COMMITTEE ON ARRANGEMENTS.

Expenses for the 1903 Annual Meeting	$79.65
On account of 1904 Annual Meeting	60.50
	$140.15

EXPENSES OF THE COMMITTEE ON PUBLIC HEALTH.

Stationery	$5.60

EXPENSES OF THE COMMITTEE ON CONFERENCE.

Clerical work	$41.69
Expert Accountant's report	25.00
	$66.69

EXPENSES OF THE COMMITTEE ON LEGISLATION.

E. C. Cuyler, services at 1904 session	$35.00
Clerical work and stationery	29.50
	$64.50

EXPENSES OF THE COMMITTEE ON LIBRARY.

Rent for rooms, October 1, 1903 to 1904	$248.00
Fire insurance	40.00
	$288.00

DIRECTORY ACCOUNT.

On account of publication for Directory for 1903	$3,690.42
On account of compilation of Directory for 1904	1,151.07
Rent for rooms, October 1, 1903 to 1904	84.00
Cost of delivery, 1903 issue	353.93
Telephone service	7.00
Printing, stationery and other incidentals	184.90
Loan on 1899 Directory returned	450.00
	$5,921.32
Total expenses	$5,921.32
Total receipts	2,213.00
	$3,708.32

1,795 copies supplied free to members of The New York State Medical Association.

OLD TRANSACTIONS ACCOUNT.

For storage on Old Transactions	$40.00

JOURNAL ACCOUNT.

Total expense of publishing Journal	$2,533.45
Rent for rooms, October 1, 1903 to 1904	84.00
Printing, stationery and other incidentals	119.29
Telephone service	58.99
	$2,795.73
Total expenses	$2,795.73
Total receipts	1,828.05
	$967.68

BUILDING FUND.

Building Fund Account, October 1, 1903	$3,708.42
Distributed as follows:	
Investment in real estate mortgage	3,250.00
Cash transferred to General Fund	604.66
	$3,854.66

The present outstanding bills unpaid are as follows:

Printing and mailing the September number of the Journal	$180.83
James Taylor Lewis, Counsel	100.00
Small bills to the amount of	100.02
	$380.85

Bills due but not yet in Treasurer's hands:

Publisher's bill for Volume VI of the Medical Directory	$2,805.06
Committee of Conference, legal expenses	583.33

Frederick A. Baldwin, Treasurer.

COMPARATIVE STATEMENT OF EXPENSES.

	1903.	1904.	Decrease.
Business Office	$2,444.50	$1,372.51	$1,071.99
Treasurer's Office.	537.81	272.67	265.14
Committee on Arrangements	553.42	140.15	413.27
Committee on Legislation	78.93	64.50	14.43
Committee on Library	333.00	288.00	45.00
Journal account.	3,756.67	2,795.73	960.94
Directory account.	5,624.79	5.471.32	153.47
Old Transactions account	205.00	40.00	165.00
Interest transferred to Building Fund	146.60		146.60
			$3,235.84

	1903.	1904.	Increase.	
Legal Department.	59.65	744.05	684.40	
Committee of Conference		66.69	66.69	
Committee on Public Health..		5.60	5.60	
Loan, Directory Committee 1899, repaid		450.00	450.00	
				$1,206.69
Net decrease				$2,029.15

Dr. Ferguson moved that the report of the treasurer be accepted and referred to an auditing committee. The president appointed as Auditing Committee Drs. J. Riddle Goffe, Lucius W. Hotchkiss and Byron C. Cheeseman, who were to report at the end of the meeting.

The report of the Committee on Legislation was read by the chairman, Dr. E. Eliot Harris.

REPORT OF COMMITTEE ON LEGISLATION.

To the Council and Fellows of the New York State Medical Association:

Of the usual number of bills considered by the Committee on Legislation four are entitled to special notice. The bill "To define and regulate the practice of osteopathy" was introduced by Senator Fitzgerald and referred to the Committee on Judiciary. The bill "To amend the public-health law by defining optometry and regulating the practice thereof" was introduced by Senator Wilcox and referred to the Committee on Public Health of the Senate.

The same argument applied to both bills and they both failed to become laws. The following is a summary of the argument used against the osteopathic bill:

First. Osteopathy, so-called, is an agent or method used in the treatment of disease, and should not be separated from the general practice of medicine.

Second. Osteopathy should not be made a special branch of medicine, by an Act of the Legislature, but should come under the present State laws, which govern all the special branches as well as the general practice of medicine.

Third. The Legislature should protect the public by denying the endorsement of the State to any person, as being capable of treating the diseases of the human body, unless such person can make a diagnosis of the condition of the human body, to do which requires a full knowledge of the science of medicine, including the use of drugs and other valuable therapeutic agents.

Fourth. If the so-called osteopathic bill becomes a law, all candidates who fail to pass the Regents' examinations to obtain a license to practice medicine in this State may in this State treat all diseases of the human body by holding a diploma from any regular osteopathic college in the United States, a privilege which a graduate from Harvard or Yale medical college, for instance, does not enjoy.

And finally it would be as reasonable for the Legislature to separate the special branches of criminal, corporation and real-estate law from the general practice of law and to establish for each of them a special examining board, so as to make it easier for the candidates for admission to the Bar who desired to practice as specialists, than it would be for the Legislature to select one special therapeutic agent used in the treatment of disease and separate it from the general practice of medicine as a panacea for all diseases at the request of those enthusiasts who now ask for a special examining board.

The bill to amend the Greater New York Charter, authorizing the Board of Health of the City of New York to appoint a chief medical examiner and medical examiners, and prescribing their powers and duties; creating a bureau of medical examiners in the Department of Health, abolishing the office of Coroner in the City of New York upon the expiration of the terms of office of the Coroners now in office in said city, and providing for the performance of the powers and duties exercised by the Coroners in such city, was introduced by Senator Elsberg and referred to the Committee on the Affairs of Cities of the Senate, was reported favorably by that Committee and finally passed the Senate. It was introduced in the Assembly as a Senate Bill and referred to its Committee on Affairs of Cities, which Committee, after a hearing held at Albany, reported the bill favorably to the Assembly and it finally passed that body.

The bill affected only the City of New York, therefore it required the approval of the Mayor before being submitted to the Governor for his signature. After the hearing, the Mayor vetoed it for reasons sufficient to himself.

The Pure Food and Drug Bill passed the House of Representatives, January 19, 1904, was reported favorably by the Committee on Manufactures of the United States Senate, and was killed in the Senate by not being allowed to come to a vote before the adjournment of Congress. The bill deserves support from the medical profession of the United States as well as from the public at large, and your Committee has been acting in harmony with the Legislative Committee of the American Medical Association, of which the chairman of your Committee is a member, in order to secure for the people of the United States the enactment of a law which will do more to correct the abuses from the adulteration of foods and medicines and the misbranding, or fraudulent labels placed upon the same, than any piece of legislature that has ever been introduced into Congress. The bill will be reintroduced at the coming session of Congress and we hope that the active members on the Committee of National Legislation in the twenty-seven hundred counties of the United States will make it their business to see that the Pure Food

and Drug Bill becomes a law. The executive department of the Government favors the bill. The Committee asks that the new Committee on Legislation be empowered to continue the work of securing the enactment of a law which will abolish the office of Coroner in the City of New York.

Respectfully submitted,
E. Eliot Harris, Chairman.

Dr. Ager moved that the report be accepted and that the future committee be instructed to go on with the work to abolish the office of Coroner. Seconded and carried.

The report of the Committee on Library was read by the chairman, Dr. John J. Nutt.

REPORT OF THE COMMITTEE ON LIBRARY.

On account of the unsettled condition of the affairs of the Association, this committee has not had the incentive to fulfil its intentions. We had planned the complete re-cataloguing of the library and the establishment of the card-index system. After doing that, we hoped to be able to formulate some feasible plan for making this a circulating library.

A quietus having been put upon the scheme for disbanding, we trust the succeeding committee will be able to accomplish much.

We would suggest that members who are not familiar with this library make a call at 64 Madison avenue.

Respectfully submitted,
(Signed) John Joseph Nutt,
Chairman.

Moved that report be accepted. Carried.

The report of the Committee on Public Health was read by the chairman, Dr. Louis C. Ager.

REPORT OF THE COMMITTEE ON PUBLIC HEALTH.

Gentlemen—Your committee regrets that it has so little that is definite to show for its year's work. On the other hand, we feel that the path has been well marked for two exceedingly important reforms if your committee of next year should desire to take up the work where it has been dropped.

The undertaking of your committee that was of most interest to the State as a whole was an attempt to reduce the Fourth of July tetanus mortality. To what extent we can claim credit for the work accomplished it would be difficult to say. One fact is certain, however, the committee devoted a great deal of time and energy to a campaign of education throughout the State and the number of deaths from Fourth of July tetanus was just one-fourth as many as a year ago.

Unfortunately the bill which Senator Armstrong was kind enough to introduce into the Senate to regulate or stop the sale of blank cartridges was lost at the last moment, after its passage seemed assured. We would earnestly recommend to the committee of next year that they take up this matter again, and that they enlist the services of Senator Armstrong if possible.

We will not weary you with the details of our work. Several hundred copies of the reprint on Fourth of July tetanus from the *Journal of the A. M. A.* were distributed to physicians, politicians and legislators through the State; many letters were written, and each member of the committee made a personal canvass in his own locality.

A few days before the Fourth the New York Police Department, at the request of your chairman, notified several firms advertising the sale of toy pistols that they were violating the law.

The so-called Coroner's Bill, which has been so ably supported by the members of the committee from Manhattan, was a measure to abolish the Coroner's office in New York City. Strictly speaking, this measure was not within the province of a State Committee, as it referred to the City of New York alone. As its actual effects, however, would be of benefit to the whole State, and to other States by way of example, it seemed wise of this committee to give its official support to the measure. This bill passed the Legislature, but was vetoed by the Mayor, in spite of the almost unanimous support of the medical profession and the press. This very laudable movement should not be given up, and the future committee should take steps at once to discover the reason for its veto, in order that, if possible, the objectionable features may be eliminated from the next draft.

From up the State comes reports of the evil effects of so-called "Rummage Sales," and it has been suggested that some legislation for their suppression or regulation shauld be enacted. This is a matter of importance from a sanitary point of view, and we would recommend it to the serious consideration of our successors.

In regard to the work of future committees, we have found by practical experience that the most effective work can be accomplished by personal contact. If, therefore, there could be a closer bond of interest between the State Committee on Public Health and the similar county committees, they could cooperate more fully, and it would be a matter of mutual advantage.

Respectfully submitted,
(Signed) Louis Curtis Ager,
Chairman.

STATE OF NEW YORK.

G .O. No. 95. No. 27, 458, 494. Int. 27.

IN SENATE,

January 6, 1904.

Introduced by Mr. Armstrong, read twice and ordered printed, and when printed to be committed to the committee on CODES—reported favorably from said committee with amendments, and ordered reprinted as amended, and when reprinted to be referred to the COMMITTEE OF THE WHOLE—reported from said committee with amendments, and ordered reprinted as amended, and when reprinted to be recommitted to the COMMITTEE OF THE WHOLE.

AN ACT

TO amend the penal code, relative to the selling or giving away of dangerous weapons.

The people of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Section four hundred and nine of the penal code is hereby amended to read as follows:

Sec. 409. A person who manufactures or causes to be manufactured, or sells or keeps for sale, or offers or gives or disposes to any person of any instrument or weapon of the kind usually known as slugshot, billy, sand-club or metal knuckles, or a person who offers, sells, loans, leases or gives any gun, revolver,

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pistol or other firearm or loaded or blank cartridges or ammunition therefor (to any person under the age of eighteen years) or any air gun, spring gun or other instrument or weapon in which the propelling force is a spring or air or (who sells or gives away) any instrument or weapon commonly known as a toy pistol or in or upon which may be loaded or blank cartidges are used or may be used, *or any loaded or blank cartridges or ammunition therefor* to any person under the age of eight-years is guilty of misdemeanor.

Section 2. This act shall take effect on June first, nineteen hundred and four.

Moved by Dr. Seabrooke that the committee be authorized to carry on the work. Seconded and carried.

The report of the Committee on Publication was read by the chairman, Dr. Charles E. Denison.

REPORT OF THE COMMITTEE ON PUBLICATION.

The JOURNAL of the Association has this year brought the members in closer touch with each other, as is evidenced by the increasing mail and larger interest shown by requests for information. It is a great satisfaction to know more members read the county reports, and it is a pleasure to acknowledge here, the ready response received from the District and County secretaries of the meetings. The fuller the report, the better pleased and the greater the value to the members. The expense connected with the publication is less to the Association this year, than ever before. The net cost was $967.68, a trifle over $80 for each issue, the total receipts from advertisements and sales of JOURNALS being $1,825.05.

So satisfactorily has this form of publishing the Transactions been received, that at present writing, thirteen other States have undertaken the monthly publication.

The Medical Directory has been issued to each member, being the sixth volume in the series. That the efforts of the committee to make this the best reference-book is evidenced by the increased sales over last year. By making a radical change in the method of compilation, and not in the least detracting from the value of the work as a reference book, the cost of the publication has been reduced about 40c. per volume.

The book is reduced in size, being less bulky and unwieldy, and thus making it more serviceable.

The business office work has been increased this year. In addition to the correspondence of the president and secretary, a large amount of the clerical labor of the Conference Committee has been handled by the office. The treasurer also found it advisable to have accounts taken care of at the office.

As shown by the treasurer's report, it is a source of great satisfaction to find a balance in the Treasury this year.

(Signed) C. E. DENISON,
Chairman.

Moved that it be accepted and placed on file. The president called for the report of the Committee on Revision of the By-Laws.

Dr. Townsend stated: "I would like to rise to a point of order and to know if it will be possible for me as an individual to introduce certain amendments to the report of the Committee on the Revision of the By-Laws. I am not a member of the committee, but the amendments have been suggested by the attorney, and he has been unable to see the chairman of the committee to have them put in."

President: "I have the original report of the Committee on the Revision of the By-Laws here, submitted by the chairman, Dr. Charles E. Quimby, and signed by him, and if there is no objection in his absence I will ask the secretary to read the report and Dr. Townsend can introduce his amendments later under the head of new business."

The report of the Committee on By-Laws was then read, and laid over for action until the next Annual Meeting.

REPORT OF THE COMMITTEE ON REVISION OF THE BY-LAWS.

The Committee appointed on revision of By-Laws, at the annual meeting, 1903, respectfully submit the following amendments to the By-Laws of The New York State Medical Association.

They have been prepared by the counsel of the Association, James Taylor Lewis, with a view of making the By-Laws agree with the corporation laws of the State of New York.

Certain changes have also been made to correct inconsistencies in various sections.

No other than the necessary legal changes advised by the counsel have been made.

(Signed) CHAS. E. QUIMBY,
Chairman.

Amend Article II. Duties of the Council, by striking out Sec. 1 and substituting therefor the following:

Executive Board and Finance Committee.—Sec. 1. The Council, in the interim, between the

annual meetings of The New York State Medical Association, and the annual meetings of the Council and Fellows, shall be and is hereby constituted the Executive Board or Committee both of The New York State Medical Association, and of the Council and Fellows, with full power and authority to put into effect the purposes of the Association as expressed in and limited by its charter, By-Laws and resolutions. The Council may select a Finance Committee from among its members, the sole power of which shall be to audit and authorize the payment of such bills as may have been theretofore incurred by order of the Council, or the Council and Fellows of The New York State Medical Association.

Amend Article II. Sec. 6. *Action under Medical Laws and Employment of Counsel,* by striking out Sec. 6 and substituting therefor the following:

Action under Medical Laws and Employment of Counsel.—Sec. 6. The Council may, in the name of The New York State Medical Association, take action in any case of violation of the public-health law, subject, however, to the provisions of such laws. The Council may, in the name of The New York State Medical Association, employ an attorney at law to advise or act in any legal matter for The New York State Medical Association, upon such terms as the Council may determine.

Amend Article II. Sec. 7, by striking out Sec. 7 and substituting therefor the following:

Defense of suits of alleged malpractice.—Sec. 7. Any active resident member of The New York State Medical Association may apply in writing for defense, and the Association shall through its Council furnish the legal services of a duly qualified attorney at law, in any alleged civil malpractice action brought against him, the alleged cause of action for which, occurred subsequent to the time when such applicant became a member of The New York State Medical Association; provided, however, that said applicant shall not be in arrears in the payment of dues for a period of more than three months from the first day of January, and that said applicant shall agree in writing not to settle, compromise, adjust or discontinue such action without the consent of The New York State Medical Association or its attorney, and renouncing his own, shall vest in The New York State Medical Association or its Council sole authority to conduct the defense of said suit, or to settle or adjust the same with the consent of the applicant, but neither the Council nor its attorney, nor any other person shall obligate The New York State Medical Association to the payment of any money awarded by verdict, decree of court, upon compromise or otherwise.

Amend Article II. *Duties of the Council,* Sec. 2. *Meetings,* by striking out the period at the end of the section, and adding the following:

and notice of each special meeting of the Council specifying the time and place of the meeting, and the business to be transacted, shall be mailed in a securely sealed, post-paid wrapper, addressed to the last-given address of each and every member of the Council, at least five days before the date of meeting.

Amend Article II. Duties of the Council and Fellows, by striking out Sec. 1, and substituting therefor the following:

Duties of the Council and Fellows.—Sec. 1. Duties. The general supervision, business management and control, together with the financial interests of The New York State Medical Association and its membership, are vested in the body known and styled the Council and Fellows, as limited, qualified and authorized by Section 5 of Chapter 452 of the Laws of 1900.

Amend Article III, Sec. 2, by striking out Sec. 2 and substituting therefor the following:

Meetings.—Sec. 2. The annual and all other meetings of the Council and Fellows of The New York State Medical Association shall be held at its office or place of transacting its financial concerns in the City of New York, Borough of Manhattan. The annual meeting of the Council and Fellows shall be held on the third Monday in October in each year, beginning at 3 o'clock in the afternoon, and Special Meetings of the Council and Fellows shall be held at such other times, upon ten (10) days' notice thereof, as may be determined by the Council to be necessary or expedient, or upon the written request of twenty-five (25) members of The New York State Medical Association.

Amend Article IV, Sec. 5, by striking out Sec. 5 and substituting therefor the following:

Duties of Treasurer.—Sec. 5. The Treasurer shall receive and disburse all funds of The New York State Medical Association under the direction of the Council, or Council and Fellows, or upon the audit of persons duly authorized by these By-Laws. He shall make a report at the annual meeting of the Council and Fellows upon the finances of the Association, and to the Council at such other times as the Council may require, and shall report upon the names of such members as may be delinquent in the payment of their dues. Any member who shall not have paid his dues on or before the first day of July in any year shall be considered a delinquent member, and a member not in good standing. The Treasurer shall collect the dues of non-resident members.

Amend Article V, Sec. 9, by striking out Sec. 9 and substituting therefor the following:

Committee on Nominations.—Sec. 9. The Committee on Nominations shall consist of a chairman and ten members, two of which members shall be elected from the Fellows from each of the five District Branch Associations. It shall be the duty of this Committee to present to the Council and Fellows at its annual meeting a list of nominees for all elective offices of The New York State Medical Association, from which list the officers may be elected, unless otherwise ordered by a majority of the members present.

Amend Article VI, Meetings of the Association, by striking out Sec. 1, 2 and 3, and substituting therefor the following:

Annual.—Sec. 1. The New York State Medical Association shall hold a meeting annually, to be called its annual meeting, in the City of New York, and Borough of Manhattan, on the first Tuesday following the third Monday in October in each year, at 9.30 o'clock in the forenoon, at its office or place of transacting its financial affairs, and the scientific or social sessions of such annual meeting shall be held at such place and hour as shall be selected by the Council and designated in the notice for such meeting, and The New York State Medical Association may hold special meetings at other times, places and hours in the City of New York and Borough of Manhattan. The notice for all meetings of The New York State Medical Association or the Council and Fellows shall be in writing, mailed in a securely sealed, post-paid wrapper, addressed to the last-given address of each and every member of The New York State Medical Association, which notice shall state the date, place and hour of such meeting. Notice of all special meetings shall be mailed to every member of The State Medical Association at least ten (10) days before such meeting, and shall state the date, place, hour and purpose of the meeting, and no other business at any special meeting shall be conducted except such as is stated in the call. The affidavit of mailing by the Secretary of The New York State Medical Association of such notice for the call of the meeting, shall be sufficient proof of the service of such notice upon each and every member, for any and all purposes.

Special Meetings.—Sec. 2. Special meetings shall be called by the President by order of the Council or upon the written request of twenty-five (25) members of the Association.

Order of Business.—Sec. 3. The order of business at the annual meeting of The New York State Medical Association shall be as follows:

1. Calling the Association to order.
2. Reports of Special Committees.
3. Unfinished business.
4. New business.
5. Address of welcome by the Chairman of the Committee on Arrangements.
6. President's address.
7. Special addresses.
8. Reading and discussion of papers.
9. Installation of officers.
10. Adjournment.

To Article VI. Meetings of the Association. Add Sec. 4 to read as follows:

Thirty-five (35) members of The New York State Medical Association shall constitute a quorum, for the transaction of any and all business.

Amend Article VII. Duties of Officers, by striking out the present title, and substituting therefor the following:

ARTICLE VII.

The title preceding Sec. 5 should read: "Duties of District Branch Association Officers."

Amend Article VII, Sec. 7, by striking out Sec. 7 and substituting therefor the following:

Treasurer.—Sec. 7. The Treasurer shall receive and disburse all funds of the Branch Associations, as hereinafter prescribed under the laws regulating the distribution of dues.

Amend Article VIII, County Medical Associations, by inserting between Sections 2 and 3 the title "Duties of County Association Officers."

Amend Article VIII, Sec. 6, by striking out Sec. 6 and substituting therefor the following:

Treasurer.—Sec. 6. The Treasurer shall receive and disburse all funds of the County Association of the County in which he resides.

Amend Article IX, Sec. 4, by striking out Sec. 4 and substituting therefor the following:

Privileges of Members.—Sec. 4. Active. Resident active members shall have all the rights and privileges conferred by their respective County and District Branch Association. They shall be eligible to any office in the gift of the Association, shall be entitled to attend all meetings of the Council and Fellows, and shall receive all the protection, benefits and support conferred by The New York State Medical Association except as herein qualified or limited, provided, however, that such active member's dues shall have been paid to the Treasurer of The New York State Medical Association on or before the first day of July in any year, and not otherwise. If at the time of the annual meeting of any County Association or District Branch Association a member shall not have paid his annual dues to such County or Branch Association, he shall not be counted as a basis of representation in The New York State Medical Association, nor shall he be eligible for election as a Fellow, nor thereafter until he shall have discharged his indebtedness in full.

Amend Article IX. Membership, by striking out Sec. 5 and substituting therefor the following:

Privileges of Members, Non-resident, Honorary and Corresponding.—Sec. 5. All members of The New York State Medical Association other than active resident members, shall *only* receive notice of all scientific meetings, and a copy of all publications of The New York State Medical Association.

Amend Article X. Dues, Sec. 3, by striking out Sec. 3, 4 and 6, and substituting therefor the following:

Payment of Dues.—Sec. 3. All dues shall be due The New York State Medical Association and payable on the first Monday of January in each year. Members resident in the State of New York shall transmit their dues to the Treasurer of the County Association in which they reside, or to the Treasurer of the District Branch Association, if no County Association exists in the County wherein he resides. Non-

resident members shall transmit their dues to the Treasurer of The New York State Medical Association.

Collection of Dues.—Sec. 4. On the first day of July in each year, the names of all members who have failed to pay their indebtedness to The New York State Medical Association for the current year shall be omitted from all public accredited lists of members of The New York State Medical Association, and if at the close of the first day of the annual meeting of The New York State Medical Association such dues still remain unpaid and in arrears, the name of such delinquent member shall be dropped from the official roll of members, and he shall be notified of his suspension from membership in The New York State Medical Association as soon as conveniently possible thereafter.

Distribution of Dues.—Sec. 6. The Treasurer of each County Association or District Branch Association shall pay to the Treasurer of the State Association monthly, all dues or other funds in his hands received from members, which the Treasurer of The New York State Medical Association is entitled to receive.

Amend Article XV. Amendments, by striking out Sec. 1 and substituting therefor the following:

Amendments.—Sec. 1. Amendments to these By-Laws shall be made only upon the affirmative vote of a majority of those present and voting at a regular annual meeting of the Council and Fellows, or at a regular annual meeting of The New York State Medical Association, provided that notice of such amendment shall have been presented in writing at the previous annual meeting of the Council and Fellows, or at the previous annual meeting of The New York State Medical Association.

Dr. Ferguson: "Do I understand that this report as submitted will have to lie over for a year?"

President: "It will have to lie over for a year."

The president called for the report of the Committee on Conference.

REPORT OF COMMITTEE ON CONFERENCE.

To the Council, Fellows and Members of The New York State Medical Association:

Your committee appointed and empowered to confer and unite with a committee of the Medical Society of the State of New York, for the purpose of forming a union of the two State medical organizations, respectfully submits the following report:

The first communication the committee received was from your secretary.

Dr. E. Eliot Harris, Chairman, Committee on Conference, 33 West 93d street, New York.

Dear Doctor Harris—I have the honor to inform you that at a meeting of the Council and Fellows of The New York State Medical Association, held at the Academy of Medicine, on October 1, 1903, you were appointed chairman of the Committee on Conference, by the President, with power to do whatever is necessary and expedient to bring about a union of The New York State Medical Association and the Medical Society of the State of New York in a just and equitable way.

I am enclosing herewith the text and preamble and resolution, following which your appointment took place. Yours very sincerely,

Guy Davenport Lombard, Secretary.

The following are the resolutions:

Whereas, The members of The New York State Medical Association desire a union of the medical profession of the State of New York, and

Whereas, It is deemed expedient for the attainment of this purpose, to make further effort to bring together The New York State Medical Association and the Medical Society of the State of New York.

Resolved, That a committee of five be appointed by the chair, and said committee is hereby empowered to do whatever is necessary and expedient to bring about such a union in a just and equitable manner.

Resolved, That the committee so empowered may confer, cooperate and unite with a committee of the Medical Society of the State of New York, for the purpose of forming said union of the two State medical organizations.

Resolved, That a copy of these resolutions be transmitted to the Secretary of the Medical Society of the State of New York, with a request that their Conference Committee be granted similar power.

The committee appointed in accordance with this resolution: E. Eliot Harris, chairman; Julius C. Bierwirth, Alexander Lambert, Parker Syms, Wisner R. Townsend.

Office of the Secretary of the Medical Society of the State of New York.
Albany, N. Y., Oct. 14, 1903.

Guy Davenport Lombard, Secretary, The New York State Medical Association.

Dear Sir—At a duly called meeting of the Medical Society of the State of New York, held in the City of New York, on October 13, 1903, the following was adopted unanimously:

Whereas, The New York State Medical Association, at a recent special meeting, duly assembled, has by unanimous vote appointed a committee with full power to meet a similar committee of the Medical Society of the State of New York, to arrange for the unification of the two organizations under the corporate name of the Medical Society of the State of New York, therefor be it

Resolved, That the Committee on Conference of the Medical Society of the State of New York, already appointed, be given powers equal to and commensurate with those granted the committee created by The New York State Medical Association, for the purpose of unifying the two State

medical bodies in the Medical Society of the State of New York.

I have the honor to transmit this to you, as the action of this Society, pursuant to that of the Association, of which you are secretary, referred to in the preamble of the resolution.

Respectfully,

FREDERICK C. CURTIS, Secretary.

The chairmen of the Committees on Conference arranged for the first joint meeting, which was held at the Academy of Medicine, on the afternoon and evening of October 30, 1903. At this meeting the Joint Committee on Conference was organized by electing Dr. A. Jacobi chairman and Dr. Wisner R. Townsend secretary. A draft of a bill to be presented to the Legislature was read and adopted. A Sub-Committee of three, consisting of Dr. A. Jacobi, Dr. E. Eliot Harris and Dr. George R. Fowler, was empowered to employ legal counsel to arrange the draft of the proposed bill, for the consolidation of the two State medical bodies, in proper legal form, to be introduced in the Legislature of 1904. The Sub-Committee unanimously agreed to select as counsel, Mr. Howard Van Sinderen, of New York City, a lawyer well known in the medical profession, he being the counsel of the New York Academy of Medicine.

Mr. Van Sinderen framed in legal form a draft of the proposed bill, "Entitled An Act" for the consolidation of The New York State Medical Association and the Medical Society of the State of New York, and accompanied the proposed bill with a written opinion, attacking its constitutionality, on the ground that mandatory legislation affecting the vested rights of the members of the two State medical bodies was illegal.

Several members of the Joint Committee on Conference secured opinions from constitutional lawyers in this State, and they all confirmed Mr. Van Sinderen's opinion as to the unconstitutionality of the proposed mandatory legislation. Since mandatory legislation was declared illegal, Mr. Van Sinderen suggested a plan of securing permissive legislation, and the Sub-Committee, with his aid, laid before the Joint Conference Committee a bill to be introduced into the Legislature, entitled, "An Act, to authorize the consolidation of the Medical Society of the State of New York and The New York State Medical Association," which was adopted unanimously by the Joint Conference Committee, at a meeting held at the New York Academy of Medicine on January 5, 1904. This so-called permissive act was passed by both Houses of the Legislature, and was signed by the Governor on January 21, 1904.

At a special meeting of the Association, held at the New York Academy of Medicine, the following resolutions were unanimously adopted on motion of Dr. Joseph D. Bryant:

"*Resolved*, That the report of the Joint Committee on Conference be accepted, and that the proposed agreement for the consolidation of the Medical Society of the State of New York *and* The New York State Medical Association be and the same is hereby approved, and the president of the Association is hereby authorized and directed to execute the same in the name and behalf of the Association, and the secretary is hereby authorized and directed to affix the corporate seal thereto, and be it further

"*Resolved*, That the committee of the Association heretofore appointed for the purpose of bringing about the consolidation, namely, Dr. E. Eliot Harris, Dr. Julius C. Bierwirth, Dr. Alexander Lambert, Dr. Parker Syms and Dr. Wisner R. Townsend, be and they are, hereby continued as such committee, with full power and authority to do whatever may be necessary to carry the agreement into effect."

AGREEMENT.

WHEREAS, The Medical Society of the State of New York, hereinafter called the Society, and The New York State Medical Association, hereinafter called the Association, desire to consolidate and become one corporation under the name "Medical Society of the State of New York," pursuant to the terms of the Act, Chapter I, of the Laws of 1904, entitled "An Act to authorize the consolidation of the Medical Society of the State of New York and The New York State Medical Association," of which said act a copy is hereto annexed marked Exhibit "A."

NOW, THEREFORE, the Society and the Association hereby agree as follows:

First: It is mutually covenanted and agreed that from and after the entry of an order of the Supreme Court for the consolidation of the Society and the Association, pursuant to the terms of said act, the Constitution and By-Laws, of which copies are hereto annexed, marked "Exhibit B," forming a part of this agreement, shall be the Constitution and By-Laws of the Society; subject, however, to amendment or repeal as therein or as by the laws of this State may be authorized; provided that for the purpose of inaugurating and completing the organization of the membership of the consolidated corporations in conformity with the requirements of such Constitution and By-Laws and for transacting the business of the Society, the officers of the Society and the chairmen of standing committees in office at the date of the entry of the order for consolidation, and the members of the Joint Committee of Conference heretofore appointed to bring about the consolidation, namely, Dr. Henry L. Elsner, Dr. A. Jacobi, Dr. A. Vander Veer, Dr. George Ryerson Fowler, Dr. Frank Van Fleet, Dr. E. Eliot Harris, Dr. Julius C. Bierwirth, Dr. Alexander Lambert, Dr. Parker Syms and Dr. Wisner R. Townsend, shall be deemed to be severally or collectively, in accordance with the purpose and intent of this agreement, ad interim the officers, the chairmen of standing committees, the House of Delegates and the

Council of the Society, with the power and authority conferred upon the officers, House of Delegates, Council and chairmen of standing committees by said Constitution and By-Laws, and with the further power when sitting as the House of Delegates of appointing presidents of District Branches from among their own number, or from the membership of the Society at large; and from and after the date of the entry of an order consolidating the corporations, the said officers, House of Delegates, Council and chairmen of standing committees so constituted shall have and may exercise their respective powers and authority for the organization of the members of the consolidated corporation and the management of its affairs until the annual meeting of the Society, which will take place on the last Tuesday of January, 1905, and for such further time as their powers and authority may be extended and continued by the vote of a majority of the members present and voting at any general or special meeting of the Society after the consolidation; and provided further that in determining the eligibility of members of the Society for office in the Society after the consolidation, the period during which such members shall have been members of the Association continuously at the date of the consolidation, shall be equivalent to membership in the Society for the same period.

Second: The Society and the Association each for itself covenants and agrees that it will employ expert accountants to determine accurately the amount of its assets and liabilities, and that their reports shall be submitted with this agreement upon an application for an order consolidating the corporations, and the Association agrees that upon the entry of such an order the property of the Association specified in the report of its experts shall be duly transferred to the Society; and the Society agrees that upon receiving the same it will assume and pay and discharge the liabilities of the Association specified in the said report.

Third: All members of the Society and all members of the Association in good standing at the time of the consolidation shall be entitled to membership in the county medical societies in the counties in which they may reside, without the payment of any initiation fee or other cost to them, except that the members of the Society who, at the time of consolidation, shall not be members of any county society, may be required to pay the initiation fee regularly charged by the society which they may join. If there shall be no county society in the county in which a member of the Society resides, he shall be entitled to membership in the county society of an adjoining county, or else to membership in a society to be organized and chartered by the House of Delegates. Members of the Association shall be entitled to membership in county societies upon the certificate of the President and Secretary of The New York State Medical Association at the time of the consolidation that they are in fact such members, or upon the like certificate of the presidents and secretaries of their respective district branches or county associations; and such members shall not be subject to the payment of dues or assessments to the respective county societies or District Branches, except from the date to which they shall have paid their dues in full to their respective county associations, after which date dues to the respective county societies or District Branches may be imposed or assessed upon them and they may be collected, at the rate imposed or assessed upon all other members of their respective county societies or District Branches. Members of the Society who shall not be members of a county society at the time of consolidation shall be admitted to membership in the respective county societies upon the like certificate signed by the President or Secretary of the Society. In counties in which there shall be a county medical association, but in which there shall be no county society in affiliation with the Society at the date of the consolidation, the said county medical association shall be deemed to be a county medical society in affiliation with the Society, subject to the Constitution and By-Laws hereto annexed; provided that all members of county societies residing in such counties and all members of the Society residing in such counties shall be admitted to membership in such county associations upon the like certificates of their membership in the Society or in their county societies, and upon the like terms with regard to initiation fees and dues as are hereinabove prescribed with respect to the admission of members of the Association to membership in county societies and the dues which may be imposed or assessed upon them; and provided further that the names of all such county associations shall be changed to the County Medical Society of their respective counties in conformity with the nomenclature of county societies in affiliation with the Society; and it is hereby further expressly declared and agreed that upon the entry of an order for the consolidation of the corporations, all members of county medical societies in affiliation with this Society or which by virtue of the provisions of this agreement shall be deemed to be in affiliation with this Society, and all persons who shall upon consolidation or thereafter be or become members of county medical societies in affiliation with this Society, or which shall be deemed to be in affiliation with this Society, and all members of societies thereafter organized and chartered by the House of Delegates, shall, by virtue of such membership, be members of the Medical Society of the State of New York.

Fourth: The Association agrees that upon the admission of its members to membership in the respective county societies to which they will become entitled under this agreement, the property and assets of the respective county associations in affiliation with the Association shall be transferred to the county society for the same county.

Fifth: The Society and the Association mutu-

ally agree that before the entry of an order for the consolidation of the corporations, notice of an application for the order shall be given to every county society and association. Such notice may be given by the Society or by the Association. Service of such notice upon any officer of a county society or association shall be deemed to be sufficient and shall band the societies and associations, provided that the length of time of the notice and manner of serving it may be determined by the order of the court upon the presentation of the petition for consolidation.

If the court shall decline to order the consolidation pursuant to the terms of this agreement, or if for any other reason the Joint Committee of Conference heretofore appointed shall deem it to be expedient to submit this agreement, or any question in connection therewith, for ratification or determination to their respective county societies and county associations, it shall order such submission. In that case the agreement shall not be binding upon the corporation parties hereto, until the same shall have been ratified by all such county societies and associations; and a certificate of the ratification of the agreement by any county society or association signed by the President and Secretary of the meeting shall be conclusive evidence thereof in any court or place; provided that for the purposes of this agreement no county society or association shall be deemed to be in existence which shall not have held a meeting since January first, nineteen hundred and one.

Sixth: The Society and the Association each for itself agrees that in order to facilitate the due execution of this agreement according to the terms thereof, it will prepare or cause to be prepared and delivered to the Society, a roster containing the names and addresses of all its members in good standing at the date of the consolidation, and the Society agrees that as soon as practicable after the consolidation, meetings of the county societies shall be called on due notice to all their members, including all members of the Association in good standing at the date of the consolidation, residing in the counties in which the meetings shall be held, respectively, for the purpose of effectuating the plan of organization under the Constitution and By-Laws hereto annexed, and for the transaction of such other business as may come before the meeting.

Seventh: It is further covenanted and agreed by the parties hereto that as soon as practicable after the entry of an order for the consolidation of the corporations, the following proposition shall be submitted by referendum to the vote of the members of the Society, namely:

"The principles of medical ethics of the American Medical Association, being suggestive and advisory, shall be the guide of members in their relations to each other and to the public."

Eighth: The Society agrees that it will petition the Legislature for the passage of such further act or acts as may be necessary, if any, to carry this agreement into effect.

Ninth: Neither the Society nor the Association shall be deemed to have incurred any liability under this agreement if the court shall decline to order the consolidation of the corporations as herein provided.

Tenth: It is further mutually covenanted and agreed that whenever the Chairman and Secretary of the Joint Committee of Conference shall certify that the conditions precedent to an application to the court have been fully complied with, the presidents of the respective corporations shall, and they are hereby authorized and required in the name and behalf of their respective corporations, to petition the Supreme Court for an order to consolidate the corporations in accordance with the terms hereof, and the certificate hereinabove provided for shall be conclusive evidence of the fact stated therein in any court or place.

In Witness Whereof, the Medical Society of the State of New York has caused these presents to be signed by its President and its corporate seal to be hereunto affixed, at the City of Albany, in the State of New York, on this day of January, one thousand nine hundred and four, and The New York State Medical Association has caused these presents to be signed by its President and its corporate seal to be hereunto affixed at on the day of one thousand nine hundred and four.

Medical Society of the State of New York,
By_____

The New York State Medical Association,
By_____

[For By-Laws see pages 41 to 46, February Journal, 1904.]

The following county associations have ratified: Allegany, Broome, Cattaraugus, Chautauqua, Erie, Essex, Genesee, Herkimer, Jefferson, Kings, Lewis, Monroe, New York, Niagara, Oneida, Orange, Orleans, Otsego, Rensselaer, Rockland, Saratoga, Seneca, Steuben, Sullivan, Ulster, Wayne, Westchester, Wyoming—29.

Onondaga refused to ratify. Albany, Cortland, Columbia, Tompkins and Warren have not yet reported. Twenty-nine out of thirty-five county associations, representing a membership of 1,694, have ratified; five, representing a membership of 63, have not acted, and one, representing a membership of 14, has refused.

The following county societies have ratified: Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Franklin, Fulton, Greene, Herkimer, Kings, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Queens-Nassau, Rensselaer, Richmond, Rockland, St. Lawrence, Schenectady, Steuben,

Suffolk, Tioga, Tompkins, Ulster, Washington, Wayne, Westchester—48.

There is only one society in the two counties, Queens and Nassau. Forty-seven out of forty-eight county societies have ratified. Schoharie has not yet acted. Those ratifying represent a membership of about 5,660 out of a total membership of about 5,699. As many of the county societies do not meet until June, their rosters cannot be accurately made up until the annual meeting. Many of the present county by-laws do not provide for automatically dropping those in arrears for dues and the list is thus larger than it should be.

Rosters are now being prepared according to the sixth paragraph of the agreement, and accurate lists will be kept in the future.

The new county by-laws to be adopted after amalgamation will provide for such conditions in the future and with the new form of organization provided for in the agreement and with active, energetic officers the Medical Society of the State of New York should be the largest numerically and the most important of any in the United States.

There are no county medical societies in the counties of Essex, Genessee, Hamilton, Putnam, Saratoga, Seneca, Schuyler, Sullivan, Warren, Wyoming, Yates—11.

Where associations exist they will become societies, in all other counties new societies will be organized.

The Counsel of the Joint Committee on Conference, armed with the resolution adopted at this special meeting of The New York State Medical Association, and with a similar resolution adopted by the Medical Society of the State of New York, made application to the Supreme Court of the County of New York for an order joining the two organizations into one body. The application for this order was made returnable in the Borough of Manhattan, before Mr. Justice Fitzgerald, and upon the return day an affidavit was submitted in opposition to the application, sworn to by the vice-president of the Onondaga County Medical Association, which affidavit, among other things, raised the question as to whether or not a sufficient notice of the special meeting of March 21st had been given to each member of the State Medical Association, to make the particular resolution adopted at that special meeting a valid one binding upon each individual member of the State Medical Association.

Upon examination of the by-laws of the New York State Medical Association it then appeared that there was no by-law providing for the manner of giving notice of meetings of the Association.

The opinion of the Counsel of The New York State Medical Association concurred in by the Counsel of the Joint Committee shows that where the manner of giving notice of meetings of membership corporations is omitted from the by-laws, then the common-law rule applies which requires that if resolutions are to be passed at any meeting which in any manner involves any personal privilege or rights of person or property acquired by membership in such Association, that this notice of the meeting must be served upon each member personally, not through the mail nor by word of mouth, and such notice must contain the date, place and hour of the proposed meeting and the purpose for which it is called.

Subsequently the Council of The New York State Medical Association passed unanimously the following resolution:

Whereas, It appears that there are inconsistencies in the by-laws of The New York State Medical Association, and

Whereas, It appears that one of the causes of the failure of the application for amalgamation of the two State organizations was due to insufficient notice being served upon members of the Association, in a measure owing to the fact that provision for the service of notice upon members by mail was omitted from the by-laws of the State Medical Association,

Resolved, That the Special Committee on revision of the by-laws, with the assistance and cooperation of the Counsel of The New York State Medical Association, be requested to submit for action at the annual meeting in October, 1904, by-laws covering the various deficiencies and uncertainties existing in the by-laws of The New York State Medical Association, and that the secretary be instructed to forward a copy of this resolution to the chairman of the Special Committee appointed upon a revision of the by-laws.

Your committee respectfully reports that the Association must wait till the by-laws are changed at the annual meeting in 1905 so that a special meeting can be called after that time to legally ratify the agreement.

Respectfully submitted,

E. Eliot Harris, Chairman;
Julius C. Bierwirth,
Alexander Lambert,
Parker Syms,
Wisner R. Townsend.

Dr. Loughran moved that the written report be accepted, and the committee be continued with power.

Dr. Mayer: "I move that the motion be divided: the first part, that the report be accepted; second part, that the committee be continued with power."

The first part, that the report of the committee be accepted, was carried unanimously.

The second part, that the committee be continued with power, forty noes, twenty-five ayes.

Dr. Loughran moved that a new committee with power be appointed, with the same number of members as the old one.

Dr. Denison: "I move as a substitute that the present committee be continued."

Dr. Mayer: "I move that the last words, 'with power,' be stricken out."

Dr. Harris: "I move that the whole subject be laid on the table." Seconded and carried.

[At the general meeting of The New York State Medical Association, on the following day, Dr. E. Eliot Harris read the report of the Committee on Conference, as already printed.

Dr. Ferguson moved that the report of the Committee on Conference be accepted, with the thanks of the Association for the arduous labors of the Joint Committee on Conference. Seconded by Dr. Townsend. Carried unanimously.]

Dr. Townsend: "I would like to offer the following amendments to the By-Laws."

Amend Article III, Sec. 1 and 2, by striking out Sec. 1 and 2, and substituting therefor the following:

Meetings.—Sec. 1. The Council and Fellows shall meet annually. The annual and all other meetings of the Council and Fellows of The New York State Medical Association shall be held at its office or place of transacting its financial concerns, in the City of New York, Borough of Manhattan. The annual meeting of the Council and Fellows shall be held on the third Monday in October, beginning at 3 o'clock in the afternoon; and special meetings of the Council and Fellows shall be held at such other times, upon ten (10) days' notice thereof, as may be determined by the Council to be necessary or expedient; or upon the written request of twenty-five (25) members of The New York State Medical Association. One-half the membership of the Council and Fellows shall constitute a quorum.

Section 3 then becomes Sec. 2, and Sec. 4 becomes Sec. 3.

Amend Article VI, Meetings of the Association. Add Sec. 4 to read as follows:

One-third of the membership of The New York State Medical Association shall constitute a quorum, for the transaction of any and all business.

Dr. Ferguson moved that these By-Laws be printed in the next number of the JOURNAL and also in the JOURNAL just before the next annual meeting. Carried.

Dr. Townsend: "At the meeting of the Council held early this afternoon, I introduced a resolution, the original of which the secretary has in my handwriting, and if he will let me have it, I would like to introduce it to the Association and ask action thereon. Mr. President, as the secretary seems unable to find the original, if Dr. Ferguson will correct me, if I make any mistakes, I will try to repeat the resolution as fully as possible:

"Resolved, That the Council of The New York State Medical Association recommend to the Council and Fellows of The New York State Medical Association, that the treasurer be authorized to pay one-half of the bill for legal expenses incurred by the Joint Committee on Conference, after the bill has been presented to the Joint Committee on Conference and indorsed by them. I therefore move that the Council and Fellows make such authorization, and that these expenses which have been incurred be paid. No one but the committee can realize how arduous has been the task, and the bill is not excessive."

Dr. Ferguson: "I understand that the bill is between five and six hundred dollars. I move that the bill be paid." Seconded and carried.

REPORT OF NOMINATING COMMITTEE.

The following nominations were then presented by the Nominating Committee:

President—Samuel W. S. Toms, Nyack.

Vice-President—Allen Arthur Jones, Buffalo.

Secretary—Charles Ira Redfield, Middletown.

Treasurer—Frederick A. Baldwin, New York.

Chairman Committee on Arrangements—Frederic W. Loughran, New York.

Chairman Committee on Legislation—E. Eliot Harris, New York.

Chairman Committee on Library—Alexander Lambert, New York.

Chairman Committee on Public Health—Louis Curtis Ager, Brooklyn.

Chairman Committee on Publication—Charles Ellery Denison, New York.

Chairman Committee on Nominations—Wisner R. Townsend, New York.

Delegates to the Annual Meeting of the American Medical Association—Everard D. Ferguson and Wisner R. Townsend.

Dr. Mayer: "I move that the report of the committee be accepted." Carried.

Dr. Brush: "If it is now in order to make nominations, I would like to nominate Dr. J. Riddle Goffe as a candidate for president."

Dr. Ferguson: "Knowing Dr. Goffe as well as I do, and knowing his thorough qualifications for president, I rise to earnestly second the nomination."

Dr. Mayer: "Will you kindly appoint tellers to take the vote?"

Dr. Davis and Dr. Nutt were appointed tellers.

Dr. Thornton: "It gives me great pleasure during this interval to comply with the request of Dr. Bryant, and ask every one present to sign the petition to Congress for incorporation of the National Society."

Dr. Bryant: "It is desirous that the members of the Societies of the respective States sign the petition in order that it can be presented to Congress when it convenes, and I would like to have every member who is here sign it. It is the action of the Associations which are in favor of it, and I have already heard from ten States that they are in favor of it, and expect very soon to hear from more."

The vote for president was announced, Dr. Goffe receiving forty-seven votes and Dr. Toms eleven votes.

The president declared Dr. Goffe elected president.

Dr. Brush: "I move that the secretary cast the vote for the remaining candidates as presented by the Nominating Committee." Seconded and carried.

The vote was then cast for the remaining candidates, and the president declared them duly elected.

The meeting was then declared adjourned.

(*To be continued.*)

COUNTY ASSOCIATION MEETINGS FOR NOVEMBER.

Kings County.—Tuesday, November 8th.
Otsego County.—Tuesday, November 8th.
Orange County.—Wednesday, November 16th.
Cortland County.—Friday, November 18th.
New York County.—Monday, November 21st.
Onondaga County.—Monday, November 21st.
Ulster County.—Monday, November 21.
Westchester County.—Thursday, November 24th.
Lewis County.—Tuesday, November 29th.
Monroe County.—Tuesday, November 29th.

ADDITIONAL LIST OF MEMBERS OF THE NEW YORK STATE MEDICAL ASSOCIATION.

FIRST DISTRICT BRANCH.

Jefferson County, Michael J. Lawler, Carthage.

Montgomery County, Charles M. Klock, St. Johnsville.

FOURTH DISTRICT BRANCH.

Cattaraugus County, Seba S. Bedient, Little Valley; Seaver Z. Fisher, Randolph.

Chautauqua County, James H. Kellogg, Bemus Point; Benjamin S. Swetland, Brocton.

Erie County, Clayton M. Brown, Buffalo; Emerson A. Fletcher, Buffalo.

Steuben County, John D. Mitchell, Hornellsville.

Wyoming County, Lester B. Lougee, Attica; Willard De Forest Preston, Attica.

FIFTH DISTRICT BRANCH.

Kings County, Nathan T. Beers, Jr., Brooklyn; Charles P. Gildersleeve, Brooklyn; George G. Hopkins, Brooklyn.

New York County, Joseph B. Cooke, New York; Robert J. Carlisle, New York; Maximilian Davidoff, New York; Robert C. Davis, New York; Eden V. Delphey, New York; W. G. Eckstein, New York; Dennis A. McAuliffe, New York; John J. McGrath, New York; Constantine J. MacGuire, New York; Flavius Packer, New York; W. A. Shufelt, New York; William E. Studdiford, New York; Homer Wakefield, New York; Simon J. Walsh, New York.

Orange County, Alpheus E. Adams, Newburgh; William J. Carr, Newburgh; W. Stanton Gleason, Newburgh; John T. Howell, Newburgh; Louis R. Pierce, Newburgh.

Ulster County, Benjamin F. Neal, Ellenville.

NEW MEMBERS IN THE AMERICAN MEDICAL ASSOCIATION.

Michael J. Lawler, Carthage.
Herbert B. Smith, Corning.

Kings County Association.—The regular meeting of this Association was held at 315 Washington street, on Tuesday evening, October 11th, at 8.30 o'clock. The scientific session was opened with a paper by Dr. A. C. Brush, on Traumatic Epilepsy. It was discussed by Drs. Cecil MacCoy, H. C. Riggs, C. P. Gildersleeve, W. Cummings, J. D. Sullivan, and J. S. Wight. At the executive session, it was voted that the November meeting be an executive meeting for the purpose of considering ways and means to continue the work of the Association.

F. C. Raynor, Secretary.

* * *

New York County Association.—The stated meeting of the New York County Medical Association was held October 17, 1904, at the New York Academy of Medicine, 19 West 43d street, with Dr. Alexander Lambert, president, in the chair.

The reports of the Executive Committee were read after the minutes of the last meeting in May had been read and ordered upon file.

At the scientific session, Dr. Alexander Lambert, the retiring president, thanked the Association for having twice elected him president of the organization. He had appreciated most keenly this honor and their hearty cooperation in carrying out the work of the Association had been a source of much gratification and pleasure. He then introduced Dr. Francis J. Quinlan, the newly elected president, who delivered his inaugural address upon the subject of the adulteration of drugs and food stuffs, found on page ? After this, there being nothing further upon the program, the Association adjourned.

Wm. Ridgley Stone, Secretary.

* * *

Orange County Association—An adjourned meeting of this Association was held at the Russell House, Middletown, Wednesday, October 12, 1904, at 2 p. m. There was an average attendance of members from the county. The meeting was called to order by the President, Dr. W. E. Douglas, of Middletown. At the scientific session, following presentation of specimens and reports of cases, Dr. W. S. Russell, of Highland Mills, Professor of Therapeutics in the New York Dental College, delivered a very instructive address on "Some new Theories regarding the Blood," illustrated by blackboard drawings. His remarks were listened to with interest, and much that is entirely new in the theory of the toxins and antitoxins was made very clear. Dr. Russell's paper was considered so valuable that he was requested to repeat it at a future meeting. Much spirited discussion of the theories mentioned was entered into by all present. At

the conclusion of the discussion, Dr. Russell was tendered a hearty vote of thanks.

At the business session, following, five new members were elected. They are Dr. John T. Howell, Dr. W. Stanton Gleason, Dr. Louis R. Pierce, Dr. A. E. Adams, Dr. William J. Carr, all of Newburgh; also Dr. Arthur J. Benedict, of Newburgh, who has recently removed to Newburgh from Ulster County, had his membership transferred from the Ulster County Medical Association to the Orange County Medical Association. In order to provide for the extra membership, it was necessary to elect an additional Fellow and Alternate to the State Association. On ballot, Dr. L. C. Distler, of Westtown, was elected Fellow, and Dr. F. D. Myers, of Slate Hill, Alternate.

Dr. J. B. Hulett, of this city, was elected Alternate in place of Dr. E. A. Sharp, having removed from the county, and Dr. Milton C. Conner, became Fellow.

The secretary was instructed to communicate with the counsel of the State Association, James T. Lewis, Esq., regarding the proper method of legal procedure to secure the apprehension of certain illegal practitioners in the county. The matter of drafting a surgical fee bill for the county was discussed, but no action taken thereon. It was decided to hold the next meeting at Newburgh, at the Palatine Hotel, Wednesday, November 16, 1904. Sincerely yours,

CHARLES I. REDFIELD,
Secretary and Treasurer.

* * *

Seneca County Association.—The semi-annual meeting of this Association was held September 8, 1904, at the Cayuga Lake House, Sheldrake, N. Y. Present, Drs. C. S. Barnes, F. W. Lester, E. Lester, C. B. Bacon, Curry, J. S. Purdy, D. F. Everts, H. E. Brown, R. Knight, W. H. Montgomery, D. Ross, Gould, Lovell, Elliott, A. Howe.

The president, Dr. George A. Bellows, of Waterloo, gave an address.

In the scientific session the following papers were read: "Involution Melancholia," by Thomas J. Curry, Willard; "The Passing of the Old Physician," by E. Lester, Seneca Falls; "The Five Stages of Labor," by William A. Howe, Phelps.

The By-Laws were amended to change the annual meeting from the "First Thursday in April," to the "Second Thursday in May."

The meeting was a very enthusiastic one, and the semi-annual meeting will probably be held at the same place next year. The annual meeting next May will be held at the Willard State Hospital.

J. SPENCER PURDY, Secretary.

* * *

Sullivan County Association.—The semi-annual meeting of this Association was held at the New Liberty House, in Liberty, N. Y., on October 12th. The meeting was called to order in scientific session at 2 o'clock P. M., by the President, S. Darwin Maynard. A very interesting and instructive paper by Dr. H. A. Gates, of Delhi, N. Y., "A few Thoughts regarding our Work," elicited the praise and enthusiasm of the Association. A comprehensive paper by Dr. H P. Deady, of Liberty, N. Y., on the Relation between Diabetes and Tuberculosis, also report of a case of hydatidiform mole with presentation of specimen, by Dr. Frank Laidlaw, of Hurleyville, N. Y. Owing to the inclement weather, only ten members were in attendance. After a short executive session meeting was adjourned until the second Tuesday of April next.

LUTHER C. PAYNE, Secretary.

* * *

Tompkins County Association.—At a meeting of the Tompkins County Medical Association held October 18th, following the report of the Committee on "Contract Labor by Physicians," the following resolutions were passed by the Association:

"Resolved, That no member of this Association accept work from any association, corporation or public official at less than the usual fee for such services when rendered an individual.

"Resolved, That our secretary be requested to send copies of this resolution to all city and county officials, or other persons having any interest in this subject of contract work by physicians."

In explanation of these resolutions I am requested to notice one or two points brought out in the open discussion. First it seems to be the custom of our officials to get services in all professions but ours in this way, to find out what is necessary and best, whether a lawyer, or engineer or clerk, or even a team of horses and pay a fair fee, in our profession it is the custom of the officials to get us bidding against each other and select the lowest bidder, regardless of the amount of work required. It was noticed in this connection that the jail work pays $50 a year, which is estimated to be 25 cents a visit, or about the fee that a common day laborer gets.

It was also brought out in the discussion that in case the regular contract physician is sick, or busy, or absent, another physician is called to do his work, and that there exists the condition that this other physician cannot be legally paid by anybody; the law being so fixed that only so much can be paid. All of which the contract physician gets. This, it is claimed, is neither justice nor blackmail, but something somewhere in between.

It was further brought out that this resolution in no way attempts to criticize existing contracts, nor present contract physicians, but is meant for their future protection and fair pay, as well as for the protection and fair pay of the others.

Finally, I ask on behalf of the Association that if you have any suggestions or criticisms to make that they be brought properly before the Association.

H. B. BESEMER, Secretary.

Wyoming County Association.—The regular quarterly meeting of this Association was held at the Edwards House, Attica, N. Y., October 11, 1904.

The meeting was called to order by Vice-President Z. J. Lusk, at 1 P. M.

Dr. Eugene A. Smith, of Buffalo, presented a paper on "Operative Treatment of Diseases of the Gall Bladder."

Dr. E. R. McGuire, of Buffalo, presented a paper on "Status Lymphaticus."

In the business session the following resolution was unanimously adopted:

To the Hon. Frederick C. Stevens, Senator 46th District:

Dear Sir—The members of the Wyoming County Medical Association wish herewith to express to you their interest in the work of the State Cancer Laboratory (part of the State Department of Health) in Buffalo, and their appreciation of the great importance of the work carried on there, and respectfully assure you of its value and the necessity for continuing the research. They therefore urge upon you the wisdom of securing such legislation, financial, as shall ensure that the work may proceed without hindrance or interruption.

The following-named physicians from Attica were elected to membership: Dr. W. D. Preston, Dr. L. B. Lougee.

After the adjournment the members of the Association visited the stock farm of the Hon. Frederick C. Stevens, and had the pleasure of seeing his prize-winning hackneys.

L. H. Humphrey, Secretary.

OBITUARY.

Montefiore L. Maduro, M.D., age 32 years, died October 22, 1904, in St. Luke's Hospital. Graduate of the College of Physicians and Surgeons; Columbia University, 1895; Member American and New York State Medical Associations; Anesthetist of Mt. Sinai Hospital; formerly Corresponding Secretary of the New York County Medical Association.

LEGAL NOTES.

During the past month the crusade against illegal practitioners of medicine has been taken up afresh with the determination that if it is possible to be accomplished, the illegal practice of medicine will be checked in the city of New York.

The first case tried was that of Mrs. Hausler, who had been once before convicted of practicing medicine and was on this occasion convicted though producing a lot of testimony in her favor at the trial of the case. She was promptly fined $75 or thirty days in the City Prison.

Helen Opp, who about a year ago was convicted of practicing medicine in conjunction with a druggist, was fined $100 or three months in the Penitentiary. This woman has been for many years a persistent violator of the law, and the Counsel regretted that the court did not inflict a term of imprisonment, but the fact that through her counsel she pleaded guilty was taken into consideration and she was given the benefit of her not going on the stand and perjuring herself.

Mrs. Forster, a midwife, was fined $100 or three months in the Penitentiary.

In the case of Mrs. Popp, a midwife on the West Side, she was convicted of practicing medicine, but on motion of her counsel sentence was suspended during her good behavior.

Sarah L. Brown, a colored woman calling herself a "naturapath," having a place in West 59th street, was also convicted on October 20th, but as she was not selling abortive agents her fine was fixed at $35.

A very important case was that tried on October 18th of Ferdinando LaSelva, an Italian, who was arrested in May for the first time. He produced a medical diploma issued by the Imperial University at Naples. On motion of the Counsel his sentence was suspended in order that he might have time to prepare to take the Regents' examination. The man who made the original complaint to the Association, however, was not satisfied, and insisted upon the man being arrested again, which was done, and information was furnished the Counsel that the diploma was a spurious one or at least had been mutilated, and the arrest followed. He was convicted and sentenced to pay a fine of $150 or serve a term in the City Prison of ninety days. The Counsel was unable to get possession of his diploma for the purpose of sending it to the Imperial University for certification, but should he attempt to file his papers with the Regents the matter will then be thoroughly investigated.

Upon going to press one case remained undisposed of in the Court of Special Sessions, which will be reported on in the next issue.

THE NEW YORK STATE MEDICAL ASSOCIATION.

When referring to the manifold advantages of membership in The New York State Medical Association, attention should be called to the following facts:

That The New York State Medical Association does not exist as an entity, but is composed of the United County and District Branch Associations.

That membership in a regularly chartered County or District Branch Association carries with it membership in the State Association.

That The New York State Medical Association is the legal representative and only affiliated branch in New York State of the American Medical Association.

That it is only through membership in The New York State Medical Association that physicians residing in New York State can become members of the American Medical Association.

Original Articles.

CONSERVATISM VERSUS INTERVENTION IN SIMPLE DYSTOCIA.[1]

BY WILLIAM J. MEYER, M.D.,
White Plains, N. Y.

IN this discussion, I shall not touch upon those graver causes and conditions of dystocia, such as material and fœtal monstrosities, malformations or malpresentations, for each of these questions would demand individual consideration beyond the scope of this paper. I shall confine myself to observations regarding a class of cases more frequently encountered, so lightly considered by the general practitioner, and so often neglected, as to be productive of very unfortunate results, a logical consideration of which cases calls for and more than justifies a strong criticism of their so-called conservative treatment, and a practical exemplification of treatment by intervention. I wish to discuss the occurrence of dystocia resulting from an inadequacy of the expellant forces to overcome the resistance encountered, and we here find two primary conditions to dispose of, first, that wherein the expellant forces themselves are deficient and, second, wherein the resistance encountered is abnormal, and therefore pathological; the former class embraces such cases as are due to uterine inertia; the latter has to do with rigid cervical canals.

Playfair tells us that "Gestation is, or should be, a healthy and normal function," but that "unfortunately our patients never possess a like degree of health and physiological perfection." This being true, it therefore follows that if conditions arise which affect the normal integrity of pregnant women, the same conditions will reflect upon the natural process of labor, thereby inserting into a healthy and normal function an element of pathology, and the medical profession, by virtue of its very existence, is morally bound to recognize and correct pathological conditions, regardless of their apparent insignificance in obstetrics, as in any other branch of medicine.

The conservative practice of obstetrics has long been abused; we have been too eager to avail ourselves of a conservatism, which in its very nature should be a discredit to us, and which has persisted despite the progress and experiences of modern medicine; and this conservatism is so deeply sown as to make us timorous of confessing our advanced ideas in contradiction to tradition. We have, however, arrived at that period of professional existence, where a champion is necessary for the parturient woman and the unborn child. We have for generations permitted ourselves to overlook the true significance and consequences of delayed labor, and if we can at last arrive at a full realization of the unrecognized frequency of uterine inertia and cervical rigidity, and if we can revive our antiquated theories and treatment relative to these conditions, we have provided for a long-felt necessity.

It is beyond the power of woman to either increase, diminish or influence in any voluntary manner the expellent forces of the uterus; neither can she, of her own volition, assist in dilating a rigid cervical canal. Experience has taught us that uterine inertia will exist for days without any apparent effort toward natural correction, and we have seen cervical rigidity likewise persist for days, the violence and frequency of uterine contractions notwithstanding. The mental, moral and physical embarrassments of maternity under these exasperating conditions have been overlooked, and corrective suggestions ridiculed and condemned, mainly because our professional ancestors have not sufficiently impressed upon us the importance of these complications, or because we ourselves were unwilling to antagonize the conservative element among our brethren. There has been generated an unholy fear of stimulating and hastening labor; we have looked upon our obstetric forceps as instruments of torture and agents to be used only in extremis; we have complacently governed ourselves by the theory that uterine inertia, if undisturbed, is self-corrective, and that the rigid cervix is bound sooner or later to relax. At all events, we have refrained from the early use of forceps and the forcible distention of the cervix.

Many of our experienced writers claim, and not without reason, that the indiscriminate and hasty use of forceps is attended by injuries more or less severe to the parturient canal, and I question not the claims made by gynecologists that a large proportion of their operative work is consequent upon the inefficiency, haste or carelessness of the general practitioner in the use of the forceps. These facts are to be deeply regretted, but we are not justified in condemning the forceps because of our own ignorance regarding their true advantages, and our neglect in becoming proficent in their use; we should, on the contrary, acquaint ourselves with the complete pathology of delayed labor, and take such steps as are dictated by conscience and our knowledge of obstetrics, to overcome and eliminate these conditions. The experience of the writer has been, that a careful application and a judicious use of the forceps are *not* necessarily attended by cervical and perineal lacerations; neither has he found that the obstetric forceps inflict upon the fœtus permanent or injurious disfigurement. It is beyond my comprehension why such strong opposition has been made to the early use of forceps when properly employed; neither can I understand why we have so long delayed our intervention when confronted by a rigid cervix; I am not aware of any physiological reason why we should not interfere, and I feel sure that the prejudice against early intervention is responsible for our ignorance and inexperience of the true value of the obstetric forceps. My claims relative to these questions are based upon the practical

[1]Read at the Twenty-first Annual Meeting of The New York State Medical Association, New York, October 17-19, 1904.

application of the obstetric forceps and the practice of early intervention for the past five years, during which time I have conducted 186 cases of labor wherein simple dystocia figured as a complication, and a majority of which cases would have been treated according to the old conservative method by other practitioners. In these 186 cases I have never had a lacerated cervix or perineum; never had a case of subinvolution or sepsis, and never had a post-partem hemorrhage, and I think the results obtained during the five years employment of this practice will well justify my claims. I fail to see anything remarkable about these results, however, for I feel positive that any and every accoucheur can obtain the like if he but discard his old ideas. We are not put to the necessity of taking a new course in medicine, for a knowledge of the mechanism of labor, a thorough understanding of the forceps, an adaptation of our knowledge of the one to the process of the other, a full appreciation and employment of our laws of antisepsis, are the only requisites demanded, and they are all elements which entered into our early training.

In the early days of my career I followed in the footsteps of my predecessors, for I then knew of no other method; consequently I did not hesitate in those days to permit a woman to lie in labor for 18, 24, 36 or even 48 hours. The resulting exhaustion of the mother and the dangers of fetal mortality seldom if ever occurred to me. My confrères were of the opinion that in these cases of simple delayed labor this exhaustion of the mother was inconsequential, insomuch as recovery from it was comparatively rapid and uneventful. The fœtal mortality, according to them, was accompanied by an element of accident which was unaccountable and uncontrollable. Such theories were sufficient for me in those early days, but I became dissatisfied and determined to alter my ideas and conduct as an accoucheur. With timidity I began using my forceps in uterine inertia, expecting all sorts of embarrassing consequences, which never materialized. I began dilating rigid cervical canals by means of tents and Barnes bags, but without satisfaction, for the tent in my hands was utterly useless, and the Barnes bag was usually so slow and unreliable as to make but little impression on the cervix. I finally resorted to *manual dilatation* of the os, using the examining fingers as mechanical assistants. This manual dilatation brought most satisfactory results. In the beginning it was certainly very trying since it required considerable strength. The results, however, well repaid my efforts, for I soon became proficient, and found by this means that I could not only dilate the most rigid cervical canal, but that this manipulation of the cervix invariably induced a healthy return of uterine contractions in simple inertia.

For the past five years I have been employing this method. This line of treatment is now with me an article of obstetric faith, and the results are steadily convincing me of its wisdom. For five years I have not permitted one case of labor coming to my care to exist beyond seven hours, from the beginning of the true labor, without intervention, for I feel justified at the expiration of such a time in making a positive diagnosis of either uterine inertia or cervical rigidity, and in dilating any cervix applying my forceps.

It is the rule to find on all sides general practitioners with whom the old methods are still in vogue; in fact, it is very exceptional to find a man with whom they are not; it is also customary to find among the clientèle of those who cherish this old-line treatment a very large percentage of female invalids, gynecological subjects, and a corresponding large fetal mortality; neither do we find a poverty of dread and fear of maternity, for the agonies of labor are scarcely, if ever, ameliorated or lightened by the old methods. These embarrassments are, however, almost entirely eliminated when the treatment herein advocated—early intervention—is properly and carefully employed, else it would have been impossible for any man to practice this method and avoid, for five years, the occurrence of any lacerations, sepsis, hemorrhages, subinvolutions and dead-born children; neither would the woman treated in accordance with this practice be so willing to reexperience the discomforts of parturition.

To emplify my appeal for early intervention and to demonstrate the virtues of such treatment, I will recite two cases taken at random.

Case 1.—Mrs. M.; age, 25; primipara; strong and robust. At 7 P. M., July 6, 1903, the attending physician called me in consultation and gave me the following facts: Labor had started at 3 P. M., July 5th; pains continued with strength and frequency for about six hours, when they disappeared until noon of July 6th; pains then became exceedingly strong and frequent, but with no apparent advancement; upon examination I found an os dilated about one-half inch, very firm and rigid; the vagina showed signs of beginning infiltration; the uterine contractions were constant and the patient in extreme mental and physical distress; the child demonstrated its vigor by pronounced activity.

I suggested immediate manual distention of the cervix and instrumental delivery, for there had already been some seven hours of violent labor without advancement because of this rigid os. A diversity of opinion by the attending physician, who preferred "a natural dilatation," and who refused to accept the suggestions offered, compelled me to retire. I was recalled, however, by both physician and family at 2 A. M., July 7th. The uterine contractions were then so strong as to constitute in reality but one long, continuous pain. The cervix was still rigid and had not dilated a particle beyond the original half inch. The mother was very weak from exhaustion, the child was now quiet and life could be detected with difficulty.

With the consent of all concerned I immediately proceeded to dilate. This was a hard task,

for the os was exceedingly rigid. I succeeded, and at the expiration of twenty-five minutes I had the cervix sufficiently dilated to admit the forceps. Having applied the instruments I relinquished them to my confrère, who in twenty minutes delivered a most beautiful and perfectly formed male child—dead. This patient had been in violent but fruitless labor for about fourteen hours; she was in complete collapse at the termination of her tortures, her child was dead, and because of the method of manipulation of the forceps by any confrère the perineum was completely lacerated, necessitating a perineorraphy some weeks later. The physical condition of the mother was not to be compared with the mental anguish on learning of the death of her child. The results of this case, taken in its entirety, prove what we too often witness—the absurd foolishness of conservatism in such cases.

With this compare the following:

Case 2.—Mrs. S.; age, 20; primipara; small of figure, frail and delicate. I reached her when she had been in labor for two hours; pains were strong and frequent at intervals of three minutes, growing in strength and frequency until they became continuous. The os was dilated sufficiently to admit the index fingers, but was very rigid. A careful observation and repeated examinations revealed the fact that the rigidity of the cervix was unaffected by the frequent and strong uterine contractions. The patient was in great distress, and was rapidly losing strength. Two hours observation of the case convinced me that the cervical rigidity could not and would not be overcome by natural processes. This conclusion being reached, I immediately employed manual dilatation to a degree admitting my forceps. Twenty minutes' use of the forceps resulted in the delivery of a fine, healthy, live male child, absolutely free from marks or bruises of any kind. The cervix and perineum were absolutely free from any lacerations; the mother had an uneventful postpartem, and was up and about her duties in two weeks.

The conditions in these two cases were identical, with the exception that the patient in Case 1 was strong and more robust than she of Case 2, and although the results were so markedly different, the advantages were originally in favor of the one with the unfortunate ending.

A comparison of cases such as these convinces me that stupid conservatism in obstetrics vies strongly with the well-discussed and much-criticized question of race suicide, for I confidently believe that a large percentage of our dead-born infants are sacrificed at the very threshold of life by this so-called conservatism, and the resulting martyrdom of children and mothers is without a doubt responsible for many of those social, mental and moral conditions underlying the existing fear and repugnance of maternity.

To my mind, gentlemen, our duties as obstetricians call us now from our old ideas and demand a more logical and more merciful consideration for both child and mother. Personally, I honestly consider (and feel that my results justify) early intervention the proper procedure, and so convinced am I of the wisdom of the early use of forceps that I openly advocate the adoption of both practices by the profession at large.

THE LAW RELATING TO DOCTORS' FEES.

Under the heading "The Law of Physician and Patient," William C. Tait, LL.D., in the *Pacific Record of Medicine and Surgery*, says: "It is the wealth of the patient which regulates the amount of compensation, as every professional man knows. In other words, professional charges are regulated by custom, not by law." He says that judicial decisions are rare in the matter of showing on the part of physicians a professional custom and usage of considering the financial ability of the patient in making charges. As a matter of fact, we would suggest that the common circumstances are such that the physician is compelled, much against his will and understanding, to consider the financial ability of his patient in charging, but against himself, making small charges, and shaving even these before he gets his pay, because of the poor circumstances of his patients. Why not, then, also work this rule occasionally in the other direction when there is an opportunity?

In the case of Czarnowsky vs. Zeyer, 35 La. Ann., 796, the judgment of the Lower Court was increased to $1,000 by the Appellate Court, on the ground that "The judgment of the Lower Court was disproportionate to the value of the decedent's estate, the inventory showing it to be over $8,000." In the case of Lange vs. Kearney, 4 N. Y. Supp., 15, in refusing to cut down the physician's charge, the Court said: "That although the sum demanded by the plaintiff seemed to be large in contemplation of the defendant's income, nevertheless, it appeared that he was the owner of property, and could pay it, and had the ability to do so." Again, Mr. Tait says, "The several physicians of this city who were fortunate enough to attend the late Senator Fair during the last three days of his illness were allowed $2,500 each for their services by the Probate Court of this city." How much would they have been allowed for the same services had they been rendered to the Senator's valet?

In all kinds of professional services the law implies a promise to pay on the part of the person at whose request, or for whose benefit, they are rendered. Again, unlicensed practitioners cannot recover by law, despite a written promise to pay a fixed sum, or even on a promissory note, for professional services because they are contrary to law, for no man can legally do that which is against the law, and invoke this same law in securing to him compensation for its violation.—*Dietic and Hygienic Journal.*

Books Received.

Saunders' Question-Compends, No. 4. Essentials of Medical Chemistry, Organic and Inorganic, containing also, Questions of Medical Physics, Chemical Philosophy, Analytical Processes, Toxicology, etc., Prepared especially for Students of Medicine, by Lawrence Wolff, M.D., formerly Demonstrator of Chemistry, Jefferson Medical College; Physician to the German Hospital of Philadelphia; Member of the German Chemical Society, of the Philadelphia College of Pharmacy, etc. Sixth edition, thoroughly revised by A. Feree Witmer, Ph.G., formerly Assistant Demonstrator of Physiology, University of Pennsylvania; Neurologist to the Out-Patient Department of the Hospital for Ruptured and Crippled, New York City. Philadelphia, New York, London: W. B. Saunders & Co., 1904.

Transactions of the Florida Medical Association, for the years 1903 and 1904, held at St. Augustine and Live Oak, Fla., April 8, 9 and 10, 1903, April 20, 21, 1904. The H. & W. B. Drew Company, 1904.

Transactions of the Seventy-first Annual Session of the Tennessee State Medical Association, Chattanooga, 1904. The Seventy-second Annual Session will be held in Nashville, commencing second Tuesday in April, 1905.

Thirteenth Annual Report of the Secretary of the State Board of Health, of the State of Michigan, for the fiscal year ending June 30, 1902. By Authority. Lansing, Mich: Robert Smith Printing Company, State printers and binders, 1903.

Saunders' Question-Compends, No. 7. Essentials of Materia Medica, Therapeutics and Prescription Writing, arranged in the form of Questions and Answers, prepared especially for Students of Medicine, by Henry Morris, M.D., Fellow of the College of Physicians of Philadelphia; Associate Member of the Association of Military Surgeons of the United States; Member of the American Medical Association, etc. Sixth Edition, Thoroughly Revised, by W. A. Bastedo, Ph.G., M.D., Tutor in Materia Medica and Pharmacology at Columbia University (College of Physicians and Surgeons) New York; Assistant Attending Physician in the Roosevelt Hospital Dispensary and to the Vanderbilt Clinic. Philadelphia, New York, London: W. B. Saunders & Co., 1904.

Essentials of Bacteriology, Being a Concise and Systematic introduction to the Study of Micro-Organisms, by M. V. Ball, M.D., formerly Resident Physician, German Hospital, Philadelphia; formerly Bacteriologist to St. Agnes' Hospital. Fifth Edition, thoroughly revised by Carl M. Vogel, M.D., Assistant in Pathology, College of Physicians and Surgeons, Columbia University, New York City. With 96 illustrations, some in colors and 6 plates. Philadelphia, New York, London: W. B. Saunders & Co., 1904.

Transactions of the Medical Society of the State of New York, for the year 1904. Published by the Society, 1904.

Saunders' Question-Compends, No. 21. Essentials of Nervous Diseases and Insanity, their Symptoms and Treatment, by John C. Shaw, M.D., late Clinical Professor of Diseases of the Mind and Nervous System, Long Island College Hospital Medical School. Fourth edition. Thoroughly revised, by Smith Ely Jeliffe, M.D., Ph.D., Clinical Assistant, Columbia University, Department of Neurology; Visiting Neurologist, City Hospital, New York. Illustrated. Philadelphia, New York, London: W. B. Saunders & Co., 1904.

Annual Report of the Board of Health of the Department of Health of the City of New York, for the year ending December 31, 1902, New York: Martin B. Brown Company, printers and stationers, 49 to 57 Park place, 1904.

Regional Minor Surgery, describing the treatment of those conditions daily encountered by the general practitioner. By George Gray Van Schaick, M.D., Consulting Surgeon to the French Hospital, New York. Published by the International Journal of Surgery Company, medical publishers, 100 William street, New York.

Lectures to General Practitioners on Diseases of the Stomach and Intestines, with an account of their relations to other diseases and of the most recent methods applicable to the diagnosis and treatment of them in general; also "The Gastro-Intestinal Clinic," in which all such diseases are separately considered. By Boardman Reed, M.D., Professor of Diseases of the Gastrointestinal Tract, Hygiene and Climatology in the Department of Medicine of Temple College, Philadelphia; Attending Physician to the Samaritan Hospital; Member of the American Medical Association, American Climatological Association, American Academy of Medicine, American Electro-Therapeutic Association; Foreign Member of the French Société d'Electrotherapie, etc. Illustrated. Published by E. B. Treat & Co., 243 West 23d street, New York.

International Clinics, A Quarterly of Illustrated Clinical Lectures and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Opthalmology, Otology, Rhinology, Laryngology, Hygiene, and other topics of interest to Students and Practitioners, by leading members of the medical profession of the world. Edited by A. O. J. Kelly, A.M., M.D., Philadelphia, U. S. A., with the collaboration of Wm. Osler, M.D., Baltimore; John H. Musser, M.D., Philadelphia; Jas. Stewart, M.D., Montreal; J. B. Murphy, M.D., Chicago; A. McPhedran, M.D., Toronto; Thos. M. Rotch, M.D., Boston; John G. Clark, M.D., Philadelphia; James J. Walsh, M.D., New York; J. W. Ballantyne, M.D., Edinburgh; John Harold, M.D., London; Edmund Landolt, M.D., Paris; Richard Kretz, M.D., Vienna. With regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Price, cloth, $2 net. Volume III. Fourteenth series, 1904. Philadelphia: J. B. Lippincott Company, 1904.

The Surgical Treatment of Bright's Disease. By George M. Edebohls, A.M., LL.D., Professor of the Diseases of Women in the New York Post Graduate Medical School and Hospital; Consulting Surgeon to St. Francis Hospital, New York; Consulting Gynecologist to St. John's Riverside Hospital, Yonkers, N. Y., and to the Nyack Hospital, Nyack, N. Y.; Fellow of the New York Academy of Medicine, and of the American Gynecological Society; Honorary Fellow of the Surgical Society of Bucarest; Permanent Member of the Medical Society of the State of New York, etc. New York: Frank F. Lisiecki, Publisher, 9 to 15 Murray street, 1904.

A System of Practical Surgery. By Prof. E. von Bergman, M.D., of Berlin, and Prof. P. von Bruns, M.D., of Tubingen, and Prof. J. von Mikulicz, M.D., of Breslau. Volume V. Translated and edited by William T. Bull, M.D., Professor of Surgery, College of Physicians and Surgeons, Columbia University, New York, and Edward Milton Foote, M.D., Instructor in Surgery, College of Physicians and Surgeons, Columbia University, New York. Surgery of the Pelvis and the Genito-Urinary Organs. New York and Philadelphia: Lea Bros. & Co., 1904.

Saunders' Question-Compends, No. 3. Essentials of Anatomy, including the Anatomy of the Viscera, arranged in the form of Questions and Answers, prepared especially for Students of Medicine, by Charles B. Nancrede, M.D., Professor of Surgery and of Clinical Surgery in the University of Michigan; Emeritus Professor of General and Orthopedic Surgery, Philadelphia Polyclinic; Senior Vice-President of the American Surgical Association; Corresponding Member of the Royal Academy of Medicine, Rome, Italy; Member of the American Academy of Medicine, etc. Seventh edition, thoroughly revised. Philadelphia, New York, London: W. B. Saunders & Co., 1904.

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THE NEW YORK STATE MEDICAL ASSOCIATION.

Next Annual Meeting at New York October 16, 17, 18, 19, 1905.

President—J. Riddle Goffe, 29 West 46th Street, New York.
Vice-President—Allen Arthur Jones, 436 Franklin Street, Buffalo.
Vice-President Ex-Officiis—J. Orley Stranahan, Rome. Everard D. Ferguson, Troy.
Franklin J. Kaufmann, Syracuse. Josiah William Morris, Jamestown. Henry Van Hoevenberg, Kingston.
Secretary—Charles Ira Redfield, 44 East Main Street, Middletown, N. Y.
Treasurer—Frederick A. Baldwin, 64 Madison Avenue, New York.
Counsel—James Taylor Lewis, Esq., 180 Broadway, New York.

STANDING COMMITTEES.

Committee on Arrangements.

Frederick W. Loughran, Chairman; Charles G. Kirchhof, Henry Roth, Johanna B. Leo, William I. Thornton, Clement F. Theisen, Charles C. Kimball, James P. Tuttle, Benjamin W. Stearns, Morris G. White, J. Riddle Goffe, Allen Arthur Jones, Charles Ira Redfield.

Committee on Public Health.

Louis Curtis Ager, Chairman, Third Avenue and Silliman Place, Brooklyn; William Finder, Jr., Troy; Charles A. Wall, Buffalo; Harry R. Purdy, New York City; Bernard S. Moore, Syracuse; Charles B. Tefft, Utica.

Committee on Publication.

Charles E. Denison, Chairman; E. Eliot Harris, Francis J. Quinlan, Thomas F. Reilly, Henry Roth.

Committee on Legislation.

E. Eliot Harris, Chairman; J. Orley Stranahan, Everard D. Ferguson, Chauncey P. Biggs, George W. Goler, W. Travis Gibbs.

Committee on Library.

Alexander Lambert, Chairman; William H. Biggam, Lucius W. Hotchkiss.

Committee on Nominations.

Wisner R. Townsend, Chairman, 125 West 58th Street, New York. W. B. Reid, Rome; Douglas Ayres, Fort Plain, 1st District. John M. Humphrey, Saratoga; William J. Hunt, Glens Falls, 2d District. J. G. Orton, Binghamton; C. D. Ver Nooy, Cortland, 3d District. Alvin A. Hubbell, Buffalo; George L. Preston, Canisteo, 4th District. Michael C. O'Brien, New York; Milton C. Conner, Middletown, 5th District.

Delegates to the Annual Meeting of the American Medical Association, July, 1905.

E. ELIOT HARRIS. J. WM. GROSVENOR. EVERARD D. FERGUSON, Troy. WISNER R. TOWNSEND, New York.
(For list of other officers, see last pages of reading matter.)

Members of the American Medical Association who are members of The New York State Medical Association:

November 1	1,056
Increase	15
Total December 1,	1,071

Members of The New York State Medical Association:

November 1,	1,640
Increase,	15
Total December 1,	1,655

The New York State Journal of Medicine.

Published Monthly by The New York State Medical Association.

COMMITTEE ON PUBLICATION:
CHARLES E. DENISON, M.D., Chairman.
E. Eliot Harris, M.D.
Francis J. Quinlan, M.D.
Thomas F. Reilly, M.D.
Henry Roth, M.D.

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EDITORIAL COMMUNICATIONS.

Articles for publication under Editorial Communications must be accompanied by the name of the author. No name will be used in the publication unless requested by the writer. All such articles can be sent to Dr. C. E. Denison, 68 West 71st street, New York.

THE MEDICAL ICONOCLAST.

The success of a business enterprise is gauged by its receipts over its expenditures; that of a medical society by the same standard, plus attractive programs and attendance at meetings. No matter how earnestly and faithfully a presiding officer and his committeemen may endeaver to sustain the interest of members, their efforts will go for naught if there is not some degree of reciprocity. Mere payment of annual dues does not constitute a living interest in the welfare of such a body, nor does the act of strolling in at the place of meeting only in time for the collation. Regular attendance at meetings, active participation in the discussion of papers and a sustained effort to increase the membership are the factors which make for success. This all sounds platitudinous. Granted; but many platitudes, nevertheless, are truisms, and this is one of them.

A determining influence in the progress or retrogression of practically every organization of medical men, be it large or small, in this country, is politics, and be it confessed candidly, it is the rock upon which a majority of them at one time or another bid fair to split. Medical politics should be a thing apart from medical practice—but it isn't, and there is no need to close one's eyes to the fact. But its aims and its ends are usually thoroughly misunderstood. Gratification of personal ambition is almost invariably supposed to be the lever upon which it rests, and the rank and file growl in consequence. Nine out of ten take it out in growling, and are more or less amenable to reason, but the tenth adopts "Down with the Trust!" for a slogan, and succeeds in making existence supremely unpleasant for everybody in his vicinity on every possible occasion.

Suppose, for the sake of argument, that selfishness *is* a factor. Has it not been abundantly proved that *somebody* must be at the head of things? A political clique is always a small one, and it is as strong only as its strongest member; the dissatisfied group overtops it numerically, as a rule; then why does it not rise in its might and take the reins? Simply because the strong men, the leaders, are not forthcoming, or do not exist. So the dissatisfied clique remains dissatisfied, and things go from bad to worse.

Instead of always attributing mean motives to the man or men in power, let the average medical man infuse a bit of Christian charity into his conception of things; let him put himself in the other's place; let him appreciate to the full the responsibility of management, the amount of work to be done, the factional differences to reconcile. Is he willing or is he competent to change places? Perhaps neither one nor the other, but, at all times, he is able and willing to assert the prerogative of a free-born American citizen and criticize to his heart's content. It is easy, ridiculously easy, to blame everybody but one's individual self; it is a case of "All the world is crazy, Reuben, except thou and me, and even thou art a little queer," but the beam in one's own eye is not easily seen.

If it is because of a preponderance of politics; because of fancied slights, of laziness, of fear of being bored, that members do not attend meetings of their medical societies, let them forget, not only for the time being, but for all time, and let them realize that we are all working toward a common end and that the goal may be reached only through persistent and combined effort.

AMERICAN MEDICAL ASSOCIATION SPECIAL.

The advisability of getting up a special train to accommodate members of the Association and their friends, from this and other States, desiring to visit Portland, Ore., in connection with the meeting of the American Medical Association, which will be held there July 11-14th, and also to visit various parts of the West, is under consideration.

It is estimated that the expense for each person for a thirty-day trip would be $325, which would include all expenses, including side trips, with the exception of the hotel bills at Portland and San Francisco.

The following is the outline:

The parties to travel by special train, composed of about five sleeping-cars and dining car. The present schedule contemplates leaving New York the evening of June 27th. Stopping the next day at Niagara Falls, for about ten hours, and taking in the "Gorge Route Trip" and other points of interest.

The next stop will be at Kilbourn, Wis., for the steam ride through the Dells of the Wisconsin River (the scenery of which is beautiful and fantastic), thus breaking the monotony of the trip.

The next day a stop of twelve hours will be made at Lake Minnetonka, Minn., a beautiful sheet of water, thirty miles in length, affording all kinds of water amusement, such as boating, bathing, fishing, etc.

After leaving Lake Minnetonka, no stop will be made until Yellowstone Park is reached, where the party will leave the train and spend five and one-half days in the Park. Special stages will be provided for the party and stops for meals and lodging will be made at regular park hotels, which are especially well equipped for high-class tourist business.

Coming out of the park, the next stop will be five or six hours at Butte, Mont., a typical Western mining city.

Seattle, Wash., an important seaport on Puget Sound, will be visited next, the afternoon and evening being devoted to sightseeing.

The present schedule provides for the party to arrive in Portland, Monday morning, July 10th, remaining until the evening of Friday, July 14th, which time will be given to the convention and sight-seeing, including the Exposition, which will be open at that time. After leaving Portland, the next stop will be in San Francisco, arriving there Sunday morning, July 16th, and remaining until the evening of Tuesday, July 18th, which will be given to sightseeing, including the city of San Francisco, and the trip up Mt. Tamalpais, the Golden Gate, etc., etc.

Los Angeles will be reached Wednesday morning, and two days will be given to that vicinity, including the trip on the Orange Belt route, visiting the orange groves, etc.; Mt. Lowe and other points of interest. Returning, a stop of a few hours will be made at Sacramento, capital of the State.

Salt Lake City will be reached Sunday morning, July 23d, and the entire day spent in sightseeing, including trip through the city on special cars, the Mormon Temple and Tabernacle, and visit to Salt Air Beach on Great Salt Lake. The following morning Glenwood Springs, Col., will be reached, where a stop of a day will be made, which will be particularly interesting to physicians, on account of the vapor baths and caves, hot baths, plunge pools, etc. This is a beautiful spot in the mountains, and the stop is sure to be enjoyed.

Leaving Glenwood Springs at a convenient hour next morning, the impressive mountain scenery of Colorado is passed in daylight, and Colorado Springs reached shortly after noon.

Trip through the Garden of the Gods, up Pike's Peak, and over the scenic route to Cripple Creek, visiting the mines and other points of interest, occupy the two days following.

An afternoon is spent in Denver, on special sightseeing cars, giving a very good idea of this beautiful Western city, built on the great plains, within view of the mountain range fifteen miles west.

The next stop will be at Omaha, where, under special invitation, several hours will be devoted to inspection of one of the large packing-houses in that city, giving a thorough insight into the way the business is conducted, and beef extracts and other by-products manufactured.

Leaving Omaha, a straight run will be made for New York, arriving, on present schedule, Sunday evening, July 30th—having been away from home thirty-three days.

While in Yellowstone Park, Portland and San Francisco, the party will be quartered in first-class hotels. The remainder of the time they will live on the train.

Any one interested in this plan and wishing for further information will kindly communicate with Dr. Frederick Holme Wiggin, 55 West 36th street, New York.

Dear Doctor—There will be a meeting of the executive committee of The New York State Medical Association, at the residence of the president, 33 West 38th street, on Friday next, November 11th, at 8.30 P. M. Dr. Quinlan requests me to remind each member of this committee that they will be expected to attend these meetings. It is a duty they owe to the office and to the honor shown them by their fellow-members in the county association.

Yours truly,

JOHN JOSEPH NUTT,
Corresponding Secretary.

We heartily indorse the spirit of the president of New York County, and believe a like enthusiasm on the part of every officer in the Association might well be emulated.

COUNCIL MEETING.

The next meeting of the Council of The New York State Medical Association will take place January 5, 1905. All communications should be addressed to the Business Office, 64 Madison avenue, New York City.

Association News.

THE NEW YORK STATE MEDICAL ASSOCIATION.

Twenty-First Annual Meeting, Held in New York City. October 17-19, 1904.

Second Day, October 18th.

MORNING SESSION.

The meeting was called to order by the president at 9.50 A. M. In the absence of the secretary, Dr. Nutt acted as secretary pro tem.

Dr. Samuel A. Brown, chairman of the Committee on Arrangements, then gave the address of welcome.

REPORT OF THE CHAIRMAN OF THE COMMITTEE ON ARRANGEMENTS.

It is once more my privilege to welcome you to the annual meeting of the Association.

At the close of our meeting of last year we were all very confident that the meeting of 1904 would be conducted by the combined organization, but, unfortunately, owing to certain legal difficulties, which were only apparent at a very recent date, this has been impossible.

A few weeks ago it was definitely determined that a consolidation was impossible at the present time, the reasons for which will be explained by the Committee of Conference, who are scheduled to report at the general meeting this morning. Owing to the late date of determining this fact, it was only possible to have about eight weeks to arrange for a meeting, which under the By-Laws it is necessary for us to hold.

I wish to thank the members of the Association for their generous response to the circular sent out by the committee with a request for assistance. The financial obligations resulting from the conducting of this meeting are always troublesome, but I am glad to report that from present indications I believe that we will be able to meet all such obligations without calling upon the Association for funds.

I also wish to thank the members of the Association who have prepared papers for this meeting, and I fully appreciate that as a result of the request arriving at the end of the summer, these papers have been prepared at no little inconvenience and sacrifice of other plans.

We have arranged a theater party as a substitute for the dinner. This will take place on Tuesday evening, the 18th, at the Garden Theater at 8.15. I expect an attendance of about 125 at the theater party.

Railroad certificates, together with a fee of 25 cents, can be handed to Dr. Nutt, who will receive them and see that they are signed by the railroad agent. Every certificate must be turned in, as it is necessary to obtain 100 certificates before they can be signed by the special agent assigned for this purpose.

I wish to give notice that, owing to an oversight, Dr. Louis C. Ager's paper was omitted from the program. Dr. Ager will read his paper on Wednesday afternoon at the time scheduled for Dr. Parmenter, who is unable to be present. The title of his paper is as follows: "Summer Infant Mortality in Large Cities, Its Causes and Preventability," with special reference to Manhattan and Brooklyn.

The usual lunch will be served at the end of the morning session on Tuesday and Wednesday.

Respectfully submitted,

(Signed) SAMUEL A. BROWN,
Chairman.

Dr. Thornton: "The special report of the Council and Fellows will now be put before the entire Association, in order to comply with the legal requirements. Our attention has been called to the fact that The New York State Medical Association is a membership corporation as well as a medical body, and it is in compliance with the necessities of the law that this report be presented here this morning. In the absence of the secretary, Dr. Goffe will read the report as presented yesterday."

Dr. Townsend: "I move that the report be accepted as printed."

Dr. Thornton: "As this report was read yesterday in the presence of some of you, if not in the presence of all of you, it is moved that the report be accepted as printed." Carried.

Dr. Townsend stated that he had been informed by the Counsel of the Association that there was a question whether any set of by-laws or amendments to them had ever been adopted by the Association as a body, because no meeting of the Association had been held since 1900, at which business was discussed, excepting the meeting held on March 21, 1904, when the Ratification Resolutions were passed. All business had been transacted in the meetings of the Council and Fellows.

It was considered advisable that the Association as a body adopt the same by-laws as the Council and Fellows were working under, and it was necessary to have these adopted before any amendments to them could be introduced.

He moved that the by-laws as printed in the 1904-5 edition of the Directory (Vol. VI) be adopted as the by-laws of this Association. Seconded by Dr. Ferguson. Carried.

Dr. Townsend then presented amendments to these by-laws for Dr. Quimby, who was unavoidably absent, and stated that these were the same as those presented to the Council and Fellows by the Committee on Revision of the By-Laws, excepting that the two amendments made by Dr. Townsend yesterday had been incorporated in the report.

On motion of Dr. Ferguson, the report of the Committee was ordered received, and the suggestion made that the amendments be printed in the issue of the JOURNAL, one month before the next annual meeting.

REPORT OF THE COMMITTEE ON REVISION OF THE BY-LAWS.

The Committee appointed on revision of By-Laws, at the annual meeting, 1903, respectfully submit the following amendments to the By-Laws of The New York State Medical Association.

They have been prepared by the counsel of the Association, James Taylor Lewis, with a view of making the By-Laws agree with the corporation laws of the State of New York.

Certain changes have also been made to correct inconsistencies in various sections.

No other than the necessary legal changes advised by the counsel have been made.

(Signed) C. E. Quimby.

Amend Article II. Duties of the Council, by striking out Sec. 1 and substituting therefor the following:

Executive Board and Finance Committee.—Sec. 1. The Council in the interim between the annual meetings of The New York State Medical Association and the annual meetings of the Council and Fellows, shall be and is hereby constituted the Executive Board or Committee, both of The New York State Medical Association, and of the Council and Fellows, with full power and authority to put into effect the purposes of the Association as expressed in and limited by its charter, By-Laws and resolutions. The Council may select a Finance Committee from among its members, the sole power of which shall be to audit and authorize the payment of such bills as may have been theretofore incurred by order of the Council, or the Council and Fellows of The New York State Medical Association.

Amend Article II, Sec. 6. *Action under Medical Laws and Employment of Counsel,* by striking out Sec. 6 and substituting therefor the following:

Action under Medical Laws and Employment of Counsel.—Sec. 6. The Counsel may in the name of The New York State Medical Association, take action in any case of violation of the public-health law, subject, however, to the provisions of such laws. The Council may in the name of The New York State Medical Association, employ an attorney at law to advise or act in any legal matter for The New York State Medical Association, upon such terms as the Council may determine.

Amend Article II, Sec. 7, by striking out Sec. 7 and substituting therefor the following:

Defense of Suits of Alleged Malpractice.—Sec. 7. Any active resident member of The New York State Medical Association may apply in writing for defense, and the Association shall, through its Council, furnish the legal services of a duly qualified attorney at law, in any alleged civil malpractice action brought against him, the alleged cause of action for which, occurred subsequent to the time when such applicant became a member of The New York State Medical Association, provided, however, that said applicant shall not be in arrears in the payment of dues for a period of more than three months from the first day of January, and that said applicant shall agree in writing not to settle, compromise, adjust or discontinue such action without the consent of The New York State Medical Association or its attorney, and renouncing his own, shall vest in The New York State Medical Association or its Council sole authority to conduct the defense of said suit, or to settle or adjust the same with the consent of the applicant, but neither the Council nor its attorney, nor any other person shall obligate The New York State Medical Association to the payment of any money awarded by verdict, decree or court, upon compromise or otherwise.

Amend Article II. *Duties of the Council, Sec. 2, Meetings,* by striking out the period at the end of the section, and adding the following:

and notice of each special meeting of the Council specifying the time and place of the meeting, and the business to be transacted, shall be mailed in a securely sealed, post-paid wrapper, addressed to the last-given address of each and every member of the Council, at least five days before the date of meeting.

Amend Article III. Duties of the Council and Fellows, by striking out Sec. 1 and substituting therefor the following:

Duties of the Council and Fellows.—Sec. 1. Duties. The general supervision, business management and control, together with the financial interests of The New York State Medical Association and its membership, are vested in the body known and styled the Council and Fellows, as limited, qualified and authorized by Section 5 of Chapter 452 of the Laws of 1900.

Amend Article III. Secs. 1 and 2, by striking out Secs. 1 and 2 and substituting therefor the following:

Meetings.—Sec. 2. The Council and Fellows shall meet annually. The annual and all other meetings of the Council and Fellows of The New York State Medical Association, shall be held at its office or place of transacting its financial concerns in the City of New York, Borough of Manhattan. The annual meeting of the Council and Fellows shall be held on the third Monday in October in each year, beginning at 3 o'clock in the afternoon, and special meetings of the Council and Fellows shall be held at such other times, upon ten (10) days' notice thereof, as may be determined by the Council to be necessary or expedient, or upon the written request of twenty-five (25) members of The New York State Medical Association. One-half the membership of the Council and Fellows, shall constitute a quorum.

Amend Article IV, Sec. 5, by striking out Sec. 5 and substituting therefor the following:

Duties of Treasurer.—Sec. 5. The Treasurer shall receive and disburse all funds of The New York State Medical Association under the direction of the Council, or Council and Fellows, or upon the audit of persons duly authorized by

these By-Laws. He shall make a report at the annual meeting of the Council and Fellows upon the finances of the Association, and to the Council at such other times as the Council may require, and shall report upon the names of such members as may be delinquent in the payment of their dues. Any member who shall not have paid his dues on or before the first day of July in any year shall be considered a delinquent member, and a member not in good standing. The Treasurer shall collect the dues of non-resident members.

Amend Article V, Sec. 9, by striking out Sec. 9 and substituting therefor the following:

Committee on Nominations.—Sec. 9. The Committee on Nominations shall consist of a Chairman and ten members, two of which members shall be elected from the Fellows from each of the Five District Branch Associations. It shall be the duty of this Committee to present to the Council and Fellows at its annual meeting a list of nominees for all elective offices of The New York State Medical Association, from which list the officers may be elected, unless otherwise ordered by a majority of the members present.

Amend Article VI. Meetings of the Association, by striking out Secs. 1, 2 and 3, and substituting therefor the following:

Annual.—Sec. 1. The New York State Medical Association shall hold a meeting annually to be called its Annual Meeting, in the City of New York and Borough of Manhattan, on the first Tuesday following the third Monday in October in each year, at 9.30 o'clock in the forenoon, at its office or place of transacting its financial affairs, and the scientific or social sessions of such annual meeting shall be held at such place and hour as shall be selected by the Council and designated in the notice for such meeting, and The New York State Medical Association may hold special meetings at other times, places and hours in the City of New York and Borough of Manhattan. The notice for all meetings of The New York State Medical Association or the Council and Fellows shall be in writing, mailed in a securely sealed, post-paid wrapper, addressed to the last-given address of each and every member of The New York State Medical Association, which notice shall state the date, place and hour of such meeting. Notice of all special meetings shall be mailed to every member of the State Medical Association at least ten (10) days before such meeting, and shall state the date, place, hour and purpose of the meeting, and no other business at any special meeting shall be conducted except such as is stated in the call. The affidavit of mailing by the Secretary of The New York State Medical Association of such notice for the call of the meeting, shall be sufficient proof of the service of such notice upon each and every member, for any and all purposes.

Special Meetings.—Sec. 2. Special meetings shall be called by the President by order of the Council or upon the written request of twenty-five (25) members of the Association.

Order of Business.—Sec. 3. The order of business at the annual meeting of The New York State Medical Association shall be as follows:

1. Calling the Association to order.
2. Reports of Special Committees.
3. Unfinished business.
4. New business.
5. Address of welcome by the Chairman of the Committee on Arrangements.
6. President's address.
7. Special addresses.
8. Reading and discussion of papers.
9. Installation of officers.
10. Adjournment.

To Article VI. Meetings of the Association, add Sec. 4, to read as follows:

One-third of the membership of The New York State Medical Association shall constitute a quorum, for the transaction of any and all business.

Amend Article VII. Duties of Officers, by striking out the present title, and substituting therefor the following:

ARTICLE VII.

The title preceding Sec. 5 should read: "Duties of District Branch Association Officers."

Amend Article VII, Sec. 7, by striking out Sec. 7 and substituting therefor the following:

Treasurer.—Sec. 7. The Treasurer shall receive and disburse all funds of the Branch Associations, as hereinafter prescribed under the laws regulating the distribution of dues.

Amend Article VIII. County Medical Associations, by inserting between Secs. 2 and 3 the title: "Duties of County Association Officers."

Amend Article VIII, Sec. 6, by striking out Sec. 6, and substituting therefor the following:

Treasurer.—Sec. 6. The Treasurer shall receive and disburse all funds of the County Association of the County in which he resides.

Amend Article II, Sec. 4, by striking out Sec. 4, and substituting therefor the following:

Privileges of Members.—Sec. 4. Active. Resident active members shall have all the rights and privileges conferred by their respective County and District Branch Association. They shall be eligible to any office in the gift of the Association, shall be entitled to attend all meetings of the Council and Fellows, and shall receive all of the protection, benefits and support conferred by The New York State Medical Association except as herein qualified or limited, provided, however, that such active member's dues shall have been paid to the Treasurer of The New York State Medical Association on or before the first day of July in any year, and not otherwise. If at the time of the annual meeting of any County Association or District Branch Association a member shall not have paid his annual dues to such County or Branch Association, he shall not be counted as a basis of representation in The New York State Medical Association, nor shall he be

eligible for election as a Fellow, nor thereafter until he shall have discharged his indebtedness in full.

Amend Article IX, Membership, by striking out Sec. 5 and substituting therefor the following:

Privileges of Members, Non-Resident, Honorary and Corresponding.—Sec. 5. All members of The New York State Medical Association other than active resident members, shall *only* receive notice of all scientific meetings, and a copy of all publications of The New York State Medical Association.

Amend Article X, Dues, Sec. 3, by striking out Secs. 3, 4 and 6, and substituting therefor the following:

Payment of Dues.—Sec. 3. All dues shall be due The New York State Medical Association and payable on the first Monday of January in each year. Members resident in the State of New York shall transmit their dues to the Treasurer of the County Association in which they reside, or to the Treasurer of the District Branch Association if no County Association exists in the County wherein they reside. Non-resident members shall transmit their dues to the Treasurer of The New York State Medical Association.

Collection of Dues.—Sec. 4. On the first day of July in each year the names of all members who have failed to pay their indebtedness to The New York State Medical Association for the current year shall be omitted from all public accredited lists of members of The New York State Medical Association, and if at the close of the first day of the Annual Meeting of The New York State Medical Association such dues still remain unpaid and in arrears, the name of such delinquent member shall be dropped from the official roll of members, and he shall be notified of his suspension from membership in The New York State Medical Association as soon as conveniently possible thereafter.

Distribution of Dues.—Sec. 6. The Treasurer of each County Association or District Branch Association shall pay to the Treasurer of the State Association monthly, all dues or other funds in his hands received from members, which the Treasurer of The New York State Medical Association is entitled to receive.

Amend Article XV, *Amendments,* by striking out Sec. 1, and substituting therefor the following:

Amendments.—Sec. 1. Amendments to these By-Laws shall be made only upon the affirmative vote of a majority of those present and voting at a regular annual meeting of the Council and Fellows, or at a regular annual meeting of The New York State Medical Association, provided that notice of such amendment shall have been presented in writing at the previous annual meeting of the Council and Fellows, or at the previous annual meeting of The New York State Medical Association.

The report of the Committee of Conference was then presented by the chairman, Dr. Harris, who said:

"I will commence with the agreement which the two committees adopted. You, of course, understand that a bill has been passed in the Legislature granting the Medical Society of the State of New York and The New York State Medical Association permission to consolidate. This was a permissive act. After the agreement had been signed by the members of both committees, a special meeting of The New York State Medical Association was held to consider the agreement and the ratification of the same. It was subsequently learned that the ratification at that special meeting was illegal, because the manner of notifying the members of that special meeting had been illegal. The laws of the State of New York require that any meeting where the vested rights of the members are to be voted away must be called through a personally served notice, unless otherwise provided for in the By-Laws of the Association. As the serving of a personal notice to each member of the Association is practically impossible, a change in the By-Laws is required, and the question of changing the By-Laws has been considered in the report of the Committee on By-Laws. Therefore the unanimous act of the special meeting called to ratify the agreement is now null and void, and the report stands as the report of a committee, every part of which has been printed in the Journal of 1904, and there is no part of the report that I made yesterday or to-day that has not been printed in the Journal of the Association."

Dr. Ferguson moved that the report of the Committee of Conference be accepted, with the thanks of the Association for the arduous labors of the Joint Committee of Conference. Seconded by Dr. Townsend. Carried.

The scientific session was then opened by Dr. W. J. Meyers, White Plains, who read a paper on "Conservatism Versus Early Intervention in Simple Dystocia." It was discussed by Dr. E. D. Ferguson, Troy; Dr. Bernard Cohen, Buffalo; Dr. J. B. Cooke and Dr. Stearns, New York. The discussion was closed by Dr. Meyers.

Dr. George N. Jack read a paper on "Asthma and Its Relation to Environments—from a Blood Etiological Standpoint."

Dr. Greeley, Jamestown, read a paper entitled "An Old Specialty."

Dr. W. B. Reid, Rome, read a paper on "A Typical Case of Appendicitis, Presenting Some Unusual Features Found at Operation."

Dr. A. H. Goelet, New York, read a paper on "Nephroptosis, Its Gynecological Importance." It was discussed by Dr. Bernard Cohen, Buffalo; Dr. J. Orley Stranahan, Rome; Dr. George E. Barnes, New York, and Dr. Stearns, New York. The discussion was closed by Dr. Goelet.

The president, Dr. Thornton, then introduced as delegate from the Connecticut Medical Society, Dr. Oliver T. Osborne, of New Haven.

Dr. Osborne: "I bring no special word from Connecticut except the usual good feeling which Connecticut has always had that we are pretty close to New York. At our last annual meeting we adopted a new Constitution in pursuance with the recommendation of the American Medical Association. It was not hard for us to do this, as we have always had a Constitution which was considerably like that of the American Medical Association in regard to the executive body of elected delegates, and that no one could be a member of the County Society who was not a member of the State organization. It seems to me, gentlemen, that this is the age of amalgamation. Cooperation must take place, and the only thing then to do is to put the right man in the right place and to concentrate his responsibilities. Now this means that we become more and more a part of our State laws, and at our elections we must carefully consider how we are going to have an educated membership. Now that is the very attitude of the American Medical Association. There is only one weak point, and that point I hope that I was able to help correct at the last meeting of the American Medical Association. I happen to be chairman of the Section on Materia Medica, Pharmacy and Therapeutics. The American Medical Association, as you know, permits pharmacists to become members on application. I was able to have a resolution passed that no application should hereafter be considered unless recommended by the County Medical Society of the town in which the applicant lived, thinking that they would know if he was a reputable man or not, and I feel that this is something that must be taken up by the different medical societies and enforced under intelligent direction."

Dr. C. F. Withington, of Boston, was then introduced as the delegate from the Massachusetts Medical Society.

Dr. Withington: "I have no special message to report, as the gentleman had who has just spoken, and I do not live as near your State as he does. But we are all modest people in Boston, as is illustrated by the story told by Mr. Gladstone when he said that an American who came to see him in London remarked, "Why, Mr. Gladstone, there are not ten men in Boston to-day who could have written those plays of Shakespeare." I am very glad that the amalgamation is as far advanced as it is, and I understand now that the law's delay is the only thing which stands between you and union. We are not so well off in Boston, for we have two absolutely identical institutions, doing the same work, and refusing to see the manifold advantages which would come from a union. I do not know that I would venture to allude to this in Boston, but I think that I may possibly do so here."

The meeting adjourned at 12.30 P. M.

AFTERNOON SESSION, 2 P. M.

Dr. Robert Coleman Kemp read a paper on "The Value of Transillumination as an Aid to Diagnosis. A New Method, with Fluorescent Media." It was discussed by Dr. A. E. Woehnert, Buffalo; Dr. G. E. Barnes, New York; Dr. R. C. McConnell, New York; Dr. McKen, New York.

Dr. Frederick Holme Wiggin, New York, gave a talk on "A Substitute for Rubber Gloves."

Dr. Herman Jarecky, New York, read a paper on "Salivary Calculi." It was discussed by Dr. Curtis, New York. Dr. Jarecky closed the discussion.

Dr. Willy Meyer, New York, read a paper on "Ten Years' Experience with My Radical Operation of Carcinoma of the Breast." It was discussed by Dr. E. D. Ferguson, Troy, and Dr. H. Jarecky, New York.

Dr. Norton Jerome Sands, Port Chester, read a paper on "Prolonged Fasting as a Factor in the Treatment of Acute Diseases, with Special Reference to Affection of the Alimentary Canal." It was discussed by Dr. F. H. Wiggin, New York.

Dr. Heinrich Stern read a paper "Concerning the Suppression of the Acetone Bodies in Diabetes."

Dr. Thornton then stated that he took great pleasure at this time in introducing to the Association Dr. Hamilton Wey, of Elmira, president of the Medical Society of the State of New York.

Dr. Wey: "Gentlemen of the Medical Association of the State of New York, I thank you kindly for the reception which you have given me in my official capacity. It indicates the sentiment which exists, and I trust will increase between the two societies. Anything which I might have to say before the Association would at this time be out of place. You have your program, and it would be presumptuous for me to further occupy your time."

Dr. Edward Munson, of Medina, read a paper on "The Brief Story of a Smallpox Epidemic."

Dr. Samuel W. S. Toms, of Nyack, read a paper on "Some Subjects Relating to Ocular Reflexes, Their Influence on General Health."

Third Day, October 19.

MORNING SESSION.

The meeting was called to order by the president at 10.05 A. M.

Dr. A. E. Woehnert, Buffalo, read a paper on "Report of Twenty-five Cases of Pernicious Anemia." It was discussed by Dr. J. J. Walsh, New York; Dr. Stearns, New York. The discussion was closed by Dr. Woehnert.

Dr. J. J. Walsh, New York City, read a paper on "Some Occupations and So-called Rheumatic Pains." It was discussed by Dr. Bemus, of Jamestown.

Dr. J. E. King, Buffalo, read a paper on "The Alexander Operation, Its Results, Immediate and Remote." It was discussed by Drs. Henry O. Marcy, of Boston; J. H. Burtenshaw, New York, and J. Riddle Goffe, New York. The discussion was closed by Dr. King.

Dr. James Hawley Burtenshaw, New York

City, read a paper on "Iodine In the Treatment of Post-Operative Sepsis."

The president, Dr. Thornton, then gave his annual address, printed in full on page 366, November Journal.

The meeting adjourned at 12 M.

AFTERNOON SESSION, 2 P. M.

Dr. Charles Gilmer Kerley, New York City, read a paper on "How and When to Use Antitoxin in Diphtheria." It was discussed by Dr. E. D. Ferguson, Troy; Dr. Louis C. Ager, Brooklyn; Dr. Francis J. Quinlan, New York; Dr. Bernard Cohen, Buffalo; Dr. Louis Fischer, New York; Dr. J. J. Walsh, New York. The discussion was closed by Dr. Kerley.

Dr. William B. Coley, New York City, read a paper on "The Result of 1,400 Operations for the Radical Cure of Hernia in Children, Performed at the Hospital for Ruptured and Crippled, from 1891 to 1904." It was discussed by Dr. F. H. Wiggin, New York; Dr. De Garmo, New York. The discussion was closed by Dr. Coley.

Dr. Louis C. Ager, Brooklyn, read a paper on "Summer Infant Mortality in Brooklyn and Manhattan." It was discussed by Dr. Louis Fischer, New York; Dr. C. G. Kerley, New York.

Dr. John Erdman, New York, read a paper on "Prostatectomy in Emergency Cases." It was discussed by Dr. R. H. M. Dawbarn, New York.

Dr. James Tayloe Gwathmey, New York, read a paper on "The Value of Oxygen in Combination with the Different Anesthetics in Common Use."

Dr. Gwathmey requested that a committee be appointed by the president of the Association to investigate this subject further and to report upon it.

Dr. Thornton said that the committee would be appointed by the new president.

Dr. Louis Fischer, New York, read a paper on "A Study of the Heart in Scarlet Fever, with Remarks on the Temperature as a Guide in Estimating the Prognosis and the Development of Complications, Therapeutic Suggestions Based on Clinical Observations in Hospital and Private Practice." It was discussed by Dr. Kimball, New York.

Dr. Thornton: "It is now my privilege to express to the Association my most cordial thanks for the kindness and courtesy shown to me during my term of office. I appreciate very highly the honor which has been shown me; there is no honor which I could have wished for more. I feel and have felt for years the most heartfelt interest in everything that pertains to the advancement and prosperity of our Association, and I ask for the cordial cooperation of every member of the Association to aid in every way possible our incoming president. It gives me very great pleasure to introduce to you a man whose energy and efficiency is very well known to the Association, Dr. Goffe, Dr. Redfield, our newly elected secretary, and Dr. Baldwin, our reelected Treasurer."

Dr. Goffe: "I wish to announce that the Pan-American Congress will hold its annual meeting in the city of Panama in January, 1905, and has asked this Association to send delegates to the meeting. Of course, the building of the canal and the sanitary measures that are going on there are attracting attention, and it will be full of interest to any one who can go. I will gladly sign the papers of any member who will say that he can be present as a delegate."

On motion, the twenty-first annual meeting was declared adjourned.

LIST OF FELLOWS AND ALTERNATES AND MEMBERS OF THE COUNCIL PRESENT AT THE MEETING OF THE COUNCIL AND FELLOWS.

William Harvey Thornton, Charles S. Payne, Guy Davenport Lombard, J. Orley Stranahan, Franklin John Kaufmann, Frederick A. Baldwin, Albert H. Reid, Byron Clifford Cheeseman, Everard D. Ferguson, William L. Hogeboom, Miles Egbert Varney, George Andrew Chapman, John H. Martin, Andrew Jackson Butler, Josiah William Morris, William Marvin Bemus, Thomas Davis Strong, William Irving Thornton, Francis Park Lewis, Bernard Cohen, Edward Munson, Newell E. Landon, M. Jean Wilson, Zera J. Lusk, Irving B. LeRoy, Louis Curtis Ager, Hubert Arrowsmith, L. Grant Baldwin, Heber Nelson Hoople, George F. Maddock, William H. Steers, Morris Gardner White, Joseph H. Abraham, John Aspell, Nathan Edwin Brill, James Hawley Burtenshaw, William Bradley Coley, George W. Collins, Thomas Darlington, Jr., J. Harvie Dew, Henry A. Dodin, Charles Ruxton Ellison, W. Travis Gibb, J. Riddle Goffe, Neil Jamieson Hepburn, Lucius W. Hotchkiss, Smith Ely Jelliffe, Edward L. Keyes, Jr., Alexander Lambert, Johanna Baptistella Leo, Frederic William Loughran, Emil Mayer, Michael C. O'Brien, Henry S. Oppenheimer, Harry R. Purdy, Harry Hartshorne Seabrook, George David Stewart, W. Gilman Thompson, James P. Tuttle, Frederick Holme Wiggin, Julius Hayden Woodward, Bernard Zweighaft, Charles W. Dennis, Milton C. Conner, Lawrence George Distler, Charles Demarest Kline, Stephen Whitaker Wells, Edward F. Brush.

MEMBERS OF THE COUNCIL OF THE NEW YORK STATE MEDICAL ASSOCIATION FOR 1905.

J. Riddle Goffe, Allen Arthur Jones, Frederick A. Baldwin, Charles Ira Redfield, Frederic William Loughran, E. Eliot Harris, Alexander Lambert, Louis Curtis Ager, Charles Ellery Denison, Wisner Robinson Townsend, J. Orley Stranahan, Everard D. Ferguson, Franklin John Kaufmann, Josiah William Morris, Henry Van Hoevenberg.

MEETING OF THE COUNCIL OF THE NEW YORK STATE MEDICAL ASSOCIATION, 1904-05.

Held at the New York Academy of Medicine, 17 West 43d Street, New York City, Oct. 19, 1904.

Meeting called to order by the President, Dr. J. Riddle Goffe, at 5 P. M. Present, Drs. Goffe, Redfield, Baldwin, Stranahan, Morris, Loughran, Harris, Lambert, Ager, Denison and Townsend.

Minutes of the meeting of October 17, 1904, read by the Secretary and approved.

The Secretary stated that as he had been elected to the office entirely unexpectedly and did not really see how he could conduct the affairs of his office at such a distance from the main business office in New York, he considered it to the best interests of the Association that he present his resignation.

Dr. Townsend made objection to a resignation of the Secretary, and after some discussion as to the best method to pursue, Dr. Redfield withdrew his resignation.

Dr. E. Eliot Harris moved that Dr. Charles E. Denison be appointed as acting Assistant Secretary. Seconded by Dr. Stranahan. Unanimously carried.

Dr. Denison called the attention of the Council to the fact, that as Dr. Goffe was now President of the State Association there was a vacancy in the Presidency of the Fifth District Branch, and that the Vice-President, Dr. Van Hoevenberg, would become President, and thereby a member of the Council.

Dr. Alexander Lambert made some suggestions regarding a circulating library for the members of the County and District Branch Associations. The matter was referred to the Library Committee.

Dr. Frederick A. Baldwin had nothing to report regarding the Treasury at present.

Dr. Loughran presented the following names as members of the Committee on Arrangements.

Frederic W. Loughran, chairman; Charles G. Kirchhoff, Henry Roth, Johanna Baptistella Leo, William I. Thornton, Clement F. Theisen, Charles C. Kimball, James P. Tuttle, Benjamin W. Stearns, Morris G. White, J. Riddle Goffe, Allen Arthur Jones, Charles Ira Redfield.

On motion, the above-named members were elected members of the Committee on Arrangements.

Dr. E. Eliot Harris presented the following as members of the Committee on Legislation:

E. Eliot Harris, chairman; J. Orley Stranahan, Everard D. Ferguson, Chauncy P. Biggs, George W. Goler, W. Travis Gibb.

Dr. Ager moved that the committtee as recommended by Dr. Harris be affirmed. Seconded by Dr. Morris. Unanimously carried.

Dr. L. C. Ager presented the following as members of the Committee on Public Health:

Louis Curtis Ager, chairman; Charles A. Wall, Harry R. Purdy, Bernard S. Moore, Charles B. Tefft and William Finder, Jr.

Dr. Wisner R. Townsend moved the committee be affirmed. Unanimously carried.

Dr. Lambert presented the following as members of the Committee on Library:

Alexander Lambert, chairman; William H. Biggam and Lucius W. Hotchkiss.

On motion the committee was affirmed unanimously.

Dr. Charles E. Denison presented the following as members of the Committee on Publication:

Charles E. Denison, chairman; E. Eliot Harris, Henry Roth, Thomas F. Reilly and Francis J. Quinlan.

On motion, the committee was unanimously affirmed.

Dr. Wisner R. Townsend presented the following as members of the Committee on Nominations:

Wisner R. Townsend, chairman, New York; William B. Reid, Rome; Douglas Ayres, Fort Plain, First District; John M. Humphrey, Saratoga; William J. Hunt, Glens Falls, Second District; John G. Orton, Binghamton; Charles D. Ver Nooy, Cortland, Third District; Alvin A. Hubbell, Buffalo; George L. Preston, Canisteo, Fourth District; Michael C. O'Brien, New York; Milton C. Conner, Middletown, Fifth District.

Under the head of new business, Dr. E. Eliot Harris moved that a Committee of Finance consisting of three members, of which the President should be chairman, be appointed by the President. Seconded by Dr. Lambert. Dr. Goffe names as members of such Committee, Drs. Denison and Baldwin.

Dr. Townsend moved that the next meeting of the Council be held on Thursday, January 5, 1905, in the business office of the Association at 2.30 P. M., unless specially convened before that time. Seconded by Dr. Harris. Carried.

Dr. Townsend moved to adjourn. Seconded by Dr. Harris. Carried. Adjournment was made at 6 P. M.

PAN-AMERICAN MEDICAL CONGRESS.

Panama, January 2-6.

The United Fruit Company's agents are offering as a special inducement to American "Congresistas" a reduction of the regular fare for the round trip from New Orleans to the Isthmus to $50; that is, $25 each way. The steamers leave New Orleans every Friday; the last steamer to leave New Orleans in time for the opening of the Congress will sail on December 30, 1904, at 11 A. M. It takes about four and one-half days to reach Colon and seven days on the return trip on account of a stop-over at Port Limon, where ample opportunity is given to tourists to visit San José, the beautiful capital of Costa Rica—"the Paris of Central America"—where the most picturesque tropical scenery can be seen at this season, under the most favorable conditions.

COUNTY ASSOCIATION MEETINGS FOR DECEMBER.

Wayne County—Tuesday, December 6th.
Erie County—Monday, December 12th.
Kings County—Tuesday, December 13th.
Tompkins County—Tuesday, December 13th.
Cortland County—Friday, December 16th.
New York County—Monday, December 19th.
Orange County—Wednesday, December 21st.
Monroe County—Tuesday, December 27th.

The secretaries of the county and district branch organizations are requested to furnish the business office a program of the meetings to be held, and after the meeting a full report of the proceedings, all items of interest, such as deaths, marriages and personals of the members.

Broome County Association.—The quarterly meeting of Broome County was held at Dr. Orton's office, on Tuesday, October 11th, at 10.30 A. M. The meeting was called to order by the president, Dr. Farnham. The secretary read the minutes of the previous meeting, which were approved. The names of Dr. L. A. Walker, Lestershire, and Dr. J. C. Lappeus, of this city, were presented for membership. The secretary was authorized to call a ballot for the said condidates, who were duly declared elected by the president.

The members present at the meeting, were: Drs. J. G. Orton, L. D. Farnham, J. M. Farrington, J. H. Martin, L. H. Quackenbush, B. W. Stearns, L. L. Allen, C. J. Longstreet, F. M. Michael, L. A. Walker, J. C. Lappeus, C. W. Greene.

In the scientific session, Dr. B. W. Stearns presented an interesting paper on "Diarrhea in Infants and Adults."

Dr. Farrington also presented a very interesting paper on "Cerebral Hemorrhage." Both papers were discussed by most of the members present.

CLARK W. GREENE, Secretary.

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Cattaraugus County Association.—This Association met at Salamanca, Tuesday, November 1st, and rescinded the action taken in May last in which the County Association combined with the County Society.

There are at present twelve members of the Association. The officers who were elected in 1903 were reelected, namely: President, William H. Vincent; vice-president, Myron C. Hawley; second vice-president, Charles P. Knowles; secretary and treasurer, Carl S. Tompkins.

The next regular meeting of the Association will be held in Salamanca on the first Tuesday in April, 1905.

CARL S. TOMPKINS, Secretary.

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Kings County Association.—An executive meeting of this Association was held at 315 Washington street, on Tuesday evening, November 8th, at 8.30 o'clock. On account of a large decrease in the number of members, it was decided to hold but three meetings during the coming year, viz.: In January, April and October. The following officers and members of the Executive Committee were elected:

President, Arthur C. Brush; vice-president, James Cole Hancock; secretary and treasurer, Louis Curtis Ager; member of Executive Committee (to January, 1906), Henry M. Smith; member Executive Committee (to January, 1908), Julius C. Bierwirth; member Executive Committee (to January, 1909), William H. Steers.

Adjourned, to meet in January, 1905, at a place to be determined by the Executive Committee.

F. C. RAYNOR, Secretary.

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Monroe County Association.—Monroe County held its regular monthly meeting at 74 South Fitzhugh street, on October 23d, with the president, Thomas A. O'Hare, in the chair; the following members were present: Drs. Daniel Franklin Curtis, James Clement Davis, Frederick H. Goddard, Samuel Case Jones, Edward Mott Moore and Peter Stockschlaeder.

The minutes of the last meeting were read and approved. The secretary read a report of the annual meeting of The New York State Medical Association.

There has been one death since our last meeting, and the president requested that a page be inscribed in the secretary's book to the memory of Henry Marshall Fenno. No further business appearing, a motion to adjourn carried.

JAMES CLEMENT DAVIS, Secretary.

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New York County Association.—The stated meeting for this month was held at the New York Academy of Medicine, 17 West 43d street, Monday evening, November 21, 1904. The largest gathering that ever assembled in this building was present. There were more than four hundred and fifty to listen to the papers and the discussion of the same. The audience filled Hosack Hall and overflowed into the banquet room and the smoking room adjoining.

The executive meeting was called to order by Dr. Francis J. Quinlan, the president, at 8.20 P. M., and the following physicians were admitted to membership by the Association:

Richard Henry Gibbons, M.D.; John R. Graham, M.D.; Moses Aronson, M.D.; Milton Franklin, M.D.; Louis M. Mooney, M.D.

At 8.30 P. M. the scientific business of the evening was commenced.. Dr. Milton Franklin read a paper entitled, The Dangers of the X-ray. The various dangers of this as a therapeutic agent were advanced by the writer and the means to prevent the same were exposed. Dr. Franklin presented an instrument to accurately measure

the intensity of the applied X-rays, whereby the elements of nearness of the tube and its intensity were eliminated as causative factors in burns.

In the discussion, which was opened by Dr. W. B. Coley, the latter remarked that in tumors of malignant nature, the X-rays were of most value. There the dangers were (1) to the patient. In the speaker's experience, many cases of recurrent nodules had undergone necrobiosis and there had resulted a general dissemination of the cancerous cells. (2) There was danger to the surgeon. There were four cases on record where the dermatitis of exposure to the rays had caused multiple ulcerations which became progressive and malignant. (3) There was a danger to the public from the indiscriminate use of the X-rays, in that in the natural course of events the flattering hopes held out by experimenters would make people desirous of using this as a therapeutic measure in cases that were not suitable for it. As a matter of fact, the X-rays should be used only in unoperable cases and in cases which had been operated upon, as a prophylactic measure against recurrence.

Dr. Carl Beck thought that the dangers of the X-rays were exaggerated at the present day. The action of the X-ray on the tissues was in favor of the parasitic origin of cancerous growths. A susceptibility to the action of the rays does exist, as some individuals show a dermatitis after two exposures where others are not influenced after forty treatments. This susceptibility can be ascertained by gradually increasing the length of time for the exposures. It is desirable to get a severe dermatitis in cancerous growths.

Dr. C. W. Allen presented a case of marked ulceration of the abdominal wall following a single exposure. The telongiectatic areas often described were well marked. This ulceration had existed for more than two years and at the present is not entirely healed.

Dr. Wm. J. Morton remarked that the harmful results from the use of the X-ray were comparable to those resulting from the careless handling of any dangerous therapeutic procedure. The cause of the burn was the infringement of the rays upon the tissues as in a burn from any other sort of heat, resulting thereby, in a pathologic condition of the same sort as in an ordinary burn from heat. The use of the shield of foil, as advised by the essayist was to be condemned in cancerous growths. It was believed that any electroscope would give a means of determining the potency of the X-rays.

Dr. Franklin, in closing the discussion, said that though convinced that there were certain idiosyncrasies to the procedure, these were no more common than in other therapeutic agents.

The second paper of the evening was read by Dr. Louis L. Seaman, on The Medical and Surgical Feature of the Russo-Japanese War. After reaching Japan, the essayist and his party studied the methods of work done by the Red Cross Society and found it to be most excellently conducted. This, with the University Hospital, was administered along the most modern plans and ideas. Cleanliness was always marked by its presence. The Red Cross nurses were excellently trained. The condition of the patients was as good as their attendants. Of the 11,000 cases received at Tokio up to the first of July last, not ten had died. It is the principle of the field surgeons to do but little operating, "first aid" being always employed, and the patient sent to the "rear" for further necessary treatment. But most of the wounds heal "*per primam*" before the patients reach the hospital. It was clearly demonstrated that the severity of wounds inflicted by high-velocity prejectiles is in direct proportion to the nearness of the explosive force. This at least was true at Port Arthur where the fighting was almost hand to hand.

In the First Division Hospital the arrangements for asepsis and antisepsis were excellent. The floor of the operating room could be flooded by a solution of bichloride. Traumatic aneurysms were exceedingly common and are explained by the Japanese surgeons as being due to the impact of the high-velocity bullets, which injure the elasticity of the blood vessels. This often appears a long time after the wound has healed, and has to be operated upon. Instances of bullets passing through the great cavities without infection were so many as to lead to the conclusion that modern bullets were aseptic. No cases of hernia or appendicitis were met with during the whole summer.

The surgeons were all fatigues, performing as they did fifteen to twenty major operations a day. The wounded never complained and treated their medical attendants with the same courteous attention as their line officers.

The Red Cross relief ships accommodate two to three hundred patients and are fitted with all modern appliances. The prisons did not suggest places of confinement, and the prisoners were apparently happy and in excellent physical shape. Russian soldiers, as a rule, are fed upon the poorest sort of rations, whereas their food in the Japanese prisons was so much better than they had been having, that some of them remarked that they did not care if they never were released from Japanese captivity.

The hospital at the naval base of supplies is most systematically conducted. The character of the wounds was more severe here than at the army hospitals. Most of them were due to shells and splinters, causing fractures, abdominal lacerations, amputation of members, etc. Shimose powder is not used for its projectile force, but for its explosive power alone.

Medical beds are present but are most conspicuous because of lack of occupants. Cold, bronchitis and pneumonia were the predominating affections. The essayist saw but three cases of typhoid while on his tour. There were scarcely a dozen cases of disease due to stomach or intestinal disturbance from improper food. Berri-berri had not made its appearance up to

the first of July. Nor indeed, has it been seen in the Japanese Navy since 1893.

Three ounces of alcoholic beverages are allowed every sailor in twenty-four hours. Not a single Jap was seen under the influence of liquor.

The organization of the military medical service is modeled after that of the German army, with many excellent additions and improvements. The Red Cross Society is subjected to military control in war times, and its members are numbered by estimate at over one million. The one idea of the medical service is to prevent disease. A surgeon is detailed with every scouting party and every band of foragers, to test the water and food which is to supply the soldier when he comes to occupy a new position.

Dr. Seaman predicts that the statistics of the Japanese hospitals will show a smaller mortality than any other hospital reports in any other war. By the employment of preventive medicine, they have doubled their fighting force and have reduced to a minimum deaths from preventable diseases.

This paper was discussed by Major John L. Phillips, U. S. A.; Captain A. E. Piorkowski, Imperial German Army; Colonel W. E. Church, U. S. A.; Major J. F. Powell, M.D., U. S. A.; Dr. Nathan J. Jarvis, and Dr. Andrew H. Smith, former president of the New York Academy of Medicine.

It was then proposed that the Association extend its thanks to the gentlemen reading the papers and to those taking part in the discussions, for affording such an entertaining and instructive evening.

The Association adjourned at 11.45 P. M.

(Signed) William Ridgely Stone,
Secretary.

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Orange County Association.—The regular meeting of this Association was held at the Palatine Hotel, in Newburgh, on November 16, 1904, at 2 P. M. There was a good attendance.

In the scientific session, the following papers were read:

"Infantile Cerebral Palsy in its Relation to Epilepsy," by Edward A. Sharp, Katonah. The discussion was opened by Milton C. Conner, of Middletown.

"Milk and Milk Production from a Physician's Standpoint," by Edward C. Rushmore, Tuxedo Park; the discussion was opened by W. Stanton Gleason, of Newburgh.

"Some New Theories Regarding the Blood," by Worthington S. Russell, Highland Mills; the discussion was opened by Edward C. Thompson, of Newburgh.

In the executive session a resolution was made regarding the time and place of meeting as follows: "That an amendment to the By-Laws be made whereby the meetings of this Association shall be held bi-monthly instead of monthly as heretofore, and at places in the county other than at Middletown, as has been the custom since the organization of the Association." Referred to the Committee on By-Laws to report at the next meeting.

A resolution was passed endorsing the action taken by the State Association in regard to the continued desire for the amalgamation of the two State medical bodies. A communication from the Counsel of the State Association, James T. Lewis, regarding the method of procedure in apprehending illegal practitioners, was read by the secretary, and ordered placed on file for future reference.

The following new members were elected:

Drs. Roy Ernest Mitchell, of Middletown; George W. Blanchard, of Highland Falls, and William H. Snyder, of Newburgh.

There being no further business, the meeting adjourned until Wednesday, December 21, 1904.

(Signed) Charles Ira Redfield,
Secretary.

* * *

Ulster County Association.—The regular quarterly meeting of this Association was held at the Huntington, Kingston, November 21, 1904, at 8 P. M. The president occupied the chair and welcomed the guests, who were Drs. J. A. Bodine, Joseph Brown Cooke and Walter C. Gilday, of New York; Dr. Winfield, of Brooklyn, and the Ulster County Medical Society.

Dr. J. A. Bodine, of New York, opened the scientific session with a valuable discussion on "The Radical Cure of Inguinal Hernia under Local Anesthesia." He emphasized the importance of the subject; for, from reliable statistics, it is known that about one to every twenty individuals is ruptured. This gives about three million persons in the United States who are suffering, and to a certain extent incapacitated by this lesion. There are but two methods of relief: the truss and radical operation. The truss never cures a case in an adult, and is expensive, while the radical operation cures and, under local cocaine anesthesia, is practically free from risk of life, and he believes that the real reason why so many persons waste time and money on trusses is because both physicians and patients dread the anesthesia, and it has not become fully known how easily the radical operation can be done under the local use of cocaine. It is important that cocaine solution should be weak (one-fourth of 1 per cent. for the skin, and one-eighth of 1 per cent. for the rest of the operation), fresh, warm, neutral. While the use of local anesthesia has not been widely used in America, it has been more commonly used in Germany, but they use the infiltration method. Here the intra-neutral method is used, and it is especially adapted to this operation, because there are no blood vessels needing tying, and the nerves controlling the sensation of this area are superficial, and easily found. The usual position and how to find them was fully explained, and illustrated by diagrams. The following points were especially emphasized:

The skin should be thoroughly anesthetized, and the initial incision should not be carried below the suprapubic fold; patient should be in a comfortable position; scissors should have rubber bands to prevent clipping, and the operator should thoroughly believe in his own power to do a painless operation; the neck of the sack should be turned to the side and stitched; drainage should be used for twenty-four hours; patient remain two weeks in bed. By carefully carrying out all the detail of asepsis in his method of operation, Dr. Bodine has the wonderful record of over 280 cases with no death; one case of suppuration, and but one known recurrence. In no case had there been cocaine poisoning, and if such a thing should occur morphine, the known antidote should be administered. Drs. Gilday, Gallagher, Vrooman, Stern, Collier and Preston entered into the discussion of this method of operation.

Dr. Joseph Brown Cooke, of New York, followed with a paper on "Modern Methods in Normal Labor." This was discussed by Drs. Mambert, Vrooman, Sebring and Gallagher. The paper will appear in the JOURNAL in full.

At the business session, Dr. Eugene J. Gallagher, Kingston; Cornelius V. Hasbrouck, Rosendale, and Harvey C. Keator, Rosendale, were elected to membership in the State and National Associations.

After the scientific and business sessions, dinner was served and as the doctor's wives had been invited to the social part of the meeting, a very happy company of thirty-eight did full justice to the repast, and all agreed that although, for the present, union had not been consummated, goodfellowship had been attained.

MARY GAGE-DAY, Secretary.

ADDITIONAL LIST OF MEMBERS OF THE NEW YORK STATE MEDICAL ASSOCIATION.

THIRD DISTRICT BRANCH.

Broome County.—John C. Lappeus, Binghamton; Lorin Anson Walker, Lestershire.

FOURTH DISTRICT BRANCH.

Steuben County.—George C. McNett, Bath.

FIFTH DISTRICT BRANCH.

New York County—Moses Aronson, New York; Albert S. Ashmead, New York; Milton Franklin, New York; Samuel Friedman, New York; Richard Henry Gibbons, New York; John Randolph Graham, New York; David C. Lewinthal, New York; Louis M. Mooney, New York; Thomas Merrigan, New York; G. Manley Ransom, New York; Arthur L. Sherrell.

Orange County—Roy Ernest Mitchell, Middletown; George W. Blanchard, Highland Falls; William H. Snyder, Newburgh.

Ulster County, E. J. Gallagher, Kingston; C. B. Hasbrouck, Rosendale; Harvey C. Keaton, Rosendale.

Non-resident Member—George E. Lyon, St. Louis, Mo.

NEW MEMBERS IN THE AMERICAN MEDICAL ASSOCIATION.

George M. Cady, Nichols, N. Y.
John P. J. Cummins, Ticonderoga, N. Y.
Andrew J. Dower, Brooklyn, N. Y.
Albert H. Ely, New York City.
Asa G. Henry, Cortland, N. Y.
Howard L. Hunt, Orchard Park, N. Y.
Isaac Levin, New York City.
Owen E. McCarty, Niagara Falls, N. Y.
Mary G. Potter, New York City.
Reuben A. Reeves, Macedon, N. Y.
Ernest F. Ruppe, New York City.
Arthur G. Sage, Buffalo, N. Y.
Virgil D. Selleck, Glens Falls, N. Y.
Edward C. Titus, New York City.
Mortimer Warren, New York City.

OBITUARY.

Dr. William Wotkyns Seymour, one of the best-known physicians in eastern New York, died at his home in Troy, on Tuesday, October 18th. Dr. Seymour was the son of Dr. William P. Seymour, who was also a well-known physician in his day. He was a graduate of Harvard University, Class of 1878. He was a member of the American Medical Association, American Association of Obstetricians and Gynecologists, American Association of Obstetricians, British Medical Association, The New York State Medical Association and the Medical Society of the State of New York. He was Surgeon to the Samaritan Hospital, Troy.

* * *

Dr. Nelson L. North, of 627 Bedford avenue, Brooklyn, died of hemorrhage of the lungs on Wednesday, November 23d. Dr. North was born at Elba, N. Y., in 1830, and was a graduate of the College of Physicians and Surgeons, Class of 1854. He was a member of the American Medical Association and The New York State Medical Association, and was at the time of his death consulting surgeon to the Methodist Episcopal Hospital, Brooklyn.

LEGAL NOTES.

During the month two applications have been made for defense in threatened suits for malpractice, in one of which the summons and complaint beginning an action has actually been served on the doctor. Both cases are from New York County. One is an action to recover for an alleged negligence where the doctor is called to answer for alleged negligence in setting a dislocated shoulder. There seem to be very many unfortunate circumstances in this particular case and may involve other physicians who are not members of the Association.

The other case of threatened suit is that of a well-known surgeon who is alleged to have operated unskilfully and negligently in the abdomen.

The average of actions brought seems to continue to maintained at about one in a hundred.

The attention of the public has been called again to another Christian Science Healer's treatment of a child with diphtheria, in which a whole school in Stamford, Conn., was endangered, and the other children in the family of the healer as well as in the family of the child who died, have been at death's door. These Christian Scientists seem to be taking a step in advance as a feeler, and will only stop when the laws of our State are of sufficient strength, and public opinion of sufficient significance to back it up, to imprison one of these healers, and the public possibly have gone through a visitation of an epidemic of some contagious disease among the children.

Such an event is horrible to think of, yet it may be that such a visitation will be necessary before the public is sufficiently aroused to appreciate the enormity of the vicious practices of this cult.

The New York County Association is again hard at work prosecuting illegal practicers of medicine, with the result that there was convicted a clairvoyant for a second offense, Mrs. Atwood, calling herself a "Veiled Lady," who was fined $100. She undertook to treat the witness of the Association for nervousness.

Olney H. Richmond, interested in the Order of the Magi and residing in West 117th street, was held in the Yorkville Court by Judge Baker recently on a charge of practicing medicine illegally. It appeared by the evidence in the case that the defendant had practiced medicine without a license in Michigan, and that he had been a druggist or practicing medicine for many years. He pleaded not guilty in the Court of Special Sessions on November 11th, and will be tried in that court at the earliest opportunity.

A case of malpractice brought against a member of the Association will be tried at Rome, N. Y., during the month. In this case the physician was called in to treat a broken arm, and the defendant, against his orders, visited another physician who promptly criticized the work of the other doctor and the suit followed; another evidence of the jealousy in the medical profession and the ever-present readiness to criticize other practitioners, usually, as in this case, without foundation.

Evidence of Defendant's Wealth in Actions for Medical Services.

Some of the medical journals have been complaining of a recent decision by a judge in St. Louis to the effect that a physician is not entitled to charge for medical services in proportion to the wealth of his patient. We have not seen the decision, and know of it only through journalistic reports and criticisms. If, however, the substance of the judge's action is correctly stated he certainly correctly administered the law. In a comparatively recent case in our own State (Platt v. Hollands, 85 App. Div., 231) it was held that a man of large wealth may not be required to pay more liberally for the services of a housekeeper, nurse, secretary and companion than a poor man. On this ground the following extract from the charge to the jury was held erroneous:

"And you have a right to take into consideration in measuring these damages (services) the circumstances of the deceased; that is, the amount of property which he owned, his financial condition, because a man having large financial interests, banking interests, real estate, tenement houses and mortgages, should pay more reasonably and liberally for services of this kind than a poorer person would. You have a right to take into consideration those facts in making up your minds how much money she is entitled to, if she is entitled to anything."

We believe that there is considerable misapprehension of legal rights in the medical profession as a class. The writer remembers on one occasion discussing the matter with a prominent physician who stoutly maintained that a doctor should have the right to charge a rich man more than a poor man and who cited a supposed analogy from rates of compensation for legal services which are dependent in part upon the amount involved in the litigation or other business undertaken. The learned gentleman—he was not consciously talking for the fun column—in effect argued that a rich man was not merely a person, but a *res;* that is, his importance as a factor in the financial world should be taken into consideration when a professional man was called in to preserve or restore his health, and that the doctor therefore had a moral claim in *rem,* which should be adjusted on equitable principles of salvage.

There is, furthermore, the sentiment in the medical profession that, as doctors are obliged to do a great deal of poorly paid or absolutely charitable work, they should be permitted, when they have a rich patient, to recoup themselves for the general service to society. It is a source of satisfaction that the St. Louis case above referred to has been discussed in the medical journals; it is to be hoped that their editors will grasp the legal situation and correct the unsound views now quite prevalent among their subscribers.

It may not be amiss to repeat what we said on a former occasion:

"In certain classes of actions for damages evidence of the general financial ability of the defendant is competent. In actions for breach of promise of marriage such evidence is admitted, because it bears upon the question of the manner of living and position in society which the plaintiff would have enjoyed if the defendant had fulfilled his contract. So, also, evidence of the reputed wealth of defendants may be admissible on the question of punitive damages in order to determine the proper amount thereof to be awarded (Sedgwick on Damages, vol. 1, section 385, 8th ed.; Tucker v. Winders, 41 S. E., 8, and cases cited).

With regard to actions for services, however, proof of a defendant's wealth is clearly illogical and calculated to mislead a jury, unless the quality of the services was characterized by the nature and value of property.—*New York City Law Journal,* Oct. 19, 1904.

For other opinions see "The Law Relating to Doctors' Fee," November number of STATE JOURNAL OF MEDICINE, page 391.

THE REGISTRATION OF DEATHS FROM ALCOHOLISM AND PROFESSIONAL SECRECY.

It is a well-known fact that the entries of deaths from acute or chronic alcoholism in the Registrar-General's returns express only a small proportion of the total mortality caused by intemperance. When, therefore, we are assured in Mulhall's *Directory of Statistics* that the deaths from alcoholism are 0.54 per 1,000 total deaths from all causes in France, 2.60 in England, 2.36 in Norway, 3.83 in Belgium, and 6.25 in Sweden, we have no confidence that these figures accurately or even approximately represent the real facts as to this scourge of humanity. The paper read at the Brussels Congress by Professor Mahaim, of the University of Lausanne, is valuable in drawing attention to the deficiencies of the statistics of most countries relating to alcoholism, and in pointing out a "better way." The ordinary way of supplying death-certificates, he points out, pays no regard to *le secret médical.* Thus in England the local registrar of deaths may know the person whose death is returned as due to alcoholism; and although indiscretion on the part of registrars is probably very exceptional, it is obvious that much distress might be caused by unthinking gossip. Furthermore, the certificate has to pass through the hands of the family of the deceased, which renders it difficult and sometimes impossible to enter such causes of death as alcoholism and syphilis. According to Dr. Mahaim, in only two countries in Europe—namely, Switzerland and Denmark—is the secrecy of the medical certificate guaranteed. In Switzerland the death-certificates are made so that the registrar (*l'employé de l'état civil*) receives from the practitioner a numbered card. The corresponding name can only be found by making numerous inquiries in various offices of the Central Administration at Berne. This system has been in force for the fifteen great towns of Switzerland for ten years, and for two years in the whole of Switzerland. In 1902, out of the total male deaths in Switzerland at ages over 20, 0.5 per cent. were caused by delirium tremens, which is ten times the official number for France. If the deaths in which alcoholism was either the principal or a concomitant cause of deaths be included, then 441, or 10.4 per cent. of the total deaths of men over 20 years of age in the fifteen towns of Switzerland were ascribable to alcoholism. This proportion varied only from 10 to 10.5 per cent. between 1898 and 1902. Taking alcoholism alone, whether acute or chronic, without including as above such diseases as cirrhosis of the liver, then in the ten years 1891-1900 the percentage of total deaths due to this cause among men over 20 years of age varied from 2.2 to 0.1 per cent., or an average of 2.47 per cent. for the whole period. Dr. Legrain, president of the Union Française Intialcoölique, proposed at the Brussles Congress that a special rubic should be made of alcoholism in all official statistical tables, with subdivisions enabling one to estimate not only alcoholism as a primary cause, but also as a secondary or indirect cause of death. It is clear that in the Swiss statistics given by Dr. Mahaim this plan has already been adopted, as it is only by the inclusion of deaths from cirrhosis of the liver, etc., under the headings of alcoholism that he is able to show that it causes over 10 per cent. of the total deaths of male adults. This method of classification has much in its favor; but the balance of argument is against its adoption. If one is to read into the name of the disease from which death has occurred a personal view, however probable it may be, of the causation of this disease, the way is at once opened to individual peculiarities of opinion and the production of erratic and incomparable statistics. Thus, in the instance already quoted, cirrhosis of the liver is probably nearly always due to alcoholism. It may, however, in exceptional instances, have a different causation. It is preferable, therefore, to keep this disease separate from alcoholism, though the deaths from it may still "point a moral." Similarly, if a chronic alcoholic has died from peripheral neuritis following an attack of influenza, who shall decide which of the two toxins was the efficient cause of the disease? Enough has been shown to indicate that the statistician as such has nothing to do with theories of causation. He must put down the facts as given, not combining heterogeneous statements in a single group. There is much to be said, however, in favor of an improved method of registration of causes of death in England. The fact that the doctor has to hand the certificate of the cause of death to a near relative of the deceased, who takes it to the registrar of deaths, is a strong inducement to the doctor to soften down or entirely to omit any statement of cause of death which would hurt the relatives' feelings, and thus possibly cause friction between him and them. The proper course would be to pay a small fee for each medical certificate of cause of death, and insist on its being posted direct to the registrar. It is open to doubt whether it is necessary to have in England the duplicate system in vogue in Switzerland and Denmark. We are of opinion that a fee should be paid for each certificate, and we should welcome as preferable to the present arrangements the enforcement of a legal obligation on the practitioner to post to the registrar the certificate of death in a stamped envelope supplied to him. We believe that the majority of practitioners would feel relieved by the enforcement of such a plan.—*The British Medicol Journal.*

Book Reviews.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. Edited by A. O. J. Kelly, M.D., Philadelphia. Vol. III. Fourteenth Series. Philadelphia: J. B. Lippincott Company, 1904.

The first 125 pages of this, the latest, volume of International Clinics are devoted to a discussion of syphilis, its various manifestations and its treatment. Campbell Williams, of London, contributes the opening paper on Uncertainty as to Syphilitic Inoculation—a well-conceived and instructive presentation of the subject, but marred somewhat by labored rhetoric. Ohmann-Dumesnil, of St. Louis, followed with one on The Differential Diagnosis of Syphilitic Eruptions. This is a valuable treatise, profusely illustrated by full-page plates. Why, oh, why, cannot medical editors be educated to the point of using the blue pencil more freely? No wonder continental critics accuse American writers of verbosity when they encounter platitudes like the following in a scientific paper: "In this day of methods of scientific diagnosis it is of the highest importance that the physician should be capable of formulating his diagnosis with certainty and be ever ready to guard against those pitfalls which lead him into error and the dangers incident to a mistaken diagnosis—dangers which but too frequently are most injurious to the patient at critical periods of his disease." And "the differential diagnosis of syphilis is important, especially in view of the fact that some of the most unfortunate consequences are but too often the results of a want of knowledge"! Nor is the critic the only one who should object. The average gentle reader needs to be gentle indeed to read such stuff with equanimity. I am not damning this author's contribution; far from it; it is one of the best, if not the best, in this syphilitic series, but his pen apparently had a gumma on its nib, and it was the duty of the editor to administer the iodides freely, which he did not do. The present reviewer has known the editor of International Clinics many years. His earnest advice to him is to "Slide, Kelly, slide!" with the scissors and blue pencil in future.

Carrière, of France, contributes the next paper on Syphilitic Fever, and, in its way, it is a gem. It strongly emphasizes what has been said above. The g. r. should take off his hat to him. The six printed pages devoted to his subject are full of good solid meat; there is not a single unnecessary word or a sentence that does not add to the value of the article. Milian, of Paris, writes learnedly and convincingly on Syphilitic Headache and Lumbar Puncture, and Spiller, of Philadelphia, on Syphilis of the Nervous System. The paper by Chauffard, of Paris, is on Laryngeal Syphilis and Tabes and is exceedingly instructive. This author, in collaboration with Gouraud, also of Paris, contributes the succeeding paper on a case of Hyperacute Secondary Syphilitic Nephritis with Fatal Outcome, in Spite of Mercurial Treatment. Ballantyne, of Edinburgh, writes on Fetal Syphilis. Syphilis and Suicide is the alliterative title of a paper by Fournier, of Paris. He states that "a syphilitic patient is none the less a man, and is consequently as exposed as any one else to every natural predisposition as well as accidental occurrence that may lead to suicide," and then goes on to prove that the predisposition in these cases is more pronounced. As an instance of this author's style of composition it is noted that one of his patients was "morose, reserved, taciturn, sad, preoccupied and hypochondriac." In order to complete the list of synonyms he might have added that he was sour, sullen, cold, gloomy, austere, ill-humored, gruff, crusty, churlish, silent, severe, brooding and cranky.

Neilson, of Philadelphia, writes on The Treatment of Chancre, and writes well, although the contribution has a text-booky tone. The Hypodermic Treatment of Constitutional Syphilis is the subject chosen by Gottheil, of New York, and Fournier, of Paris, follows with a paper on The Treatment of Syphilis by Calomel Injections. These two papers are extremely interesting reading. Gottheil unqualifiedly recommends the use of neutral mercury salicylate, Fournier that of sublimed calomel. The first-named author is far and away the most convincing in his arguments.

The Treatment of the Digestive Disturbances Occurring in Pulmonary Tuberculosis, by Lawrason Brown, of Saranac Lake, N. Y., is the first paper under the head of Treatment. It is well written, detailed, and shows extended experience. Rest-Cure in the Treatment of Chronic Constipation is by Boas, of Berlin. His practice, though novel, appears to be very efficacious. T. Stuart Hart, of New York, writes on The Treatment of Diabetes Mellitus. Allchin, of London, contributes Observations on Indigestion, a scholarly paper in which there is little that is new; Katzenbach, of New York, writes on Mitral Obstruction and Chronic Bronchitis; Bishop, of New York, on Diseases of the Liver, and Duncan, of London, on Scurvy.

Under the head of Surgery, Manley, of New York, contributes a paper on Umbilical Hernia in the Female; Lermoyez and Guisez, of Paris, write on Foreign Bodies in the Bronchi; and Stewart, of London, on The Technic, Diagnostic Significance and Therapeutic Application of Lumbar Puncture. The latter is short and practical. It is to be regretted, however, that the author did not extend it to include therapeutic results. The Pathology and Operative Treatment of Acute Osteomyelitis and Osteosarcoma is by Cumston, of Boston. Davenport, also of Boston, writes on The Non-Operative Treatment of Disorders of Menstruation. This is a fairly good paper. Hemorrhage at and After the Menopause is by Lockyer, of London, and is thoroughly scientific. The final paper in this section on Some Remedial Agents in the Treatment of Gynecologic Affections, is by Palmer, of Cincinnati. It is sensible, up to date and well worthy of perusal. The author's closing sentence should be writ large upon the wall: "Therapeutic medicinal agents have been unreasonably multiplied. . . . Our materia medica, like our modern social and domestic life, lacks singleness of aim and simplicity of purpose. All of our text-books in materia medica and therapeutics, and most of our teachers in this department of our art, would better serve their purpose and increase their usefulness if many of our medicinal remedies were no longer mentioned, because useless or harmful, and because more time and more earnestness of effort could judiciously be consumed in proclaiming the indications, the contraindications, and the powers for good of our tried, recognized and useful means. May we realize when it is best, and how it is best, to hold fast to that which is good."

The volume closes with a paper on Paralysis Agitans, by Langdon, of Cincinnati.

It has been the writer's privilege and pleasure to review practically every volume of International Clinics since the appearance of the series. In its way it occupies a niche that is unique; its value to the student and to the busy practitioner is unquestioned. But—there is always a "but"—on the part of the editor (and this criticism is meant to be entirely impersonal) there is room for vast improvement. Let him give us the pith and substance of the several subjects—the kernels without the shells; let him ruthlessly cut out the flowery rhetoric flights, the platitudes, the unnecessary padding, and a long-suffering medical reading public will not only rise up and call him blessed, but vote him a halo as well.

The Physician's Pocket Account Book. By J. J. Taylor, M.D. Published by the Medical Council, 4105 Walnut Street, Philadelphia, Pa.

This compact little book will be found of value to physicians, containing, as it does, tables of various kinds, and pages for memoranda, accounts, etc. The book contains 224 pages in all. Price, bound in leather, $1.00.

The Medical Epitome Series. A Manual for Students and Practitioners. By M. D'Arcy Magee, A.M., M.D., Demonstrator of Surgery and Lecturer on Minor Surgery in the Georgetown University Medical School; Assistant on the Surgical Services of the Georgetown Hospital, Washington, D. C., and Wallace Johnson, Ph.D., M.D., Demonstrator of Pathology and Bacteriology in the Georgetown University Medical School, Washington, D. C.; in charge of the Clinical Laboratory, Emergency Hospital; Assistant on the Surgical Service of the Central Dispensary, Washington, D. C. With an appendix on X-ray work in Surgery. By Edward O. Parker, A.M., M.D., Physician at the New York Dispensary. Series edited by V. C. Pedersen, A.M., M.D., Instructor in Surgery and Anesthetist and Instructor in Anesthesis at the New York Polyclinic Medical School and Hospital; Genito-Urinary Surgeon to the Out-Patient Department of the New York Hospital and Hudson Street Hospital; Anesthetist to the Roosevelt Hospital (First Surgical Division). Illustrated with 129 engravings. Philadelphia and New York: Lee Bros & Co., 1904.

This little volume is a compact and clear presentation of the essentials of surgery. Considering the limited space at the disposal of the authors, the subject is well covered. The book is up to date, as is shown by references to Mayo's method of draining the common gall duct. There is an excellent chapter on X-ray work in surgery, and for a book of its size the chapter on Fractures is well illustrated. It is a book best suited for students preparing for college or other examinations.

The Perpetual Visiting and Pocket Reference Book. Including information in Emergencies from Standard Authors. St. Louis, Mo.: Dios Chemical Company, publishers, 1904.

This little red book contains the calendar for 1904-1905, and the memoranda portions are conveniently arranged under weekly and monthly headings. It is a most complete little call-book, and will be furnished by the Dios Chemical Company, St. Louis, Mo., on the receipt of 10 cents for postage.

Regional Minor Surgery. Describing the treatment of those conditions daily encountered by the general practitioner. By George Gray Van Schaick, M.D., Consulting Surgeon to the French Hospital, New York. Published by the International Journal of Surgery Company, medical publishers, 100 William Street, New York.

The second edition of this very practical book has been thoroughly revised and contains some new chapters. It is intended as a guide to the general practitioner in the treatment of minor surgical conditions. It only deals with conditions which are most commonly encountered and prevents methods which an extensive private and hospital experience has shown to be most applicable. After a preliminary discussion of asepsis and suturing, it takes up the different regions of the body. The chapter on diseases and injuries of the hand and fingers contains much valuable information which will prove useful to the practitioner looking for helpful suggestions. The text is illustrated with some original sketches.

A Hand-Book of Surgery, for Students and Practitioners. By Frederic Richardson Griffith, M.D., Surgeon, Bellevue Dispensary; Assistant Surgeon at the New York Polyclinic School and Hospital; Assistant Genito-Urinary Surgeon at the New York Hospital (Home of Relief); Passed Acting Assistant Surgeon, Third Regiment Infantry, N. G. P.; Fellow of the New York Academy of Medicine; Associate Editor of the Medical Critic. etc. With 417 illustrations. Philadelphia, New York and London: W. B. Saunders & Co., 1904.

This book is intended as a guide for students and general practitioners, and is a brief outline of the principles and practice of surgery. There are chapters on Diseases of the Skin, Eye, Ear, Nose and Throat, as well as Gynecology. Considerable space is given to chapters on subjects not exactly surgical, such as Antidotes, Microscopic Technic, Urinalysis, Bacteriological Technic, Signs of Death, etc. A chapter on Medico-Legal Examinations, including Autopsy, Poison Detection Tests, Life Insurances, Medical Jurisprudence and Rape covers about twenty-eight pages, while the subject of X-rays is disposed of in half of a page. It might be advantageous in a future edition to leave out the subjects not pertaining to surgery and devote the space thus gained to a fuller consideration of the X-rays and other subjects of strictly surgical character.

The Physician's Visiting List (Lindsay & Blackiston) for 1905. Fifty-fourth year of its publication. The dose table herein has been revised in accordance with the new U. S. Pharmacopœia (1900), Philadelphia: P. Blakiston's Sons & Co. (Successors to Lindsay & Blakiston), 1012 Walnut Street. Sold by all booksellers and druggists. Price, net, $1.00.

This book is divided into pages for special memoranda, addresses, cash and ledger accounts, etc. It also contains many useful tables and is of a convenient size to be carried in the pocket.

Medical News Visiting List. 1905. Thirty patients per week. Philadelphia and New York: Lea Bros. & Co. Price, with pencil and calendar for two years, $1.25.

This pocket size, wallet-shaped book, is now in its nineteenth edition, has been thoroughly revised and brought to date. It contains many tables and other data which will prove of value to a physician. The record portions of the book are conveniently arranged and ruled for the various details of practice.

BOOKS RECEIVED.

The Essentials of Chemical Physiology, for Use of Students. By W. D. Halliburton, M.D., F.R.S., Fellow of the Royal College of Physicians; Professor of Physiology in Kings College, London; Author of Text-Book of Chemical Physiology and Pathology. Fifth edition. London, New York and Bombay: Longmans, Green & Co., 1904.

Transactions of the Iowa State Medical Society. Vol. XXII. Fifty-third Annual Session, 1904. Cedar Rapids, Ia.: Republican Printing Company, printers, 1904.

Maps. State Department of Health. Twenty-third Annual Report for the year 1902. New York. Parts I and II.

Twenty-third Annual Report of the State Department of Health of New York, for the year ending December 31, 1902. Transmitted to the Legislature February 2, 1903. Albany: The Argus Company, printers, 1903.

Transactions of the West Virginia State Medical Association at the Thirty-seventh Annual Session, held at Fairmont, W. Va., May 10, 11 and 12, 1904. Instituted April 10, 1867. Wheeling News Litho. Co., 1904.

Proceedings of the Connecticut Medical Society, 1904. One Hundred and Twelfth Annual Convention, held at New Haven, May 25th and 26th. Published by the society. Samuel B. St. John, M.D.; William H. Carmalt, M.D.; N. E. Wordin, M.D., Publication Committee, 1904.

A Compend of Medical-Latin. Designed expressly for Elementary Training of Medical Students. By W. T. St. Clair, A.M., Professor of the Latin language in the Male High School of Louisville, Ky.; Author of "Cæsar for Beginners," "Notes to Cæsar's Gallic War, Book Three," etc. Second edition, revised. Philadelphia: P. Blakiston's Sons & Co., 1012 Walnut Street, 1904.

Public Health Resorts (formerly Abstract of Sanitary Reports), issued by the Surgeon-General, Public Health and Marine-Hospital Service, under the Act of Congress granting additional quarantine powers and imposing additional duties upon the Marine-Hospital Service, approved February 15, 1903. Vol. XVIII, Part I. Nos. 1 to 26. Vol. XVIII. Part II. Nos. 27 to 52. Washington: Government Printing Office, 1903.

Original Articles.

ADDRESS OF THE PRESIDENT.[1]

BY FRANCIS J. QUINLAN, M.D.,
New York County.

Gentlemen of the County Medical Association, and to our guests, members of the State Medical Association. Greetings!

In accordance with precedent and our customary program, the pleasant service of addressing you falls to my lot this evening. Many of you have been in this Society since its birth, and to you my words must be those of congratulation on its past successful history. But to all of us belong anticipations for its future, for although it seems most probable that we shall soon unite with our sister Society, we still have our future ahead of us, and we feel that the affiliation of these medical associations will only add to the strength of both units. Perhaps no greater contrast can be pictured than that afforded by the retrospect and the outlook of the modern physician.

I was presented, not long ago, with the first Record Book of the County Medical Association, and I invite you this evening to take a look backward to the beginning of this Association, which dates from December 14, 1883. Under the heading of this date are the following minutes: "On the invitation of Dr. Austin Flint, a number of medical gentlemen met at the 'Manhattan Club' at 8 P. M. on December 14, 1883.

"The invitation was quite informal, simply to meet a few medical friends, no distinct object of the meeting being stated. It was called by Dr. Flint, after a conference with Dr. J. W. S. Goulay and Dr. Austin Flint, Jr. The following-named gentlemen were present in the course of the evening:

"Drs. J. G. Adams, G. C. Arnold, W. N. Blakeman, A. S. Church, William Detneold, A. Dubois, J. W. Elliot, J. H. Hinton, C. A. Leale, G. L. Peabody, S. S. Purple, I. E. Taylor, C. S. Wood, L. M. Yale, William Young, J. Linsley, W. T. Lusk, P. J. Lynch, S. T. Hubbard, H. D. Nicoll, J. W. S. Goulay, Austin Flint, Austin Flint, Jr.

"Dr. Austin Flint stated briefly that he had informally called together a few medical friends for the purpose of considering the existing condition of the profession in the City of New York, brought about by the action of those opposed to the recognized code of ethics.

"After some remarks upon the necessity of forming an association of those who desired to maintain the old standard of ethics of the profession, he moved that Dr. Detneold take the chair.

"Dr. Detneold then took the chair and Dr. Flint, Jr., was requested to act as secretary.

"Dr. Detneold, on taking the chair, made some remarks in which he advocated the formation of a new association for professional purposes, to consist of medical gentlemen who were opposed to the revolutionary action taken by certain members of the profession with relation to medical ethics. He advocated the formation of an association which should be composed, as a matter of course, of members of the profession who uphold the national code of ethics, but he proposed that the objects of this association should be *purely* scientific.

"It was then moved and seconded that the chairman appoint a committee of five to nominate officers for the new association, which was carried. The Chairman appointetd as this Committee Drs. A. Flint, I. E. Taylor, J. Linsley, A. S. Church, J. G. Adams.

"The Committee reported the following as officers of the Association:

"For president, William Detneold; for vice-president, C. A. Leale; for recording secretary, E. A. Judson; for corresponding and State secretary, W. V. White; for treasurer, A. S. Church.

"On motion, the report was accepted and the Committee discharged.

"On motion, the report of the Committee was adopted by the meeting.

"The Secretary then read the draft of a set of By-Laws.

"The Chair appointed the following-named gentlemen as members of the Executive Committee: Drs. William Young, A. Flint, Jr., J. W. S. Goulay, Charles Hitchcock.

"It was agreed by those present that each one should secure at least two members of the Association, and that all who joined at or before the first meeting should be considered as founders.

"After some discussion with regard to the formation of a New York State Medical Association, it was moved, and seconded, that when the meeting adjourn, it should adjourn to meet at the call of the Executive Committee.

"There was entire unanimity of expression and action at the meeting and it formally adjourned at 10 P. M.

"The result of the meeting was the foundation of the New York County Medical Association.

"(Signed) Austin Flint, Secretary."

In less than two months this Association will celebrate the twenty-first year of its existence, and stands to-night upon the record of its past. Its presiding officers, from Detneold to Lambert, have been men whose names are inscribed on the tablet of affectionate memory, its meetings have brought out some of the greatest precepts ever annunciated in the Western Hemisphere, and its members have no apology for having their names inscribed on its rolls.

You notice in the minutes just read the stress laid on the "*old* standard of ethics."

"With Kingsley I will say that 'reverence for age is a fair test of the vigor of youth, and conversely, insolence toward the old and the

[1]Read at the Stated Meeting of the New York County Medical Association, October 17, 1904.

past, whether in individuals or nations, is a sign rather of weakness than of strength.'"

We are very apt to forget in thinking of these men of the past how little they had in the way of appliances to help them in their researches—they had to fight for knowledge almost single-handed. This era is an active one and the workers are apt to be so engrossed in their own studies and speculations that they do not give due credit to the ones who have gone before them, and who have hewn down the forests of darkness and doubt, leaving us the legacy of a vista of refined thought and physiological as well as pathological facts.

In this hurry of our modern life, in this rush after money and after fame, do we realize how much we owe these pioneers of the past who accomplished far more than they realized, and builded far better than they knew?

Perhaps Fraud in medicine has never been so prevalent as it is at the present day. Adulterations of all kinds flood our markets. Food products are tampered with until one can scarcely ever feel perfectly sure of a pure article. Read the reports of the various health boards, and the vast amount of harm that is continually being done by adulterated food begins to loom up before one in its true proportions.

The literature on this subject is almost inexhaustible and each day the public press brings to our notice new evidence of the violations of our sanitary laws.

But still more effort should be made to put a stop to these frauds, and we as medical men, above all others, must be vitally interested in suppressing evil and raising the banner of honesty among the practitioners of this commonwealth.

There should be a national department of health, a counselor close to the executive, whose object should be to bring the sanitation of our beloved country up to a high standard of excellence, cooperating with the Marine Hospital Service and the medicail departments of our army and navy. Such supervision of health would not only insure but secure in the end the comfort, safety and prosperity of 85,000,000 people.

The most valuable asset of a people is its health; let but disease enter our ports, commerce is crippled, and the activity of a nation is paralyzed. I cannot refrain from referring to Duckworth: "It was doubtless imperative for John Hunter in his day to say, 'do not think but try,' but I venture to believe that now we may do well to think a little more, and perhaps try a little less, for, indeed, original research demands thought and no little calm meditation. The present tendency in the laboratory is to secure prompt results, and so we have many such laid before us, some of which, achieved in the absence of due meditation, are either immature or profitless."

But even in a great metropolis like ours, there should be nothing antagonistic to careful and accurate scientific research; the large numbers of medical students who annually come to our city for postgraduate training as well as for the advantages offered to them by the great libraries, the public hospitals and association meetings, testify that the student of medicine can here appease his intellectual appetite and slake his thirst in the fountains of medical knowledge.

The modern press is one of the best mirrors of the times, and if you will allow me, I will quote from it here and there, taking up first the question of food adulteration.

In an editorial in the *British Medical Journal* of May 21st, of this year, I find the following: "It was said, twenty years ago, that a doctor was one who, to a body of which he knew nothing administered drugs of which he knew little more. This taunt is hardly deserved by the profession to-day. But if for drugs we substitute the word food the accusation would not be without some point. It is probable that it will continue in some measure to be deserved until the food question is given its proper place in the medical curriculum. The study of dietetics should be looked upon as very nearly, if not quite, as important as the study of therapeutics."

Several deaths have occurred in the last few days in this city from the ingestion of poison whisky. This evil was so flagrant that the attention not only of the Health Department but also of the Coroner's office was called to it. They found that the chemical analysis of the contents of the stomachs of three persons showed wood alcohol in quantities sufficient to cause death.

Congressman Quarles, in the "Congressional Record," in speaking of bogus butter, says: "Things have come to a strange pass when the steer competes with the cow as a butter maker. When the hog conspires with the steer to monopolize the dairy business, it is time for self-respecting men to take up the cudgels for the cow and defend her time-honored prerogatives. As a matter of poetic justice, if nothing else, we ought not to forget the bountiful favors of earlier years that were conferred by that faithful creature, and we ought not now to desert her or to permit her to be displaced, her sweet and wholesome product supplanted by an artificial compound of grease which may be chemically pure, but has never known the fragrance of clover, the freshness of the dew, or the exquisite flavor which nature bestows exclusively on butter fat to adapt it to the taste of man.

"I desire butter that comes from the dairy, not from the slaughter-house. I want butter that has the natural aroma of life and health. I decline to accept as a substitute caul fat, matured under the chill of death, blended with vegetable oils and flavored by chemical tricks. The man who makes this compound may have clean hands, he may wear a clean, white apron, but he is no friend of mine."

The investigation of an epidemic of arsenic poisoning in Manchester, England, recently brought out the fact that arsenic may be intro-

duced into various common forms of food, such as beer, treacle and golden syrup, foods containing glucose, vinegar, "various extracts of malt, manufactured either for sale to individuals or for use by bakers, 'prepared' and 'infant' foods under a variety of names, yeast cakes, and foods to which certain coloring matters, or preservatives have been added." From one-twentieth to one-twenty-fifth of a grain of arsenic per pound has been found in a so-called "chocolate powder," sold in London at a low price and composed largely of an arsenicated oxide of iron. Felix Paquin, Ph.G., Chemist of the Memphis Board of Health, has called attention to various food adulterations. He states that wine, beer and milk often contain boric acid, salicylic acid, formalin and aniline dyes. Catsups, jellies and jams are nearly always adulterated. Preservatives as well as dyes are used in meats, but especially in sausages and other dried-flesh products. The cheaper, alum baking powders are almost exclusively employed in the manufacture of baker's bread, rolls and biscuit. Most of these preservatives which this author describes interfere directly with the digestive process, some with urinary elimination, whilst others act as slow poisons. Mr. Paquin believes that the only remedy "is the enactment of uniform laws throughout the country forbidding the use of all preservative ingredients not indicated on the package, making the inspection of food obligatory according to a fixed standard, and giving the preference to the home manufacture of the more perishable articles."

Under the heading of Bad Foods and Medicines I find the following squib: "The figs that are made from the refuse of an oil refinery, sweetened with glucose, and lined with tomato and other small seeds from a canning establishment, the same fashioned into something that looks like a fig, with a wooden peg stuck in the end for a stem, is as near what children buy it for as are some of the medicines we purchase and swallow."

You are all familiar with Dr. Wiley's experiments with the "poison squad." The general conclusion reached is "that it is not advisable to use borax in food articles intended for common and continuous use." How commonly this is used, as well as various other preservatives, is a matter of ordinary knowledge. Here is an instance of the adulteration of cream of tartar with lead: "Dr. Dyer (analyst) said that the sample he analyzed contained lead, in the proportion of rather more than one grain to the pound. The effect would be to render it injurious to the health of any one who consumed it."

In the *Druggist's Circular and Chemical Gazette*, February, 1903, Analyst Leech describes how strips of white woolen materials are dyed in a variety of fast colors by boiling them in solutions of various food products commonly sold in the market, such as jam jellies, ketchups, fruit syrups and cordials—especially those of the cheaper varieties. Again in the same periodical there is a note on the use of paraffin in food. There is a certain "butter-scotch" in the New York markets which consists mainly of glucose and hard paraffin. It is a dangerous fraud. But confections are not the only foods with which paraffin has been mixed. The great staple, rice, also comes in for its share of adulteration. The value of this grain depends to a certain extent upon its appearance. It brings the best price when it is "bright," but when it is old, and dull it is not so valuable. When it is fresh from the fields "milling" may give it a good polish, but when it is too old it is often so dull that it cannot thus be freshened sufficiently to give it a good market price. Often in such cases it is soaked in some kind of oil or in paraffin, generally the latter, and it then assumes a good luster. To be sure paraffin is not poison; the danger in its consumption is a mechanical one. It is considered by physiologists to be absolutely indigestible. Even when taken only in small amounts it may accumulate and cause obstruction of the digestive apparatus. Naturally, any one familiar with its action would never expose himself to such a risk, and "that it is thrust upon him is an outrage."

According to the *London Chemist and Druggist,* since the increase in the price of peppermint oil, its adulteration has increased enormously.

A most interesting article is that of "Food Adulterations as disclosed before the Congressional Committee on Interstate Commerce." The commonly known adulterations of vinegar, olive oil and coffee are discussed. Dr. Wiley showed some real mocha berries which are extremely rare, and some Brazilian berries, which resemble them. The latter bring 9 cents a pound at wholesale. Dr. Wiley said, "The people of this country honestly believe they are getting Java and Mocha berries, and they are paying 40 cents a pound for Brazilian berries, when the highest price of these berries at wholesale to-day is 12 cents a pound." He adds that according to his belief, not over 3 per cent. of the coffee imported into the United States comes from Java and Arabia, a statement thoroughly established by the official figures of the U. S. Treasury Department. Dr. Wiley, head of the Bureau of Chemistry of the United States Department of Agriculture, struck the keynote of the campaign for honest food when he quoted from Prof. Albert B. Prescott, an eminent authority upon chemistry, hygiene and nutrition, and Professor of the University of Michigan and a former president of the American Association for the Advancement of Science: "The substitution of one wholesome food for another, unknown to the consumer and the public, is a sanitary offense, for what is a wholesome food for one man is not a wholesome food for another man. If substitutes unknown to the consumer are permitted, the experience of what is beneficial for

one's own digestion goes for nothing, and the public are discouraged in attempting to obtain experience." The consumer should be allowed the chance of knowing whether he is getting natural or preserved food. In an interesting conversation with the owner of a large and prosperous canning factory, he stated that he could not afford to make pure goods because housekeepers would insist on buying a cheap article. In his jelly he uses a "coagulator," which is made of alum and sulphuric acid. In currant jelly color is also used, of course, for currants are red, also a sweetener is added; this sweetener is generally a coal-tar product. My attention has recently been attracted to an interesting article by Charles Harrington, the Assistant Professor of Hygiene in the Harvard Medical School, on the composition and alcoholic content of certain proprietary foods for the sick. He became interested in the subject from watching a patient, an invalid, who was taking one of these foods faithfully according to its directions, but who seemed to be more or less constantly in a condition of marked intoxication. The food on analysis was found to contain a fairly large percentage of alcohol.

Another on analysis was found to contain 18.95 per cent. by volume of alcohol. The mineral matter, largely iron, amounts to .62 per cent. Its total solids amount to about half as much as is contained in milk of fair quality. The maximum daily dosage represents about a quarter of an ounce of nutriment "and the alcoholic equivalent of about an ounce and a half of bad whisky daily."

Alexander Marshall, who claims to have an "inside view" of the business of patent medicine companies, declares that the average cost of manufacturing liquid medicines sold to dealers at 62 cents, retailed generally for $1 per bottle, is about 15 cents. The profit then is over 300 per cent. less the cost of advertising. He names over a number of these medicines owned by the Sterling Drug and Chemical Company, and to which the United States registered trade-marks are affixed. One of these is known as "Uneedatonic." "Uneedatonic is a good name; it certainly sounds like success."

But what is the need of multiplying examples ad infinitum? I have been much interested in, and shall quote freely from, an article by Oliver T. Osborne, Professor of Materia Medica and Therapeutics at Yale University, on the scourge of nostrums and irregular practitioners. He believes that every senator and representative in Congress should receive all resolutions passed by medical societies bearing on the subject of pure foods and pure drugs, and that it should not be by our neglect that they do not understand the necessity for active legislation in this matter. He also believes that "A committee should be appointed to present a plan for the best method of beginning a systematic war against patent medicines, nostrums, fake cures, the reckless sale of poisons and harmful narcotics, fraudulent advertisements, the swindling use of the mails and the illegitimate practice of fakers, illusionists, rubbers, weaklings, monomaniacs, rascals who charge for divine power, and those deluded creatures who watch disease gain a permanent hold on the helpless while they in an unchristianlike manner 'wash' the sick with multitudinous masses of unscientific, nauseating, meaningless and senseless words, and then demand tangible, monetary compensation for time and life wasted."

Although history tells us that there were even before Hippocrates in the temples of the Asclepiadæs, tablets which told of the most preposterous cures by the most ridiculous methods, still it would seem that the intervening ages of civilization would have led us beyond these dark realms of superstition.

According to some of the recent investigations as to the annual sale of patent medicines in the United States, we learn that the enormous sum of $60,000,000 is thus annually expended. A large part of this does actual harm. Again it is said that one of our smaller Middle West cities manufactures 21,000,000 barrels of patent medicine every year. In France patent medicines are sold by means of the slot machine. One tonic which was strongly recommended against alcoholism, after being analyzed was found to contain 40 per cent. alcohol. Some Jamaica ginger has been found to contain 90 per cent. of alcohol. Where should our campaign against this awful evil begin? Why, the press is the strongest advocate. Advertisements of these villainous nostrums are found even in the sheets of religious periodicals—cures for consumption, cures for Bright's disease, and cures for cancer. Dr. Gould says, "Why do we leave to others work that we should do ourselves? All honor to Physical Culture which has exposed the fraud of thirteen Koch serum institutions."

What a powerful factor we might become as physicians, if we should act as a body, with the determination of suppressing the advertisements of this damnable and nefarious traffic. Osborne says: "What does it need more than for us as a body, to see that the postal laws of the United States are enforced to stop the publication of such frauds?"

And as to the charlatans or pseudo-practitioners that so infest our country, all of the medical associations in our great land ought to combine to fight them, tooth and nail. Let me quote Oliver Wendell Holmes' definition of a pseudo-science. After telling how all sustaining evidence is gathered in and how all negative evidence is ignored, he says: "It is invariably connected with some lucrative medical application. Its possessors and practitioners are usually shrewd people; they are very serious with the public, but wink and laugh a good deal among themselves. The believing multitude consists of women of both sexes, feeble-minded inquirers,

poetical optimists, people who always get cheated in buying horses, philanthropists who insist on hurrying up the millennium, and others of this class, with here and there a clergyman, less frequently a lawyer, very rarely a physician, and almost never a horse jockey or a member of the detective force. A pseudo-science does not necessarily consist wholly of lies. It may contain many truths, and even valuable ones. The rottenest bank starts with a little specie. It puts out a thousand promises to pay on the strength of a single dollar, but the dollar is very commonly a good one."

Osborne continues: "Official examination of every nostrum, official investigation of every so-called cure, official sifting of every new discovery, and laws to protect against irregular practice, illegitimate advertising, unwarranted promises, and the prevention of hypnotism and undue influence in any form would soon eradicate this scourge from our country."

And danger is threatened not only by the charlatans themselves, and the cults of various kinds which pass under a multitude of the most weird appellations, such as "Cereopathics," "The Holiness Society of West Virginia," "Manna Mysteria," "The Esoteric Vibrationists," "The Psychic Scientists," "The Somatotherapists," "The Koreshan Universology," and so on, ad infinitum.

Many modern physicians are too eager to give copy to newspaper men for the sake of gain and cheap advertisement. If physicians desire to advertise themselves they should seek the legitimate columns set apart in the daily press for this purpose. Rather let the physician spend his energy in advertising civilization, let him take an interest in the government, both federal and local; let him not confine himself to books, but help to keep back epidemics from our land, staying the herd of stricken people who are overflowing our beautiful shores like a noisome pestilence; let him urge that proper places be provided for those suffering both with acute and chronic diseases. Look at that beautiful island lying east of this great city, a refuge placed by the hand of God, where all the healing powers of Nature—air, light, sun—have their fullest sway, and where health, if it could ever return, would be brought back to the suffering. Situated as it is between the ocean and Long Island Sound, what a haven of refuge it would be to the despairing sick. But no, it is made a luxurious resort for criminals, and the poor tuberculous sufferer who might be restored to health is exiled from all he loves and holds most dear, is pointed at as the leper of old and is really transformed into a useless burden on society. The tuberculous patient has his rights as well as the public. Would you realize this in full? Then let this dread disease fasten upon one of your loved ones or upon yourself. You will then feel the cruelty and many times the needlessness of ostracism.

We are in too much of a hurry; we do not stop long enough to think carefully, or to investigate as we ought. Americans are apt to be rash, as the recent melancholy chapter of the X-ray sadly testifies. I recently read an article on health work in the suburbs, in which the author urged physicians to collect a library on sanitary topics. He spoke of the offensive trades which so often border our otherwise beautiful rural districts. We are not personally interested enough in our health boards, but all of the problems of sanitation ought to claim our closest attention and scrutiny.

Whilst we have much cause to regret neglect and the display of indifference, some of us are up and doing. Read the latest news of the present war in the Far East, where, amid plague-stricken spots, war is being waged along civilized lines as it never has been before. Since the war of the Rebellion, the most marked advance in the care and management of the sick and wounded has been made. I will read from one of our daily papers a few sentences from the pen of the gifted surgeon soldier, Major Seaman, who is at present attached to the Japanese army in Manchuria:

WHY JAPAN IS VICTORIOUS.

"The report of the American medical officer who has observed and studied the Japanese medical and sanitary measures in the military hospitals of Japan and in the field in Manchuria goes farther in accounting for the Japanese victories over the Russians than has been reached in any comparison of the tactical skill of the two combatants.

"The great, the consummate, superiority of the Japanese Major Seaman shows to be in their employment of measures for the prevention of disease among their troops. Never in the history of war has a nation approached Japan in the methodical and effectual use of science as an ally in war. The wars waged by the largest and most civilized States of the West have been bungling and wasteful and barbarous enterprises as compared with that Japan is now carrying on.

"The great loss in war, as everybody knows, has always been by disease. Japan, according to Major Seaman, has eliminated disease almost wholly. This war is in a country of which he speaks as 'notoriously unhealthy,' yet so perfect have been the sanitary precautions of the Japanese that 'the loss from preventable disease in the first six months of the conflict will be but a fraction of 1 per cent.'

"Under such circumstances is it possible that Japan can be defeated by an enemy which suffers losses from preventable disease equal to those which have been the rule in wars, or, at a low average, of four by disease to one by bullet?

"A Japanese officer quoted by Major Seaman made no vain boast when he asserted that by this practical elimination of disease in a campaign a Japanese army of 500,000 men is made equal to 2,000,000 Russians.

"Read Major Seaman's description of the

methods first introduced into war by the Japanese:

" 'The medical officer is omnipresent. You will find him in countless places where in an American or British army he has no place. He is as much at the front as in the rear. He is with the first screen of scouts with his microscope and chemicals, testing and labelling wells so the army to follow shall drink no contaminated water. When the scouts reach a town he immediately institutes a thorough examination of its sanitary condition, and if contagion or infection is found he quarantines and places a guard around the dangerous district. Notices are posted so the approaching column is warned and no soldiers are billeted where danger exists. Microscopic blood tests are made in all fever cases, and bacteriological experts, fully equipped, form part of the staff of every divisional headquarters.

" 'The medical officer is also found in camp, lecturing the men on sanitation and the hundred and one details of personal hygiene—how to cook, to eat, and when not to drink, to bathe and even to direction of the paring and cleansing of the finger nails to prevent danger from bacteria Up to August 1st, 9,802 cases had been received at the reserve hospital at Hiroshima, of whom 6,636 were wounded. Of the entire number up to that time only 34 had died.'

"Japan is showing the world of civilization for the first time how to wage war under civilized conditions. It has destroyed the great enemy in war, which is not the hostile army, with its engines of slaughter, but the lurking disease which crowds hospitals, embarrasses movements and decimates forces."

And in our own country, I cannot refrain from mentioning in connection with military sanitation, the brilliant achievements of Dr. Leonard Wood, now Major-General of the United States Army, for his work in ridding Cuba of its perennial plague, yellow fever. He has made clean one of the foulest pest holes that the world has ever seen.

And, finally, a word about the splendid work of the United States Marine Hospital Service. They police our ports and stand peaceful but valiant sentinels over our cities. Epidemics of cholera and yellow fever, those dreadful menaces to seaport towns, are now practically unknown, and our commerce and industry are rendered secure under their watchful eyes.

And now having briefly reviewed these vital questions of the day, I would ask what is the ideal of character of the men in our profession? Robert Louis Stevenson has expressed in words more beautiful than any that I can command the ideal toward which we all are striving: "There are men and classes of men that stand above the common herd, the soldier, the sailor, and the shepherd not unfrequently; the artist rarely; rarelier still the clergyman; the physician almost as a rule. He is the flower (such as it is) of our civilization; and when that stage of man is done with, and only remembered to be marveled at in history, he will be thought to have shared as little as any in the defects of the period, and most notably exhibited the virtues of the race. Generosity he has, such as is possible to those who practice an art, never to those who drive a trade; discretion, tested by a hundred secrets; tact, tried in a thousand embarrassments, and what are more important, Herculean cheerfulness and courage. So it is that he brings air and cheer into the sick room, and often enough, though not often as he wishes, brings healing."

Gentlemen of the County Medical Association, I feel that it would be a lack of courtesy not to take this opportunity of thanking you for the honor of the Presidency which you have conferred upon me, and it shall be my pleasant task not only to discharge the duties of my office, but at the same time serve your legitimate efforts in bringing about proper legislation that will redound to the credit of honest practitioners. and at the same time drive from our midst these vultures of society whose purpose is to feed upon the pockets of an unsuspecting and unthinking portion of our great nation.

THE VALUE OF OXYGEN IN COMBINATION WITH THE DIFFERENT ANESTHETICS IN COMMON USE.[1]

BY JAMES TAYLOE GWATHMEY, M.D.,
New York.

AT the present time, the real value of oxygen is recognized only in connection with one anesthetic, *i. e.,* nitrous oxide gas. Priestly discovered oxygen and nitrous oxide in 1774, but it was seventy (70) years after this discovery (1844) that nitrous oxide was first used as an anesthetic by Horace Wells, a dentist, of Hartford, Conn., and ninety-four (94) years after before the two gases were used in combination, Dr. E. Andrews, of Chicago, being the first to unite them for anesthetic purposes, thus securing a non-asphyxial form of anesthesia. But so thoroughly imbued were the medical profession with the idea that it was absolutely essential to exclude all air in the administration, that it was not until ten (10) years later when Paul Bert attracted the attention of the medical world by his experiments, and proved beyond all doubt that it was possible to improve the anesthetic by combining the two gases. Bert, however, insisted on an increased atmospheric pressure until Hewitt and other original investigators showed that this was not essential to success. So we see that the century mark was well passed, from the time of the first discovery of these two gases to their acceptance and general use. Hewitt found that with from 5 per cent. to 9 per cent. of oxygen all anoxemic convulsions, reflex movements, lividity, stertor and other minor difficulties were completely eliminated in those subjects for whom this par-

[1]Read at the Twenty-first Annual Meeting of the New York State Medical Association, New York, October 17-19, 1904.

ticular anesthetic was indicated. In addition to its use in general surgery, nitrous oxide gas and oxygen is now universally used by dentists everywhere. More anesthetics have been, and are being given with this combination than all of the other general anesthetics, and with practically no fatalities recorded against it. So much for oxygen combined with nitrous oxide gas. But we must not forget the fact that it took the profession over one hundred (100) years to realize and utilize to its fullest possible extent the value of this wonderful combination. Will it be another hundred years before it realizes the fact that *oxygen increases the value of all anesthetics, as regards life, without decreasing their anesthetic effect?*

Theoretically, oxygen is indicated before, during and after any and all anesthetics. The longer the anesthetic, the more urgent is the call for oxygen by the blood. At the end of the operation, to rid the blood at once of all of the drug used, the lungs should be washed out with from two to eight gallons of oxygen. I have not experimented in giving either animals or patients oxygen before the anesthetic, but there is no contraindication for such a course. Judging from experiments with oxygen alone, by Priestly and others, this should be the proper procedure.

We know that when narcotized the blood becomes more and more venous from its not taking up from the air its usual supply of oxygen, and that asphyxia, dyspnœa and irregular forms of breathing are produced more by this diminution of oxygen than by any increased amount of carbon-dioxide. Bert's experiments with chloroform show a progressive diminution in oxygen absorbed during narcosis. Neudorfer introduced chloroform and oxygen anesthesia in 1866, but no experimentation was carried on with this combination (as with nitrous oxide and oxygen). The principal claims for its consideration being that it lessened excitement, vomiting, and headache, and robbed chloroform of much of its danger, but how the danger was avoided was not stated. At this date oxygen is not used as a routine with any of the general anesthetics, except nitrous oxide. The British Medical Association appointed a special chloroform committee to investigate the subject of anesthesia, and as a result they have indorsed an inhaler giving a maximum 2 per cent. vapor strength. In commenting on the vapor method and this particular inhaler, Dr. Dudley Buxton states that the most noticeable points about the narcosis were "the facility with which patients inhale, the slight amount of excitement in struggling, its light degree and the readiness with which it lightens, the rapid recovery, and absence of anomalous symptoms." In concluding his article he states that "a vapor of chloroform, not exceeding 2 per cent., is quite adequate for surgical anesthesia, and its use avoids most of the grave dangers of this anesthetic." So much for the researches of our British cousins.

It will be seen from the above that the vapor method is considered above all other methods of giving chloroform, and rightly so, as the drop method means unknown and irregular vapor strengths, no matter how intelligently and carefully given. It is also evident that surgeons are still groping after something that will take the place in a measure, at least, of ether, with its horrible and nauseating odor, labored breathing and rigidity of muscles.

If chloroform could be made as safe as ether, the latter drug would never be used, except when a stimulating anesthetic was indicated. Chloroform is a depressant to both heart and circulation, *i. e.,* with air. Is it possible to combine some stimulant with the 2 per cent. vapor, that will, without decreasing its anesthetic effect, counterbalance the depressant effect on the heart and circulation?

From experiments recently conducted by myself, I can answer in the affirmative. Oxygen and chloroform is practically a new anesthetic. In fact, there is as much difference between oxygen and any of the general anesthetics as compared to air, as there is between oxygen and air, as regards life without the anesthetic, and from the experiments of Priestly and others we know there is a remarkable difference. I have killed over one hundred cats with the different general anesthetics, forty-seven (47) with air and fifty-five (55) with oxygen, and recorded the average time.

Using a closed inhaler so that it was impossible for the cat to breathe anything but the vapor given it, I found that oxygen and chloroform was over two and one-half (2½) times as safe as air and chloroform. In fact, this combination was safer than ether or any of the general anesthetics combined with air.

This means that instead of a mortality of one in 3,200 as heretofore for chloroform, it is now safer than ether, which is usually given as one in 10,000 or 12,000.

Whether or not a 2 per cent. oxygen and chloroform vapor is a protoplasmic poison, whether the blood pressure is lowered and the nerve centers and the heart are deprived of their necessary blood supply, and the blood generally drained from the arteries into the veins as chloroform sometimes acts, still remains to be investigated, and I hope to be able to report on all of these facts at an early date.

On the 7th of this month, before the surgical section of the Academy of Medicine, I anesthetized three cats. The one under chloroform and air died in twenty (20) minutes; the one with ether and air died in sixteen and one-half (16½) minutes. The oxygen and chloroform cat lived fifty-one (51) minutes and is still living. Ether is increased to almost twice its value by oxygen, as also the mixtures of chloroform and ether.

Anesthol is increased to over two and one-half (2½) times its value.

I will not tire you with reading the lists which

are appended herewith, and will be published with this paper.

Mr. Chairman and fellow members of the State Medical Association, in concluding this paper I wish to say that I have made a very broad statement, which, if true, would be far-reaching in its effects. I neither expect nor ask the Association to accept, without further conclusive evidence, these statements as facts. I do believe, however, that they are worthy of more than passing notice. I would like to suggest that a committee be appointed to cooperate with me, and to report through the official organ of the Association as soon as they have made a complete and thorough investigation.*

EXPERIMENTS UPON CATS, USING THE DIFFERENT GENERAL ANESTHETICS NOW IN USE, IN ORDER TO DETERMINE THEIR RELATIVE VALUE WHEN USED WITH AIR AND OXYGEN RESPECTIVELY.

With Air.	Chloroform.	With Oxygen.
1. 4½	"	1. 26
2. 3	"	2. 5
3. 7½	"	3. 10
4. 7	"	4. 5½
5. 4	"	5. 30
6. 4	"	6. 40
7. 3½	"	7. 28
8. 7½	"	8. 13
9. 9	"	9. 5
10. 5½	"	10. 8
11. 7	"	11. 15
12. 10	"	12. 17
13. 6	"	13. 30
14. 9	"	14. 30
15. 10	"	15. 13
16. 7½	"	16. 18
17. 10½	"	17. 14
18. 10	"	18. 30
19. 10	"	19. 16½
20. 17	"	20. 37
21. 16	"	21. 28½
22. 13	"	22. 33
23. 16	"	23. 8
24. 11	"	24. 10½
25. 12	"	25. 10
26. 12	"	26. 10½
	"	27. 18
232½ total.	"	28. 7
8.92 + av'ge.	"	29. 18½
	"	30. 41½
	"	31. 13
	"	32. 26
	"	33. 7½
	"	34. 90
	"	35. 14
	"	36. 26
	"	37. 23
	"	38. 33½
		809½ total.
		21.3 average.

With Air.	Ether.	With Oxygen.
1. 15	"	1. 25
2. 18	"	2. 29½
3. 27	"	3. 33½
4. 15	"	4. 34
5. 33	"	5. 27
6. 16	"	6. 40
7. 18	"	7. 61½
8. 21	"	
9. 16	"	
10. 9	"	
11. 18½	"	
12. 28½	"	
235 total.		250½ total.
19 average.		35 average.

MIXED CH. AND E.

With Air.	C_1E_2.	With Oxygen.
1. 15	"	1. 40
2. 30	"	2. 16
3. 10½	"	3. 70
4. 15	"	4. 37
5. 17	"	5. 42
6. 30	"	6. 22
	"	7. 28½
117½ total.		255½ total.
19 average.		36 average.

With Air.	Anesthol.	With Oxygen.
1. 21	"	1. 38
2. 26	"	2. 14½
3. 10	"	3. 74
57 total.		126 total.
19 average.		42 average.

SUMMARY.

With Air.		With Oxygen.
1. 9	$CHCL_3$.	1. 21
2. 19	Ch. and Ether.	2. 35
3. 12	Ether.	3. 35
4. 19	Anesthol.	4. 42

The figures in the first column indicate the number of the experiment, the second column the number of minutes required to kill.

*After reading the paper a motion was made and carried that a committee be appointed by the president of the association. Dr. Goff will report the names of this committee in the next issue of the JOURNAL.

NOTE.—For demonstration two cats were anesthetized. The one with chloroform and air died in ten minutes. The chloroform and oxygen cat was breathing regularly at the end of thirty-one minutes, when the anesthetic was discontinued, the theory having been fully proved.

AN OLD SPECIALTY.[1]

BY JANE L. GREELEY, M.D.,
Jamestown, N. Y.

IN the course of a remarkably clear and stimulating series of lectures on physiology a few years ago, one student gained a never-to-be-lost sense of the value of lymph, the middle-man in the economy of the body. Inconspicuous, unaggressive, everywhere present, changing to meet an ever-changing need, it gives and takes away at first hand the elements of growth or repair and the injurious products of wear or disease or injury of the cell. Its main function is neither to originate nor to transform; other tissues have elaborated the material which it handles. It simply stands *next*—an indispensable medium of health to the living cell.

Not to carry the parallel too far, the office of the plain family doctor in maintaining the physical welfare of mankind in general has seemed to the same student grown older not wholly unlike this. Other men render more conspicuous service; they explore, devise, elaborate; they create, in a word, the science of medicine. He stands next the daily life of the mass of mankind, gives of the store accumulated, takes results at first hand, is the indispensable link in the application of medical science to the great body of humanity. Other men concentrate their powers on the search for special knowledge, the acquisition of special skill. The advancement of medicine demands such search, such skill. There is no progress without it. To this man falls the dissemination of the clearer knowledge; he is the link between the need and the special skill. Will there ever cease to be a place for him? I think not. What are some elements of his work viewed as a specialty, what preparation does it need, what are its results?

I do not now speak of the country practitioner as contrasted with his town colleague. His art is rather a combination of all specialties than a choice from among them. He requires the versatility of DaVinci along with the wisdom of Solomon and the strength of Hercules. No man deserves more profound respect than a victorious country practitioner. But the specialist in family practice has the good fortune to be within possible reach of those to whom he can refer work requiring the skill of daily practice in limited range. He also has his limited field, his daily demand for special skill.

There sometimes exists among students the feeling that a man takes up family practice largely as a potboiler until he can work into one of the commonly recognized special lines, or stays in it because he has not ambition to choose an uphill path; but while title and reputation may never so distinctly attach to family practice, a distinct field it certainly is, one which may deliberately be chosen with true dignity of ambition and in which better and broader work will be done if the task be recognized as one demanding special characteristics and preparation, developing special skill, and leading to special achievement. Of the intrinsic value of this work, if it is well done, no man can have reason to feel ashamed in the great summing up of things pertaining to individual or national welfare.

What does the work include?

In the first place it naturally begins with the beginning of the family. But the family doctor is not primarily an obstetrician. It is a time-worn saying that the training of a child begins with his grandparents. Certainly the preparation for his physical endowment begins there. Who doubts that the wise counsel of the right kind of a physician is needed long before the birth of a child, long before pregnancy, long before marriage? It may not often be sought, but in proportion as the bond between physician and household becomes strong through other experiences will the readiness of the younger generation to take counsel for the far-away future increase. A hopeful sign of the times is a genuine advance in the amount of straightforward good sense shown in regard to securing and preserving physical well-being with reference to marriage and the generation to come. But so long as thoughtlessness and folly and sin exist in everyday human nature, so long will need of help in this line challenge the farseeing physician. How much distress and unhappiness and disaster could be saved if friendly medical advice could be had and heeded long enough in advance, only the listening walls of a doctor's office could relate. No one can get opportunity to help in matters of preparation and prevention half so well as the family doctor, no one stands so close or sees so clearly.

Medical supervision during pregnancy is a recognized necessity in modern times—less and less frequent are the cases that willingly do without it—but such supervision implies more than an occasional test for albumen. Not only does the watchful physician endeavor to detect and combat any tendencies to disease or damage of the mother's constitution, but he sees to it that she secures, so far as possible, conditions of nutrition, fresh air and nervous tone that will favor the development of an individual free to start on life's race without physical handicap. He has much work to save the orthopedic surgeon of the future, the alienist, the oculist, the dentist—he cannot begin too soon. The good intention of the mother may be taken for granted, but rarely does she fail to need some emphasis laid on fundamentals of preparation, being perhaps as often unduly solicitous in regard to some matters, as indifferent regarding others.

As an obstetrician, the family doctor is again a guardian of the future in whose hand lie great issues in matters of physical and mental welfare, none the less great because as at some hillcrest of a watershed it is but a pebble that turns the thread-like stream toward one or the other of the great valleys below. His is the guard-

[1]Read at the Twenty-first Annual Meeting of the New York State Medical Association, New York, October 17-19, 1904.

ing of the frail body in its stormy entrance and early unresisting sojourn. How many imperfections in the workings of the human machinery can be traced to some slight detail of mismanagement in those first weeks the pediatrists of this generation have begun to reveal. If due heed is given them the doctor will not be satisfied so easily as in the old times that of course all is going well if the child is alive and cries hard and often. The gynecologist daily reiterates the lesson that much of his work, too, arises out of faulty conditions at this time. Not only must there be skilful guarding of frail tissues and repair as needed, but also the excluding of all causes that favor inflammation or delay perfect restoration. It is the family doctor who has in his hands the prevention or early treatment of a large proportion of the cases of cervicitis, endometritis, prolapsus and retroversion in parous women. His care of the patient does not end with the first week after confinement, nor yet the second, and she must be made to understand it.

Of medical responsibility in the care of infancy and childhood it is difficult to speak briefly. That it is great and far-reaching the notable work of many men in the last thirty years has shown. But while the field is large, it must in the main be covered by the family doctor except in the larger cities. He has to treat not only the acute disorders, many of which may leave the constitution permanently damaged, but also the less aggressive and more easily overlooked processes which underlie the all-too-frequent "never very strong" clause of many an office history. Only the familiar knowledge of everyday acquaintance reveals the tendencies or gives opportunity for suggestion or remonstrance. He foresees or early refers for treatment disorders of the spine, throat, eye, ear, teeth. For one disorder he has not yet learned adequate early prophylaxis, that worst of all American diseases—"nerves"; his work in that direction cannot be spared—he must bestir himself. The task is herculean, but daily contact with threadbare, irritable, toneless nervous systems that might have been different with wise management in formative years, is a continual prick and spur to fresh zeal surmounting fresh discouragement.

With the transition from childhood to adult life and the oversight of ripe wisdom which that period needs, the circle draws around to the starting-point, and the outline of his work is stated. Various side issues, however, attach to it, arising out of the necessarily close connection of the physician with the home. Better than any other he knows the sanitary conditions of the house and its vicinity, and the possible dangers from within it to the community at large, hence he must often take up matters of public health as his concern, officially or otherwise. He watches the effects of school tasks and school atmosphere, and has therefore the best basis for judgment regarding some school questions. He sees the wage-earner's comfort or poverty, and notes the physical effect of his occupation and its conditions, and has his own opinions regarding some details of the conflict between labor and capital, as illustrated in his vicinity. He cannot be other than a public-spirited citizen, because the interests of the family are the interests of the community.

There are certain penalties growing out of the very closeness of acquaintance in this practice. Knowledge of family difficulties and perplexities lays an annoying hand on bookkeeping and treatment. The consultant, who sees one thing—the diagnosis—is often happily freed from the torment of searching for the practicable, given conditions precisely as they are. The family physician is often equally concerned for the welfare of two individuals of a household, and cannot with an easy conscience break down one to build up another. Furthermore, he more than most others must live with the results of his advice and treatment, must be ready to pick up again next year the weary and disappointed enthusiast of to-day, the fresh sickness with the emptied purse, the same old tale of non-resistant tissues. Small wonder if he sometimes has a thought of envy of the colleague who sees his case a few days or weeks or months, and who, as he makes up his splendid scientific papers can disregard the confusing small ifs and buts and ands of home conditions and general everyday vicissitudes in the subsequent life of the patient.

One thread runs through all his tasks and unifies them, one word characterizes his specialty more than any other, unless it be that of those who are family doctors of armies or of nations—prevention. No other man deals so much with the beginnings of things and can so readily bend or modify or strengthen forces physical—I am tempted to add, mental and moral.

The successful carrying on of such a practice requires certain preparation, involves certain cost. This physician should first of all have a good general education, not solely because of what he may find within the covers of a few books, but because of the broader outlook, the riper mental discipline, the closer human interest which that education brings about. Some men who have never stood within academy or college walls have it all, more acquire it there. He needs to stand on a level with educated men and women in order to be the power with them which he ought to be. One could perhaps believe that a brilliant specialist in some lines need feel no lack in attaining to fame without a broad general education, but a man who touches the range of matters which come before the family doctor ought to be familiar with many things besides medicine, short as life is. He needs to understand and estimate the interests and pursuits of a wide range of minds, he has call to exercise intelligent judgment on varying matters of education, labor and diversion. He should have a horizon wider than his own city and his own day. He of all physicians needs the equipment and discipline which the

best medical schools require as preliminary to technical study.

In medicine itself he should be solidly grounded and continually well read, not only because of the immediate necessities of the conditions which confront him, but because of their future possibilities and their occasional demand for the special skill of others. To him falls that most difficult task, diagnosis in incipiency, and that most difficult decision, treatment influenced by manifold individual and home conditions. He should be well posted in the advance of medical science because it is largely through him that correct ideas of medical matters are disseminated, and the ever-gullible public is now and then saved from swallowing much untruth along with its multitudinous bottles of 98 per cent. water or 70 per cent. bad whisky. Furthermore, it is often in his power to make or mar the reputation of the profession in general, and many doctors in particular.

Such work as his cannot well be carried on without interest in human nature and study of it. It calls for large sympathy and endless patience with detail, for tact and a close mouth. Is it necessary to add that an absolute requirement is character? No. I am proud to believe that the profession of medicine itself presupposes it and develops it. Anything else is a contradiction, an anomaly. No man could work long and hard for things that make to-morrow better than to-day and lack either backbone or a conscience. And if he knew it not before, he will gradually become assured in all things physical "of sin, of righteousness, and of judgment."

Will it cost him anything to carry on his work? Yes. Many of his student dreams. The pursuit of knowledge for pure love of it; the attainment of a high degree of technical skill of eye and hand; the accomplishment of notable feats and just pride in the reputation therefrom. He may love study, but more than most men he lacks opportunity for it, for it is not only the occasional grave emergency which makes irregular demands, but frequent apparently trivial disturbances of nervous households. But the baby's colic meant the whole problem of infant feeding and stout bone and fiber years hence, and the Sunday afternoon insistent office visit from the patient who couldn't decide whether to store her furniture or move it meant the revealing of a mental condition which needed radical treatment to avoid a sojourn in a State hospital. In college days he aspired to be a superior surgeon, but broken nights, numberless petty ailings, and necessary handling of contagious cases make poor foundation for brilliant surgery upon an occasional opportunity. For microscopic work eyes are tired by night, or slides dry up and solutions change by day while he argues outdoor exercise with a neurasthenic. From the very nature of his work it follows that wide fame is not a consequence of it. Prevention never brings a thrill to the onlooker as does heroic rescue; to guide footsteps safely over a narrow plank does not start thunders of applause like a brave leap after the fallen traveler. The men who do not die of yellow fever because of what one man quietly proved will never feel the thrill of gratitude awakened by rescue from visible and imminent death. It is natural—it will always be so. Nor will ever number in lesser deeds weigh in the scale of glory against greatness in a few.

What of the results? If the scientific knowledge of the investigator, the skill of the expert, is absolutely essential to direct and supplement this work, so also is this work absolutely essential to the effective progress of medicine. The application of medical science will always be hand-to-hand work. The main body of the physical imperfect will always need patient, detailed and persistent oversight from some one who knows their daily life. The great progress in wholesome living must always come through care of the rising generation. Is it worth while? Each will settle that for himself, but if the communities of this American nation are to be clean and respectable, the citizens sound, clear-eyed, law-abiding and progressive, it will be in no small measure the result of the work of the family doctor.

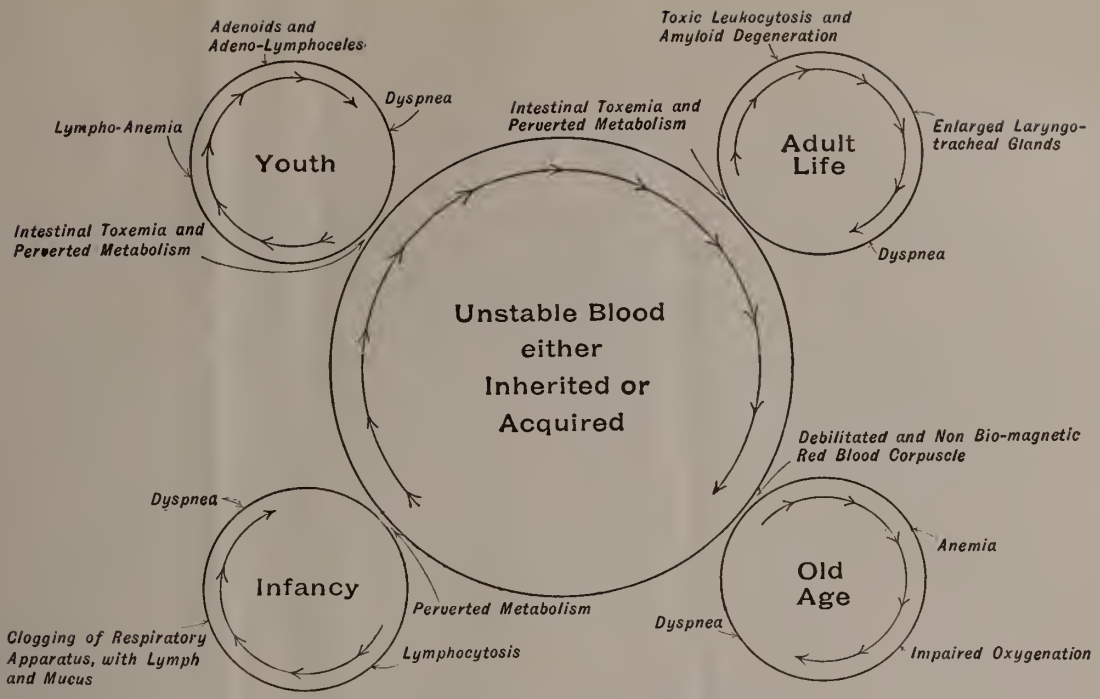
ASTHMA AND ITS RELATION TO ENVIRONMENTS FROM A BLOOD ETIOLOGICAL STANDPOINT.[1]

BY GEORGE N. JACK, M.D.,
Buffalo, N. Y.

AS I have demonstrated in previous papers, asthma or the asthmatic dyspnea is not a disease by itself, having a well-established entity, but it is only a symptom, a part of a vicious circle, or an abnormal biochemical and complex pathological process, originating usually in the intestinal canal through a long-standing intestinal indigestion and toxemia, with faulty absorption and metabolism, producing a toxic or lymphogenous chyle, that generates an unstable blood, characterized by its extremely varied, numerous and alarming paroxysmal, morphologic changes, often alternating between a lymphocytosis, an intestinal toxemic leukocytosis or an anematosis; accompanied anatomically by a hyperplasia of this lympathic and glandular structures and clinically by a most wretched and agonizing dyspnea. This definition can be diagramatically illustrated thus:

Asthma and its relation to environments has been the foundation, father and perpetrator of the now exploded nerve muscle spasm theory, that has so unflinchingly foiled the investigations of all past ages. The completeness of the disguise is the more amazingly illustrated when one stops to consider the anatomical construction of the air tubes, these tubes being, as they are, so constructed of cartilaginous or bone-like rings, and placed in such a manner that no muscle they con-

[1]Read at the Twenty-first Annual Meeting of the New York State Medical Association, New York, October 18-20, 1904.



Vicious Circles of Asthma. GEO. N. JACK

This diagram was used to illustrate my paper on "The Pathology of Asthma, with Special Reference to Its Vicious Circles," read at the 53d Annual Meeting of the American Medical Association, in the section on pathology and physiology, at Saratoga, June, 1902.

tain could, nor never did spasmodically contract or contract in any other manner to in any way interfere with the ingress or egress of air in the lungs. The only muscles that could contract to produce a respiratory obstruction are the vocal muscles, and they never do except in laryngismus stridulus. Together with these facts and numerous others which I have demonstrated in previous papers we are compelled to regard the ancient spasm theory as a deception, which conclusion confronts us with a new proposition; namely, asthma, and its relation to environments from a blood etiological standpoint. This opens a new and unexplored chapter which cannot be covered in detail in a short paper like this. We can but give a brief synopsis. Asthma is not a phantom disease to be produced in an instant by a sniff, a snuff or a smell, but it is the outcome of a well-defined pathological process that has been gradually developing for months, years and generations. The asthmatic is always loaded for an attack. The lymphocytic and the toxic leucocytic asthmatics with their unstable and rapidly disintegrating blood; their perverted metabolism; their abnormal biochemistry; their enlarged mucous glands, and their relaxed blood and lymph capillaries, in one class, and the anemic asthmatic and his impoverished blood in the other, produce a variety of circumstances that individualizes each asthmatic and renders him susceptible to a certain environment. The asthmatic in reality is a human barometer and thermometer, which together with his actinic, hydraulic and magnetic properties renders him susceptible to, and noticeably affected by every conceivable environment. Some environments will explode this pathologically charged machine into an asthmatic manifestation or encourage it when automatically exploded, while other environments will retard the explosion or quell it when set in action.

We therefore have two great classes of environments as regards asthma, the favorable and unfavorable. Every environment that one could imagine comes under one or the other of these classes from climatic, thermic, actinic, meteoric, humidity, altitude, telluric, topographic, latitude, longitude, quiet rest or jarring, jolting motions and sociology to dust and fumes. The asthmatic is so sensitive to these environments that he is hourly, daily, nightly and seasonably elated or depressed by them.

It is a common occurrence for the anemic asthmatic and many mixed varieties to sit up in a chair night after night for years at a time, with their shoulders high, their head low and their elbows braced on a table and in agony putting forth every effort in their death-like tug for air. If the night be followed by a bright, sunshiny morning their asthma vanishes like the dew from the grass and they are able to follow their vocations with their more fortunate brethren. To follow the seasons through it will be observed in this climate of Western New York that most chronic and periodic asthmatics have either an exacerbation or a renewal of their trouble in the autumn months. Many an asthmatic will have an attack started at this season of the year, to

drag along with a gradually diminishing severity, but not without numerous alarming manifestations, until the warm, sunshiny months of May and June, when it leaves him entirely for a few months.

I now have under my charge a patient who has the 19th of August indelibly marked in his memory as the day for an attack of asthma. This patient says he has not passed the 19th of August for twenty years without an attack of asthma. He came to me about two months ago and requested me to fortify him against his unwelcome date. This patient was happily a business man of unusual ability and good judgment; in fact, he is the foreman of one of our large department stores, therefore his statements and observations are trustworthy and reliable. When he came to me he did not have what he called asthma, but he was short of breath and wheezy on exertion, and felt so weak that he could scarcely walk a block. Although he was a large man of over two hundred pounds, of splendid physique and apparently healthy, a clinical examination revealed the fact that he was suffering from a faulty diet, a perverted metabolism, a toxic blood and an imperfect circulation. His tongue, abdomen and pulse resembled a typhoid infection. His diet was corrected and he was put on appropriate treatment, and in less than ten days' time he was walking from six to eight miles every day and feeling, as he put it, in condition for a prize fight. We joked about the fatal 19th, but nevertheless we kept close watch of his digestion, blood, urine and stool. On the 17th we began to have extremely hot, depressing days followed by cold, chilly, damp nights. On the 19th my patient showed up, not with asthma, but with a coated tongue, a urine loaded with indican, a dark, almost black, blood loaded with leucocytes and eosinophiles, an abdomen distended with gas, water bags under his eyes, swollen fingers, evidences of a general lymph stagnation and an anxious feeling of depression. The 19th seemed no joke, so we immediately instituted some rigid prophylactic measures, which won the day. For two or three weeks following the 19th we had to proceed in a decidedly guarded manner. While he had no asthma through the day during these alarming symptoms, he did have enough asthma at two different nights to compel him to sit up for about an hour. Our patient, however, is very grateful that he thus fortunately escaped his dreaded date.

Now, what environments have caused this man to have asthma every August for twenty years, and, if not corrected, to continue until May or June? The history of the case furnishes its own answer to the problem, namely, his perverted metabolism and typhoid-like condition three or four weeks previous to his dreaded date; the depression and disturbed digestive functions due to the prolonged heat of July and August, together with its relaxing effect upon the blood and lymph vessels of the skin and mucous membranes, which conditions encourage a stagnation of lymph throughout the tissues of the whole body.

Also the effect of heat on the ingested food and water constitutes the environments that pave the way for the autumn attack. This is likewise the season for most of our gastro-intestinal diseases as the infantile diarrhea, cholera morbus, summer cholera, dysentery and typhoid fever. After the heat environment thus loads an asthmatic for an attack, with dilated capillaries, stagnated lymph, toxic blood and enlarged glands in the air tubes, let him retire on a cold, damp autumn night, just the opposite environment, following a hot autumn day, and observe the results. He lies down, is motionless and drops to sleep. The cold night air chills his blood and lymph, thus favoring its disintegration, he slumbers on and all the vital functions are at an ebb except digestion. The tissues and capillaries are relaxed. The blood misses the chemical effect of sunlight, hence its increased accumulation of waste products to be gotten rid of. Gravity aids the flow of blood, lymph and absorbed digested material to the lungs and glands in the air tubes. As a result he awakens in a few hours to find his air tubes nearly stopped up, or, in other words, has an attack of asthma. His trouble is now still further aggravated by the fact that he is compelled to inhale damp, cold, humid night air laden with, to him, suffocating night ground gases.

Dust, either organic or inorganic, aggravates an attack by its irritating effect on the enlarged glands, by the space it occupies, and in rare cases by its chemical action. Dust is of but minor importance, and it would not be here mentioned at all were it not to contradict some of the existing erroneous theories regarding it. Dust and fumes at most are only aggravators, and never causes. The function of pollen dust being to stimulate cellular growth, it is charged with a vital protoplasmic substance, which no doubt in certain susceptible cases is capable, when lodged in the warm, moist tissues of the air tubes, to produce a cellular disturbance and chemical reaction sufficient to produce a general leukocytosis, just, for instance, as poison ivy will in susceptible cases produce a congestive disturbance and an outpouring of lymph. But this pollen dust asthmatic is rarely met with. Many cases of supposedly pollen dust asthma have developed after being months at midocean, hundreds of miles from land. Then, again, our most severe cases of asthma develop in the winter months, weeks after pollen dust has lost its vitality. The popular opinion of pollen dust and its relation to asthma as compared to gastro-intestinal, blood, lymph, biochemic and metabolic disturbances could be likened to the child who is frightened at the cricket and fondles the adder.

Damp, swampy and illy drained districts afford unfavorable environments for the asthmatic. Any organic substance, as a board, for instance, will under these circumstances rapidly decom-

pose. Iron will rapidly rust and liquids mould. Just so will the blood, lymph and digestive ferments undergo precipitation and disintegration in damp, swampy localities.

Thaws or sudden weather and atmospheric changes produce in the susceptible metabolic digestive disturbances, characterized by a coated tongue, nausea, flatulency, chills, fever and a capillary relaxation and lymph stagnation, or la grippe in the grippy and asthma in the asthmatic, said asthmatic constituting, as I have explained in previous papers, a subject whose line of least resistance for the dumping ground of the waste and useless material of a toxic blood is the mucus membranes of the air tubes.

Altitude exerts a favorable influence, owing to its diminished humidity, its higher diathermance and its increased corpuscular count.

Motion, especially of a jarring, jolting nature, affords an environment of no little significance. Many an asthmatic will testify to the importance of this environment. Several times I have experimented upon this jolting motion environment, and always with gratifying results. One cold autumn night I was called some miles in the country to see an asthmatic. I arrived there in the middle of the night, and found him sitting in the characteristic asthmatic position and undergoing all the torture of a bad attack. He could scarcely articulate even in monosyllables, and that with the greatest effort and distress. As his asthma was of the leuko-lymphocytic variety, I thought it a good opportunity to test the value of jarring, jolting motion. Accordingly, I ordered his nurse to dress him and assist him to the buggy. When once in the buggy I started off to drive as fast as I dared over as rough portions of the road as I could locate. The benefit was decided and positive. He experienced an immediate improvement. After an hour's ride he could talk and breathe without distress, and when we reached his home he refused to leave the buggy and begged of me to continue the treatment. This jarring, jolting motion while in the sitting position affords relief to the leuko-lymphocytic varieties of asthma by aiding gravity in draining stagnated lymph and blood from the mucus membranes and glands of the air tubes and lungs.

Warm, moist southeast winds or approaching storms have a relaxing influence upon the asthmatic's congested and loaded vasamotor system and enlarged glands of the respiratory apparatus, often producing an undue relaxation of the vessels and a lymph stagnation sufficient, together with the atmospheric effect on metabolism and his unstable blood, to precipitate an attack.

The average modern city, with its paved streets, sewerage, water supply, electric lights and changes in the atmosphere from the combustion going on in the numerous manufactories, affords an environment favorable to some asthmatics.

The vast majority of all asthmatics can be permanently cured in almost any locality favorable to animal life under a proper hygienic dietetic and medicinal treatment. The environments, however, that are best suited to most asthmatics and those that could best be utilized as aids in curing this malady are the highest possible altitude, the evenest moderate temperature, the most sunshine, the least humidity, the best drainage, a sandy, gravelly or permeable soil free from injurious ground gases, and to so live that they could best utilize these environments—namely, out of doors.

AN EXAMPLE THAT SHOULD BE FOLLOWED BY EVERY MEDICAL SOCIETY.

As our columns have borne frequent witness, the evils of contract medical practice continue to grow. It is plain that they must be met, and in no half-hearted way. It simply comes to this, that the "club doctor" must be shut out of the profession. He is at heart a quack and his methods are as injurious to the profession as the most brazen advertiser. It may take some time, and prove expensive, to demonstrate to the public that contract medical practice and auctioneer methods are neither good in a business nor a scientific sense, but we had better at once set about the work. Delay will not help us, but will allow the evil to become more entrenched. This is evidently the opinion of the New York Fulton County Medical Society, which at a regular meeting, on October 13th, passed unanimously the following resolution:

"On and after the first day of January, 1905, no member of this society shall accept the position of club, society or organization physician, or agree, or continue to do any medical or surgical work for any club, society or organization at a less rate than the regular or customary charges for like services rendered by other physicians for patients not members of such club, society or organization.

"Also, that in no case shall any physician agree to attend the families of the members of such club, society or organization at half price or a less price than the regular rate.

"Nothing in this section shall be construed as preventing any member from attending the worthy poor at a less rate or to give free service to those who are too poor to pay anything, or acting as city, county or town physician, health officer, or under any political appointments.

"Any violation of this by-law shall be considered unprofessional conduct, and render the member guilty thereof liable to suspension or expulsion from this society, as the society may determine."—*American Medicine.*

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