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AND

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B U F F A L O

Medical and Surgical Journal.

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No. 1.

Original Communications.

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ART. I.—*Injuries of the Skull—their relation to Medical evidence, with reports of cases, and remarks upon the employment of the Trephine.* By C. C. F. GAY, M. D. Surgeon of the Buffalo General Hospital.

Injuries of the head are so often associated with crime or criminal intent, or at least, their infliction so often becomes a subject of legal investigation, that Surgeons as experts, are called into court to testify how an injury is produced, by what kind of missile or instrument, the amount of danger caused and the probable results to be expected.

The amount of damages to be paid by individuals or corporations or the degree of punishment—whether by imprisonment or death, largely depends upon the testimony of the Surgeon.

But a few days since, the enquiry was made by the able District Attorney, Mr. Williams, whether or not a blow upon the head which did not fracture the skull might be considered as dangerous, or even more dangerous than another blow that fractured the skull. To which I replied affirmatively. He said a case had occurred in court during his term of office, wherein endeavor was made to elicit this fact from medical witnesses, but that there was conflict of opinion.

One of the purposes of the writer in preparing this article, is to

examine this question, in order to ascertain if there be any valid reason why medical opinions should not be uniform, and testimony devoid of discrepancy.

The fact, elicited by the question propounded by the District Attorney, is probably well established, still there may be vacillation and uncertainty in the minds of some; if so, I hope to give additional evidence of the fact, by report of cases of injury to the skull, selected from among several recorded in my note-book. The report of the cases themselves it is believed will not be wholly barren of interest.

CASE 1.—*Compound fracture of parietal bone.*—Thomas Manning, aged 30 years, admitted to Hospital on April 1st, 1873, was at work excavating earth, when the stone foundation of a building caved in upon him, causing compound fracture of the cranium. I saw the patient soon after the injury was inflicted. He has scalp wound extending from forehead over the vertex to occipital bone down behind the ear, almost entirely denuding the right cranial hemisphere. The parietal bone is fractured through its entire vertical diameter, the fracture running obliquely downwards in the direction of the posterior inferior angle and depressed quite one quarter of an inch, and three inches or more in extent. Symptoms of compression present. There is no consciousness nor sensibility. Pupils contracted, pulse 30 per minute and intermitting.

Assisted by Drs. Van Peyma and Slacer, and Mr. Bartow I removed a section of bone with the trephine. By the opening thus made I was able, with the use of the handle of strong forceps to elevate the bone. To accomplish this, much strength in the instrument was required and force of muscle necessary to be employed on account of over-riding of the bones.

By a canting motion of the elevator the bone was made to fly back to its normal position with a snapping sound which was audible in the most remote part of the ward.

The elevation of bone was perfect throughout the entire extent of the fracture. Anæsthetics were unnecessary, and were not used.

Almost simultaneous with the elevation of depressed bone, the patient became sensible and conscious. His pulse went up to 60

beats per minute, all symptoms of compression disappeared at once. The scalp wound was dressed, and an anodyne ordered; on April 2d, the patient promised well, on the 3d was worse, his pulse ran up to 140 per minute, and on the afternoon of the 4th he died. I have recorded in my note-book that he died from shock or cerebral contusion or concussion.

CASE 2.—*Compound Comminuted Fracture of Temporal Bone and Tibia.*—Francis McKeveit, aged 18 years, fell April 24th, 1873, from the mast of a vessel, distance one hundred feet. The fall was twice broken, the first landing place was upon the cross-tree, a distance of forty feet. He was brought to Hospital in the evening. I first saw him at 10 A. M., next morning.

He has compound comminuted fracture of right tibia near the knee, and there is also compound comminuted fracture of the right temporal bone, with depression, but there are no symptoms of compression. Pulse 120 per minute, pupils normal and consciousness unimpaired. Assisted by Drs. Barnes, Van Peyma and Rolph, I applied the trephine and elevated all depressed bone, and removed several spiculæ of bone which were driven into the brain. It became necessary in removing all the loose fragments of bone, to remove a good share of the temporal bone itself.

Ether was administered, and anæsthesia maintained until the tibia was dressed. Water dressings were order to the head, and an anodyne given. Pulse after operation 120 per minute. April 28th, right leg, and extending a considerable distance upon the thigh, is becoming gangrenous, pulse 140. He is conscious and perspires very much.

30th. Died at 2 o'clock this morning.

Post-mortem at 11 A. M.

Found the leg gangrenous, fracture of the leg oblique, extending well up toward the knee joint. The wound of the head presented no unhealthy appearance.

CASE 3.—*Injuries caused by falling 40 or 50 feet.*—*Cardiac displacement without a Fracture or Contusion.*—Lying in close proximity in the Surgical Ward to case 2, was John Krohn, aged 22 years, of full habit, who had fallen on April 10th, 1873, a distance of 40 or 50 feet from the arch of a Propeller, without either frac-

turing any bones or causing the least contusion anywhere upon his person, yet causing a most unusual and remarkable "shaking up" of a vital organ, namely, displacement of the heart, which was not discovered until a day or two after his entrance to the Hospital. At this time his pulse was 42 per minute with no cerebral symptoms. The apex beat was found near the ensiform cartilage, three inches on a horizontal line below and four inches on a vertical line to the right of the left nipple.

Rest in the recumbent posture was ordered and maintained. On June 12th, he left the Hospital, feeling pretty well. His heart gradually from week to week had moved toward—until it had nearly or quite assumed—its normal position.

Epistaxis occurred twice during his residence in Hospital.

CASE 4.—*Compound Comminuted Fracture of Parietal Bone.*—A lad 11 years of age was struck upon the head by a falling brick from a building in process of construction.

The brick fell probably a distance of 24 feet, causing compound comminuted fracture with depression of left parietal bone. The bone was depressed one-eighth of an inch. I was requested by Dr. Wetmore, to see this case with him in consultation. There were no signs present of compression except unusual dilatation of pupils, and depressed pulse, still the extent of the depression seemed to warrant surgical interference. After the doctor had used the trephine, it was found that the bone could not be elevated by all the force we could use, therefore with the use of gnawing-forceps all of the depressed bone was removed, exposing the meninges of the brain to the extent of one and a half inch in length, by one half inch in breadth. The recovery was uninterrupted. In ten days the boy was up and walking about well. Chloroform was used.

CASE 5.—*Necrosis of the Skull, Operation for Trephining.*—Mr. B. German, aged 40 years, has necrosis of the skull, cannot ascertain that he ever had syphilis, but he admits that he had gonorrhœa twenty years since. His scalp has been inflamed, and supuration has continued for several months. May 22d, 1871, administered chloroform, cut down upon the bone and find it roughened and necrosed at the posterior superior angle of the parietal bone. The trephine and the gnawing-forceps were employed, by



which all the necrosed bone was removed, leaving an opening two inches in diameter.

Water dressings were employed, on the 27th erysipelas supervened upon the face.

June 5th, erysipelas disappeared and the wound was closed.

On July 31st, was discharged well.

CASE 6.—*Compound Comminuted Fracture of Arm, and a supposed fracture and depression of Skull.*—Emma Golhe, German, aged 13 years, was brought to General Hospital on the evening of May 11th, 1874. She was exhumed from the ruins of the McArthur building, and taken to Crowley's morgue. From the time the building fell until the body was recovered, nearly an hour and a half intervened. She was supposed to be dead, but soon exhibiting signs of life, was removed to Hospital. It was ascertained that she had compound comminuted fracture of left humerus near the shoulder. There was found depression upon the frontal bone one and a half inches in length by three-fourths of an inch in width, with sharp abrupt margins. There were found other injuries upon the person, but these were slight, such as contusions and one laceration of gastrocnemius muscle.

During her ride to Hospital, she became semi-conscious, pupils were dilated and reaction was established.

Ether was administered, when, assisted by Drs. Boardman, Bartow and Boysen, I amputated the arm, and decided to wait until morning for symptoms of compression before exploring the head injuries. Several physicians saw this patient while she was lying apparently lifeless at the morgue, all of them concurred in opinion that there was fracture of the cranium. The depression was deep with sharp edges, but upon lifting a flap, which as a rule I could not be justified on authority in doing, for the purpose of making diagnosis, I discovered there was neither fracture nor depressed bone. The deformity was such as to lead almost any one into error of diagnosis, and in case of this character where several competent physicians were deceived, it ought to furnish an exception to the rule, never to cut for the mere purpose of establishing a diagnosis. On the next day the patient's pulse ran to 170 and 180, convulsions supervened, she gradually became unconscious, and

died on the morning of the 14th, having lived three days after receiving the injury.

These cases, separately, are interesting and instructive, but when grouped together furnish a text for remarks, having a broader scope than would be afforded, had not the cases been brought together in this connection. Cases first and second necessitated employment of the trephine. The first case was one of severe concussion and was fatal. The other case would not have been fatal if there had been no complex injury. Cases fourth and fifth required employment of the trephine, but the cause which necessitated its use, was not of a nature to produce more than slight shock in one case, while the other was unattended by shock, and both patients recovered.

Case fourth which I have reported, a lad eleven years of age, recovered without an untoward symptom. His age was in his favor, but the case could not be included in the class of those reported by Dr. Hamilton, in the Buffalo Medical Journal, Nov., 1846. He had passed the period of infancy and childhood, when non-interference is advised. With the pressure of bone upon the brain removed, he is exempt from future risk of epileptoid convulsions and death from this cause.

Many years since I witnessed an operation for trephining, by Dr. Pancost, of Philadelphia, upon an epileptic boy. The injury had been inflicted nine years before, by a fall upon a curbstone. The lad had enjoyed good health for several years after the accident, when convulsions supervened, said to be epileptic in character recurring at intervals more and more frequent. Dr. P., decided to perforate the frontal bone, removing therefrom a spicula of bone which projected from the inner plate. Only for this delay to operate, for which the doctor was not responsible, the lad would have been spared the convulsions and his life saved.

Case third is reported along with the other cases, as showing the effect upon the system—when the force of a blow is not broken by giving way of bones in any part of the body—of general concussion. It could not be ascertained how or where this patient struck, whether upon his head or side or feet. But the presumption is, that he did not strike upon the head, for it would hardly be possi-

ble for one to fall the distance of 40 feet, striking upon the head without producing, if not fracture, at least a wound or contusion upon the scalp or cerebral concussion. I regret that I am unable to state the termination of the case. Adopting the views of Erichsen, enunciated in his able work on concussion of the spine in Rail Road injuries, I can readily prognose a fatal termination within from two to three years.

In the two fatal cases, the fracture was in one case simple, in the other comminuted. In the former the compression was profound. In the latter the symptoms of compression were scarcely appreciable. A section of the parietal bone in one case was flattened down upon the meninges of the brain to considerable extent. A smaller section of bone in the other case was comminuted, the fragments of bone depressed, and spiculæ driven down upon the brain substance. Why were there profound symptoms of compression in the one and not in the other? The solution of the question may be found in the fact that the cerebral shock is lessened in proportion to the degree and amount of comminution. In this case the fractured leg diminished the cerebro-spinal shock. Erichsen happily illustrates this point by stating, that if a "watch falls to the floor without breaking its crystal, the work of the watch stops and perchance will be permanently injured, but if the crystal breaks in the fall the shock is lessened, so that the watch keeps on running and is not injured." "When a magnet is struck a heavy blow with a hammer, the magnetic force is jarred, shaken, or concussed out of the horse shoe, and the iron has lost its magnetic power," and this is about as good a definition of the term "shock" as can be given at present.

A person, says this author, "who by any of the accidents of civil life meets with an injury by which one of the limbs is fractured or is dislocated, necessarily sustains a very severe shock, but it is the rarest thing possible to find that the spinal cord or the brain has been injuriously influenced by this shock that has been impressed on the body.

It would appear as if the violence of the shock expended itself in the production of the fracture or the dislocation, and that a jar of the more delicate nervous structures is thus avoided."

This question of "shock" or concussion from Railway and other injuries of the nervous system has often come up in the courts, and the testimony of physicians has not always been of a character to boast or be proud of. Discordant testimony has exerted its influence in bringing into bad repute the standing of the profession.

Erichsen has done much by way of establishing principles and harmonizing conflicting views in relation to injuries inflicted by railway accidents, so much so that there need not hereafter as heretofore be such conflict in medical opinion on questions of diagnosis, pathology and prognosis, in injuries such as cause "shock" to the nervous system. I think I am prepared to assert on authority, that comminuted fracture of the cranium is less fatal than simple fractures, and that comminuted or simple fractures are less dangerous than no fracture at all provided the shock, in all cases, is equal.

I am quite positive therefore, should I be called upon to testify as an expert, that I should be obliged under the sanctity of an oath to state my belief, that a blow which did not fracture the skull, being equal in momentum to another blow upon the head causing fracture, either simple, compound or comminuted, would be the more dangerous and fatal even, of the two.

Personal experience and observation, together with the light thrown upon the subject matter by Erichsen's theory of injuries causing cerebral or cerebro-spinal concession, would be the basis of this belief.

In one case, the shock or shaking up, would be so much more intense than in another, that an expert could be able with certainty to prognose a fatal termination within a given period of time, from acute or chronic meningitis or subacute myelitis, or permanent breaking down of the nervous system.

"In the spine, just as in the head," says Erichsen, "it will sometimes be found after death from what appears to be, and in reality is, simple injury of the nervous centres, that the vertebral column in the one case, and the skull in the other, have suffered an amount of injury that was unsuspected during life; and which, though it may not in any way have determined to the fatality of the result, yet affords conclusive evidence of the violence to which the parts

have been subjected, and the intensity of the disorganizing shock that they have suffered.

There is, however, this very essential difference between the spine and the head in these respects—that a simple fracture of the cranium may be of no moment except so far as the violence that has occasioned it may have influenced the brain, whilst in the spine the case is not parallel; for as the vertebral column is the centre of support to the body, its influence in this respect will be lost when broken; even though the spinal cord may not have been injured by the edges of the fractured vertebræ, but simply violently and fatally concussed by the same force that broke the spine itself.”

Holmes cites Drummond's case as an example of extensive destruction of the vault of the skull, originating in a blow upon the head without fracture or scalp wound. The destruction of the vault being caused by inflammation starting in the diploë.

It is conceded by the best authority that comminuted fractures are limited in their consequences to the seat of injury, and that compound fractures are much more frequently limited to the seat of injury than in cases of simple fracture. Says Holmes: “Out of 56 cases of simple fracture this strict limitation existed only in one single instance.”

These views, held by the highest surgical authority, have a direct bearing upon the question propounded by the district attorney and furnishes an affirmative answer.

Of these two most recent and very able writers and authors—namely, Erichsen and Holmes, it may be affirmed that the former errs by placing too much emphasis upon the term “concussion,” as limited to the brain and spinal cord, while the latter, being more conservative, strikes the happy medium when he says: “Thus all the great constituents of the nervous system—brain, spinal cord, and sympathetic system—are included in the common risk of the catastrophe. And the account would be incomplete, if the influence of mental shock—that of fright and of witnessing appalling spectacles—were neglected.”

In this connection it is not irrelevant to observe that much obloquy has been thrown upon the operation of trephning which it does not deserve, since so many fatal cases occur after this ope-

orative procedure. But much of the discredit belongs not to the operation, but rather to the causes which make the operation imperative and necessary. The causes may have been so severe in character, producing such instant and severe injury—not by way of lesion to the soft or hard parts—but to the nervous centres that death, which is inevitable, is neither deferred nor hastened by the operation of trephining. Yet there are risks in the future from omission to elevate depressed bone, the certainty of the occurrence of which no man may be able to determine, which justify the employment of the trephine.

It must of necessity be an injury—severe in character—that suggests the employment of the trephine. Its use can add but little if any to the shock already inflicted. Trephining is one of the simplest operations in surgery. But little pain is caused—an anæsthetic is scarcely called for, but little time is consumed or blood lost, and in these severe injuries of the head, ablation of a section of bone may be readily effected, whether the fracture be comminuted or not by the use of the gnawing-forceps without use of trephine, therefore I cannot but think that more immediate and remote danger to patient results from non-use than from use of this instrument or its congener, the gnawing-forceps. Well established rules are laid down by authors regulating the employment of the trephine. These rules and their exceptions are nowhere better defined and more succinctly stated than they are in Hamilton's Principles and Practice of Surgery.

I am quite well convinced, however, that no rule can be so inflexibly established that there shall be no departure therefrom. Exceptions will arise and may be made to all rules that are now or may hereafter be laid down and apparently established. Yet while a surgeon, without reputation, may be obliged to follow these rules for his own professional safety, a surgeon with reputation, will occasionally find it expedient and necessary for the safety of his patient to depart from them. I am unable to bring myself to the belief that in case of fracture with depression and without compression in the adult, that good surgery, as a rule, requires me to wait for the development of symptoms. Promptness in decision and action, at least in exceptional cases, and the elevation of depressed

bone should be aimed at, when the full duty of the surgeon has been done and the consequences may be left to take care of themselves.

The Divine Architect has so wonderfully constructed the human cranium as to enable it to resist great violence. Any one who will, may demonstrate upon the cadaver the immense power necessary to be brought into requisition, adequate to a fracture of the cranial bones. Whosoever, I think, makes the trial, will be convinced that the impact of a force that fractures the bones of the skull must almost of necessity so contuse the brain substance or inflict injury upon the investing membranes, or cause extravasation and blood clot with or without fracture as to produce, with the attendant shock, inevitable death, whether the trephine be employed or not, but should doubt arise in the mind of the surgeon as to the propriety of its use, in legal parlance, give the patient the benefit of the doubt for, perchance, benefit may accrue to him by prompt decision and action and future risks avoided.

At all events, but little if any more is added to the so called shock of the injury by the employment of the trephine. The surgeon indeed cannot quite feel at rest and certain that his whole obligation to his patient is discharged if he leaves any portion of the cranial vault depressed. Still authority seems to have set at rest the question of operative, interference or non-interference, to swerve from which would be dangerous to the young surgeon if it should not prove to be so to his patient.

A little more warrant for an occasional deviation from the rule is all I should be willing to insist upon, and this warrant I suspect will, in due time, be granted.

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ART. II.—*Albany County Medical Society. Semi-Monthly Meeting held April 22d, 1874. Reported by F. C. CURTIS, M. D., Secretary.*

The President, Dr. SWINBURNE, in the chair.

There were twenty-five members present.

After discussing certain business of the Society, a paper was read by Dr. WM. HAILES, on *Cancer of the Liver*, and a case given as follows :

A. B. colored, 75 years old, by occupation a farmer. Came under observation some three or four weeks since. He had always enjoyed good health up to within the last few months of his life, and it was only for the last few weeks that he became at all anxious in regard to the malady under which he was laboring. The amount of inconvenience was so very slight that he was able to be about his accustomed work up to within a month of his death. Upon my first examination of him the following features were noticed: He experienced considerable distress in breathing, and complained of a sensation of smothering about his heart. His abdomen was quite protruberant and a well defined tumor, occupying a position just behind the lower part of the sternum, pressing upon and causing a marked protrusion of the ensiform cartilage. The tumor was firm and nodulated, and pressure upon the growth occasioned intense pain and a spasmodic action of breathing, probably due to embarrassment of the heart's action by direct pressure. The sounds of the heart were quite masked and indicated effusion in the pericardial sac. There was a slight amount of anasarca. His appetite continued good and his bowels regular.

Nothing abnormal noticed in the functions of the stomach.

Diagnosis cancer of left lobe of liver.

Treatment consisted simply in keeping patient comfortable as possible, giving anodynes to allay pain.

The symptoms continued to increase in severity, and his death occurred April 2d, he being under observation about three weeks.

#### AUTOPSY.

An examination of his abdominal viscera revealed a extensive cancerous disease of the liver, involving both lobes of that organ, enlarging it to a most remarkable degree. It descended a little below the margin of the cartilages of the false rib, but its greatest encroachment was in an upward direction and towards the left side, pressing upon and impeding the action of the heart and lungs. The left lobe of the liver was enlarged and completely filled the hypochondric space. The stomach and spleen were depressed far below their accustomed level. The cancerous growth of the liver had gone on to ulceration and presented a raw and bleeding surface from which had oozed a large quantity of blood, which was found



either floating in clots or mixed with the serum in the peritoneal cavity.

A section through the liver revealed numberless nodules of a yellow color projecting from the surface and also occupying deep situations in the liver tissue. The liver weighed  $12\frac{1}{2}$  pounds. Further examination revealed a cancerous mass about the size of a small orange involving the coats of the stomach. It was of a firm consistency and situated upon the greater curvature about an inch and a half from the pyloric orifice. There were also numerous enlarged and indurated masses scattered over the surface of the great omentum. The mesenteric glands were also considerably involved.

Now, from the facts of the case, what are we to infer in relation to the origin of this malignant growth?

Did it originate in the liver and from this to the other organs, or did it first appear in the stomach and from thence to the surrounding organs and tissues?

We are told that cases of cancer of the liver are of very rare occurrence, and that it is usually the site for secondary growths; that in the majority of cases the stomach is primarily affected, the liver taking on a malignant action secondary to this.

From the existence of so exceedingly extensive cancerous disease and from its being in such an advanced stage, having gone on to ulcerative action giving rise to hæmorrhage, which was the immediate cause of death, and also from the fact that the disease involving the surrounding organs had progressed so very little, it would lead us to infer that it was a case of cancer of the liver proper.

In regard to adjacent organs taking on a cancerous action there are three ways by which this malignancy may infect other tissues.

1st.—By direct influence upon the adjacent structures.

2d.—Through the medium of the lymph.

3d.—Through the medium of the blood.

It would seem, from the examination of this case, that the inference would be that it was by the 2nd method of infection, through the medium of the Lymph, that these tissues became involved, inasmuch that it was confined to a limited area.

Both kidneys contained numerous cysts. The left having one of

extraordinary size, it being fully as large as a turkey's egg, besides having a number of smaller ones.

The following case of Cancer of the Stomach and Liver, with circumscribed Peritonitis, was presented by Dr. F. C. CURTIS :

Wm. N. L.—d. Act. 49. Occupation, night watchman.

#### HISTORY.

Patient gives his own history as follows: Early in January—three months ago—he began to notice that he was losing strength. At the same time pallor of the face appeared, and he had some pain in the stomach, not complained of as severe or brought forward prominently. He also vomited his food occasionally. His weakness, or asthenia, was the most remarked. These symptoms came in gradually—increasing, until first seen March 16th. Further questioning elicited the fact that he had had pain in the epigastrium with occasional vomiting for a year back.

He has traveled extensively about the world, in all climates, and was in the army during the war—in the army of the Potomac. He has contracted no diseases from any of these localities, only receiving an injury to his left eye in the army from the limb of a tree, which destroyed the organ. He has always been a strong, healthy man, excepting that several years ago he contracted intermittent fever while living in Greenbush, from which he recovered on moving from there. His family history was not obtained.

March 16th. He came to the office for treatment. As to his condition: his pallor is very marked. He says he is very weak and can hardly keep about, being compelled to sit down frequently. There is some pain or an uncomfortable feeling in the stomach, but the symptoms of disease of this organ are not other than might be referred to a moderately severe case of dyspepsia. Examination about the epigastrium reveals nothing. The liver is of normal size. A constant systolic murmur is heard over the heart—plainest at the base—a roughened blowing sound. The action of the heart is regular. There is no enlargement of the spleen, nor are the lymphatic glands enlarged—these all being examined with a view to the possibility of the case being one of leucocythemia. With the same idea the blood was examined microscopically, but no increase

of white blood cells was detected, though the examination was not altogether satisfactory.

He came to the office himself for a few times, and then sent word for the first time on the 21st of March that he was unable to leave the house to walk so long a distance. The night previous he was taken with pretty severe vomiting of a brown coffee-colored fluid, which was noted as being much more abundant than the ingesta. Did not complain of suffering much pain, and when seen in the morning was feeling pretty comfortable. For four days he improved, having little pain, though vomiting rather frequently—and although quite weak, was able to walk a few blocks to another house, his family moving at this time. His vomiting was relieved in a measure by a mixture of sweet spirits of nitre, paregoric and soda, and small quantities of fluid food were retained. His countenance was always cheerful.

On the morning of March 25th he reported himself as feeling better than at any time before since the 21st. His weakness was his principal complaint. It was on this morning that a drop of his blood was examined microscopically, his arm being scarified lightly for the purpose, with the negative result already spoken of. He sat in an easy chair by the stove and appeared quite comfortable. In the evening of the same day he was taken with violent vomiting of the coffee-colored fluid, the least attempt to take food of any sort provoking an attack, and even without any exciting cause it came on. After a little, hiccough set in and the two persisted all night in spite of any remedies, leaving him greatly prostrate next morning. There was also severe pain in the epigastrium. He desired cold drinks constantly, though each attempt at taking them brought on fresh vomiting. When seen in the morning he was still having occasional vomiting spells and hiccough, though his strength was very much exhausted. Bismuth and morphia were given dry on the tongue; an occasional pellet of ice, and lime water with milk ice cold in teaspoonful doses were also recommended. The latter, however, could not be retained. A sinapism was applied to the epigastrium. In the evening he was relieved in a measure of the vomiting and pain, and I believe he had very little more hiccough. He was seen at this time by Dr. Swinburne and

he was inclined to believe that a little thickening could be detected at the epigastrium.

The other symptoms however left little doubt in the minds of any of the professional gentlemen who saw him of the nature of the malady being other than cancer of the stomach.

The effect of the exhausting night's work and suffering of the 25th, he never rallied from. Although there was not much vomiting after this, yet any attempt at taking food tended to bring it on, and with it increase of pain, and he refused nourishment altogether.

The pain after this was much more marked and constant, and there was some tenderness on pressure. He was a man of remarkable cheerful disposition, and retained this throughout.

There was no febrile action, prostration and pain expressing all his symptoms for the next three days at the end of which he died.

#### AUTOPSY.

By the express desire of his friends a post mortem examination was made, about 24 hours after death.

In regard to external appearances: There was pallor of the entire body—no waxy or dusky tinge being observable. Emaciation was marked and the muscles very flabby. There was but little rigor mortis. On opening the abdominal walls there was found over the stomach a quantity of thick, yellow pus, and evidence of peritonitis affecting the gastric and diaphragmatic peritoneum. A cancerous mass surrounded the pyloric end of the stomach, extending along the lesser curvatures for one-third of its length. This appeared broken down on the external surface, a spot of the size of a silver quarter having the look of an ulcer. This was probably the cause of the peritonitis. On the inner surface of the stomach there was still more breaking down of the cancer tissue. The pyloric orifice was open, admitting the passage of the little finger. The stomach was greatly distended, and contained two quarts of coffee colored fluid. This mass of diseased tissue was about the size of the fist and was *completely* covered in front by the left lobe of the liver. The whole mass was very firm. Part of the pancreas was adherent and included in it.

There were also deposits of cancer matter of the size of a walnut and less throughout the liver. These seemed comparatively recent

and none of them protruded above the surface of the organ. The liver was not enlarged, weighing  $3\frac{1}{2}$  pounds.

One mesenteric gland was enlarged and very hard, being apparently calcareous. Other abdominal organs were entirely healthy; the spleen quite normal in size and structure. The heart was somewhat enlarged, and there was a patch of atheroma on its surface. The coronary artery was entirely calcified. The aortic valves were not competent and were thickened. A fibrinous clot 16 inches long extended up the aorta and its branches. The lungs were healthy. The brain was examined and found healthy.

Microscopic examination of the deposits in the liver and stomach, by Drs. Van Derveer and Balch, showed them to be those of true cancer.

In this case the diagnosis, though quite certain toward the last, and placed beyond a doubt by the autopsy, was somewhat masked by the absence of one or two almost constant symptoms of the disease.

There was no tumor of the epigastrium. This is said by Da-Costa to be the only one symptom at all distinctive of cancer of the stomach. The case is very instructive, not only in the absence of the symptom, but in the cause for its absence being found. The thin left lobe of the liver covered it completely, preventing all possibility of obtaining any evidence of the tumor, which really existed, being obtained by palpation.

Pain is usually another symptom and perhaps as constant as any other, next to tumor. This peculiar pain of cancer—lancinating, piercing, sharp—which we feel ought to be experienced in all cases of cancer growth, is not always present when the deposit is in the stomach walls. In fact, I believe the general verdict is that there is nothing distinctive about it here. It appears not to have been marked in Dr. Haile's case.

It was not augmented by food I believe. As far as the stomach symptoms went there was little to indicate the existence of anything more than chronic indigestion or subacute gastritis, the latter being rendered more probably by the fact of his having been a rather intemperate man. The symptom was not made prominent at all by the patient in giving his history, and only became severe

after the setting in of the peritonitis, the occurrence of which is a peculiar feature of the case.

Vomiting was a symptom from the first. This was more characteristic of the disease than either of the others mentioned, especially considering the nature of the matter ejected. Persistent vomiting is suggestive of cancer but not diagnostic. Cases are mentioned of thickening about the pyloric orifice causing it, and so also does *sarcina ventriculi*, pregnancy sometimes, ulcer, &c. But I suppose that in cases of regular vomiting lasting several months, cancer should be first thought of. The coffee ground matter too, is, if thrown off for a long time, characteristic. In gastric ulcer blood is vomited in abundance, if at all, and not in this particular form.

The pallor exhibited in the case is indication of the cancerous cachexia—so to it is of anaemia. There was nothing peculiar about it—nothing of the yellowish tinge spoken of as that of this cachexia.

The marked *weakness*—which was one of the three prominent symptoms from the first—has nothing in it peculiar to cancer.

It was this weakness, with the pallor and the heart murmur, which was at first thought to be anæmie, which led to the thought of leucocythemia. But examination detected no enlargement of the spleen or liver or of the lymphatic glands, and no increase in the number of the white blood-cells was found by the microscope.

Taken together, the pallor, the continued vomiting of coffee colored fluid, and the tired feeling or weakness may be looked on as sufficient upon which to base a diagnosis of cancer of the stomach, even in the absence of any marked pain or of the tumor in the epigastrium, usually spoken of as the most constant symptoms of cancer of the stomach.

The PRESIDENT called attention to the fact that while in this case there was no tumor discernable, there was a more than ordinary communication of the pulsation of the heart to be felt over the epigastrium. This could be caused only by hard tissue, not by a stomach filled with gas or fluid. As to the length of time cancer of the stomach may exist without being fatal, this depended much upon the location of the deposit. It might last for a considerable

time without causing serious disturbance if the curvatures are not affected.

Dr. VAN DERVEER gave a number of cases illustrating various points of the disease, which he has kindly written up for insertion.

Mr. C., married, aged 71, temperate habits, states that for the past 20 years he has had occasional sharp pains in the region of the stomach, and that at times he would vomit his food, yet he considered himself in good health, and could generally attend to his business, that of a carpenter. Saw him first, January 10, 1874. Has been in decided ill health for the past year, failing in flesh and strength, suffering severe pain in the stomach, and most of the time vomiting his food. For the past month his stomach will not retain anything, and only during that time has he been confined strictly to his house. He appears very much emaciated, and extremely pale and cachectic.

In the epigastric region can define a hard tumor the size of a goose egg, painful to the touch, producing, when handled, a sensation of extreme weakness and desire to vomit.

Some œdema of the feet, lungs and other organs appear healthy; urine examined and found normal. Ordered small doses morphine be given with a bitter tonic, also sub-nit. bis. and pepsine.

The latter acted well, but could not bear the tonic and anodyne.

There was no improvement in his case—none was expected—death occurring on January 19, 1874.

Autopsy 24 hours afterwards, decided emaciation. No general anasarca, slight swelling of the feet. Head not examined. Lungs and heart in a healthy condition, very slight pleuritic adhesions, and slight atheromatous change on inner coat of the large arteries.

The coats of the stomach from the cardiac to the pyloric openings were thickened in some places as much as two inches, the deposit scirrhus in character. The cavity of the stomach was almost completely obliterated, and yet the passage through its orifices continued open. It could not hold more than an ounce of fluid. In some places the mass had softened and presented points of ulceration.

The great omentum was filled with hardened masses from a pin head to that of a cherry. Spleen small. Capsule shrunken, ad-

hered decidedly to great end of stomach. Other abdominal organs healthy. Slight effusion of serum in peritoneal cavity.

Scrotum on examination presents double hydrocele, and on a more careful examination each testicle is the seat of a cancerous deposit, the one in the right quite large.

Mr. L., married, aged 62, good habits, always in excellent health, except one severe attack of cystitis ten years ago, from which after a six month's illness made a good recovery. Came to my office December, 1872, presenting a decided case of jaundice, for which he desires treatment. Gave him Pil. Hydrarg Quinine, Dil. Nitro-Mur. Acid and Ext. Tarax alternately until the 12th of January, 1873, without any improvement in his case; is failing in strength and emaciating in flesh. Very little vomiting. Has continued at his work up to the present time. A careful examination reveals decided tenderness over the liver, but cannot make out any tumor in the epigastric region.

April 21st, 1873. To-day, by desire of Mr. L.'s family, am requested to see him with his medical attendant, Dr. H.

He has sought help from many physicians, but his disease has been gradual and certain in its advance. Is very weak, and a mere skeleton in appearance, presents the same deep jaundiced condition as when I last saw him. It is difficult to define the borders of the liver; a hardened mass is felt over the region of the stomach; of late has vomited everything. Urine is found, on examination, loaded with bile, in quantity scant.

Death ensued April 25th, 1873, from starvation.

Autopsy 18 hours after death. Muscles rigid what little is left of them. Encephalon not examined. Organs of Thorax healthy. The pyloric end, and including about one-third of the stomach, was found to be the place of deposit of a cancerous mass as large as a good sized orange flattened. The pyloric orifice of the stomach was closed from the inflammation and ulceration present. The cancerous mass also enclosed a portion of the pancreas, all the vessels going to and from the liver, and a portion of the duodenum. The liver was about half its natural size, and filled with nodules of cancerous growth. Gall bladder shrunken, having in it about a drachm of bile. Spleen very small but healthy. Omentum



studded with hardened masses of various sizes. Kidneys healthy. No traces of inflammation about the bladder. Testicles not examined.

Mr. W., aged 65, has suffered for the past fifteen years from hydrocele left side scrotum. Been tapped many many times. For the past year the testicle has become quite hard, much enlarged and paining him constantly. His general condition has been good, but now, from want of sleep and the intense pain he suffers, is failing in strength, and is very desirous of being relieved. Is willing to undergo any operation if he can only get relief from the pain. Has a large scrotal hernia on the same side. In consultation with his attending physician, October 12, 1873, we decided to remove the testicle, which was done. The rupture gave us some trouble, but notwithstanding the patient made a good recovery in three weeks. The testicle is as large as a goose egg; the tunica vaginalis is very much thickened, but the inner part of the mass is found to be on microscopical examination encephaloid in character. The structure is so changed that it is impossible to define any portion of the testicle proper. The patient at the present time remains in good health. No symptoms of disease returning.

About second week in April, 1873, W. M. came to the office for treatment; symptom, inability to swallow. On examination with œsophageal tube could detect a decided stricture about four inches down, through which only the smallest size will pass. Looks pale, has lost in flesh, and is weak. Œsophageal bougies were passed twice a week, of various sizes, until at one time I could pass the largest size, with marked relief, up to June 10, 1873, when, on withdrawing the largest one, he complained of some pain, and raised a trifle of blood, while on the instrument there were several pieces of a fleshy-looking substance. This substance under the microscope exhibited small cells, and spindle shaped cells with nuclei. After this did not pass the bougie but two or three times. On telling the old gentleman that we believed his case was one of cancer of the throat, he became very much disheartened, and used to come and almost beg to have us pass the bougie—if only for temporary help, he would say. Was confined to his house for two months previous to his death; not able to swallow much of any-

thing. Suffered much pain, not acute,—more a distress. No family history obtained. His habits had not been good for a greater part of his life. For the past ten years had been a steady drinker of alcohol in some form.

Post-mortem showed ulceration nearly through the anterior and lateral walls of the œsophagus about its middle. The stomach was healthy, containing a small quantity of dark, gumous looking fluid. Microscopical examination showed the diseased tissue to be encephaloid.

August 17, 1873, was called to attend Mrs. A., aged 44, married, mother of four children; usually in good health; had lost the left eye from disease two years ago. Family history good; not well nourished; is over anxious to help provide a home for herself and family, and denies herself much in good diet. Is somewhat jaundiced; bowels constipated; tongue much coated; is failing in strength, yet does her own housework. Menstrual periods regular; feels very much like vomiting at times; urine natural; is losing in flesh; does not sleep well; has much pain in right side. On examination a distinct enlargement of the right lobe of the liver can be felt, extending downwards and inwards towards the umbilicus; is very hard to the touch, and percussion gives acute sickening pain. No disease of any other organ can be detected. Ordered good tonics, nourishment, rest, and sufficient anodyne to relieve pain.

Nov. 1st. Mrs. A. has remained in about the same condition, except that she now occasionally vomits her food. The enlargement has extended down toward the inguinal region and on a level with the navel.

Feb. 1st. Patient has just passed a natural menstrual period, but is now not able to leave her bed; is much emaciated; skin of a dark jaundiced hue; can retain but little food in her stomach; suffers great pain; enlargement much increased, and of a stony hardness and very sensitive; bowels move about once in four days; feces of a light clay color; passes urine quite freely, and in appearance like dark, red wine. A tumor about the size of a butter-nut can be felt in the left breast, also one much larger surrounding the sternal end of the left clavicle. These tumors feel very hard,

and give her much suffering. Anodynes were given freely to quiet pain.

Mrs. A. died March 16, 1874. She did not menstruate after Feb. 1st; is a mere skeleton; all the soft tissues are apparently absorbed; has not been able to retain anything in her stomach for the past three weeks; bowels not moved during that time. The enlargement of the liver fills almost the entire abdominal cavity. The tumor in left breast has increased in size, while the breast itself seems entirely absorbed; in fact, the tumor and nipple is all that can be defined. The tumor of the clavicle has included the greater portion of that bone. Another tumor of the same stony hardness has developed in the right breast. The dark jaundice of the skin has increased. She appears very much like one suffering from an attack of Addison's disease. The flow of urine has been very scant of late. Mind clear unto death. Though every inducement is offered and every argument advanced, yet the consent of her sisters to hold a post-mortem cannot be obtained.

Case believed to be one of cancer of the liver and *other organs*.

Mrs. C.: Was first called to see her July 29, 1873. Had enjoyed good health up to two years ago last May. Her menstrual periods then ceased, and she noticed soon after that her food after eating gave her some distress. She lost an aunt of some cancerous affection; otherwise her family history is good. To-day she appears pale, thin in flesh, and wears an anxious expression of face. Ten months ago began to vomit her food, also a black coffee-colored looking fluid, in large amount, and for the past two months has been a very troublesome symptom. Bowels constipated. Suffers considerable pain in epigastric and right hypochondriac regions. A distinct tumor can be felt at the lower end, or pyloric orifice, of the stomach. Urine normal. Ordered Sub-Nit. Bis., and to take of anodyne sufficient to allay pain; also injections to move bowels twice a week.

Dec. 1, 1873. Mrs. C. has been more comfortable; does not vomit so much; gets more rest, but is failing in strength and flesh. There is a decided cachexia present; a marked yellowness also of the skin, more prominent at times. Takes very little food. From this time until her death she was kept quiet by use of mor-

phine. There was no further vomiting. At times her bowels would move naturally, and then again the syringe was necessary.

Post-mortem held Jan. 30, 1874. The stomach was found healthy throughout, but three inches below the pyloric orifice, in the duodenum, there was a hard mass, the size of a turkey's egg, which microscopically was found to be cancerous, containing abundant giant cells with nidus and well shown stroma. Rokitsanski speaks of cancer of the duodenum as exceedingly rare.

Mrs. V., aged 66, widow. While attending another member of the family my attention was called to her condition, Sept., 1872. Has been confined to the bed for the past two years, and for three years previous had been troubled with dyspepsia, as she had been told. Account of family history not clear, nor the time of her change of life. Is too feeble to give her history. Is a mere mass of skin and bone. For the past two years has vomited much dark-looking fluid and the most of her food. Her daughter states that for the past two months she has absolutely refused to take anything into her stomach, dreading the vomiting and distress that would follow. Is sure that she has not taken an ounce, all told, in that time. A hardened mass can be felt at pyloric end of the stomach. Bowels not moved in two months.

Died Nov. 1, 1872. Post-mortem Nov. 2d. All the organs in the body were found in a healthy condition except the pyloric end and orifice of the stomach, and this, as you see, is closed and surrounded by a hard scirrhous growth not larger than a butternut, and not yet in a state of ulceration, but completely closing the stomach. The lower portion of the rectum was somewhat filled with hardened masses of feces. Bowels had not moved for a period of four months. There had been a steady flow of urine, but at times the bladder would require to be emptied by catheter. No jaundice at any time, but a marked cachexia.

Dr. BIEGLOW reported an interesting case of peritonitis. He was called upon March 6th to see a lady, aged 58. The history of the case pointed to peritoneal inflammation. She had been complaining of great pain in the right iliac region for a week previous. The abdomen was very tympanitic, and was painful on pressure. All the general symptoms of diffusive inflammation

of the peritoneum were present. She died twelve days after the first signs of the disorder manifested themselves.

Post-mortem.—The intestines were distended with gas and adherent by recent deposits of lymph. The duodenum, the lower portion of which was infiltrated with blood, was adherent by recent bands of false membrane to what at first seemed a distended bladder, but which proved to be an ovarian cyst. The pedicle of this was about three inches in length, and twisted upon itself. In twisting a blood vessel had ruptured, and blood flowing out had infiltrated adjacent tissues. This was undoubtedly the cause of the peritonitis. The cyst contained about a quart of bloody-looking fluid, which did not coagulate on standing. Other organs were healthy.

Owing to the lateness of the hour there was no discussion of the case.

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ART. III.—*Abstract of the Proceedings of the Buffalo Medical Association.—Tuesday evening July 7, 1874.* Reported by E. R. BARNES, M. D., Secretary.

Members present: The President, Dr. White, in the Chair, and Drs. Rochester, J. F. Miner, Fowler, Samo, W. W. Miner and Barnes.

On motion the reading of the minutes of the last meeting was dispensed with.

DR. ROCHESTER said there was a good deal of excitement at present in New York city on the subject of Hydrophobia. This excitement had extended to other localities, and many of our own citizens were not free from nervousness on this subject. He had that day been called upon by a lady whose daughter had been bitten by a dog the day before. The animal presented no symptoms of a departure from health, but the lady had seen a paragraph in one of the New York papers, giving the singular opinion announced by Dr. Hammond, and was greatly alarmed in consequence. The subject of hydrophobia was always interesting, and it had now become prominent. While Dr. Rochester believed that every possible precaution should be taken, by cauterization with a point of nitrate of silver, or by excision, whenever a person

is bitten by a dog, whether rabid or free from any symptom of disease, he could not but consider that the enunciation of the doctrine by Dr. Hammond, that the bite of a healthy dog could produce hydrophobia, was deplorable. It would cause much unnecessary alarm, and was founded on insufficient evidence. It cannot be known, frequently, in a case of hydrophobia, whether the animal inflicting the bite was well or not at the time. The symptoms may have been obscure, or when the investigation is made the animal may have recovered. Physicians should receive such a statement as that of Dr. Hammond with the greatest caution. Dr. R. did not believe there was anything to establish such an hypothesis. A man died, it is supposed, of hydrophobia. Certain evidences of disease were found affecting the medulla oblongata. The dog which inflicted the bite was found to be well. Upon this single case, upon so slender an array of facts, the Dr. had made his broad assertion.

It is well, as stated above, to take all possible precaution to prevent injurious effects, whenever a person may be bitten, and it is also important to allay unnecessary fear. Do not kill the dog as is commonly done, but keep him safely and feed him well, and if, at the expiration of one, or at most two weeks, the dog is still free from symptoms of disease, it may be confidently asserted that there is no danger of hydrophobia ensuing as the result of the bite.

The doctrine of Dr. Hammond is likely to do more harm than the superstition long prevalent, that if a person be bitten by a dog, and the animal at any subsequent period should become rabid, the person bitten would then have hydrophobia, which gave rise to endless fears and to prevent which catastrophe the dog was, if possible, at once killed.

It may be said even, that but a small proportion of those who may be bitten by a dog suffering from hydrophobia, contract that disease. Youatt, a reliable authority, states that he has been bitten six times by a dog which he knew to be mad, that he carefully washed the wound and cauterized it with nitrate of silver, and no ill effects ensued.

DR. MINER said that during the last twenty-five years he had

been very frequently called upon by persons who had been bitten. His custom had been to inquire carefully whether there was any reason to think the dog inflicting the injury was not well. Whenever he was satisfied that the dog was well, he had dismissed the patient with the assurance that there was no more danger to be apprehended than if the injury had been inflicted by a nail, a piece of wood, or any blunt instrument. When the person is bitten by a really rabid dog, he would employ excision, or cauterization, or both; but if even so brief an interval as, say twenty minutes, should elapse before the employment of these measures, it was questionable whether they could be relied upon to prevent infection, any more than they could in the case of a rattlesnake bite, in which we know that absorption of the poison takes place with astonishing rapidity.

Dr. Hammond's one case is of no value as establishing the doctrine to which reference has been made. Repeated experiments and observations would be needed to prove it. He did not know that hydrophobia had ever followed the bite of a healthy dog. Such an assertion is contrary to experience. During twenty-five years, in his own practice, he had never known such an instance. Tetanus might result. As to excising the wound, or borrowing trouble, from the bite of a healthy dog, his experience went to show that both were needless.

DR. ROCHESTER said he had an idea, not original with himself, that in the case of the bite of a rabid dog, the virus is not absorbed as rapidly as that from the rattlesnake and some insects. The virus of the dog, when introduced into the tissues, lies a certain time dormant. Hydrophobia has not appeared, he believed, in a less time than eight days after the receipt of the bite. From that time up to three weeks, is the common interval; the average interval being, perhaps, twelve days. Now Dr. Rochester thought that the poison was not at once absorbed. Perhaps the globules were so large that a process of disintegration had to take place, or some other transformation had to be first undergone before the virus could enter the circulation. There were two periods for the use of preventive measures: The first as soon as possible after the bite; the second, when the wound is

cicatrizing, at a time when it takes on a peculiar condition—when it looks blue, is painful and a little elevated. Then the site of the wound may be again excised. The Dr. did not know positively whether this second operation was serviceable or not, but would advise it. He narrated the case of Dr. J. S. Hawley who was called to see a lady who had been bitten by a cat on the bare hand. Whilst searching for the animal Dr. H. was also bitten, through a glove. The lady declined to submit to the measures proposed, but the wound of Dr. Hawley was promptly excised by Dr. White and the cicatrix, on assuming the appearance above described, was also cut out. The woman died, as is supposed, in consequence of the bite, while Dr. Hawley experienced no subsequent ill effects.

Dr. SAMO asked how long after the bite, was the cicatrix excised.

Dr. WHITE said, a little over three weeks. In this connection he would refer to a case reported by him about thirty years ago, in Vol. I, Buffalo Medical and Surgical Journal. It was that of a man whom he had previously treated for intermittent fever, and he at first thought that the symptoms presented were those of ague, but it was soon apparent that he had hydrophobia. It was ascertained that he, with two companions, had been bitten by a dog which acted strangely, but which they had not suspected of being rabid. After an incubation of about forty days, hydrophobia was developed and the man died in four or five days. His companions now becoming alarmed, Dr. White excised the cicatrices of their wounds, which had assumed the bluish leaden tint &c., described by Dr. Rochester. They escaped infection. In the case of Dr. Hawley, whose wound he had excised, the hand was protected by a glove, but it was much torn, and the saliva came in contact with the hand. The cicatrix underwent changes, becoming more or less painful, and Dr. White excised this after the death of the woman. After alluding to a number of cases he had seen Dr. W. said: "Whenever a man is bitten, never treat the case lightly—always cauterize or excise. For firstly, if it is a mere punctured wound it will heal more quickly, with less likelihood of tetanus; and secondly, because, while waiting for evi-



dence which may not be attainable, the virus may be absorbed. As to time, use these means instantly if possible, but if a man were bitten by a mad dog ten days ago, or even longer, excision should be practised. Dr. White thought that the poison was introduced somewhat as is the virus in vaccination, which, he believed, could be prevented from producing constitutional effects by excising the point of insertion within four or five days. Certain poisons are not directly absorbed but must first undergo change. Hence excision should be always made, although some time may have elapsed. Dr. White would also recommend re-excision as above described if the dog were rabid. He did not believe with Hammond that the bite of a healthy dog would produce hydrophobia, but he did believe that the poison of a mad dog was absorbed into the blood and acted on the nervous system. Hydrophobia was not tetanus. The composure of mind which resulted to the patient from an assurance of safety was beneficial.

DR. SAMO said that it was desirable to have a better knowledge of the disease of the dog, and cited a case to illustrate the difficulty sometimes of determining whether the dog were rabid or not, especially in the early stages of the disease.

DR. MINER said that he wished briefly to defend his position. He had no objection to any amount of excision or cauterization if it would prevent all after effects, but to employ them in an ordinary bite was to make a great matter out of nothing. People among the German population were very frequently bitten. To cut out every time and produce alarm by a measure which, even if the dog were mad, is of very doubtful efficacy, was unjustifiable. As to cutting out an inoculation of vaccine virus, can it be done and have all effects of the virus cease? He did not know, but doubted it. As to the globules being too large, or having to undergo a change before absorption, it was uncertain at least. Why is there a period of incubation in Syphilis say of twenty-four days, in vaccination of five days, and in hydrophobia up to one or more years? The explanation presented was very questionable.

DR. ROCHESTER wished to be put on record as favoring the measures he had advocated. He had but once excised.

DR. WHITE said the wound would heal more quickly if cauterized and the patients fears be allayed.

DR. BARNES asked if any case of hydrophobia had been reported.

DR. ROCHESTER said he thought not. Dogs seemed more irritable though from the heat.

DR. BARNES presented plaster casts from the lower extremities of an infant about two years and a half old, which had congenital talipes varus effecting the right foot. It will be seen, he said, that the tibia and fibula of the right leg are more than an inch shorter than those of the other extremity. This is a rare complication of talipes, though not extraordinary. Contrary to the appearance usually presented, the internal malleolus of the right leg is very prominent. This would seem to be due to intra-uterine pressure bending the end of the tibia while yet easily moulded. In other respects the deformed limb does not differ materially from the cases ordinarily observed. The left leg is of normal length and the foot is straight; but on the inner aspect of the tibia, at a distance from the head of the tibia, corresponding to the distance of the malleolus of the right leg from the head of its tibia, is a prominence closely resembling on its anterior surface and in its inward curvature, the right internal malleolus. Posteriorly this prominence is deficient in fullness, so that when it is grasped between the thumb and fore fingers, it is felt to be much thinner from before backwards than the right malleolus. By pressing on the parts below the prominence, the tibia can be felt extending to the ankle joint, of normal length, but much smaller in diameter than is natural. Its extremity is small and no indication of a malleolus can be felt at this point. The fibula and external malleolus are well developed and normal. These points can be but imperfectly demonstrated by the casts, representing as they do, only the surface conformation.

It would seem as though the prominence on the left tibia represented an attempt to form here an internal malleolus. It is difficult to explain this formation. The first thought which presented itself was that in early foetal life the left foot was much inverted by uterine pressure and that a malleolus was actually developed.

but that the foot resuming its normal relation to the leg, the intervening space was filled by the imperfect structure which has been pointed out. But it is not easy to reconcile this with the perfection of the fibula which exists, and such a theory may not conform to the facts of intra-uterine growth. Again, the shadowy explanation presented itself of the tendency to symmetrical formation which exists in nature. This would require us to suppose that the deficient length of the right tibia and fibula was an original mal-formation and not due to pressure—a point not without interest in considering the etiology of club foot. Lastly if we suppose that the prominence is caused by the pressure of some portion of the right foot, it is singular that it should so conform in its location and in its anterior and lateral shape to the right malleolus, and it is hard to explain the acute apex, the sharp edge, and the abrupt almost concave posterior surface. Moreover there is no malleolus at the extremity of the bone. The case is presented as having some bearing on the question of the cause of club foot.

DR. MINER said there was no doubt that most cases of congenital club foot were caused by intra-uterine pressure. Dr. Gross affirms that the etiology is unknown; but the cause can be demonstrated. Dr. Gross says that pressure would deform other members, and dismissing this as a cause, as well as the theory of an arrest of development, he substitutes the theory of deficient nervous supply, which Dr. M. did not consider an apology for an explanation. Dr. M. had seen cases illustrating arrest of development, such as absence of fingers and toes, but in club foot there is no arrest of development. The parts are natural. There may be diminution in size from atrophy but this is not due to deficient innervation. The amniotic fluid allows free movement of the limbs, and when it is absent or very deficient in quantity, the restraint imposed by the uterine walls may give rise to atrophy. He begged to present a specimen which showed that in this case there was no amniotic fluid whatever in the uterine cavity. Obviously there was none, for the round surface of the fœtus could not be injured except when an arm or a leg was pressed forcibly against it. It is a fœtus of about the fourth month. The whole surface

shows evidence of pressure. The right arm is flexed so that the hand is spread out over the left eye, the fore-arm traversing the nose and mouth. The mouth is deformed, the nose flattened, the eye is depressed and the lids tightly closed, and grown together. The left arm crosses the chest, the fingers clasping the right fore-arm, while the pressure from the elbow is such that the hand is bent backwards at the wrist at an acute angle. The right thigh crosses the abdomen, the foot being pressed against the left side. The left lower extremity is turned upwards, and its foot is flattened against the left side of the head. He had other specimens showing the effects of pressure.

DR. WHITE said that no single cause would explain all cases. There were many causes, among them intra-uterine pressure. About thirty-four years ago, in operating for club foot, to which he then paid special attention, he had met a case of double varus in which one limb was four inches shorter than the other.

DR. MINER said the point of practical importance in the consideration of this subject was the treatment. The best time is as soon as possible after birth. If attended to immediately, the parts could be easily moulded into shape, and retained by adhesive plaster or plaster of paris. Three days after birth was not so good as three hours, such was the rapid change in muscular action. There was not much feeling at that time. Generally it was not necessary to operate when treatment is commenced thus early. At three years of age, the result is never perfect, notwithstanding assertion to the contrary.

DR. WHITE wished to endorse this statement. At eleven or twelve years of age he thought operation was of little if any use.

Applications for membership of Drs. Hopkins, Chace, W. W. Miner, and Brush were received.

Scarlet fever was reported to be still prevalent.

On motion the society adjourned.

## Correspondence.

—————, August 15, 1874.

DEAR SIR :—

Since the twelfth of May, 1874, all well informed editors of this metropolis, and generally all over the State, have known that we have a new medical law.

On the 9th of June it was the subject of a formal resolution by the Erie County Medical Society at Buffalo. On the 25th of June, was publicly discussed by the New York Medico-Legal Society, and was published in full, with comments, by the New York Medical Journal July 1st, 1874 ; but a semi-monthly Medical Journal, under date of 15th of July, in a very obscure paragraph, thus treats it :

“Just before the adjournment of the State Legislature the following law was passed, but we have not learned whether it has or has not received the signature of the Governor.” Then follows a copy of the law. What name will duly express such confessed ignorance in a metropolitan medical editor? Is he an editorial Rip Van Winkle? Or an Aminadab Sleek? not affording to attend to the wants of his neighbors, because he was bound to furnish fine-tooth combs and flannel shirts to the little Africans. We incline to the latter, because on the same page he gives us a long story about Chinese physiology, and a romantic newspaper case of electrolysis.

AN EDITORIAL AMINADAB SLEEK !

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## Editorial.

### Hospital Sunday.

It is, or should be the object of a Hospital to afford shelter and Medical or Surgical aid to those who from any circumstance are unable to procure it for themselves, or who cannot at their places of abode receive the care and attention necessary. Very few of our citizens we think, are aware of the

work accomplished in our Hospitals, or of the calls made upon them for aid which are denied, simply for want of the necessary funds. To meet the pecuniary needs of the Buffalo General Hospital, an association of ladies, The Ladies Hospital Association, have in various ways endeavored to raise money. They have met with a slight measure of success, but there remains a large want to be supplied, and the history of this Institution is the history of every similar one in the city; daily some poor patient is turned away from its doors, simply because the means are not at hand for his support.

We have to suggest a plan which has been in successful operation in England, and also in one city at least in this country, by which the public could be made, in a measure acquainted with the wants of our Hospitals, and could be afforded an opportunity to contribute to their support. We refer to the establishment of what might be called "Hospital Sunday," on which day in all the Churches of the city, the Pastors could in a few remarks, present the claims of these institutions for support, and call upon their various congregations to contribute to that end.

Before this plan could be put into successful operation, some definite arrangements would be necessary, in reference to the time and mode of making the appeal, the distribution of the funds, etc., etc., but these matter could be arranged in a short time, and we hope soon to see the effort made in Buffalo. In Boston a few weeks since, over \$13,000 was raised in the various churches and distributed among her hospitals. Cannot Buffalo respond in as loud a voice to an appeal which should reach every heart, and move every hand "pocketward." B.

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### Preliminary Term in Buffalo Medical College.

It will be observed by notice of our Advertisement of this College, that a very important addition has been made to the instruction of the *preliminary term*, as it is called. It has been customary to devote all the time to Dissections, except the Clinical Lectures given in the Hospital, but Students tire of the labors of a dissecting room and soon hurry over the work wanting to get it off their hands as soon as possible. It is believed that by listening two hours a day to lectures, nothing will be lost to the Dissecting term, and that great gain will be obtained to the departments in which didactic lectures are given. It is practically lengthening the College term, without increasing its expenses, and giving increased facilities for complete Medical Education in an Institution which now stands at the very head of American Medical Colleges.

Those familiar with the course of instruction in the Buffalo Medical College, and with most other similar institutions of the world, do not hesitate to

say, that in no country, is Medicine and Surgery more thoroughly or more practically taught, than in the University of Buffalo. This is duly appreciated by the profession as shown by the constantly increasing numbers of students who annually graduate at this College, and we have no doubt this will continue as long as the present standard of excellence is maintained.

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### Volume Fourteen.

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With this number we enter upon the fourteenth volume of the BUFFALO MEDICAL AND SURGICAL JOURNAL. It has been the aim of the JOURNAL to furnish its readers with the best information upon the leading topics of the day. The new ideas constantly advanced in Medicine or Surgery, have been commended or condemned as they have proved valuable or worthless. With an eye to the prosperity and honor of the medical profession, it has jealously watched every avenue by which evil could enter the ranks, and has not hesitated to utter its warning when it has seemed necessary. The active observers in the professional ranks who have supported the JOURNAL by original contributions to medical literature, have our sincere thanks, and our earnest request for continued favors. We need not point out to our contributors the fact which must be evident to them, that in observing the course of disease or the action of remedies in order to make known the results they have not only benefited their professional brethren by their labors, but have enlarged, and strengthened their own capacity for observation.

What the success of the JOURNAL may be in the future, the future can only reveal. He who aims high even if he does not hit the mark attains a more exalted position than he who strives for a less ambitious end. Our measure of success lies in the amount of earnest, cordial support we received from the profession; what we shall attain we cannot foretell; judging by the past, the prospect is good, we shall then take the position that the wisest course lies in hoping and striving for the best, not in dreading defeat or failure. B.

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### W. R. Warner & Co.'s Pills.

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Recently an article has appeared in the *American Journal of Pharmacy*, *The Detroit Review of Medicine and Pharmacy* and other medical journals giving an analysis of various samples of Quinine pills, named by number only some of which fell far short of the mark. At the request of Messrs. Wm. R. Warner & Co., of Philadelphia, Prof. A. R. Lyons, M. D., of Detroit, made an analysis of several of their pills selected from those for sale by their

agent in Detroit. Prof. Lyons found their pills to be all that was claimed for them, and we make the following extract from his report to Messrs. Warner & Co.

“I take pleasure in testifying that your Quinine Pills are practically just what they claim to be, whether judging by analytical tests or by the therapeutic effects obtained from them.”

A. B. LYONS, M. D.,  
Analytical Chemist.

Messrs. Warner & Co., make it their object to prepare pure and reliable medicines for the market, and their preparations will be found to be as they are represented in every instance.

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## ITEMS.

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After the first of September a change is to be made in the Medical Board of Bellevue Hospital. By resolution of the Commissioners of Public Charities and Corrections, the Board from that date is to consist of Profs. Austin Flint, Sr. and James R. Wood, of Bellevue College; Alonzo Clark and Henry B. Sands, of the College of Physicians and Surgeons; Alfred L. Looms and Stephen Smith, of the Medical Department of the N. Y. University, and Drs. Wm. B. Eager and Ernst Krackowizer, who are connected with no school. These are to nominate eleven others to be confirmed by the Commissioners, to constitute, with themselves, the Medical Board of Bellevue Hospital. This will give each school in New York an equal number of representatives in the Staff of the Hospital.—Messrs. G. P. Putnam's Sons announce that, on the first of October next, they will issue the first number of a quarterly Journal to be called *The Archives of Dermatology*. The Archives will be under the Editorial supervision of Dr. L. D. Buckley of New York, who has made several valuable contribution to Dermatology, and has already attained a high position in his specialty. We wish for him and the publishers the complete success of their undertaking.—Prof. Frank H. Hamilton offers a prize of one hundred dollars for seven cases of fracture of the shaft of the femur, occurring in persons over twenty yaars of age, who were not at the time of the injury suffering from paralysis or atrophy of the limbs, which have been treated by the surgeon presenting the cases, and which have united without shortening. The diagnosis of the fracture to be verified by at least one other surgeon who was present at or near the time of the accident, and who assisted in making the diagnosis. The measurement to be made by Dr. Hamilton and two other surgeons, to be chosen by himself and the person presenting the cases.—Owing to ill health, Prof. Hughes Bennett has resigned the chair of Institutes of Medicine in the University of Edinburgh.—We present the following as a sample of scientific (?) Homœopathy, taken from the proceedings of the Loraine Co., Ohio, Medical Society: “Dr. Park reported in writ-



ing a case of hepatization of the left lung, in a girl six years of age, cured with Lycopodium. Dr. Wolcott thought lycop. acted best in troubles of the right lung. Drs. Starkey and Hayward thought the left lung more easily affected by this remedy." And still these men make a claim of being scientific physicians.—Our July number was detained by a mistake in binding.

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## Books Reviewed.

*A Treatise on Therapeutics, comprising Materia Medica and Toxicology, with especial reference to the application of the Physiological Action of Drugs to Clinical Medicine.* By H. C. WOOD, JR., M. D., etc. Philadelphia: J. B. Lippincott & Co., 1874. Buffalo: Martin Taylor.

Dr. Wood's treatise is one of the fruits of a new era in Medicine, an era in which physiological facts are the standpoint from which therapeutical observations are made. Empiricism, or as our author would less harshly state it, clinical experience, has heretofore been the method by which a knowledge of therapeutics has been gained. The early practitioners of medicine told us that ergot would cause uterine contraction, but they had only learned the fact by observation, perhaps by accident, and could not tell its mode of action or anything concerning its physiological effects beyond what they saw in their clinical observations; they were, consequently, ignorant of many of its present therapeutic uses. No one has been more active in the physiological investigation of therapeutical agents than has Dr. Wood, and the work before us is the result of his studies and experiments. He tells us in his preface that he has endeavored to sift the true from the false and present to his readers the many scattered facts concerning the physiological action of medicine.

The introduction briefly explains the terms used in Pharmacy and Materia Medica, and gives the various modes of administering drugs.

The Materia Medica is divided into two great divisions: First, substances which act on the solids and fluids of the body. Second, substances which act externally to the body. The first division is sub-divided into general remedies as: astringents, tonics, antispasmodics, analgesics, etc.; and Local remedies, as emetics, cathartics, diuretics, etc.; the second division includes antacids, anthelmintics, digestants, etc.

The physiological action of each drug is considered in detail, so that the reader is at once led to consider for himself its therapeutical application. Students who use Dr. Wood's treatise as a text book will find that much of the irksomeness which has hitherto been supposed to attend the study of Materia

Medica is done away with ; they will find, if they are in earnest in the pursuit of knowledge, that the author has opened up to them a store house of wisdom. Dr. Wood's work deserves a place in the library of every educated physician ; it will be found to be a most valuable addition to medical literature.

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*Lectures on the Diseases of Infancy and Childhood.* By CHARLES WEST, M. D., etc. Fifth American from the Sixth Revised and Enlarged English Edition. Philadelphia: Henry C. Lea, 1874. Buffalo: T. Butler & Son.

Dr. West's lectures on the Diseases of Children have gained a deservedly wide popularity. The standard authority in England and America, they have also been translated into German, Italian, Danish, Dutch and Russian, and a French Edition is shortly to appear.

We find many changes in this edition from the former, his modes of treatment are less active and he places more reliance upon the restorative power of nature. Most of the lectures give evidence of changes, and some have been wholly re-written, among which we notice that upon abdominal tumors, extensive changes have also taken place in the lecture on paracentesis thoracis.

The author has added largely to his number of cases since the last edition, and hence has been enabled to draw from a larger number of statistics. The formulæ have been increased somewhat, and from a cursory examination seems to be carefully arranged. The former readers and admirers of Dr. West's lectures will find many valuable and important changes in the present edition.

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*A Treatise on Food and Dietetics, Physiologically and Therapeutically Considered.* By F. W. Pavy, M. D., F. R. S. Philadelphia: Henry C. Lea, 1874. Buffalo: T. Butler & Son.

Dr. Pavy is already somewhat well known as an author of a work upon the Disorders of Digestion and their Treatment. The present volume is somewhat imposing in size when the subject under discussion is taken into view, it containing nearly six hundred pages. The work undertaken by the author is very well carried out, and much valuable information can be gleaned from his treatise ; there are points, however, which could have been omitted and others considered in their places which would have added much to the value of the book. A little additional light upon the relative value of certain foods, as broths, etc., for invalids would have proved very acceptable to medical readers. On the whole, however, the work is one of much value, and we are pleased to learn that the author has taken a little more pains to inform himself upon the nature of American animal and vegetable foods than did Dr. Letheby, the author of a somewhat similar English work, upon a smaller scale.

*Archives of Ophthalmology and Otology.* By Prof. H. KNAPP, M. D., of New York, and Prof. S. Moos, M. D., of Heidelberg. Quarterly. New York: Wm. Wood & Co. Vol. I, No 1.

This valuable Journal has been changed from a semi-annual to a quarterly publication, and in order to facilitate the prompt appearance of the American Edition, Drs. E. Gruening, of New York, and Clarence J. Blake, of Boston, have been added to the Editorial Staff. The present number contains several valuable contributions to Ophthalmology and Otology, some of the articles being illustrated by fine lithographic plates. The reviews of Otology by Dr. Blake, and of Ophthalmology by Drs. Gruening and Knapp, will be found to be comprehensive and succinct statements of the recent advances in these departments. The publishers inform us that the subscription price has been reduced from seven to five dollars per year.

*Braithwaite's Restrospect of Practical Medicine and Surgery.*  
Part LXIX. New York: W. A. Townsend, 1874.

Braithwaite's Retrospect still continues semi-annually to make its appearance upon the office table of a large number of American physicians. This admirable Journal has been so long and favorably known by the profession that it would seem like losing an old friend to have it omit its visits. The idea has become quite prevalent that the publication of this Journal was about to be suspended; this arose, doubtless, from the announcement of the suspension of Rankin's Half Yearly Abstract.

*Archives of Electrology and Neurology: A Journal of Electro-Therapeutics and Nervous Diseases.* Edited by GEO. M. BEARD, A. M., M. D. Vol. I, No. 1.

We welcome this new Journal to our list of exchanges; devoted to a subject which is daily attracting more attention from physicians it should receive the hearty support of all who are desirous of the advancement of scientific medicine. The editor, Dr. Beard, stands high as an observer in this special branch of medicine, and under his supervision we may expect the Journal will fulfill the promises which its first number makes.

*Observations in the Pathology and Treatment of Cholera. The Result of Forty Years' Experience.* By JOHN MURRAY, M. D. New York: G. P. Putnam's Sons, 1874.

Dr. Murray does not present any essentially new points in this little monograph, but gives in a brief way the results of his extensive experience with the disease in India. He gives no treatment for cholera which may be termed specific, but enjoins careful attention to each case, for he believes that a large number of cases may be saved by appropriate measures promptly administered. He embodies in this little book some excellent suggestions concerning

cholera, and his descriptions of its various phases are very admirable. It presents to those who wish to look up the subject a convenient and valuable hand-book.

*A Hand-Book of Medical and Surgical Reference.* By JOHN H.

WYETH, M. D. New York: Wm. Wood & Co. Buffalo: H. H.

Otis.

*The Physician's Dose and Symptom Book.* By JOSEPH H.

WYETHES, A. M., M. D. Philadelphia: Lindsay & Blakiston.

These books both seem to be of the labor saving variety, something after the style of the ready reckoners, etc. That they can be of much value to an educated physician we have much doubt, for they contain little if anything which he should not carry in his brain rather than in his pocket companion. As a ready means of gaining information upon some doubtful point they may be of value, but no physician should allow himself to rely upon such aids, and but few will take the trouble to carry them about in order to have them on hand in time of emergency.

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### Books and Pamphlets Received.

*The Physiology of Man; designed to represent the Existing State of Physiological Science as applied to the Functions of the Human Body.* By Austin Flint, Jr., M. D., etc. Vol. V. Special Senses; Generation. New York: D. Appleton & Co., 1874. Herger & Ulbrich.

*Essays on Conservative Medicine and Kindred Topics.* By Austin Flint, M. D., Prof., etc. Philadelphia: H. C. Lea, 1874. Buffalo: T. Butler & Son.

*Transactions of the Medical and Chirurgical Faculty of the State of Maryland at its seventy-fifth Session.* Baltimore, April, 1874.

*The Toner Lectures. Lecture No. III, On Strain and Overaction of the Heart.* By J. M. Da Costa, M. D., etc. Delivered May 14, 1874. Washington: Smithsonian Institution, 1874.

*Address of Joseph M. Toner, M. D., President of the American Medical Association at Detroit, June, 1874.*

*Nomenclature of Diseases prepared for the use of the Medical Officers of the U. S. Marine Hospital Service.* By John M. Woodworth, M. D., Super-vising Surgeon. Washington: 1874.

*The Relation of Medical Societies to Progress in Science. Inaugural Address of the President of the Kings Co., N. Y., Medical Society, Alex. J. C. Skene, M. D. June 16, 1874.*

*List of the Officers and Members of the American Social Science Association for 1874.*

*Peters' Musical Monthly, Vol. XIV, Nos. 83, 84 and 85.* New York: J. L. Peters, 559 Broadway.

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Original Communications.

ART. I.—*The Relations of General—Scientific Medicine—to Special and Specific Modes of Medication.* By ALFRED MERCER, M. D., Prof. of Clinical Surgery in the Medical Department of the University of Syracuse, N. Y.\*

*Mr. President and Gentlemen of the Onondaga County Medical Society:*

I believe these resolutions are among the most important ever presented for the consideration of this Society. They dip down deep into the whole subject—into all the relations of medicine and medical science. This discussion involves a vast amount of responsibility—the real status of the medical profession and medical science.

\*At the semi-annual meeting of the Onondaga Medical Society, held Jan. 28th, 1873, the following resolutions were introduced by Dr. Potter:

WHEREAS, The dictates of reason and common sense commend the fraternization of all regular practitioners of medicine recognized by our State laws, therefore,

Resolved, That it is the sense of this Society that the code of ethics be so amended as to be more in harmony with the spirit of our Republican institutions.

Resolved, That delegates to, and permanent members of the State Medical Society be requested to urge that body to so amend section 7th paragraph one, of the code of Medical ethics, that members of County Societies may be allowed to meet in consultation, all practitioners who are recognized by the laws of the State, whenever called upon by them or their patients.

The Doctor urged his resolution in strong terms, and thought when ministers of the Gospel of different denominations are working together, it was time for physicians to recognize those of other schools, who are gentlemen of culture. Every day the rule was being violated in this city, and he thought physicians should have more liberty in this matter.

Dr. McDonald seconded the resolutions.

Dr. Campbell thought the question was too large to come up so late, and moved to lay it on the table. Carried.

At the quarterly meeting of the Society, held April 5th, 1873, the resolutions were taken from the table, and discussed in the following paper. At the conclusion of the reading of the paper, it was moved by Dr. Plant "That Dr. Mercer be requested to present his interesting paper to the Medical Association of Central New York." The motion was carried.

The paper was read before that Society, June 17th, 1873. At its conclusion a motion was made and carried, requesting a copy for publication.

We feel altogether incompetent to do justice to the occasion, but would beg your indulgence, while we offer our mite of thought for consideration.

But sir, allow me to premise, the medical profession exists not for itself, but for mankind. Sin did not enter the world to create the clerical profession, neither are churches organized for the benefit of the clergy, but to develop, promote and direct the growth of Christian character. Laws are not enacted for the creation and benefit of the legal profession, but for the protection of the citizen. Railroads and telegraphic lines are not constructed for the benefit of the stockholders alone, but for the pleasure and convenience of the public. Mankind are not afflicted with disease solely for the benefit of doctors. The medical profession exists not for itself, but for the good it can do ; and individually, as we are able to alleviate suffering and conduct disease to a successful termination, so will be the honor and usefulness of our profession, so the measure of our success—success in all its phases, in reputation, character, usefulness, and in material reward.

We are the instruments, the workers, the handmaids of medical science, and as such, are comparatively of little importance, but medical science is of great importance. We die, and pass away—medical science lives on—it is its life, progress, and well-being, we are to defend in this discussion—we need take no thought for ourselves, but all thought for the science—and be assured the science will take all needful thought of us.

If these views are correct, we can narrow down the discussion of these resolutions to a single thought, will their adoption tend to advance and promote the diffusion of medical knowledge? For the present, I am of the opinion their adoption would have no such influence; if it can be shown that it would, I shall cheerfully vote for the resolutions.

But Mr. Chairman, I am pleased with the broad and catholic spirit of the resolution, as being in harmony with the spirit of the age, and our republican institutions. On this point, personally, I hope to challenge the living and the dead, as to the freedom of thought, and the equal rights and privileges of all men. In this

connection, the Doctor supported his resolutions by referring to the growing liberality of the clergy of different denominations, also to the frequent violation of our code of medical ethics by members of this Society. We fully appreciate this growing liberality of the clergy, and still there is room for more.

The church, past or present, cannot shame medicine in this direction. But the resolutions do not involve liberality and tolerance so much as they involve knowledge, justice and honor. No matter what the clergy may do, these resolutions are to stand or fall on their own merits. They are to be discussed, and disposed of, in the interest of diseased and suffering humanity, and in the special interest of no one else. They are to be carefully considered for the best and for the right, without prejudice, fear or favor. The sick having the first right, and I have so much confidence in the right, that if we look after the interest of the patient, all other interests will be best served.

The occasional violation of the code of medical ethics should be no excuse for their amendment, if they are founded in honor and equity. As well might we clamor for the amendment or repeal of the criminal code, because it is violated every day.

The code of medical ethics is drawn with scrupulous care, and with the deliberate conviction as to its exact justice to all parties concerned. But there are those among us who would throw up the code altogether, and allow every one to keep such professional company as may please him best.

I can hardly agree to this, but times and things may be changing more rapidly than we think for.

The truth and justice embodied in the code of medical ethics, in the light of yesterday, may not be truth and justice in the advancing knowledge of to-day. The code may have outlived its usefulness—it may be dead and effete. That is the question we are to discuss to-day. Good men require little or no law to regulate their conduct. The code is no burden to the honorable and educated physician. Unfortunately, physicians are not all saints, and the code may have some influence in keeping bad men in the line of duty, and I believe it well for us all to be held under some whole-

some restraint—to have some standard of etiquette to appeal to for the government of our conduct.

Though I agree with the catholic spirit of the resolutions, I feel that we can better define our own position, and I hope the position of this Society and the profession at large, by offering the following substitute resolution:

*Resolved*, That we recognize all men and women as physicians and surgeons, and will meet them in consultation, if of good moral character, who have made themselves familiar with the following branches of medical science: Anatomy, physiology, general and organic chemistry, symptoms and pathology of medical and surgical diseases, with the principles and practice of midwifery; with the effects of drugs and medicines on the human body in health and disease, and who practice medicine and surgery, under the simple designation of Doctor in Medicine.

And now sir, as an apology for offering a substitute resolution—I am not particular about its adoption as we shall see by-and-by—I desired some starting point, some definition, some platform on which the profession is supposed to stand, some exposition of its present attitude to the whole outside world of medicine.

We propose to discuss these resolutions in a true catholic spirit, with an open heart and a free hand, for we have nothing to conceal or to shun, no malice to ventilate, and no purpose to serve but the good of all; keeping constantly in view the cardinal ideas—the interest of the patient, and the diffusion and advancement of medical knowledge.

We need not occupy your time in pointing out the importance of all the medical knowledge set forth in the substitute resolution to the practicing physician and surgeon. Everywhere, in all the departments of life, knowledge and experience is preferred to ignorance; the practice of medicine forms no exception to the rule. All this knowledge is about equally necessary for one to judge of medical theories and medical practice.

And yet almost everyone feels competent to sit in judgment on these subtle questions. This thought is more or less applicable to the press, in its comments on the recent action of the Massachusetts Medical Society, in expelling some of its members on account of their embracing homeopathy. We are ignorant of the merits of the case and have no comments to make. We mention it that we



may say a word or two about the press and ourselves. The press, almost uniformly, comments unfavorably upon us, and the action of our societies. We are always in the wrong, and some one else is always in the right. Now I believe the press aims at the right as well as ourselves, but how comes this almost constant discrepancy? Does the press, and the public, fully understand the situation, or are we really in the wrong? It is to be presumed we understand the situation, and possess the requisite knowledge to judge; but are we really blinded by prejudice as to the right? Does the press form its judgment from actual knowledge of medical subjects or from popular prejudice? If we really are in the wrong I hope we may soon learn the right. We have no time now, specially and specifically, to discuss these questions, but hope incidentally to throw some light on them as we proceed.

For ourselves we are not very particular how or where this requisite knowledge is obtained. It may be possessed without a college diploma, and may possibly be wanting with one. But its possession does not of itself make one a good physician. The best class scholars do not always make the best prescribers, and it has been remarked that "high science may leave one stupid for practice." With proper deportment, and with a knowledge of the branches set forth in the substitute resolution, I should feel disposed to fellowship any man or woman in the practice of medicine.

But before we go further, this Society is not an inquisition, and I shall speak of this Society as a representative society, and synonymous with the profession at large—for membership, it asks no question as to theories, opinions, or belief, but what does the candidate know, and is he of good moral character? This Society, then, is not only a scientific society, but a moral society, moral to the extent of common honor and honesty, and during my connection with it, all expulsions have been for immoral or other unprofessional conduct, altogether outside of medical theory or practice. And in my opinion there is no organization, no society known among men, where there is greater tolerance, greater liberty of thought, and greater freedom of will to do, or not to do, and still hold honorable connection and fellowship, than in our medical societies, and where every man's opinion is respected and deferred

to, so long as he grants the same privileges to his fellows. But, when one in arrogance assumes he is right, and all others are wrong, when he claims superior wisdom and judgment, and blazons his ideas to the world as something new and wonderful and beyond the knowledge of other men, to captivate the credulous, and pamper to prejudice and ignorance, he looses cast among us as he ought to do.

It is not so much, then, what the practitioner really believes or does, as how he represents or misrepresents himself and others to the public. We ever have been, and are still charged with being arrogant, bigoted, and intolerant. These charges may, or may not have been true in time past; at present, we are only intolerant of ignorance, and false pretences; and, though we may not all be well learned and all honest, we believe we are as honest as the average of mankind, and that our schools furnish the best, the most thorough and complete medical education that can anywhere be obtained.

The resolutions of Dr. Potter propose to so amend the code of medical ethics that the members of county medical societies may be allowed to meet in consultation all practitioners who are recognized by the laws of the State. If I understand the laws of the State, there are no laws in force on the subject. Any person may practice medicine and surgery that feels disposed to do so, and the law recognizes him or her as a physician and surgeon. The resolutions then propose that we consult with all forms of quackery and ignorance. In its practical workings will this tend to lower or elevate the standard of professional knowledge, usefulness and respectability?

We cannot spend much time in discussing the question of law, but such is the law, and, professionally, it suits us well enough, but we have some interest in humanity. We are able to take care of ourselves without law. A learned profession needs no special protection; learning always has the advantage of ignorance. For what, and from what, do we need protection? A thorough knowledge of our profession is superior and better protection than any law can be, however cunningly devised. That is the best, and all, the protection we can, or ought, to have. It is the people not the medical profes-

sion, that need the protection of law. This absence of law, no doubt, is up to their standard of intelligence, and their ideas of liberty, and it suits us if it suits them. When they are more intelligent, they will ask for protection. The people must move in this matter, not we. If we move, the whole world of quackery and ignorance would be arrayed against it and us, and would cry persecution. Law making, to prescribe the knowledge deemed necessary to practice medicine, must abide its time in the progressive enlightenment of the people.

But laws are in force that attempt to protect the people from the wiles of the sharper, that they shall not be indiscriminately deceived, cheated and killed at the pleasure of cupidity and avarice. Steam boilers are inspected, as well as many articles of food. We have boards of health, and health inspectors. Lawyers are examined before they practice in the courts, and ministers, before they enter the pulpit. But there is no examination, no qualification, deemed necessary in the eyes of the law for one to practice medicine and surgery. This certainly is republican liberty, if not democratic license.

Should not every man that puts out a sign, physician and surgeon, be qualified to stand on the platform we have erected in the substitute resolution, and, as there is no law requiring such qualifications, should we not be a law unto ourselves and to an indiscriminating public, as we are in the by-laws of this Society and in the code of medical ethics?

From our knowledge of the subject, we ought to be the most competent judges of the matter, and, in this, we have no selfish ends in view. For ourselves, simply as medical practitioners—by the means of which we expect to earn a livelihood—it is of little importance whether the original resolutions shall be adopted by this Society, or whether the State shall see fit to set up some medical standard as a prerequisite to the practice of medicine and surgery. All this is of vastly more importance to the public than to us.

Very few possess knowledge sufficient to be judges in medicine, and the outside world of medicine is largely sustained by ignorance and prejudice. Here we may be met with the statement that many

very intelligent men—men in the learned professions—select their physicians from this outside world of medicine, but we know of no intelligent man in medicine that does so.

Medical knowledge and medical judgment comes not by intuition, not by reading newspapers and novels, not by studying politics, not by studying Latin and Greek, theology or law, but by studying medical books; and where are the very intelligent men that study medical books? They may be learned and intelligent everywhere else, but unless they are learned in medicine, their medical judgment is worth little more than the judgment of the street boot-black.

Not that the primary branches of medical science are very difficult of comprehension, but to the unlearned they are as a foreign tongue. For instance, we know the Greek from the Roman characters—there our knowledge of Greek ends. We know nothing as to the pronunciation, translation or construction of the language. We could not by any possible means detect the errors of pronunciation or translation of a quack pseudo-professor of Greek. And now, if we should listen to a correct pronunciation and read a correct translation, it would be equally impossible for us to determine which was the true and which was the false without a knowledge of the language. The unlearned in medicine can be as easily imposed upon as the unlearned in Greek. To judge of Greek scholarship, we must have studied the language. To judge of medical theories and practice, we must have mastered the several branches of medical science, and all the better, if we have witnessed their application at the bed-side. To judge critically in medicine one must himself be competent to practice the healing art. Here as elsewhere, without knowledge there can be no intelligent judgment.

But all the cunning and craft of the quack does not belong to the outside world of medicine. It is not every man that has a medical education, and is a member of a county medical society, that is free from the charge. Our fundamental knowledge as medical men does not materially differ. It is the judgment with which this knowledge is used at the bed-side that constitutes the superior physician. He may, or he may not, be quackish in his character, if he assumes to know and do the wonderful, that other men cannot

do. If he promises to do what there is no reasonable expectation of performing—perhaps to secure a paying patient—when he knowingly deceives patients and friends, he is running into quackery.

Again, the attending physician is always at the mercy of the consulting physician—so we are sometimes wary who we consult with—it may develop itself in a fulsome display of sympathy and learning, and no matter how judicious the treatment may have been, it is in the power of the consulting physician to create distrust and thus undermine the confidence placed in the attending physician. He was called too late, if this, or that, had been done, or, if he had treated the case from the beginning, things would have been different. All this, in the main, is quackery, for such expressions can seldom be warranted from any known uniform power of medicine to control disease.

The learned then can play the quack as well or better than the unlearned, for quackery is made up alike of deceptions, vain ostentatious boasting, and ignorance.

But the quack in medicine has his victim at the greatest possible advantage. His deeds are done in secret, or at least, are subject to no intelligent criticism. The lawyer may play the quack in his office, but he is sure to be exposed in court by those who are competent to sit in judgment. The medical quack, learned or unlearned, is not likely to come before any such tribunal.

Deception, ignorance, and prejudice, constitute the life-blood of quackery. They are as prominent elements of our civilization as intemperance, and prostitution, evils that this generation will not overcome, and, no doubt, the best way for us to fight quackery is to let it alone, and study to our professional improvement.

Do what we may, be assured, that, for ages to come, the harvest will be continually ripening for the golden sickle of the audacious charlatan. Greater the audacity, the greater the harvest. Gold is light in the balance to the dying man.

These resolutions propose to grant us the privilege of consulting with at least the following list of doctors: The Clairvoyant, Spiritualist, Uriscopic, Indian, "Heathen Chinese," Botanic, Analytical, Eclectic, Thomsonian, Hydropathic, Homeopathic, Traveling Specialist and non descript mountebanks in general. Liberty

enough. I hope the prospect pleases, gentlemen, in the opening up of these Elysian fields. But perhaps the doctor did not intend to include all this array of names in his resolutions. If he did not, where shall the line be drawn, who shall be elected, and who rejected?

Our substitute resolution defines who, and what, we will recognize, and we believe it is broad and liberal enough to include all men worthy of the title of doctor, or worthy of the confidence of the public. It requires ample knowledge of the elementary branches of medical science, leaving each for himself to adopt any theory, or, no theory, and prescribe any medicine, in any dose, that to him may seem best. He is simply to be a doctor, and blow no trumpet of his own superior knowledge, skill, or fame.

We do not propose to examine the status of more than two or three of this long list of doctors, with something added to their names, as each being superior to all other modes of medication.

And first of the Thomsonian, who is now nearly obsolete, but he was a clamorous and an aggressive fellow in his day—as we remember him—and captured his patients and disease by storm or “blowing steam,” it made little difference which, and is to be remembered mostly for his useful efforts in expunging the last remaining law from the statute book, regulating the practice of medicine.

Notwithstanding the imposing cognomen, Eclectic Physician, it is for the most part simply a clap-trap, catch-penny institution, as being something different from other medical men. His sign is a libel on his declaration of principles,\* and should read Discarding Physician in place of Eclectic Physician. If he is what he claims to be, he is one of us, and would be with us. We elect the good and useful, in our judgment, from all sources, and compel nothing. But he wishes the world to understand that he is something different and better than other medical men.

Men put up signs and advertise to exalt, not to demean themselves and their wares before their patrons and the public. But as a class I believe they are improving in medical culture and intelligence.

The botanic sign caters to a prejudice, that it aims to create and

\*Transaction of the Eclectic Med. Soc. of the State of N. Y., 1872, page 3.

perpetuate. Its hobby-horse is apt to be calomel, quinine and arsenic—quinine being a vegetable—and that vegetables are all innocuous and minerals all poisons. This may be a strong picture, but I believe I have heard it in substance. If it were true, but it is not, we have no law or rule requiring or compelling us to use any mineral remedy whatever. We may use soda, calomel, iron or sulphur, or we may let them all alone and use nothing but vegetables, and still hold honorable fellowship in this society.

The homeopathic sign has its special attractions, especially for children. The medicine is so easy to take, and this is the more common argument used in its favor. We are all supposed to be familiar with Hahnemann's theory of medicine, and there are fewer objections, perhaps, to our consulting with one of his *true* followers, *if such can be found*, than with any other class of men. We could consult with him on moral grounds if not on scientific. He is not a quackish deceiver; he is what he pretends to be. He is simply deceived, or we are. He attributes the recovery of his patients to his thousandth dilutions, we to rest, regimen and nature.

If we consult with him it will stand something like this: First, we should expect a fee, and, it seems to me, this is the hub of the resolutions. They look more to loaves and fishes than to any other interest. Second, we might agree or disagree on diagnosis, prognosis, and treatment. Most likely, we should disagree on treatment, and we might not, for the patient might not require any special or specific medication. Our opinion, if favorable to recovery might afford the patient some consolation. I believe this to be the most honorable consultation we can hold outside of the regular profession. But, for all this, humanity first, profession second, to do good in emergencies when called on, but not in the way of formal consultation. But in regard to those who wear the "livery" of Hahnemann and are not his disciples; they are simply hypocrites, using ordinary forces in nature and attributing the effects that follow to their magic wand. Is it desirable that we consult with this form of deception?

And now, in due candor and honesty of purpose, from medicines found, from time to time at the bed-side of their patients, from the statements made by their patients themselves, and the druggists of

whom they buy their remedies, and from conversation with their own members, we have reason to believe that a very large majority of those styling themselves Homeopathic doctors are in the constant habit of prescribing medicines in ordinary doses, and on ordinary principles of practice, just as we do.

Some of these more honest than others have taken a step in the right direction, and have stricken Homeopathy from their signs, but they still adhere to the organization, though Homeopathic only in name. Why practice this deception on the public? Why keep up this factitious opposition, but to gain sympathy and thus gain patients, and keep up the cry persecution, bigot, intolerant, martyr? The chasm between us and this class of Homeopaths, and we believe it embraces nearly all of them, is but a step, and that step is deception, and I believe is ere long to be more or less perfectly bridged over with truth and honesty. We differ as much, or more, among ourselves than they differ from us as a whole on matters pertaining to theory and practice, still we live in peace, tolerant of each other.

Medical science bears on its front the olive branch of peace and good will to man, and now will some one of our many critics, the press if you please, be kind enough to point out the way of honorable reconciliation between us and any, or all, of these exclusive systems of medicine? What shall we do, what *pathy* shall we adopt to make friends and secure peace? We will wait the reply of the outside world of medicine, their champions and defenders, and in the mean time allow us to suggest that the chasm may be bridged any day by obtaining a good medical education, keeping special dogmas and pathies in the background, be doctors in medicine simply, standing on professional knowledge and merit for patronage and preferment, granting the right of private judgment to all, as to medicine and dose to be used to relieve disease, and we meet at once as brothers at the bed-side. What is there of bigotry and intolerance in this? If we critically examine the status of medicine, outside the regular profession, there is no fold where an honorable and educated man can find a resting place. They all voluntarily place themselves under bonds before the public—Eclectics excepted—to do or not to do certain



things. If they abide by the contract thus made, they so imperfectly represent the curative powers of the healing art that we could scarcely recognize them as brothers. If they disregard the contract, their practice is a fraud and a cheat, and as such, we, certainly, could not recognize them.

With us it is different, we are pledged to nothing, only intelligence and honor. We have set no stakes either in theory or practice beyond which we may not go—we have made no contract—placed ourselves in no straight jacket before the public by adding a prefix to our signs, our thoughts and deeds are as free as the air we breathe.

Again, all honorable and educated medical men may become members of this Society in good standing, under our present laws and ethics without any amendments whatever. Knowledge and good moral character are the requisites to admission, no questions are raised as to theories, medicines to be used, or doses to be administered. We are all left perfectly free on all these points. Who then have we discarded? No one but the ignorant and immoral man, and these men would have the world believe they are martyrs.

As a member of this Society, I am at liberty to believe the Hahnemann theory and administer any medicine in any attenuation I please, and this is all there is of Homeopathy, *and for this alone* there is no law of this Society under which I can be brought to an account; *and for this alone* there is no thought in the code of medical ethics that can be distorted into an excuse for a reprimand. The issue then is something outside of medical theory and medical practice. Patients seldom ask what medicines we propose to use, and seldom, if ever, what doses we propose to administer. We give large or small doses, next to nothing, as we think best, and in accordance with the theory of Hahnemann, Brown or Bronssa, or without any theory whatever, only the theory of empirical experience if you please.

If then we are as free to believe and to do as all this, what need we of any resolutions, our borders are large enough already to embrace all honorable and educated medical men.

But all these outsiders set themselves up to be our betters—if

they were our commons they would come into our fold—and claim specially and specifically to be our superiors, with new and better modes of practice to secure patronage, for no one intentionally employs an incompetent physician. We are berated as inferiors on all proper occasions, as behind the age, worse than old fogies, our treatment of disease is worse than useless, for it inflicts untold evils on mankind. If we are half as bad as represented, they ought to flee our company and thank heaven for deliverance; they ought to rejoice, as honest men, that they can escape from such a Society, with pure hearts and clean hands, in place of crying persecution, martyrdom, to excite sympathy if they are excommunicated. What sane Society, however villanous or holy, would foster an assassin in its bosom, that was daily thrusting a dagger at its heart.

But, perhaps, after all, it may be necessary to have all these sorts of doctors to please the whims and prejudices of the people—prejudices and whims that have been mostly excited by denouncing us, whether it is necessary or not, we do not propose to quarrel with them, the most we aim at in this discussion is to point out some of the relations they sustain to legitimate medicine.

We can hardly expect mankind to agree in medicine, while they differ so much in theology, law, government, engineering, temperance, and in nearly all the affairs of life.

But, there can be only one true science of medicine, and that, in the details of practice, must be infinitely variable, to meet the exigencies of constitutional peculiarities, age, sex, climate, occupation, endemic epidemic, and other influences. There must also be a one best way to treat disease, not that inferior treatment does not often succeed, and there are many very serious cases of disease that terminate in health without any treatment whatever. But in the whole medical world as it now stands, in what direction ought we to look, expecting to find this one best treatment. Among the learned, or among the ignorant, among those who have tied their hands, and set limits to medicine and medication, to work inside a theory or dogma, or among those who encourage the most learning and exercise the greatest possible freedom of

thought and action. Let us carefully review the situation, and, if we are not in this one best line of direction, let us hasten to find it, summoning all human wisdom and experience to our aid. Have we been on the wrong track, have we really been napping in our activity and zeal in prosecuting medical inquiry, and now wake up to find ourselves second in medicine? If we are in this unfortunate condition, let us scramble to the front before we offer our council to those in advance. If we are at the front, is it well to look back while there is so much unoccupied territory before us? We ever welcome honor and learning to our standard; here is congenial soil for both to flourish. All the world of medicine can come to us in honor, but to what ism or pathy can we go and maintain our honor and self respect?

We have said little, or nothing, as to the merits or demerits of these outside systems of medicine at the bed-side. We have directed attention more to the relations they sustain to medical science, and the well-being and protection of the public against fraud and deception, for the reason, that practical medicine is one of the most abstruse subjects that can well engage the attention of the human understanding. It undertakes to handle, manipulate, guide, control, or direct, by material agency, almost—shall I not say an immaterial force—certainly a force that science does not comprehend, and over which these material agents have no absolute uniform and constant control.

In disease, we are cognizant of certain changes taking place in the functions or structure of one or more of the various organs composing the human body. To devine the cause, the same apparant cause often producing very different diseases, owing to constitutional differences and predispositions, to interpret the signs manifested by these diseased organs, to direct remedies to so modify vital force as to restore them to health, is the special business of the physician. But medicines do not fit names and diseases by any uniform and absolute rule as a tenon fits a mortice, or a keystone fits an arch—the same exposure is not always sure to induce the same disease. And now this vital force is always varying, and always an unknown quality, that no symbol can represent, therefore we have no fixed positive data, cer-

tainly in one direction to reason from in practical medicine. Thus comes the abstruseness of the subject.

With these elements of the unknown and apparently the unknowable, reason is the sport of uncertainty, and the best observers are baffled in judgment to give due credit to each—vital force and medicine—in the successful management of disease. But this vital force is always present, often very feeble, with its best endeavors to restore the diseased organism to health.

And in this connection, if we may venture an opinion, it would be that in general we overestimate the importance of medicine in the cure of disease. We know that very many diseases are self-limited in this nature, and tend to terminate in health without medication.

“To know the natural cure of disease is more than half of therapeutics.” The reputation of the inert materia medica of one or two hundred years ago; the reported cures by charms, amulets, metallic tracters, royal touch and the fairy globules of to-day, all point in this direction. And when we contrast all this with the heroic treatment of fifty years ago—the enormous blood-lettings, and other active perturbative treatment, and inquire as to the result of these two extremes of practice, I believe nature may fairly dispute for honors among all the doctors.

In all this I hope not to undervalue the powers and usefulness of the healing art; we often witness its significance, and in heroic practice to, but the secret is to know when to do, when to trust nature, and when to resort to art. This is the one great lesson we all want to learn.

Now all these outside systems imperfectly represent medical science, and often misrepresent it by charging it with many faults of which it is not guilty, exciting a prejudice in their own favor, charging medicine as doing more mischief in breaking down general health than disease itself, of which the whole human family finally perish. Disease is innocent, medicine is all powerful for evil to those who recover. As well might we claim fire to be innocent, and charge all the damage to the water that extinguishes it. They are all partial and circumscribed in their usefulness, but they serve to enlarge the field of medical observation, and we aim

to profit by their experiments and experience, and appropriate to our own use what is found useful. We are not particular whence our knowledge.

But, while we may have learned something from these outside systems of medicine, the great and important discoveries in medicine and surgery, the real substantial progress of the science, has been achieved by the regular profession. I may not be well informed on the subject, but I am unacquainted with any really valuable addition made to our stock of knowledge from this quarter, nothing worthy of notice beyond what we believe to be the hypothetical theory of Hahnemann, and whatever of truth may be claimed for it, and we think that very little, two things are certainly true in regard to it. Diseases are successfully treated outside of this theory, and it is not applicable to all forms of bodily ailments.

It is seldom, patients and friends have the right sort of confidence in their medical advisers; they too often think they must be dosed to recover. The sick should be under intelligent medical observation; but often medicine is of little or no service to them.

I have occasionally received a call something like this: Doctor, my daughter, Jennie, does not feel well; we do not know what ails her; I wish you would go and see her, and tell us what the matter is, and if you think she will get along without medicine, you need not give her any. I will pay you for your visit all the same.

This is music to the physician's ear; it has the ring of true metal, and illustrates the relations that should exist between patient and physician. If this was the common relation of physician and patient, the sick would take much less medicine than they do. But we all know how the mind acts and reacts on the body, and that must be taken care of to facilitate recovery, and can be done as well with sugar as with bread pills.

And now, after this imperfect and, perhaps, somewhat irrelevant review of the situation, where is the line of duty? Many of the men practicing medicine outside of the regular profession are supremely ignorant, others, perhaps with more learning, are equally cheats and charlatans. We cannot descend to this sort of fellow-

ship. But there are still others, respectable in society, and fairly respectable in medical knowledge, and what is our duty to them, to medical science, and to the public? From all that we have said and from all that we have thought on the subject, I believe it is our duty to remain just as we are, and for one simple reason among many others that might be adduced. They do not entertain a medical thought that I may not entertain, they never have, and I believe they never will make, a prescription that I might not make and still hold an honorable connection with this Society, with all its privileges and immunities, and they can do likewise if they will. The door is wide open for all honorable and educated men to come in.\*

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ART. II.—*Medical Society of the County of Albany, N. Y. Semi-Monthly Meeting, May 13th, 1874.* Reported by F. C. CURTIS M. D., Secretary.

In the absence of President SWINBURNE, Dr. WM. H. CRAIG was elected President *pro tem*.

#### DIFFICULT CASE OF LABOR.

Dr. J. H. BLATNER reported the following case: Mrs. L., aet. 39. Multipara, robust constitution, heavy set and corpulent. Previous confinements natural and terminated without complications. In this, her ninth confinement, was attended by a mid-wife, the real "Sairy Gamp," Dickens so well describes. Labor commenced at 8 A. M., on the 25th ult., and pains continued regular and at short intervals until 2 P. M., when the membranes ruptured. At 6 P. M. he was called in great haste and was soon at the bedside of his patient, and after asking for the necessary information from the midwife, he became convinced of her total incapacity and ignorance. Making a digital examination, the fingers first came in contact with a large soft mass, lying in the right oblique diameter of the pelvis and completely filling it; in the center of this mass

\* Since this article was written, an act has passed the Legislature, regulating the practice of medicine, which I think very defective—better than nothing perhaps, for it may lead to something better, since public attention is directed to the subject. If the act had prescribed a form for the examinations for all Societies to follow, and the results of all such examinations had been submitted to some competent board of State censors for approval, the law then might have had some virtue in it, but as it is, I fear it will afford little or no protection to the people from ignorance in the profession, and on the whole have a damaging influence on the general standing of the profession, by giving legal authority to ignorant and unworthy men. At any rate it is liable to this sort of abuse.

ALFRED MERCER.

there was a large rent, probably measuring three inches in length. This condition of the presenting parts somewhat puzzled him, but by auscultation he found the fetal heart above the umbilicus on the right side. He concluded with what he had previously found that the fetus was presenting with its breech in the second position, with some abnormal condition of the anus and vulva. Ergot, after repeated trials, having no appreciable effect, was abandoned, and the patient being very much exhausted he determined if possible to bring down a foot. Owing to her exhausted condition chloroform could not be administered. Before making any attempts he sent for counsel, anticipating that he had a case of unusual severity to treat.

The consulting physician co-incided with Dr. Blatner after making a careful examination. It was now four hours since the membranes had ruptured, and the uterus had firmly contracted on the fetus. With the greatest effort they succeeded in bringing down one foot, but with this leverage they could not bring down the trunk. After much exertion the second foot was also secured. Some little progress was now made in extracting the trunk. Every step of the operation was attended with the greatest difficulty. The forceps were applied to the head but without avail except to accelerate rotation, and only after adopting every manipulation known to them did they succeed in delivering an immense but not hydrocephalic head.

The child was of immense proportions, weighing nearly 18 pounds. The placenta and secundines soon followed, and after a few necessary precautions, the uterus contracted firmly. No hemorrhage of a serious nature followed. The patient rallied from the operation, but an hour afterwards symptoms of exhaustion manifested themselves and finally terminated in a complete state of collapse, the patient dying one hour and a half after the termination of the labor. The uterus was examined after death and found contracted and not ruptured. The placenta on the maternal side contained numerous small calcareous and ossific deposits.

Among the points of interest in the case are: 1st. The diagnostic value of auscultation as to determining the presentation of the fetus, which in this case proved of great value. 2d. The total

incapacity and ignorance of the midwife, to whose mismanagement and maltreatment much of the serious result in this case is to be attributed, the rent in the breech being undoubtedly the result of traction made by the midwife with the finger hooked in the vulva or anal opening. 3d. The calcareous deposits in the placenta. He had twice met with these deposits in the placenta and the patient was each time given to obesity. There is also a case reported in the "Southern Medical Record," where the whole attaching surface of the placenta was covered with a kind of net work of bone; in many places there were solid plates as large as a dime coin and a line in thickness. The patient was also large and compact.

Schröder (Manual of Midwifery, p. 141) says: "Calcareous deposits of a moderate size are sometimes found in the placenta. They are found on the tip of the villi (also in the maternal tissue) and, when the deposition is more abundant, also on the pedicle. The infiltration is either more diffuse and starts from the epithelium of the villi, or what is more commonly the case it commences on the walls of the capillaries and in the vessels of the villi."

Rokitansky says, (vii p. 260): "Foreign observers have given instances of osseous deposits in or ossification of the placenta; they are gibbous, or nodular formations, which are probably developed in the placental tissue after it has been obliterated by inflammation or in the fibrinous capsule cause hemorrhage."

Dr. LORENZO HALE spoke of a corpulent woman having had five children whom he had attended. The placenta was studded with calcareous deposits in stratified layers.

Dr. A. VAN DERVEER presented cases of stricture of large calibre, with the following preliminary observations:

In a few brief remarks I desire to call the attention of the Society to a class of strictures of the male urethra, which we have been too much in the habit of overlooking: It is true we can say here, as in many other branches of surgery, that our methods of examination, the instruments recently invented, &c., have enabled us to arrive at a more correct diagnosis than we were formerly in the habit of reaching. Most of us have been taught that to have a case of stricture of the urethra there must first be such a diminu-



tion or contraction presenting in the calibre of the canal, that the patient himself is first attracted to his condition. He is first to notice that his stream of urine is growing smaller, that it required a longer time for him to empty his bladder, that after a short time he finds he is compelled to make quite an effort, that the force exerted is so great as to give him much anxiety. He comes to realize the fact without consulting a physician that he has a stricture, and a careful examination only goes to confirm his opinion.

Now in contrast to some of the marked symptoms we have just noticed, we have a patient coming to us, stating that sometime within one, two, three or five years or longer, he had an attack of gonorrhœa. He may give the opinion that at the time he believed himself cured; or he may state that the doctor who attended him did not treat his case properly, and that ever since he has had an annoying gleet.

He is positive that he is passing a full stream of urine; will perhaps state that he does not have to get up at night to urinate, and will, when it is suggested, scout at the idea of his having a stricture. He is a young man of correct habits and desirous of entering the marital relation, or he may have passed on to middle life, and now, after some excess or great anxiety, he notices a condition that arouses his suspicions as to whether there is not some danger of his old disease returning. Whatever his condition in life, his case demands our most careful consideration. All of us are familiar with a class of cases who suffer from what is called gleet, and can probably each call to mind cases where, by some happy combination of medicines, as an injection or otherwise, we have been successful in stopping the discharge, (that single drop of pus, it may be, seen only in the morning,) and our reputation in consequence have been greatly enhanced.

Other cases again, apparently of like character, have taxed to our utmost our skill in the use of remedies, and while yet willing to try, we notice that our patient no longer returns, but on the contrary has gone to another doctor, perhaps in like manner to leave him after a trial of his treatment. Thus too frequently does the poor fellow travel year after year, from one physician to an-

other. As an illustration, permit me to present the history of the following case sent me from a neighboring county.

F. C., merchant, aged 26, temperate habits, had first and only attack of gonorrhœa five years ago; discharge was profuse and very irritating; was under treatment a year and then believed himself cured. Sometime, three months after this, owing to great fatigue, he noticed a slight discharge from the urethra in the morning, and a desire to get up occasionally at night to urinate. Has consulted many physicians, but only one has ever examined his urethra and he only with No. 10 elastic bougie. This passing into the bladder with comparative ease, it was believed he had no stricture and that it was not necessary to continue its use. Has used injections of lead, zinc, nitrate silver, and various other astringents; also taken medicine internally most of the time during the past four years. I saw this patient first, March 9th, 1874. He appears strong, and says he has nothing to worry about excepting this unpleasant gleet discharge, which is very little in quantity, but he is anxious to get married and fears a return of his old gonorrhœa. Is sure that he is passing as large a stream as ever, but admits that it requires more force and a somewhat longer time than usual to empty his bladder. On examination, a No. 8 bulbous pointed bougie brings away a drop or two of gleet discharge from near the meatus, but on being re-introduced passes the entire length of the urethra, and is removed without detecting any stricture.

A No. 11 enters the meatus but meets with a decided obstruction one-third of an inch back; this is passed after some little effort and then on into the bladder. On removing it no contraction can be detected except near the meatus, as mentioned, and here a well defined stricture, one of large calibre, can be diagnosed. The instrument is held by the stricture with sufficient firmness to hold the penis erect.

Patient is now convinced that he has a stricture, and is willing to submit to any treatment we think best. The stricture and meatus are freely incised with Gouley's Meatotome, and No. 16 steel sound passes into the bladder, but little hemorrhage following. Patient is taught and told to pass a large size black elastic

olive pointed bougie two and three times a week, and to report again. No internal treatment ordered.

F. C. returned in three weeks, saying the discharge had ceased, and that his mind was greatly at ease concerning his old disease. Largest size bulbous bougie fails to detect any remains of stricture. Is ordered to continue the use of the elastic bougie occasionally.

Now, if we had attempted to make out a diagnosis of this man's case, according to the rules presented in many of the text-books of the present day, we should have failed. Sir Henry Thompson, with others, tells us that if No. 8, 10 or 12 elastic bougie or steel sound can be passed, the patient has no stricture. It is very evident that this can not be the case, and also, that we are not safe in our diagnosis where a gleet discharge is present, unless we have made a thorough use of the so-called bulbous bougie, in searching after the location of a stricture that may be present.

One point in our diagnosis of stricture of large calibre we are to remember, and that is, that every urethra is not of the same size. For instance, as an illustration :

A. S. treated for tight stricture, and discharged or recovered May 1st, 1873, passing No. 16 steel sound. Returned again in January, 1874, saying that while he passed a good stream, and not able to detect any of his old gleet discharge, yet of late when he had urinated and about to return his penis, he has noticed an unexpected dropping of urine, and from its soiling his garments, has become very annoying. On examination, a No. 16 steel sound, English size, passes into his bladder, causing a little pain at the meatus.

Now, it is but a few years since when all authorities would have assured us that there was nothing wrong with this man's urethra ; that his difficulty must rest somewhere else ; that he has no stricture. But we are inclined to examine his case somewhat more carefully. Having some trouble in introducing the large size bulbous bougie, the meatus is incised, and then we detect in the spongy portion of this man's urethra, four well defined strictures of large calibre, about one-half inch from each other, all sufficiently well marked to retain a drop or more of urine. In the treatment of this case we first tried Otis' dilating urethrotome, but succeeded best with Gouley's dilating urethrotome, and after a short time

had the satisfaction of seeing this patient entirely relieved of all his troublesome symptoms, his urethra admitting the passage of Nos. 17 and 18 steel sounds, and with the largest sized bulbous bougie unable to detect any contraction of the canal.

In our examination of cases of gleet, we should ever bear in mind that the stricture of large calibre may become the tight impermeable one; that the former is treated with far better results, easier, and with less loss of life than the latter.

I believe that all cases of gleet resolve themselves into two classes—those complicated with stricture, either of large or small calibre, and those where we have the urethra presenting points of ulceration, after a severe attack of urethritis, and which, if neglected, ultimately leads to stricture.

I do not wish to take up the time of the Society in the presentation of many cases I could offer illustrating these conditions, and will present only the following, to show the good resulting from gradual dilatation, a method always at hand and easy of application, especially if it be but a short time since acute urethritis has occurred:

W. J., æt. 22, temperate habits, and has had two attacks of gonorrhœa, the last a year ago, since which time there has been a constant gleet discharge. Twice, after severe exposure, has been obliged to resort to the use of the catheter to draw off his urine, which was introduced at such times with little trouble. Examination, April 10th, 1873, with a bulbous bougie, reveals a slight stricture just back of the fossa navicularis; the remaining portion of the urethra appears healthy. Nos. 13 and 15 steel sounds were passed twice a week for a month, when the discharge entirely ceased, and has not returned up to this date, August 15th, 1873. His general health being good no internal treatment was used.

September 1, 1872. G. J., æt. 23, of temperate habits; had his first attack of gonorrhœa two and a half years ago, which was severe; recovered in three months. He was treated with copaiba only. Had a second attack eighteen months after, not severe, and was treated in same way as before. Since has had a constant discharge, a chronic gleet. No. 8 bulbous pointed bougie detects a stricture half an inch from the meatus. Gradual dilatation was

practiced for three months with elastic bougies, and finally with No. 15 steel sound. Internally, tr. ferri mur. with cantharides, were given. Now, August, 1873, the discharge has entirely ceased. No. 15 is occasionally passed without difficulty.

The following case is illustrative of points of ulceration in the urethra, which we may have the good luck to locate correctly and treat by various injections, but which can be more correctly located by the endoscope, an instrument which will come into more general use as it becomes simplified in its construction :

November 1, 1872. D. D., æt. 40, intemperate, exposed to all kinds of weather, day and night. First attack of gonorrhœa eighteen years ago; treated with copaiba, injections, etc.; was four months in recovering. After this, when exposed to cold, the stream of urine becomes smaller, and for a few days subsequent there is discharge. Second attack two years ago, very severe, and attended with scalding and great pain. Treated as before, and was three months in recovering. Stream of urine became smaller, but no retention; obliged to empty his bladder during the night. Third attack four months ago. Pain acute, and occasionally passed blood with the urine. The attack yielded to copaiba and injections, but subsequently could only after frequent attempts pass a small stream. Examination shows the urethra to be in a state of ulceration for five inches, and to be uniformly contracted and roughened. The introduction of No. 2 elastic olive-pointed bougie is attended with considerable pain, and causes the part to bleed. Tincture of the chloride of iron was given with cantharides.

March 1, 1873. The occasional use of bougies up to No. 8 leaves the patient in a very comfortable condition. Discharge scant. Introduction of No. 8 bougie causes no pain. A larger size causes much pain on introduction. The use of the urethrotome or divulsor was not permitted. He uses No. 8 bougie occasionally, remaining comfortable up to the time when last seen.\*

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\* Owing to lack of space a portion of the transactions for May 13th. is held over until the October Number.

ART. III.—*Abstract of the Proceedings of the Buffalo Medical Association.—Buffalo, August 4th, 1874.* Reported by JOSEPH FOWLER, M. D., Secretary pro tem.

The Association met at their rooms in the Medical College building, at the usual hour.

The President, Dr. White, in the chair.

Members present : Drs. White, Samo, Gay, Rochester, Bartlett, Brecht, Shaw, Gould, and Fowler. In the absence of the permanent Secretary, on motion, Doctor Fowler was made Secretary pro tempore.

Dr. E. N. Brush was, upon a vote being taken, elected a member of the Association.

Dr. GAY said there was present by request, a patient from the General Hospital, upon whom he had operated for disease of the elbow joint.

The patient had kindly consented to come here to night that he might show the results of resection of the joint, and he requested Dr. Bartow, the resident physician at the Hospital to recite the history of the case, as he was familiar with it.

Dr. BARTOW. Philip Steinmetz, aet. 53, laborer ; on election day, Nov. 8th, 1873, patient fell upon a heap of stones striking upon the right elbow, cutting and contusing it. An abscess formed upon the back of the arm just above the elbow, subsequently involving the joint, causing thereby increased inflammation, followed by sloughing of the parts—at the back part and above the elbow for a space of four inches long by two inches in breadth.

The articular surfaces of the bones were exposed and found to be in an ulcerated condition. The whole limb was greatly œdematous and wholly powerless.

The patient had been an inmate of the Erie County Hospital from the time of the receipt of the injury to March 4th, of the present year, when he was removed to the Buffalo General Hospital. Resection of the elbow joint was made by Dr. Gay, March 16th. The longitudinal operation being chosen. The heads of all the bones being removed. The wound was left open—the limb being placed in a tin gutter properly padded. After four weeks,

passive motion, supination and pronation were begun; a joint being made in the gutter, corresponding to the elbow joint, by means of which the forearm could be flexed and extended in a very gradual manner. The ulcerated surface and œdematous condition of limb preventing patient from being out of bed.

May 15th, the patient was out of bed and about with his arm in a sling. Was directed to make active motion, and was soon able to partially flex fore arm, carry hand to opposite shoulder, to head, etc. Was soon able to carry a small weight in the hand—this being daily increased until in the course of a month he could carry twenty-five pounds with ease. The œdema slowly disappeared, cicatrix remaining firm. Motion and strength of limb continually improving. The measurement from acromion to styloid process of radius shows an inch of shortening.

At present time, patient is able to do manual labor with nearly as much facility as ever.

Dr. WHITE referred to this operation as one of the greatest achievements of modern, conservative surgery. During his earlier professional life, it was believed that resection of the large joints was necessarily fatal, now it is done with great success.

The patient was examined by the President and members present, the usefulness of the arm and joint tested and the result of the operation pronounced successful.

Dr. BARTLETT related the following case as unique and interesting.

A healthy man, 42 years of age, employed as a heater in the Union Iron Works, and possessed of a full head of hair, with whiskers thick and long.

Eight months ago while in the enjoyment of good health, he first noticed his whiskers and the hair on his head beginning to fall off—then from the axillæ pubes, and lastly from the extremities, till none was visible on any part of the body. The eyelids and eyebrows were all gone, not one remaining.

No form of sickness was present when this change was going on. Patient said he never had any severe attack of sickness whatever either general or specific, but on the contrary always enjoyed excellent health.

Dr. ROCHESTER asked whether the color of the hair underwent a change before falling off.

Dr. BARTLETT, replied that it did not, the change taking place in six or eight week from the first noticeable disappearance of the hair, and at present there are no indications of its reappearance.

Dr. BARTLETT was asked whether the patient sweat freely when at work? To which he replied in the affirmative.

Dr. ROCHESTER said it might be due to disease of the hair follicles, which it would be well to examine with the lens, and that his occupation might stand in a causative relation to it, as he was subjected to extremes in temperature.

Dr. WHITE said he could not recall a similar case, and would suggest that Dr. Bartlett keep the case under observation, and report at some future meeting, his condition, or any change that might take place, and bring the patient here for examination.

Dr. SAMO related a case of secondary syphilis accompanied with a severe sore mouth, copiously studded with syphilitic eruption which did not yield to his usual plan of treatment. The tongue is fissured and nodulated. Have cauterized the sores and used various applications without being followed by any permanent good. There was a chancre on penis which readily healed after simply cauterizing it. Did not give any medicine internally during this stage, my patient apparently doing well.

There was a red spot on the roof of the mouth, one on the left tonsil and root of the tongue, which did not yield to the local use of nitrate of silver, but on the contrary seemed to be aggravated by it. There were ulcerations on the lips as large as a three cent piece. Sedative applications in the form of washes gave the most relief. The eruption showed itself one week before the mouth began to get sore.

The appetite remained good, throughout the disease, but the patient was unable to take anything but the simplest form of diet.

There was a bubo which did not suppurate. During secondary stage gave mercury iodide combined with five to eight grains of potassium-iodide three times a day. The deuto-iodide of mercury was given in doses of one-sixteenth of a grain *ter in die*, and continued three weeks.



Dr. WHITE said that in his early practice, he had been called to treat a great many cases of syphilis, and relied on the use of mercury, more frequently in the form of the proto-iodide than any other. He said he was in the habit of prescribing the following combination: hydrar, proto-iod. gr.  $\frac{3}{4}$ , Conii. gr.  $\frac{1}{2}$ . in pill three times daily, often continuing their use till gentle constitutional effects have been manifest for a considerable period. Think washes are of little value. Think the eruption may disappear if no medicine whatever be administered.

The deuto-iodide of mercury or corrosive sublimate dissolved, in small doses long continued, would be useful in the case under consideration with baths and nourishing diet.

Dr. ROCHESTER: Have never been satisfied that we can successfully treat syphilitic cases without mercury.

Have noticed that most forms go on to tertiary stage. Soft chancre usually heals by one or two applications. Diet and tonics just as important as mercury. Think sedative applications best. By combining deuto-iodide of mercury with potassium iodide a portion of the mercury is eliminated from the system which may prevent its constitutional effects. Should add iodide of potassium enough only to dissolve the mercury. Think this may account for the failure in Dr. Samo's case.

Dr. GOULD: I usually rely on the proto-iodide of mercury combined with opium or conium. Obtain good results from the use of bichloride, and proto-iodide of mercury.

Don't think much of the use of caustics; chancre usually heals without applications.

Think local treatment of secondary importance; must rely on constitutional measures.

I have been successful with the use of iodide of mercury in cases of unusual severity.

Dr. BARTLETT said he was in the habit of treating the disease as described. Do not cauterize very much. In advanced cases have more faith in bichloride of mercury than any other form. I have rather a singular case under observation. The patient, a boarding-house keeper, sent for me to treat what she called a felon on her thumb.

The sore looked suspicious, but I could gain no knowledge of the transmission of syphilis unless by contact. On inquiry my patient said she had done washing for a boarder whom she knew to have a disease of a private nature, but did not remember of ever having any abrasion on the thumb. The sore was dusted with calomel, and dressed with the ung. ammon. hydr. and hydr. proto-iodide in half grain doses taken internally three times a day, and under this treatment thumb seemed to get well.

Three or four weeks from that date an abundant eruption of a well marked syphilitic character appeared all over the body.

Dr. GAY agreed with Drs. White and Bartlett. He treated with mercury proto-iodide, giving one-half to one grain three times daily, without opium if the bowels retain it. If they do not, give it night and morning only.

Have no confidence in potassium iodide alone, unless preceded by mercury iodide in primary or secondary stages. Think the preparation of mercury Dr. Samo used must have been inert or his patient would have improved under its use.

Dr. SAMO: It is my custom almost invariably to use mercury in some form from the commencement of the disease, generally using the deuto-iodide or proto-iodide. In combination with potassium iodide I have been very successful in the treatment of secondary symptoms.

Dr. WHITE said he was in the habit of using deuto-iodide of mercury with potassium iodide in the third stage, and proto-iodide with conium in the first and second stages.

Dr. GAY remarked that there was a difference between hard and soft chancre; would recommend for Dr. Samo's case Donovan's solution.

Dr. ROCHESTER: A hard indurated chancre was difficult to cure. Soft chancre was not non-infectious. Have tested it to my sorrow. Am glad to notice that recent writers are beginning to notice the fact that constitutional symptoms will often be developed after them. I have in my mind now the case of a druggist who came to consult me with iritis. Three or four weeks from that date a copious eruption appeared all over his body. He denied having been

exposed, but said he had a soft chancre ten years before which got well under the use of simple applications.

Think it many times developes years after the local sore was present. Could relate other incidents of a similar nature.

Dr. SAMO thought it safer to cauterize when first seen, and if done early in many cases nothing further is necessary to effect a cure.

Dr. SHAW used blue mass in preference to other forms of mercury, and iodide of potassium in tertiary stage.

Dr. GAY asked if Dr. Rochester was positive that the patient referred to did not have a chancre more recent than the one already spoken of.

Dr. ROCHESTER said he had not, and that he had seen five or six other cases within three or four years where constitutional symptoms were present.

Dr. GAY said he now had a case under treatment which he regards as syphilitic and which yields to specific treatment, the local lesion being upon the limb.

There are no suspicious circumstances connected with its transmission unless by contact.

Had another similar case where a sore on the face seemed very obstinate to cure but readily healed under the use of syphilitic remedies.

PREVAILING DISEASES.—Scarlet Fever prevails to some considerable extent in the eastern part of the city, but of a less malignant character than before; some cases dying with diphtheria. Whooping cough, cholera-infantum and some diarrhœ also prevailed.

Under this head a discussion arose with reference to the treatment of Scarlatina and its sequelæ, in which Dr. Bartlett said he had adopted a new plan of treating Otitis, and so far had met with good results.

It was to apply a blister on the arm at the point usually selected for vaccination, to be kept in a discharging condition for two or three weeks, if possible, until the ear ceases to discharge, then the blister may be allowed to heal. Some thirty cases submitted to to this treatment are apparently cured.

Dr. WHITE recognized the importance of pure air. This ele-

ment he believed to be one of the most valuable auxiliaries and the most difficult medicine to obtain.

He used mustard baths when the eruption appeared imperfectly—when the skin was livid and the capillary circulation imperfect.

Hot baths he regarded as excellent also. Think they will bring out the eruption when not well defined. Had seen the entire body annointed with spirits of turpentine, but was unable from his limited observation of its use to speak of its utility.

Dr. BARTLETT: Think bathing is often badly employed and a chill follows. To my patients under 5 or 7 years of age I apply the best English mustard in the form of a paste, made by the addition of water only, to an extremity at a time, rubbing it thoroughly and immediately drying with a towel till the skin is of a bright rose color throughout. The patient does not complain; the applications seem to have rather a soothing effect than otherwise. If the rash does not make its appearance in the course of two or three hours the mustard is re-applied, followed by friction.

If eruption does not come well to the surface in four to six hours after, bathe body, portion by portion, with saturated solution of chloride sodium in water.

I anticipate any throat complication by using a flaxseed poultice, covering anterior and lateral portions of the neck. As a result, enlargement of the glands or soreness of the fauces has been exceedingly rare.

Iodine and other applications I believe to be injurious rather than beneficial.

I have tested the salivary secretions, perspiration, tears, urine and alvine evacuations and find them intensely acid, and reason from this that the disease is to be treated by essentially alkaline medicines.

Believe preparations of iron injurious. Have given no medicine whatever in the last one hundred cases treated.

Had one case where temperature reached 107° F. To this patient I applied cloths, wrung out in cold water, to the trunk, noting the decline of temperature, desisting from the application when the temperature was moderately reduced.

Eruption did not recede. Desquamation being established as

early as the fifth day. Patient recovered without any of the ordinary sequelæ of scarlet fever.

The doctor promised to perfect his observation and make it the subject of a special paper to be read before the Association at some future meeting.

On motion of Dr. Rochester meeting adjourned.

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ART. IV.—*Semi-Monthly Meeting, Rochester Medical Society*  
Reported by J. O. ROE, M. D., Secretary.

Dr. W. S. ELY, President, in the chair.

After the preliminary business, the subject for the evening was then offered by Dr. E. V. STODDARD.

Subject: "The most recent Views of the Physiological and Therapeutical Properties of Cinchona and its Alkaloids."

He stated that we recognize cinchona bark and quinia as possessing properties antiseptic, antiperiodic and antiphlogistic.

(1.) Antiseptic. From its peculiar influence upon the microzymes upon which the putrifactive process is so largely dependent, including the various forms of bacteria, bacillus, &c.

The action of quinia upon the microzymes is inhibitory, not toxic. Hence it may check septic changes, but not destroy the organisms upon which they depend.

Upon the penicilium quinia exerts no apparent influence, and hence has no appreciable modifying power upon fermentation.

(2.) Antiperiodic. The attempt to explain the cause of periodic disorders by this agency of zymotic organisms can not be established, since such organisms have not yet been detected in the blood. Hence the surmise that quinia proves curative in these diseases by destroying such organisms is merely speculative.

Yet it is desirable to establish the fact of the similarity, if there be any, in the antiseptic and antiperiodic properties of this drug.

He remarked upon the discovery of animal quinoidine by Bence, Jones and Dupri—experiments showing an animal fluorescent substance to be identical chemically in constitution with quinia, and the existence of this substance as a normal component element

of the blood. Dr. Stoddard also pointed out the significance of its presence or absence in disease as explaining the curative action of quinia in some forms of anæmic and periodic diseases.

(3.) Antiphlogistic. Prof. Bintz was the first to point out the toxic action of quinia upon the white corpuscles; hence the significance of its effect in checking the movements of the wandering cells in inflammatory diseases.

This migration of leucocytes in inflammation, and the power of quinia to arrest them, is clearly proven by Conheim's experiments.

In the discussion that followed, Dr. Moore referred to the importance of the fluorescent test, and inquired whether any other substance or substances could be confounded with that of quinia or animal quinoidine.

Dr. Stoddard replied, that by spectral analysis they had been found identical, and no known substance produced the same spectral lines.

Considerable discussion then followed upon the subject of fluorescence.

After a lengthy discussion of the therapeutic properties of quinine, the Society adjourned to meet at the next regular meeting in two weeks.

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## Editorial.

### Causes of Disease in large Cities.

Recently our attention has been called to the open privy-vaults, which by their foul emanations contaminate the atmosphere in many portions of our city, and are active and potent agents in the production of disease. These vaults are, in many instances unconnected with the sewers, and are not only open, but overflowing pools, and in most cases where there is such connection no arrangement is made to wash out the vault, or prevent the ingress of sewer gas.

Some means should be instituted whereby these active agents in the spread of disease may be abated.

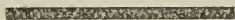
If any one imagines that we are over fastidious in this matter, we will ask him to go with us to the upper rooms of some of the houses in this city, in the hot season, and we have no fear of his not being convinced of the near

vicinity of one of these pests. It may be remarked that they are disagreeable but not dangerous. It can be plainly shown that they are highly dangerous to the public health. These privies are, many of them, placed in the yards of the houses to which they belong, some in the houses themselves; in these yards are in many instances wells from which the drinking water of the family is obtained, and in such close proximity are the wells that it requires no stretch of imagination to see how the contents of the privy vault might filter into the well. We know of one family, the members of which were sent into the country to recover from the effects of *nine open privy vaults within less than one hundred feet of their door.*

While upon this subject we desire to say a word or two in regard to the indoor water closets, which are used in many houses. These are convenient, and if properly constructed, safe substitutes for the privy, but too much care cannot be taken to prevent the entrance of sewer gas through improperly constructed or defective traps. Though elegant and convenient, they can be through the means of sewer gas the active agents of disease, and when physicians detect the slightest suspicion of its presence, they should at once warn their patients to look to their water-closet traps.

Sewer gas and the emanations from open cess-pools are active causes in the production of typhoid and other low forms of fever, and afford an explanation of the increased mortality of the city over the country.

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## Obituary.

DR. JEREMIAH N. BROWN.

The members of the Medical Profession of Buffalo, have been called upon to part with another of their fellow members in the person of Dr. J. N. BROWN, who died at Utica, September 18th. Dr. Brown had been for some time past suffering from the premonitory symptoms of brain disease, which ended in his death at the Utica Insane Asylum. He graduated at the Buffalo Medical College in 1855, and has since that time been engaged in the practice of his profession in this city. For several years he served as one of the Physicians to the Buffalo General Hospital, and by his devoted attention to his duties and his kind and gentlemanly manner, gained the love and respect of all with whom he came in contact. He devoted himself faithfully to the practice of his profession, and was a noble example of the earnest conscientious physician. He was called away in the full tide of manhood, and his early death will be mourned by a large circle of loving friends.

The following resolutions were adopted at a special meeting of the Erie County Medical Society, held Sept. 19th.

The sad intelligence having come to us of the death, at Utica, of Dr. J. N. Brown, for many years a fellow-member of this society, and convened as we

are, to pay fitting respect and honor to the memory, be it, as the sense of this society.

*Resolved*, That by this mournful, yet righteous, providence we are deprived of one of our worthiest members. Studious, unobtrusive, faithful and competent in his professional relations; gentle, kindly and agreeable socially; honorable in all his walks of life, we thus suffer no common loss:

Second, That we proffer our sincere condolence and sympathy to his stricken wife and family. In further token of which we will, as a society, attend his funeral;

Third, That a copy of our action herein be transcribed and sent to the widow, and also be furnished for publication in the daily press and the *Buffalo Medical Journal*.

P. H. STRONG, M. D.,  
C. C. F. GAY, M. D.,  
JOHN HAUENSTEIN, M. D.

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PROF. JEFFRIES WYMAN.

Prof. Wyman died at Bethlehem, N. H., Sept., 4th, from consumption. His decease was sudden, and was induced by an excessive hemorrhage from the lungs. Prof. Wyman was the son of Dr. Rufus Wyman, and the brother of Dr. Morrill Wyman. He was born Aug., 11th, 1814, and graduated at Harvard, in 1833, graduating in Medicine at the same institution. After receiving his degree of M. D., he went to Europe, and spent two years in Paris, pursuing his studies. In 1843 he was called to Richmond, Va., as Professor of Anatomy, but returned to Harvard in 1847 to accept the chair of Anatomy in that institution, a position which he has filled with honor ever since.

Prof. Wyman was in every sense a scholar, and his writings were received as authoritative by scientists the world over. His writings have been mostly devoted to Anatomical subjects, at least in this department he has gained his widest reputation. In 1849 he delivered twelve lectures upon comparative anatomy, which were published. He also has published papers upon spontaneous generation, on the asymmetry of the human cranium, on embryology, and the anatomy of the nervous system. It will be also remembered that Prof. Wyman was the first to describe the skeleton of the Gorilla.

Prof. Wyman has for many years been a sufferer from consumption, but it was hardly suspected that he would follow so closely the footsteps of his intimate friend Agassiz.

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### Items.

The Board of Commissioners of Public Charities and Corrections have determined to make the medical board of Bellevue Hospital, consist of sixteen instead of nineteen members as originally determined, and have therefore made the following additions to the staff. From Bellevue College, Drs. F. H. Hamilton and Janeway; University, Drs. W. H. Thompson and Erskine Mason; College of Physicians and Surgeons, Drs. Francis Delafield and



Thomas M. Markoe ; at large Drs. J. W. S. Gouley and Gouverneur M. Smith. — Dr. Wm. H. Hammond has sued the New York *Medical Record* for libel alleged to have been contained in an editorial in that Journal for Aug., 1st, 1874, upon Hydrophobia. — It is expected that the first volume of the Cyclopædia of the Practice of Medicine, will be issued during October, it is now running through the press, and specimen pages can be obtained on application to Messrs Wm. Wood & Co. — Dr. Geo. M. Beard, No. 53 W. Thirty-third St., New York, is seeking to obtain information concerning "Hay Fever" or "Autumnal Catarrh, and especially does he desire information upon those facts, which seem to indicate the dependence of the disease upon the Nervous System. He has prepared a circular setting forth a number of questions, which he will furnish upon application.

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## Books Reviewed.

*The Physiology of Man; designed to represent the Existing state of Physiological Science as applied to the Functions of the Human Body.* By AUSTIN FLINT, Jr. M. D., etc. In Five Volumes—Vol. V. Special Senses; Generation. New York: D. Appleton & Co., 1874. Buffalo: Herger & Ulbrich.

The fifth and last volume of Dr. Flint's great work upon Physiology places in the hands of the medical profession a complete system of physiology which is surpassed by no other work known upon the subject. The appearance of each volume has given additional evidence of Dr. Flint's ability as an observer and author.

He has placed the whole domain of physiological literature under levy to make his work complete ; but a thorough student and experimenter himself, he has accepted but little as true which he has not personally investigated and proven.

The first chapter treats of the sense of touch, muscular sense and sensibility, the tactile corpuscles and the venereal sense. The next chapter is devoted to the olfactory apparatus. He gives briefly the physiological anatomy of the parts concerned, and discusses the relation between the sense of taste and of smell. He denies the statements of Magendie and Bernard, that the sense of smell does not reside alone in the olfactory nerves, and shows conclusively the error in Magendie's experiments.

Chapters III., IV., V., and VI., are devoted to the optic nerves, the anatomy of the eye, refraction, vision, the functions and mechanism of the iris, the muscles of the eyeball and eyelids, the lachrymal apparatus, etc.

Chapters VII., VIII., and IX., consider in an admirable manner the audi-

tory nerves and the sense of hearing, including the physics of sounds &c., Chapter IX upon the functions of the various portions of the auditory apparatus is a very interesting and valuable section of the work. Gustation is the topic of Chapter X. The physiological anatomy of the parts upon which this sense depends is considered in detail; the relation of gustation to the sense of smell, to facial paralysis and to paralysis of the tongue also occupies a portion of this chapter. The remaining chapters of the book, XI. to XIX., are devoted to the subject of generation and the development of the fœtus. Chapters XI and XII treat of the female organs of generation, the ovum and ovulation, puberty, menstruation, changes in the pregnant uterus, the corpus luteum &c. The researches of Dalton upon the corpus luteum of menstruation and pregnancy are referred to in complimentary terms. These investigations by Prof. Dalton, were made many of them, we believe in this city, and we have seen some of the original drawings made by him.

Chapter XIII gives a full account of the male organs of generation and their changes from infancy to childhood. Chapter XIV., deals with fecundation and the part of the male and female in the reproductive act. The author places some confidence in the views of Dr. Beck, of Fort Wayne, Indiana, as enunciated in the *St. Louis Medical and Surgical Journal*, vol. IX., page 449, and more recently in an article read before the American Medical Association at Detroit, in June, 1874. Dr. Beck asserts that during coitus, or a sexual orgasm the action of the uterus is similar to that in a case observed by him which he was treating for uterine disease. He says: during the orgasm "the os opened to the extent of fully an inch, made five or six successive gasps, drawing the external os into the cervix each time powerfully, and at the same time becoming quite soft to the touch." These observations have been confirmed by Litzmann and other writers. We had the pleasure of hearing Dr. Beck's paper at Detroit, and see no reason for doubting the accuracy of his observation, yet we cannot accept this as the method of extrance of the spermatozoids in all instances, as well authenticated cases are on record of impregnation where there was no orgasm on the part of the female and in which penetration even was not fully accomplished. We agree with the author however as to the value of Dr. Beck's paper, and that it has not received that attention which it deserves.

Prof. Flint does not think that any time may be designated in which impregnation would be impossible, the greatest amount of evidence, however, showing the time in which it is most apt to occur is that immediately following menstruation.

Chapter XV., XVI., XVII., and XVIII., treat of the development of the embryo from the segmentation of the vitellus to the time of birth.

Chapter XIX closes the work. It views the subjects of the duration of pregnancy, fœtal life, multiple pregnancy, the cause of the first contractions

of the uterus in normal parturition, involution of the uterus, meconium dextral pre-eminence, development after birth, age, death, cadaveric rigidity and putrefaction.

Thus concludes a work upon physiology which has no superiors, few equals. Written in a country where the author labored under the disadvantages of having no large and well regulated libraries to consult, it evinces a wide range of reading in every department of physiological science and in all languages.

The mechanical execution of the work is a credit to Messrs. Appleton & Co., the paper is clear and smooth, and the type large and plain. No physician's library is complete without this, the best Treatise upon Human Physiology.

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*A Practical Treatise on Diseases of the Genito-Urinary Organs, including Syphilis. Designed as a Manual for Students and Practitioners. With Engravings and Cases.* By W. H. VAN BUREN, A. M., M. D., etc., and E. L. KEYES, A. M., M. D., etc. New York: D. Appleton & Co., 1874. Buffalo: Herger & Ulbrich.

This work has been promised to the profession for some time and has been looked forward to as something which would take a high position in the medical literature of the day. We are told in the preface that "its object is to present to the student and general practitioner a succinct account of the nature and treatment of the diseases incident to the genito-urinary organs as they are encountered in private, and hospital practice, by those engaged in their daily and especial study. The literature of this department of surgery has been exhaustively studied with the purpose of reproducing every fact of practical value."

The student of the work will, we think, find that the authors have accomplished their design in a large measure.

The first part embraces diseases of the genito-urinary organs. Chapters I, to VII, are devoted to diseases of the penis; chapter first being devoted to the anatomy and diseases of the penis in general, and chapters two to seven embracing diseases of the urethra, as gonorrhœa, stricture, etc. These subjects are well treated, and this section is calculated to be an excellent guide in the treatment of diseases of these parts. Chapters X and XI are occupied with a consideration of disease of prostate, and chapters XII and XIII with affections of the bladder, not including stone. Chapter XIV discusses stone in the bladder, and the remaining four chapters are devoted to lithotomy and lithotripsy. These subjects are exceedingly well discussed, although not to that extent which would be desired in a work of larger size.

Chapter XIX upon diseases of the ureters, occupies less than a page. Chap-

ter XX is upon diseases of the kindneys, and chapters XXI to XXVIII close this section of the work in an account of the maladies of the scrotum, testicles, those involving the genital function, of the cord, and of the vas defferens and seminal vesicles.

Part II is upon Chancroid and Syphilis, and consists of thirteen chapters. The authors are positive in their statements regarding the distinctive features between chancroid and syphilis; regarding the result of inoculation with chancroidal virus as always local that from syphilitic constitutional; chapter VIII upon syphilitic diseases of the eye, and chapter IX upon syphilitic diseases of the ear, are from the pens of Profs. Noyes, and Roosa. Chapter XII upon syphilitic diseases of the nervous system, is an admirable review of this subject, and is a repetition of the views advanced by Prof. Keyes in an article in the *New York Medical Journal* for November, 1870.

In the treatment of syphilis the authors advise the use of mercury during the primary stage, continuing it from six months to a year after all symptoms have ceased to manifest themselves. Iodide of Potassium, tonics &c., are recommended in the tertiary manifestations.

The whole subject of syphilis and chancroid is treated in accordance with the latest and best views upon the subject, and we are only sorry that the authors were so limited to the short space of thirteen chapters in its consideration.

The work is one of the most valuable contributions to medical science which has been published in some time. We congratulate Drs. Van Buren and Keyes upon their success.

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### Books and Pamphlets Received.

The Medical Register and Directory of the United States, systematically arranged by States. By S. W. Butler, M. D. Philadelphia: Office Medical and Surgical Reporter, 1874.

Erysipelas and Child-bed Fever. By Thomas C. Minor, M. D., Cincinnati. Robert Clarke & Co., 1874.

The Complete Handbook of Obstetric Surgery; Or Short Rules of Practice in every Emergency. By Charles Clay, M. D. Philadelphia: Lindsay & Blakiston, 1874.

Surgical Emergencies; together with Emergencies attendant on Parturition and the treatment of Poisoning. By Wm. Paul Swain, F.R.C.S. Philadelphia: Lindsay & Blakiston, 1874.

Transactions of the Medical Society of the State of Alabama, for 1874.

Transactions of the Michigan State Medical Society for 1874.

The Hypodemic use of Quinine: A Dangerous Experimental Medication and rarely justifiable. By Stephen Rogers, M. D., from *New York Medical Journal*, Sept., 1874.

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Original Communications.

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ART. I.—*Syphilitic Affections of the Nervous System.\** By EDWARD N. BRUSH, M. D.

The comparative frequency of Nervous Disorders in Syphilitic patients, and the thorough consideration which they have received in the recent treatises upon Venereal Diseases, and especially in those devoted to a consideration of the nervous lesions in syphilis, would seem to indicate that he who attempted to enlarge still further upon the subject, was anticipating a want which did not exist in the literature of the medical profession.

Syphilitic disorders of the nervous system are of frequent occurrence; yet this fact, and the fact that as a rule the result of proper treatment in these cases is highly satisfactory, seems to attract but little attention from the majority of practitioners.

What physician is there, when called upon to treat certain diseases known to be influenced by a peculiar diathesis to which the patient is subject, whether it be gouty, rheumatic, tubercular or scrofulous, who is not influenced by the knowledge of that diathesis, in his treatment and prognosis. To the physician of experience, gout, whether existing as a local affection of the joints or as a pulmonary or cardiac disease is nevertheless gout, and requires treatment in accordance with that idea.

\*A Thesis recommended for publication by the Faculty of the Buffalo Medical College.

Trousseau\* has admirably expressed this sentiment in regard to syphilis: he says—"The special tendency engendered by the introduction of the syphilitic virus into the economy, shows itself by very different lesions, affecting different tissues; but these lesions, however different they may be in appearance, all arise from the same cause, and are, in reality, all of the same nature, \* \* \* \* \* To the real physician, exostosis, alopecia, psoriasis, roseola, bubo and chancre, are always syphilis—syphilis in different garbs, \* \* \* \* \* I have spoken of the common manifestations of this disease; but under how many other forms of which we cannot always appreciate the nature, is it not concealed! How many nervous symptoms which appear as its sole phenomenal expression are dependent upon it, symptoms which remain inexplicable till the more decided characters of the diathesis which has produced them, afford the key to the diagnosis."

That most medical men are aware of the fact that syphilis may attack the nervous system at some time during the course of the disease, is doubtless true; that its possible connection with certain inexplicable nervous phenomena, is often overlooked seems none the less certain. Perhaps the cause of this may lie in the fact, that nervous affections dependent upon syphilitic origin, do not in many of their manifestations, differ materially from those in the non-syphilitic, and that at the time of their appearance, the other manifestations of the syphilitic virus are so unimportant and in many instances so masked, that they are overlooked in the anxiety caused by the more grave lesion. This does not however always obtain, as cases have been observed in the early stages of the disease when the other symptoms were quite prominent.

Having, through the kindness of Prof. J. F. Miner, had my attention called during the past year to several instances in which nervous affections were directly traceable to syphilis, and in which the administration of anti-syphilitic remedies was followed by marked improvement, I considered the subject of sufficient importance to form the basis of an inaugural thesis. It is unnecessary to say that it is not the object of this paper to advance any

\* Clinical Medicine. Philadelphia, 1873. Vol. II, pp 601-602.

new theories concerning syphilis of the nervous system or its treatment. One or two points may be mentioned which have not fallen under my observation in a limited course of reading upon the subject; to present them as original would, however, be jumping at a conclusion which a limited acquaintance with authorities may render unjustifiable.

The history of syphilitic affections of the nervous system, extends as far back almost as the history of the malady. Recognized early, they have received the attention of numerous writers down to the present time. Special monographs upon the subject have been written, and chapters devoted to its consideration, have been incorporated in the more valuable and complete treatises upon venereal diseases, while the pages of various medical periodicals have from time to time contained communications upon the subject. It is during the last ten or fifteen years, however, that the most valuable additions have been made to our knowledge of the subject.

Syphilis may affect the nervous system in three ways:

I. Without any change in the nerve tissue itself.

(a.) By pressure from growths in neighboring parts, as exostoses, gummy tumors, etc., etc.

(b.) By changes in the nerve tissue, but not of syphilitic character, as softening due to pressure or to the obliteration of an artery by syphilitic disease.

II. The nerve tissue itself is affected.

III. Certain cases are observed in which on *post mortem*, no changes can be found in the nervous system, but evidence of syphilitic diseases can be found in other organs.

The phenomena observed in the last variety are very interesting, but are not fully explained. They offer therefore a promising field for investigation. I shall endeavor in the course of this paper to give my own explanation of this cause in certain instances. The classification above is a slight modification of that of Hill.\*

*Affections of the Membranes of the Brain.*

Commencing with the membranes of the brain, I shall endeavor

\* Syphilis and Local contagious Diseases. By Berkeley Hill, M. B., F.R.S. Philadelphia, 1868.

briefly to consider the different modes in which syphilis may affect the nervous system, their diagnosis, prognosis and treatment.

Of the coverings of the brain, that most frequently affected, is the dura mater. The affections of the other membranes, so closely simulate those of the dura mater, that it is unnecessary to consider them in detail. What is said of one may be taken as applying to all. The inflammatory changes in the dura mater are diffused, or circumscribed in the form of gummy deposits. Syphilitic pachymeningitis may be external or internal.

External pachymeningitis is most frequently accompanied by, or is the sequel of, osseous lesions. The internal tables of the skull being affected by caries or necrosis, the disease extends itself by continuity of structure to the dura mater producing inflammatory action. In these instances the dura mater is sometimes separated for some space from the bone, the interval being occupied by the products of the inflammatory process; or it may form adhesions to the cranium, of an exceedingly intimate nature, frequently involving the other membranes and the brain also. In either case, the nervous system will be more or less affected either by the pressure caused by the deposit or by the general inflammatory disturbance. Internal pachymeningitis so closely coincides with affections of the meninges that it is extremely difficult to diagnose the exact limit of the disease; in fact it seems hardly probably that the inflammatory action is present in one without extending itself to the others. Cases may, however, be observed in which the lesion is confined to one structure, in which the thickening and fibrinous appearance, the yellowish exudation, or the material constituting the gummy deposit, originates in, and is confined to one membrane. These cases must be rare however, and their exact diagnosis in life is impossible.

Gummy deposits in the membranes of the brain, by their pressure, often give rise to most serious symptoms. These tumors if not arrested in their growth, may involve the brain substance, or by their pressure give rise to local softening. Lancereaux\* mentions a case of Sansons, in which a tumor situated in the anterior portion of the left hemisphere was continuous with the dura ma-

\*A Treatise on Syphilis, Historical and Practical. By Dr. E. Lancereaux. Vol. II. P. 39.



ter by its external surface, and with the white substance of the brain by its internal surface. These tumors may also cause obliteration of the cerebral arteries, producing cerebral anæmia and softening. Cases have been observed in which the basilar, carotid middle cerebral, and other important arteries have thus been obliterated. The cranial nerves may also be pressed upon at their points of exit from the cranium.

**SYMPTOMS.** The symptoms observed in syphilitic pachymeningitis do not in most instances differ from those occurring from other causes. In the cases implicating the cerebral dura mater, vertigo, headache, epileptiform convulsions,\* and rarely hemiplegia are the prominent features. When the coverings of the cerebellum are attacked, nausea, vomiting and photophobia are added to the other symptoms. Disturbance of the intellectual faculties is more common than paralysis. Localized pain, and paralysis of a single muscle or set of muscles, would indicate the probable presence of a gummy tumor.

**DIAGNOSIS.** The differential diagnosis between syphilitic and non-syphilitic meningitis is not always an easy task. The symptoms in syphilitic meningitis, (by the term meningitis is implied inflammation of the dura mater as well as the meninges,) are developed slowly; the patient complaining for some time of slight headache, dizziness, etc., with perhaps loss of memory. Should meningitis occur in a patient known to be syphilitic, or should he present that peculiar cachexia observed in cases of this character, syphilis may be suspected. As an aid to diagnosis it should be remembered that syphilitic diseases of the nervous system often assume peculiar characteristics, and should a case present itself in which the usual symptoms are accompanied by strange and unusual phenomena, a syphilitic cause should always be looked for.

**PROGNOSIS.** The prognosis is of course much influenced by the part implicated. It is however not unfavorable as, in most instances, the nerve substance is but little implicated. Recovery may be looked for, when, in meningitis from another cause, a fatal result would be expected.

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\* Syphilitic Epilepsy. By Reuben A. Vance, M. D. American Journal of Syphilography and Dermatology, July, 1871.

TREATMENT. The treatment in these instances is essentially the treatment of the cause. Bromide of potassium may be administered with a view of decreasing the amount of blood sent to the brain, but the chief reliance must be placed upon the iodide of potassium either alone or in combination with mercury. Hammond recommends ten to twenty grains of the iodide in combination with one sixteenth of a grain of bi-chloride of mercury, three times daily. These cases must not be treated by active antiphlogistic measures, on the contrary, a supporting (not stimulating) diet should be ordered in liberal allowance. The practice which is followed by some of treating similar cases by ice bags, blood letting, and active purgation would doubtless in these cases tend to aggravate rather than ameliorate the condition.

#### *Affections of the Brain.*

Syphilitic affections of the brain are not so common as those of the membranes. When the brain is affected, the disease in the majority of instances, does not originate in it, but extends to it from contiguous structures. The brain may undergo, through the influence of syphilis, changes which manifest themselves in induration in some instances, in others, in softening; but the most frequent pathological change, and perhaps that most characteristic of syphilis, is the gummy tumor or nodule.

Gummy tumors are generally multiple and occupy various positions in the hemispheres of the brain, their most frequent seat is the vascular localities. Formed from the interstitial cellular tissue of the brain, they often are similar in shape to the portion of the brain in which they are situated. They are surrounded frequently by a zone of fibrous material, from which they can be readily enucleated. Gummy tumors of the brain vary in size and number, sometimes being as small as a pea, and occurring collectively, at others they attain the size of a filbert or walnut and may occur singly. In appearance, these tumors are whitish or yellowish, having a firm cartilaginous consistence, or are soft and caseous. They do not differ from the gummy deposits in the liver and other organs, and like them undergo a fatty metamorphosis by which they lose their consistence, become soft and yellowish,

and if not surrounded by a fibrous sheath or zone become undistinguishable from the brain substance on simple inspection. In some cases they become absorbed, leaving in their places empty cyst, or cicatrices, which accounts in a measure for the cicatricial appearances or cystic tumors which have been found in the brain. Cases have been observed and placed upon record,\* in which the whole of one hemisphere had become one large cyst. Gummy tumors of the brain should not be confounded with tubercle or with fibrous or cancerous growths, nor their remains with old serous or apoplectic cysts. They have less vascularity than fibrous or cancerous tumors, but in this respect and a few others, resemble tubercle. Tubercle does not however present so clear a separation from the brain, the fatty degeneration is more uniform, while in the gummy tumor it commences at the centre. Apoplectic cysts are more rounded than the remains of gummy tumors, and their walls are stained by the coloring matter of the blood. The changes in the arteries would distinguish the remains of an apoplectic clot from the cicatrix of a gummy tumor.

**SYMPTOMS.** A tumor of considerable size may exist in the brain for an indefinite period, and produce no disturbance until a short time before death, or it may remain wholly unrecognized by any disturbance which it produces, and its discovery after death, be the result of accident. Pain, is in most cases the first symptom, but is not of course in itself diagnostic. It may be confined to the locality of the tumor or may be seated in another portion of the head. Disorders of the special senses and paralyzation of a single muscle or set of muscles, is a frequent symptom. Vertigo often to an extreme degree, and in some instances, vomiting are met with. Convulsions, either general, or convulsive movements of the limbs, are prominent features of the disease. The mental faculties are not affected as a rule until near the termination of the disease. Although headache is not in itself diagnostic of tumor of the brain, yet in no malady is it probably so severe and persistent.

**DIAGNOSIS.** Although I should hesitate to subscribe to the assertion, that the diagnosis of cerebral tumors, is, with few exceptions rather a guess than a diagnosis; yet it seems to me that in

\* Dr. Meyer. Dr. Calmeil.

many instances the difficulties to be met with, would be very great. All the above mentioned symptoms are to be taken into account in each case under consideration. Paralysis of parts supplied by the cerebral nerves, is a diagnostic sign of great value. These paralyzes are, as a rule, peripheral when due to a tumor, cerebral when from other causes. (The distinction between the two is to be made by the application of the induced current to the nerve, in central paralysis it contracts normally, in peripheral it does not contract.) The seat of the tumor may be conjectured by observing the nerves affected. The syphilitic origin is to be diagnosed by the history, present symptoms, etc, etc.

**PROGNOSIS.** The prognosis in cerebral tumors is generally that of fatal result, but a better result may be looked for when syphilitic tumors are suspected.

**TREATMENT.** This consists in the prompt and free administration of anti-syphilitic agents. Anodynes should be given to allay pain. Tonics and good food if needed.

Under the influence of syphilis the brain may become as tough as when steeped in alcohol. The induration is not always, alone found, but softening may exist with it. The symptoms observed as such as are seen in induration, or softening from other causes, often accompanied as in other syphilitic brain affections by peculiar inexplicable symptoms. The prognosis is to depend on the severity of the symptoms, but an unfavorable prognosis should not be given too early, as patients frequently recover a fair condition of health.

The nutrition of the brain is sometimes affected by syphilis, and we have either a condition of cerebral anæmia or hyperæmia.

When we remember that anything that will retard the free access of blood to the brain, will cause cerebral anæmia, we can readily imagine that syphilis may act as an agent in producing that condition. Niemeyer\* gives as a cause of cerebral anæmia, any agent which produce a diminution of the space within the skull, as a tumor, thickening of the membranes or of the cranial bones.

Perhaps the most frequent cause of anæmia, is disease of the

\*A Text Book of Practical Medicine, Vol. II. Pg. 171.

circulatory apparatus. The circulation may be cut off by the pressure of a cerebral tumor. Virchow, Lancereaux, Hughlings Jackson and others, have observed instances in which the circulation has thus been interfered with. The arteries are also subject to syphilitic disease which diminishes their calibre. Dr. Moxon reported a case\* observed by him, in which the basilar artery had its channel decreased to about half its size, by the deposition of lymph between the coats of the vessel; other of the cerebral arteries were similarly affected, and the brain substance in certain localities softened. These changes were of undoubted syphilitic origin. Thrombosis and embolism from syphilis are probably rare. The former may result from syphilitic disease of the arteries and remain stationary, or becoming detached be carried along giving rise to embolism. Gummy tumors have been known to break into the cavity of the heart† and their contents form the nucleus for an embolus. Space forbids a consideration of these affections to a further extent. It remains only to be said, that unless early detected, syphilitic anæmia proves fatal. When disease of the arteries is suspected early it may yield to appropriate treatment. The prognosis when thrombi or emboli are formed, is not more favorable than when they result from other causes.

As a condition, the opposite to that which we have just been considering, we have cerebral hyperæmia. The disease of the arteries of the brain, instead of resulting in thickening, may produce a diminution in the thickness of the arterial walls; a loss of contractility resulting, we have a condition of hyperæmia. Cerebral hyperæmia may also be a secondary condition, the result of another wholly different nervous lesion. Bernard has shown that irritation or division of the sympathetic will produce a condition of hyperæmia upon the corresponding side. Little as is known concerning the syphilitic affections of the sympathetic, Dr. Petrow ‡ has conclusively shown in a recent paper, that it is the seat of syphilitic changes, which are more marked in old cases, and which will account for the condition of cerebral congestion known to exist in certain cases. The arteries may reach such a

\* London Lancet Sept 25th, 1869.

† Lancereaux, Treatise on Syphilis. Vol. 1, Pg. 390.

‡ Virchow's Archiv.—London Lancet, June, 1873.

condition of tenuity, that under the force of the circulation, their walls give way and cerebral hemorrhage results. The same treatment as would be followed in hyperæmia, in other cases would naturally suggest itself here as an adjunct to the anti-syphilitic treatment.

#### *Affections of the Cord.*

There remains to be considered syphilitic affections of the spinal cord and of the nerves. Space will not permit the treatment which they deserve. I will therefore simply state the fact that the spinal cord and the membranes are subject to the same diseases which affect the brain, with however, less frequency. Exostosis and necrosis of the vertebral bones is also of less frequency than of the cranium, which may account to some degree for the difference in frequency.

The nerves are subject to pressure in their passage through osseous foramina, their sheaths are liable to syphilitic inflammation, and the nerve substance itself becomes changed and broken down. Gummy tumors have been found springing from the larger nerve trunks. These affections of single nerves, often give rise to local paralyses, which are inexplicable, until the influence of the syphilitic diathesis is considered. They yield, as a general rule, readily, to appropriate treatment. Often, the occurrence of neuralgia and rheumatism is explained, only when a syphilitic history is discovered.

Certain disorders of the urinary secretion, deserve here a passing notice. Prof. Jaksch has noticed that in certain instances diabetes accompanies syphilis, and attributes the reported cure of diabetes, by mercury, to a syphilitic origin of the disease. He thinks that the diabetes is due to an irritation of the floor of the fourth ventricle, producing it in a similar manner to that of Bernard in his experiments. Mosler furnishes three cases in *Virchow's Archiv.* (1873) of diabetes dependent on neuropathic origin. One was syphilitic: post mortem showed softening in the left hemisphere, medulla and pons.

CONCLUSION. But little has been said in the preceding pages concerning the time in which lesions of the nervous system are found. In the cases which I have had the privilege of observ-

ing, the period since the primary lesion, has varied from four years to eighteen. Nervous symptoms from syphilis may however arise in the early stages of the disease, even within a few weeks after the primary lesion. In the diagnosis of a syphilitic lesion of the nervous system, Dr. Keyes\* regards, in hemiplegia especially, the fact that the attack occurs as a rule without loss of consciousness, a valuable aid to diagnosis. He also regards mydriasis, either alone or with other nervous symptoms, without positive disease of the eye, as presumptive evidence of syphilis.

Another valuable diagnostic sign, and one upon which I have endeavored to lay some stress, is the irregularity in the occurrence of the symptoms; they follow no regular order as is frequently observed in other instances.

In paraplegia, Keyes observes that it comes on slowly, (this has been the case in two cases now under observation) often without any local symptom to attract the attention to the injured part of the cord. The bladder almost always suffers more or less.

Certain cases are observed where no appreciable lesion can be found after death; paraplegia, hemiplegia, etc., having been observed in life; Dr. Keyes thinks that cerebral congestion will account for some of these cases. This is doubtless true, but the idea has occurred to me, and I find no author mentioning it, that reflex action may also account for a certain proportion, the irritation proceeding as in the theory advanced by Brown Sequard, from some of the internal organs, as the liver etc., or from the mucous membrane and skin.

Syphilitic epilepsy occurs late in life, and in patients who have not had attacks early in life. Many of the convulsive diseases of infancy and childhood, as also the cases of paraplegia met with at that period, are due to inherited syphilis.

The prognosis of syphilitic affections of the nervous system is better than for similar lesions, or even those less in extent dependent upon other causes. The prognosis should not however be expressed too favorably, for after the arrest of the disease, there will still often remain an impairment of the nervous system which cannot be overcome: this will probably be slight, but it still re-

\* Syphilis of the Nervous System. By E. L. Keyes, M. D. N. Y. Med. Jour. Nov. 1870.

mains as an enduring reminder of past affections of greater extent. I can still trace seven of the ten cases which I have observed; and in all there still remains a greater or less perversion of function: some of them are still under treatment, and still greater improvement may be looked for.

The most reliance in treatment is to be placed upon the iodide of potassium. Mercury may also prove a valuable aid: where for any reason its internal administration is undesirable, the oleate of mercury will be found to be more efficient than other forms of ointment; and more desirable for general use than fumigation.

There exists in the minds of some physicians a singular hesitancy in prescribing large doses of the iodide. It should be rapidly pushed to the limit of toleration. I have seen no more disturbance from one hundred grains three times daily than I have from twenty. It is but seldom that so large doses will be required however. Albuminuria occurring during the administration of iodide of potassium, as has been observed, contra-indicates its continuance.

I append the report of some of the cases which have fallen under my observation, hoping that a brief reference to some of their more distinctive features may be of interest.

(*To be Continued.*)

BUFFALO, Jan., 1874.

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ART. II.—*Albany County Medical Society. Semi-Monthly Meeting held May 13th, 1874.* Reported by F. C. CURTIS, M. D., Secretary.

Dr. T. D. CROTHERS read a paper "On Impure Milk as a Source of Disease." He said:

Milk as an article of diet is used almost universally. No other nutrient substance is subject to such changes in both its chemical and physiological principles, depending upon various and diversified causes, such as climate, water, food, age, vigor and surroundings. Within a year it has been proved beyond doubt that milk may be, and often is, the active agent or means for the transmission of disease. Late investigations show that the microscopic germs of



disease are scattered through milk to a far greater extent than we are aware of. The following case called my attention to this subject. Subsequently I was satisfied that others of similar character have often occurred in this city.

The doctor here detailed a case where he, with other physicians, had treated an entire family for diarrhœa during two months unsuccessfully. A careful inquiry indicated that they used freely the milk from one cow kept in the neighborhood. This cow was found in a close filthy stall, being fed on poor food, and never let out for exercise or fresh air. The milk she gave was poisonous, and in this way it was slowly and surely destroying the health of every person who used it. The family recovered on giving up the use of this milk. Another case was mentioned of an old man recovering from fever, who was ordered to use milk freely as a medicine; a few days after he was seized with diarrhœa and died. Afterwards it was found that the milk came from a poor cow kept in a bad condition, and on bad food, leaving no doubt that the milk was poisonous and the active cause of death. Other cases were related, some of them fatal and others not, but all were found to proceed from impure milk, coming from ill-nourished, half-fed cows. Dr. Crothers discussed at length the three ways in which impure milk may be the source of disease, viz: chemically, physiologically and psychologically.

He remarked that the quality of milk depends upon the good health, exercise, water and vigor of the cow. If any of these elements are wanting, the milk will decrease in proportion. The doctor detailed the experiments of M. Decasne of Paris, drawing the following conclusions: First. A cow produces healthy milk in exact proportion to the surplus of food beyond what is necessary for its own maintenance. If the food is barely sufficient to sustain the normal vigor of the cow, the milk produced must be at a loss of animal tissue, and hence the quality of the milk be deficient and become a prolific source of disease. Second, Insufficient food always causes an imperfect degree of health in the animal, the extent of which is controlled by the age, condition and surroundings, predisposing to disease and debility, particularly favoring the propagation of disease germs through the milk. Physiologically .

(the doctor continued) milk may be normal in quality yet contain some extraneous poisonous matter. He mentioned the epidemics called milk sickness, which had raged through some parts of the West, affecting both animals and man, and evidently communicated by the means of milk. These epidemics came from some poisonous matter taken up as food or water by the cows, causing a dangerous fever, which was transmitted to those who used the milk of these animals. The primal cause was supposed to be a species of fungus eaten by the cow. The doctor also gave details of those startling epidemics of typhoid fever in England and Scotland, which had been traced to the adulteration of milk by poisonous water. In one instance, where thirty-seven out of thirty-nine families supplied by one milkman were attacked with this fever, the disease was traced to the water of a well which received the drainage of a sewer, this water being used to wash out the cans and then thrown into the milk. Here this poisonous water used to adulterate the milk was the source of a fearful epidemic. A similar epidemic occurred near London last year, where over three hundred cases of typhoid fever were traced directly to water containing typhoid fever germs, that had been used in adulterating the milk. Other cases are reported where impure water drunk by the cow has caused severe fever among persons who used the milk. Also, a case occurred in this county where cows drank from a well polluted with water coming from a drain, and both the milk and cheese were known to have transmitted the germs of typhoid fever. The milk of cows kept in close, ill-ventilated stables becomes charged with a peculiar stable odor, which is poisonous and the source of many diseases. The doctor mentioned several instances illustrating this, and in conclusion said, these instances show clearly that disease germs of both typhoid and malarious fever, with poisoning from animalculæ and fæcal gases, may be readily propagated through milk.

Psychologically, milk may transmit an unknown influence, coming from the nervous condition of the animal, causing various diseases of a serious nature. Cases of mothers nursing children while excited, causing convulsions and death, were referred to, indicating that milk in such circumstances contained some poison-

ous element which had a peculiar action on the nervous function. Other instances where epilepsy and chorea had begun in children from nursing when the mother was excited, were also detailed. Dr. Crothers continued: The same disturbing influence from excitement, seen in its disastrous effects in nursing children, may be traced in the milk of cows, only in a less degree. A gentleman in this city bought a young cow to have pure milk for his child. The process of milking was, from ignorance, attended with much excitement and brutality, and the child was seized with brain fever and never entirely recovered—the direct result of feeding this poisonous milk, made so by the excitement of milking. A case was related where a brutal, drunken dairyman supplied four families with milk. Those who used the most milk suffered all the season from gastro-intestinal irritation and a low tone of physical and mental health, due without doubt to the changed and poisonous condition of the milk from excitement. The doctor discussed this subject at length, concluding: First. Milk, to be healthy, must come from well-nourished cows which are having a surplus of food beyond the requirements of the body; also, these cows must have abundance of water, air and exercise. The milk of cows of all ages and conditions is not normal, and may be very unheathy. Cows kept in stables and fed on grains give impure milk, which is often dangerous. Second. Milk adulterated with water taken from any source, particularly the milk of cows confined in stables, is a very active source and agent of typhoid fever, and other diseases not well known. Third. The milk of one cow, unless the exact conditions of vigor, age and surroundings are known, is not superior to the aggregate milk of a large dairy.

Probably not a single milkman sells pure milk as it comes from the cow. The amount of water varies in good milk, leaving a margin for the milkman which can not be detected by analysis. The milk sold in Albany is not superior to that of other cities. An analysis of ten specimens from as many farms, made by Dr. Tucker of the Medical College, revealed nothing except a large per centage of water. Some of these specimens came from dry upland dairies where springs and wells did not exist, and if the milk had been pure the per cent. should be less; when more, the suspicion of

adulteration is strong, and the inquiry should be made, how pure is the water used. Every family using milk largely should know the character and surrounding of the dairy, and the condition of the wells and springs from which water is used by both the dairyman and his cows. We can have no security from this source of danger unless we begin at the first cause. If the milkmen will keep good cows and pure water at all times, comparative immunity from this danger may follow. No subject is of more vital interest to the community, and sanitary neglect here may result disastrously to a great extent. The experience of every day confirms the belief that we have in impure milk a prolific source of diseases now obscure or entirely overlooked.

Dr. STONEHOUSE spoke of a report in the *Edinburgh Medical Journal* of an epidemic of scarlet fever which was traced to the milk from a dairy where persons in the stage of desquamation of this disease had milked the cows, and it was supposed that scales had fallen from their hands into the milk. In another case, milk furnished in London from a certain dairy tasted of creosote, which investigation showed to be due to sprinkling the drain of the milk-room with this article. This circumstance has suggested that the gases from foul drains might be absorbed by milk, and the germs of disease, like typhoid, be conveyed by it.

Dr. L. T. MORRILL reported a case of pelvic cellulitis, resulting in pelvic abscess. Mrs. G., age 39, about eighteen months before her death was confined at full term of a strong, healthy male child. She suffered for a month after with severe pain over the pelvic region. At this time I was called in. Previous to her last confinement she had given birth to nine children, and had four miscarriages. At my first visit I found her complaining of severe pain over the abdomen, which was tympanitic, pulse 110. I diagnosed the case as peritonitis. Two weeks from that time I found her with pulse 90, abdomen slightly tympanitic, accompanied with profuse diarrhoea. At end of the next week peritonitis had almost entirely disappeared, excepting over region of left ovary, and there the pain was intense, and the only relief she could get was from the use of hypodermic injections of morphine. Being naturally of a strong constitution, her general strength held out well. In

the course of three or four months she was able to set up, feeling quite well, and recommenced the use of her sewing machine. Every pleasant day she was out, and seemed to gain rapidly.

About this time, when every thing was getting along nicely, her husband came home one night intoxicated, and commenced abusing his wife, pulling her out of bed and kicking her several times over the abdomen. The next morning I found her suffering some pain over the abdomen, which was bruised and swollen; prescribed anodynes and warm fomentations. From that time she suffered extreme pain over lower portion of abdomen, and survived her injuries some eight months. About four months before her death, I saw her late at night, suffering the most extreme pain, delirious, pulse 100. On examining the abdomen I could distinctly feel a tumor about the size of a goose-egg, fluctuating; the slightest touch caused her so much pain that I desisted from further interference that night. I administered one-half grain of morphine hypodermically (she being in the habit of taking large doses of laudanum I was obliged to give her more than the usual amount.) On the following morning I found her in about same condition, but not suffering so much pain. Tumor occupied the same position. On making a vaginal examination, I could feel the tumor projecting to the left of the cervix uteri, or where the cervix ought normally to be—in this case it was thrown to one side, and held there by adhesions. In my manipulations, both internal and external, some pressure was unintentionally brought to bear on the tumor. which gave way, its walls broke, and a discharge commenced and continued to flow from the vagina for four days. I should judge about half a pint in all escaped. Nothing but pus cells could be found on microscopical examination. During and for a short time after the discharge she suffered comparatively little or no pain. The odor from the discharge was extremely unpleasant, and she used a wash of carbolic acid, at the same time she was taking tonics.

For two weeks she seemed to improve, when all at once the pain, heat and swelling returned, and for some twenty days the abscess filled and enlarged, until finally it broke the second time, as previously. During the time of the discharge she suffered no pain to

speak of. In like manner the abscess gathered and broke five times, with an intermission of about three weeks, each time discharging more than the time previous. She suffered quite a good deal during the last month from general prostration. Twenty-four hours before her death the abscess broke for the last time, and with the discharge her life seemed to ebb away. She died free from all pain, and perfectly conscious to the last.

A sister of hers, living, is troubled with the same disease. She has had three children and two miscarriages. The tumor forms over region of ovary, same as deceased.

Twelve hours after death a post-mortem examination was made by Dr. Van Derveer—Drs. James Bailey and Bigelow being present. Rigor mortis well marked; body very much emaciated; right lung in a healthy condition, a few slight adhesions, probably of long duration; left lung, adhesions very strong and firm. In the upper portion of the lung was a cavity which would contain about two ounces, empty. Heart small, walls firm, valves normal. Peritoneum and its layers presented some traces of inflammation. In left inguinal region, folds of peritoneum strongly adhered to parietes of pelvis and intestines. Just behind left broad ligament, and under folds of peritoneum surrounding left ovary, were found the walls of an abscess, part of its contents having made its way down back of the uterus, and escaped into the vagina through Douglass' cul de sac; the abscess probably held from ten to twelve ounces. There are two distinct openings into posterior wall of vagina. The fimbriated extremity of the fallopian tube of the left side was firmly included in the peritoneal adhesions. The right broad ligament, appendages and attachments, presented a normal appearance; size of uterus normal; well marked traces of endometritis on laying open the uterus were found. Liver presented appearance of fatty degeneration; no adhesions. Spleen small, firm, and capsule covered with a thick, white fibrinous deposit. Kidneys and other organs in good condition.

Dr. J. S. BAILEY mentioned a case somewhat similar, of abscess in the broad ligament, causing peritonitis and death by rupturing. The patient, a stout young woman, and primipara, was delivered twelve days before she died, after a labor presenting nothing un-

usual in its course, except that it was somewhat protracted, and she complained much of a burning, smarting pain in the right iliac region. She was attended by a midwife, and was only seen in a moribund state. Only a very meagre history could be obtained. An autopsy was made, at which there was found peritonitis, with agglutination of intestines by abundant plastic lymph with more or less pus. An abscess was located in the right broad ligament, which had ruptured into the peritoneal cavity.

Dr. BAILEY also exhibited a biliary calculus of the size of a large butternut, weighing about five drachms. It had completely filled the gall bladder.

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MAY 27th, 1874.

The Society met at the usual hour and place. The President, Dr. SWINBURNE, in the chair. About twenty-five members present.

After preliminary business was attended to, Dr. WM. H. CRAIG reported a case of *Puerperal Convulsions*, which was treated by veratrum viride and chloral combined, as follows:

Mrs. L., aged 24, primipara, married two years, of feeble constitution, pale and anæmic. Was delivered of a male child weighing 8½ pounds, at 10 o'clock P. M., March 30th, 1874, after an easy, natural labor of ten hours duration. The second stage lasted only two hours, and after taking a nourishing drink, she went to sleep, breathed easy and remained apparently in quiet repose until 2 o'clock, A. M., four hours after delivery, at which time she awoke, complaining of nausea, and while in the act of vomiting, without any other premonitory symptom or exciting cause, (except great nervous excitement for two or three weeks previous), went into a convulsion which lasted about three minutes. She was seen at 2:15 o'clock, soon after which time she had a second convulsion, which was characterized by great muscular contortion, especially of the muscles of the arms, neck and face. The face was livid and there was much frothing at the mouth. When the convulsive action had ceased, the breathing became stertorous with coma, which soon passed off. This was succeeded by unconsciousness and great restlessness, requiring the efforts of two attendants to keep her from

getting out of bed. The pulse was 120 per minute and full. She talked incoherently and complained of headache. On two occasions, previous to marriage, she had had a slight hysterical convulsion, a knowledge of which fact induced me to think hers a case of Hysteria. I gave the bromide of potassium in 20 grain doses every half hour, without producing any modification of the symptoms, the convulsions recurring every fifteen minutes until 4:30 o'clock. I then called Dr. Quackenbush in consultation, who diagnosed it a case of severe puerperal eclampsia. He advised giving her the veratrum viride and hydrate of chloral in combination. Accordingly I sent for Squibb's fluid extract of veratrum, but received instead the officinal tincture. At four o'clock, when the administration of these remedies was begun, the convulsions were occurring regularly every twenty minutes, the pulse 140 and full. Fifteen drops of the tr. veratrum and 20 grains of chloral were given every 15 minutes, and the dose gradually increased until nearly a drachm of the former and 40 grains of the latter were given at a time. At 8 o'clock, A. M., an ounce of the veratrum had been given, yet the pulse remained unchanged, showing the inertness of the officinal tincture. The convulsions were gradually diminishing in frequency, now occurring only once in 40 or 50 minutes, but were very severe.

At 9 o'clock I obtained Burrows' fluid extract of veratrum and gave 20 drops; ten minutes after, the last convulsion occurred. At 10 o'clock I gave 20 drops again and 40 grains of chloral. Pulse was 108.

At 11:30 gave 20 grains chloral and 6 drops of veratrum. 12 o'clock, pulse was 70; veratrum discontinued.

During the afternoon chloral was continued to procure quietness, for as soon as she was allowed to come out from under its influence she became very restless, requiring considerable force to keep her from throwing off the bed clothes and getting out of bed. The pulse rose several times to 90 for a short time, and would again recede to 74. The urine was drawn with the catheter, and on examination, was found to contain a small quantity of albumen, but no casts were found. She had a quiet night, remaining in a sleepy stupor, from which she could be aroused to take nourishment. She



would answer questions correctly, but was evidently not altogether conscious. The urine was again drawn with catheter next morning. I gave her one-fourth of a grain of elaterium in two doses, three hours apart, which was followed by free catharsis. After this time no more medicine was administered. She convalesced rapidly, so that at the end of two weeks she was able to sit up more than half the time. Lactation took place naturally, and at this time both mother and child are in the enjoyment of as vigorous health as if they had been the subject of no untoward event. She took, in the space of 18 hours, 280 grains of chloral, 46 drops of the fluid extract of veratrum viride, and one ounce of the official tincture of veratrum viride. It is evident that the last is an unreliable preparation in such cases, from the fact that so much was given in the course of four hours without perceptibly affecting the pulse, while the first dose of the fl. ext. caused decided reduction, and in two hours lowered it from 140 to 70 beats in the minute.

The feature which I desire to commend to your attention is the remarkable influence of these two remedies in combination. In the annual address which I had the honor to deliver before this society four years ago, while speaking of the developments yet to be made in therapeutics, I made the following statements: "I believe the next decade will develop many marvelous changes in our knowledge of therapeutics, in which practical medicine will become more demonstrative and less theoretical than heretofore." The case I present to your attention to-night partially verifies the statement then made, for according to my experience and knowledge of the means formerly used in the treatment of similar cases, nothing would have saved this woman's life from a fatal termination. I verily believe she was fairly snatched from the grave by the heroic use of the two substances I have before mentioned.

It also verifies a statement made by Dr. Squibb before the Kings Co. Medical Society, when the use of veratrum in eclampsia was being discussed. He says: "The cases of puerperal convulsions reported here, treated by verat. viride prove to my mind that first there is no fixed dose; the test must be the effect produced, and not the number of minims given. The tendency in therapeutics seems

to be to get rid of the trammel of doses." I thoroughly endorse the statement of Dr. Squibb in the above quotation.

Very many cases of puerperal convulsions have been reported in the various medical journals, treated by veratrum alone, and quite successfully; and some fatal cases are mentioned where it seems to me if chloral had been used in combination a disastrous result might have been averted. Other cases have been treated by chloral alone and each remedy has its advocates. I have seen no cases reported where the two have been given in combination.

If we consider the pathology of eclampsia according to the modern theory, which may be expressed in the single word *irritation*, we can then better appreciate the influence of these two remedies in controlling this disease. Dr. Robert Barnes, in a recent lecture relating to the etiology and treatment of puerperal convulsions, gives the following four cardinal principles for our guidance: "1st. To moderate central nervous irritability. 2nd. To cut off emotional irritants or excitants. 3d. To cut off peripheral irritants or excitants. 4th. To eliminate all complicating morbid conditions."

Dr. Radcliff, in a work recently published on disorders of the nervous system, advocates the theory that nervous irritation may be reflected to the nervous centres, through irritation of the uterine nerves, and excitation of the coats of the blood vessels by urea.

Chloral undoubtedly allays the irritation of the nerve centers, while veratrum viride lessens the excitation of the coats of the blood vessels by reducing the vascular action.

The subject of the paper was extensively discussed by members of the Society.

Dr. QUACKENBUSH remarked that he had little to add to what Dr. Craig had said. In regard to the cause of puerperal convulsions, this is a point not well settled. Albuminuria usually exists with their occurrence, but why this renal affection should occur is a question. Simple pressure of the enlarged uterus cannot alone produce it, for there is much greater enlargement with ovarian and fibroid tumors, without its occurrence. Barnes thinks it is due to overtaxing the kidneys in eliminating effete matters. Braxton Hicks believes this is the case, and also that this same poisonous principle may affect the brain directly.

The pathological condition is thought by many to be only a congestion of the brain; by others to be simply an excitement of the nervous system.

The treatment has been to cause rapid delivery, if not complete, and quiet the great nervous excitability. For the latter chloroform has generally been used. Chloral acts much in the same way, but is more permanent in its effects. The object of combining veratrum viride with this is to combat the rapid action of the heart. By doing this the force of the pulsation is relieved, and too, supposing a poisonous principle to be in the blood, causing the convulsions, the quantity of this carried to the brain is diminished.

Dr. J. S. BAILEY mentioned a case which had been reported in one of the journals where 250 grains of chloral were given in a few hours, 15 grains every 15 minutes, without retarding labor. He also spoke of giving this drug by enema as recommended by Dr. Gross in a recent discussion on chloral in Philadelphia.

The PRESIDENT remarked that in the treatment of this disease with chloroform by inhalation, a majority of the patients have recovered. He had kept patients under its influence for 24 hours at a time. He doubted whether better results were to be obtained by other means. He had little faith in veratrum in its general use.

Dr. HALE spoke of a case under his care in which the patient, who had at her previous confinement convulsions for which chloroform had been given, was in the one at which he attended her very restless, excitable and sleepless. Labor pains came on and continued every day for four weeks, during which time she had headache, often quite severe. To control this and avert the possible recurrence of the convulsions, chloral and chloroform were given, in all during the time, but most of it toward the last, 350 grains of the former and 10 ozs of the latter. The day before delivery, neither of these controlling the restlessness,  $\frac{1}{8}$  grain of morphine was given. She passed into a comatose state after the birth of the child, and died next day.

*Post mortem* the stomach was found very soft, tearing in lifting it out. It was ruptured, as was also the diaphragm, and about 12

ozs of blood was in the left pleura. There was a very decided smell of chloral about the stomach and its contents.

Dr. SWINBURNE did not think we could attribute this softened condition of the stomach to the action of chloral. It is a condition not frequently met with apart from exciting cause. He mentioned a case where it was found in a case of sudden death; the stomach was examined by Dr. Alonzo Clark and others, who declared that it was softened by the gastric juices.

Dr. STONEHOUSE said that at Sandford Hall chloral was used a good deal, 40 grains a day for long periods being constantly given. It was not noticed to produce stomach derangement; on the contrary, it was thought to be beneficial in dyspepsia.

Drs. JONES and BAILEY spoke on the use of chloroform by the stomach, finding it more prompt in action and certain in its effects.

Dr. QUACKENBUSH thought there were cases of puerperal convulsions when bleeding is applicable. We are floating toward the theory that all these cases are due to uremic poisoning. It is better to take the view that it may be due to inflammation, and in suitable cases bleeding will relieve more certainly than anything else.

Dr. F. C. CURTIS reported a case of *Tubercular Ulceration of the Larynx*. The patient, a young man, aged 28, was first seen three months before he died. He complained of sore throat and hoarseness, which he had been troubled with for a year. He could not speak above a whisper. This he referred to immoderate use of his voice in driving cattle and general lack of care of himself. Examination with the Laryngoscope showed an extensive ulcer on the right side of the larynx posteriorly, in front of the arytenoid cartilage, and just above the vocal cord, the mucous membrane of which only was affected. There was considerable swelling of the posterior portion of the larynx, and a general erythematous condition of the entire part, though no active inflammation. The fact was further elicited that he had coughed for several years at times; more of late. Examination of lungs showed consolidation of both apices. It was only quite recently that he had begun to fail so as to be obliged to quit work. His family history was clear of phthisis.

Treatment was directed solely to his general condition, and little attention was paid the throat, the symptoms of which did not increase in gravity. The lung symptoms did however. Softening began and proceeded rapidly. He died three months after.

*Post mortem* examination showed the lungs very extensively affected. In fact only the thin edges of the lobes crepitated naturally. The lower lobes were filled with milliary nodules; higher they were the size of a hazelnut and larger, while at each apex were large, ragged cavities.

In the larynx there were found two ulcers, one as already described on the right side; the other directly opposite, in the ventricle, being merely a chink, itself hardly visible in the natural condition of the parts, but with considerable superficial ulceration about it. Superior to these ulcers there was œdema of the tissues. The epiglottis and anterior portion of the larynx was not affected except by congestion.

In regard to the pathology of these ulcers occurring with pulmonary consumption, authorities are divided as to their being due to actual deposit locally of tubercle. However, Virchow and most of the best pathologists believe in the possibility of this, and that a portion of them are so induced. Otherwise they are due to inflammation and breaking down of mucous membrane, glands or follicles, etc.

As to diagnosis the ulcer itself has little peculiar to itself. Location of the ulcer is most important; as a rule they affect the posterior portion of the larynx, while those of syphilis and cancer may be looked for on the anterior. Cancer is usually painful. Aphonia more commonly occurs with tubercular ulcers.

Diagnosis is important, as the treatment turns much upon it. These ulcers do not bear active treatment, and it was believed should be soothed instead. Inhalation of carbolic acid is recommended, the local application of morphine if indicated, and the like. The general condition which they accompany will, as a matter of course, be looked after.

On account of the lateness of the hour there was no discussion of the paper.

On motion of Dr. STONEHOUSE, a committee of five was ap-

pointed to prepare a memorial to the Board of Supervisors in reference to the erection of an asylum for the insane in this county.

The Society then adjourned.

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*Semi-Annual Meeting,* }  
JUNE 9th, 1874. }

The Society met at the City Hall, and in the absence of the president, was called to order by Dr. W. H. BAILEY, who was elected president *pro tem*.

After some matters of business were disposed of, the question of urging the erection of a county insane asylum was discussed. A resolution was adopted, expressive of satisfaction that the Board of Supervisors and Aldermen had the matter already under consideration, and heartily endorsing the object.

The secretary presented the act recently become a law, "to regulate the practice of medicine and surgery in the State of New York." It was referred, without discussion, to the Board of Censors.

Dr. BOYD, chairman of the Board of Censors, reported the following names, and recommended their election to membership on complying with the by-laws:

Drs. L. Balch, O. D. Ball, R. F. Barton, G. H. Benjamin, L. Bondrias De Morat, C. E. Buffinton, D. H. Cook, H. C. Everts, Wm. Geoghegan, Jr., C. S. Merrill, N. Monroe, L. T. Morrill, G. W. Papen, F. Weidman, W. M. McGregor, G. L. Van Allen, A. T. Van Vranken, J. A. Hart and J. L. Archambeault.

The report was adopted. Matters of minor importance were attended to, and the Society adjourned.

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ART. III.—*Abstract of the Proceedings of the Buffalo Medical Association, Buffalo, September 1st, 1874.* Reported by E. R. BARNES, M. D., Secretary.

Members present: The Vice-President, Dr. Gould, in the chair, and Drs. Samo, Harding, Lynde, Hauenstein, Miner, Cronyn, Brush and Shaw.

Reading of minutes of last meeting dispensed with.

On motion, Drs. W. W. Miner, H. R. Hopkins and D. E. Chace, were admitted to membership, and the application of Dr. Bartow was received.

No reports of committees.

Voluntary communications being in order, Dr. BARNES presented specimens of large condylomatous tumors, which he had removed by the galvano-cautery.

The patient, Mrs. A. W., aged 19, had been admitted to the Buffalo General Hospital, Aug. 8th ult., having then reached nearly the eighth month of pregnancy—for the purpose of receiving such treatment for these growths as might be deemed advisable before her confinement. The tumors then formed a large bulging mass of vegetations, presenting the appearance of a single tumor, filling the space between the nates, and extending from the end of the coccyx posteriorly to the commissure of the vulva anteriorly. The surface at this time was uneven or nodular, and of a brownish color from the incrustation of the discharge. By lifting the edges it could be seen that they extended beyond the base; a further examination showed that the greater portion of the tumor consisted of two parts attached, each, by a large pedicle to opposite surfaces of the nates.

The patient had first noticed these growths about three months before admission, which showed a rapid increase in size. There was no history or other evidence of syphilis, nor of other venereal disease.

It was decided to remove these excrescences at once, as they seemed to cause much annoyance and constitutional irritation, and might retard recovery. The woman was not strong, and the growths were very vascular. Hence it seemed to be a case peculiarly adapted for removal by the galvano-cautery, which would insure less hemorrhage than the knife, less objectionable after processes than transfixion and ligation, and would act more quickly and, perhaps with less shock than *écraseur*.

Dr. B. accordingly purchased the cautery instrument, which has been offered for sale in Buffalo for some time past; but while awaiting a supply of platinum wire, on Aug. 12th, the patient miscarried, giving birth to a living and apparently healthy child.

The miscarriage was supposed to be due to the irritation caused by the tumors. In consequence of this occurrence, the operation was deferred.

The progress of the patient after confinement was unfavorable. The secretion of milk took place, but was rather scanty. The pulse varied between 110 and 120 per minute. The size of the tumors made it necessary to lie always upon the side. A compress wet with a weak solution of carbolic acid had been kept upon the growths, and had removed the incrustation. The surface was now of a dull red color, uneven, like a mass of large exuberant granulations, or like a cauliflower, and covered with an abundant, thin purulent discharge, having a strong fetid odor.

On Aug. 27, the patient had two severe chills, for which quinine was given, and they did not return on the following day or the next. But the pulse remained at 120, the countenance was pale, sallow and expressive of suffering, and there was now a continuous pain referred to the abdominal region, although pressure did not show great tenderness in that region. The vegetations had grown very rapidly, and were now larger by one-third, than when the patient was admitted. The patient was getting worse, and her general condition was such as to excite anxiety. Believing that the growths were a partial if not the sole cause of this condition, it was decided to remove them at once.

On Aug. 29, the patient was placed under the influence of chloroform, and the tumors were removed in the presence of quite a number of medical gentlemen, who were attracted no doubt by a curiosity to witness the working of a machine, which has not yet become practically, very generally familiar to the profession in this vicinity. The first attempt was to employ the cautery knife, and it failed, because of an accident which prevented the further descent of the plates into the battery fluid, and, perhaps, also because of the ignorance of the operator as to the proper method of using the knife. The blade was first brought to a white heat and then applied to the base of the tumor, into which it sank, hissing, until the blade was nearly covered; then it lost its white heat and its further progress was arrested. The abstraction of heat, from so large a surface kept in contact with the tissues, was too rapid, and



the use of the knife was abandoned, not however without having derived some valuable hints from the failure.

A loop of platinum wire was then placed about the base of one of the tumors, and when the current from the battery was allowed to traverse it, very promptly severed the connection with the subjacent tissues. The process was repeated with the opposite mass. There was little bleeding, simply a slight oozing.

There remained now four or five small growths attached by smaller pedicles, in the space between the anus and the posterior commissure of the vulva, which might have been readily removed by the cauterizing knife. But they were removed by the scissors, and the removal was followed by copious hemorrhage, which was arrested by the application of a porcelain point, heated to a white heat by the battery.

On the day after the operation the patient's pulse, which before had been 120, fell to 84, the symptoms of constitutional irritation disappeared, and she seems now, Sept. 1, to promise a speedy recovery.

Dr. CRONYN said that growths of the character presented, and occupying the same locality, at or near the orifices of canals lined with mucous membrane, were common, both in the male and female. They grow very rapidly and sometimes attain an enormous size. They are friable in structure, breaking up easily, and bleeding profusely. About fourteen years ago he removed one of great size by transfixing it with four needles, and firmly applying ligatures so as to produce strangulation. The galvano-cautery had been quite recently introduced in Europe, and had been used in most of the hospitals there, but was receding in favor. In the case presented, the scissors would have more rapidly removed the tumors. The slough left by the cautery was troublesome. Mr. Bryant had reported cases operated on by the galvano-cautery, cases of fistula in ano, and hemorrhoidal and other tumors. But on analysis it would be found that they could not be classed properly as operations by the galvano-cautery, as the tumors were cut out in the ordinary way, and the cautery applied afterwards. After mentioning some cases which had come under his observation, Dr. Cronyn said that the results after the use of the cautery, were

no better than after the use of the ligature or *écraseur*. The cautery might act quickly when applied, but much time was required for the necessary preparations. The cautery was apt to remove tissue more deeply than was desirable.

These growths are generally of syphilitic origin.

Dr. HAUSENSTEIN narrated a case where he had removed from the person of a woman, by the *écraseur*, a large lobulated tumor of the class under consideration. There was very little bleeding. He had a suspicion of venereal origin. Iodide of potassium was administered, and the tumor had not returned.

Dr. SHAW had never seen a case which was not connected with syphilis.

Dr. CRONYN said that the distinction between those growths which were of syphilitic and those which were of non-syphilitic origin, was their resemblance in the former case to a wart, and in the latter case to a sponge. Dr. C. did not think, when the loop of platinum wire was used in connection with the battery, that it acted by cauterization. The elastic bandage of Esmarch had been lauded for its usefulness in preventing hemorrhage during operations. Now the best opinion is, it does this only to give rise to a greater hemorrhage after its removal. The wire loop does not act by cauterization, but simply as an *écraseur*.

Dr. LYNDE thought that the wire used with the battery was too small to remove tumors by its tension. He understood that the depth of tissue removed was not more than from an eighth to a sixteenth of an inch, which was not more than would follow the use of the *écraseur*. As to the cause of these growths, either he had not been able to discriminate properly, or his experience had not embraced all of the varieties which exist, but he felt assured of the pre-existence of syphilis in every case which had come under his observation.

He had examined the battery with a view to its use for the removal of a tumor at the posterior part of the pharynx, but did not think it adapted for the purpose, and had removed the tumor by the *écraseur*.

Dr. MINER said that these growths are generally called syphilitic. If we mean that the patient has had syphilis, and that these

excrescences arise from the action of the syphilitic virus, we will be frequently wrong. They occur sometimes in persons who have never had sexual connection. The discharge from a gonorrhœa is the most frequent cause. That from non-infecting sores will also produce them. Anything which irritates the mucous membrane may cause their development. These growths are almost always venereal, not often syphilitic. Consequently he would not regard the existence of these growths as any evidence that a patient had had syphilis.

Dr. GOULD asked for an explanation of Dr. Cronyn's remark as to the occurrence of hemorrhage after the use of Esmarch's bandage.

Dr. CRONYN said that the bandage expelled the blood completely from the capillaries. Their contractility seemed to be impaired by the severe pressure, and upon removal of the bandage, these vessels would bleed profusely. He had seen excessive hemorrhage occur in this way. The best demonstration of this could be seen in a primary amputation of the thigh, in a person in full vigor. In secondary operations there was less liability to hemorrhage.

Dr. MINER cited a case of amputation at the hip joint for caries, reported at a recent meeting, in which he had used Esmarch's apparatus. The tissues were divided at the same point as in amputating at the upper third of the thigh, and the bone was disarticulated after the method of Dr. McGraw, of Detroit. The only embarrassment caused by the apparatus was the difficulty of finding the vessels to be tied. No hemorrhage succeeded the application. He had however seen one case in which removal of the bandage had been followed by pretty free hemorrhage.

With regard to the use of the galvano-cautery, many operations could be performed as well or better by other means, but there were some cases for which it might be peculiarly adapted, as in cauliflower excrescence of the cervix uteri.

Dr. LYNDE had used Esmarch's bandage in a case of caries of the bones of the foot. The tissues were much congested, and he did not succeed in fully expelling the blood, so that bleeding attended the operation. The removal of the bandage was followed by a gush of blood, but not excessive. He did not think the use of the

bandage objectionable in operations below the knee, but where a large surface was compressed as in amputation of the thigh, dangerous hemorrhage might ensue.

Dr. BARNES wished to say in reference to the assertion of Dr. Cronyn, that when the wire loop was used with the battery, it acted simply as an *écraseur*; that while he would not deny the accuracy of the gentleman's observations in Europe or elsewhere, yet in the case which he had reported, the loop did not act as an *écraseur* in any degree. The wire, when heated to a white heat, is incapable of sustaining much tension. If it is not kept wholly in contact with the tissues, so that its heat may be constantly abstracted, the exposed portion is liable to fuse or to part upon very gentle traction, an accident he had seen occur more than once. In this case, the loop was adjusted about the tumor and tightened so as firmly to compress the tissues, but not to penetrate their substance. Then the circuit was completed, the wire was instantly heated, and without further traction buried itself deeply, with a hissing sound, until the limit of expansibility of the compressed tissues was reached. A few turns of the screw, with scarcely appreciable resistance, completed the operation. The time occupied seemed hardly more than four seconds.

Dr. LYNDE reported a case of hydrothorax in which there was a spontaneous yielding or rupture of the pleural membrane, followed by infiltration of the areolar tissue on the corresponding side, from the hip to the shoulder. He had never seen nor read of a similar case. He also reported the case of an infant exhibiting an arrest of development of abdominal muscles, and of a portion of the anterior chest walls. The heart was in the median line covered only by a thin membrane, so that it was distinctly visible and palpable. It might almost be circumscribed by the fingers and lifted from its position.

On motion, the Society adjourned.

NOTE.—The patient operated on by the galvano cautery, progressed rapidly and favorably. The slough which was quite superficial separated in a few days leaving a healthy sore. A tendency to a recurrence of the growths subsequently manifesting itself, chromic acid was freely applied, producing a deep slough, and finally eradicating the vegetations.

ART IV.—*Clinical Remarks upon Surgical Cases occurring at the Buffalo Hospital of the Sisters of Charity.* By Prof. JULIUS F. MINER, M. D. Reported by W. W. MINER, M. D.

I am happy to meet again the familiar faces of so many who have before been students together here. I take great pleasure also in welcoming here for the first time, so many whose faces are not yet familiar, but who are enlisted together with us in professional study and aim.

The physician, old or young, is a constant student of his profession. He is constantly gaining new scientific truths and fresh knowledge in his chosen pursuit. More than this, he is constantly extending and confirming an experience, in the personal observation and practical management of men, as subjects of the various physical ills. A large amount of scientific truth is readily to be gained from the study of books, by lectures and counsel from practical men; experience is of slower attainment, involves more than mere study, and is to that extent more desirable, more valuable.

Here, indeed, is the grand distinction between a young student and an older one, between a young practitioner and a physician of years. The public esteem more highly the services of the former, and for what reason? Years are expected to bring experience to a man, and thus render him more capable in his work than those who are inexperienced. It is not only what the physician knows, it is what he is capable of, that impresses his patients and the public generally. One needs to be conscious of his own capability in order to secure public patronage. Actual experience is necessary to give a man confidence, confidence in himself, in his own ability. Nothing can be a real substitute for it. The practiced physician feels able to discern that which he has before observed, feels competent to take charge of that which he has before cared for.

Clinical experience will be of great value to you when you hereafter engage in the active duties of your profession. You are here afforded opportunities of making your diagnosis in actual cases, of determining the proper procedure with them, and witnessing the results in their management. Some of the cases brought to your notice occur rarely in single communities or in one man's experi-

ence; others are of frequent occurrence and will early demand your professional attention. To have once before seen cases and determined concerning them yourself, will render you in a degree capable to recognize and care for them in future.

CASE I.—*Amputation of Fingers*.—Antony L—, aged 23 years, in occupation a farmer, received on the twentieth of September, an injury to his left hand, by the accidental bursting of a gun. He was received into the hospital on the following day, and cared for by Dr. Cronyn, one of my colleagues in hospital service. It was found by him that the soft parts of the thumb of the injured hand were very extensively lacerated, and the extremities of two fingers blown off. The thumb, you notice, has very nicely recovered its integrity. The bony stumps of the second and third fingers are now denuded of integument and project so as to require retrenchment. In the surgery of the fingers it is astonishing to witness the extent of repair that sometimes takes place; the hand seems to possess advantages in this respect over other parts of the body. In amputation, flaps are made of palmar and dorsal integument, and these are approximated with the same care as in amputation of limbs. Disarticulation is preferable on many accounts to amputation in the continuity of a phalanx. No arteries need ever be ligated in operations upon fingers, a little pressure, or the closing of the wound with stitches, will speedily arrest any hemorrhage that may occur from them.

CASE II.—*Harelip*.—A child of M— K—, aged six months, has as you notice, a cleft upper lip. The fissure, in this case, does not involve the maxillary or palatal bones, as it frequently does in these cases. Ether is given, and the upper lip separated to some extent from its attachments below to the superior maxilla; the edges of the fissure, thoroughly pared, and then carefully approximated by the twisted suture. Hemorrhage is advantageously controlled by the application of suitable forceps, which grasp and compress the margins of the lip on either side, at the angles of the mouth; or they may be seized by the fingers of assistants. In the application of the silk to the suture pins, it is very necessary that care be used, as too much pressure from this source will strangulate the circulation of the parts included, and cause them speedily to

slough away. A piece of adhesive plaster may be applied so as to draw forward the integument on either side of the face, and give support to the sutures.

On October the 14th, at the following clinic, the child was presented, and it was found that during the four days previous, complete union of the wound had taken place. The pins were accordingly removed, an adhesive plaster strip being reapplied. It is desirable that the parts forming the margin of the mouth should be nicely and evenly adjusted, as irregularity here is readily noticeable. If perfect apposition is not at first obtained, in this respect, a subsequent operation could be made that would remedy the fault.

CASE III.—*Dislocation of the Elbow.*—Agnes G—, aged 30, fell while engaged in washing windows, and caused an injury which renders her right arm useless. It is now two weeks since the injury was received, and the case is one in whose diagnosis you may take very much interest. The elbow is somewhat swollen, and motion of the joint is painful and limited. On careful examination you may discover, if you are looking for it, that the upper extremity of the olecranon process of the ulna, when the arm is, in a degree, flexed, projects an inch or so farther back than do the projections of the condyles of the humerus. Now by examining this articulation in the skeleton, you will see that the olecranon process should be on an exact line, vertically, with the condyles of the humerus, when the joint is flexed at a right angle. This you will see is not the condition in the patient before us. Failure to recognize dislocation of the ulna backwards, is a most fertile source of suits for malpractice. You will do well to avoid the deplorable results of these cases. The other dislocations occurring in the elbow, present such deformity that they cannot be overlooked. With the diagnostic points clear in your mind, you ought to be able to recognize the backward dislocation, here admirably presented. Sad mistakes are made in the management of such cases, and while the necessity of a proper recognition and treatment of them is very evident and urgent, still I am inclined to regard with indulgence those who have made errors in the treatment of them. I have sometimes found that the swollen condition of the parts in

a fleshy person, rendered it a little difficult to find the projections which guide to a decision.

The reduction of this dislocation is accomplished by the use of chloroform and traction at the wrist, with counter-traction at the arm and shoulder, while moderate movement of the joint is made. Extending the forearm out beyond a straight line, is of advantage in releasing the coronoid process from its engagement in the olecranon fossa. After reduction has been accomplished, the arm is placed in a sling and kept in a flexed position.

Reduction in the present case, which is of two weeks duration, is accomplished readily, though requiring considerable force of traction. I have reduced them after three months had elapsed. In one case of that duration I failed: it may be that there had been fracture of the condyles, at any rate the joint remained permanently a stiff one. These cases may be presented to you when they have been long dislocated. I should be inclined to attempt restoration even after many years had elapsed; would not say that an elbow is irreducible after it has been more than three months dislocated. Try reduction and try it well, before deciding a case is irreducible. In dislocations of the shoulder, though they are reducible at a late date, the glenoid cavity is shallow and easily becomes filled up with inflammatory deposits which render retention of the head of the humerus uncertain. The elbow is less liable to the occurrence of this obstacle to restoration, as the sigmoid cavity of the ulna could hardly be obliterated in this manner.

A suit of malpractice which had a bearing upon the after-treatment of reduced luxations of the elbow, occurred in this region not long since. A good resolute surgeon supposes that he has put back a dislocated elbow—shows by good respectable fellow-practitioners, that it was put back, and this is confirmed by four or five good observers. Some months afterwards he is sued for malpractice in the case, and the melancholy feature of it is, that all agree the elbow is now out of place. At the trial, the doctors swore as positively as doctors can, that the elbow was reduced, and was all right at one time. Some superior and respectable surgeons from abroad, testified that it would not relaxate spontaneously, and with this ended the first trial. At the second trial one of the same authori-



tative witnesses swears that since the first trial he has gained new light on the subject of relaxation, has in fact had a case in which relaxation took place; says it will occur spontaneously, and that flexion of the forearm, fully to a right angle, is generally necessary in the after-treatment to prevent it. If the coronoid process of the ulna is fractured, I can see how relaxation might occur when the arm was in a straight position, and that flexion would retain it in its place. If I had a case of relaxation, should presume that the coronoid process was broken off. If this is not the case, and the proper tendons attached to the ulna are in place, I do not believe relaxation will occur.

I have had repeated opportunities to test the liability of the occurrence of relaxation in the elbow, and in no single instance have I been able to obtain this result. I swore positively one year ago, that after reduction the laying of the elbow upon a pillow, when flexed forty five degrees, obtusely, that is half-way between straight and a right angle, was unobjectionable treatment; that it would not then relaxate by any naturally operative forces, and that it was not necessary to flex to any greater extent in the after-treatment of these cases. Flexion beyond a certain degree in the after-treatment of some cases, such as I have noticed, is rendered impracticable by the swollen condition of the joint and the pain which it occasions. These opinions then sworn to in court, I would at present maintain.

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## Editorial.

### The Recent Grave Robbery in this City.

The excitement over the desecration of the grave at Lime Stone Hill, on the night of October 5th, has not yet subsided in some portions of the city. Many people are still unwilling to believe that the body taken from the College on Friday morning was not that of Mrs. Carey, although her physicians, last in attendance, positively assert that it was not. It would hardly seem probable to a thoughtful person, however, that the College authorities would run the risk which the raising of a body from Lime Stone Hill or any other

cemetery would entail, and it seems still more improbable that after the warning contained in the papers they would allow the body, if in their possession, to remain in the open dissecting room. We were considerably surprised at the action of Mr. Carey in removing the body under dispute, for it was proved conclusively that it was not the body of his late wife. Mrs. Carey died, we are assured by three honest and well known physicians, of cancer of the uterus, of such an extensive character that the recto-vaginal septum was wholly destroyed, and feces passed through the vagina as well as through the anus. In the case of the body under dispute, no evidence of cancer could be found, but the post mortem plainly evinced that the cause of death was Gastroenteritis, of which there was not the slightest symptom in Mrs. Carey's case; moreover the body found in the dissecting room had undergone such *post mortem* changes that it was perfectly evident that death had taken place at a much earlier period than October 4th.

We did not take up our pen, however, to defend the College or the profession, but after a careful consideration of the facts, we hope that no sensible person will allow himself to make the absurd statement that "the profession will stand by each other, and of course they would swear that this was not the body stolen from Mrs. Carey's grave." We are glad the public have so high an opinion of the profession, but we are surprised that after making such a statement regarding professional honor they should immediately doubt professional honesty, and even declare that they would swear to a lie.

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### Correspondence.

We have received the following letter to which we would reply that we know of no means by which our correspondent could become a member of the Buffalo Medical Association, or send communications to it, unless he was elected a corresponding member. As to the publication of his cases in the daily papers, we can give him no information, except to say that as a matter of courtesy and by request in some cases, we furnish copies of the *JOURNAL* to the press of the city. We have never seen a report of a case copied from the *JOURNAL*, but occasionally have seen notices of the contents of a number. If any cases have been copied into the daily papers they have escaped our notice, and we can give no information as to how they came to be copied whether by solicitation of the persons reporting the case or not.

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UNIONTOWN, N. Y., Oct. 15, 1874.

*Editor Medical Journal:*

I notice that by reporting cases in the Buffalo Medical Association, and publishing in the *MEDICAL JOURNAL*, they sometimes reach reprint in the *Courier* and, perhaps, other daily papers. I want to inquire if this Society would

receive papers from outside physicians, or can physicians from other towns join? I have some cases not in themselves remarkable, but which if published in a newspaper would make at least a good advertisement, and as I am just begining might help start. These cases are common, such as fevers, bowel complaints, some amputations, exsections of joints, one operation for hernia, &c., &c. Please tell the expense of joining the Society, and also if there is any expense in getting the newspapers to copy. Does the Society pay this expense, or does it come out of the author's of reports?

Yours most sincerely,

NEWMAN W. SMITH, M. D.

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### Notice to Subscribers.

With this number, and the next, we shall send out our bills for subscription. The recent change which has been made in the management of this JOURNAL, make it desirable that our subscribers should be prompt in their payments. By the new postal law, after the first of January, we shall pay the postage on all our Journals sent to subscribers; we shall not however increase the price of subscription, but shall depend rather upon the prompt payment of the present rate. All remittances should be made to the Assistant Editor, Dr. E. N. BRUSH, No. 8 South Division street, to whom all communications concerning the Journal should be addressed.

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### Books Reviewed.

*A Complete Hand-Book of Obstetric Surgery; Or short Rules of Practice in every Emergency from the Simplest to the most Formidable Operations connected with the Science of Obstetricky.*  
By CHARLES CLAY, M. D., etc. Philadelphia: Lindsay & Blakiston, 1874.

Dr. Clay's Hand-book has met, in England with merited favor, and has there reached its third edition. The author has endeavored to make this a hand-book or remembrancer of those points in the Obstetric Art upon which practitioners should be informed, but upon which slight additional intelligence may be required at a moments notice, when the time could not be spared to search through the more comprehensive treatises. It will be found that Dr. Clay has collected within the narrow limits of this work all the points liable to tax the art of the obstetrician in an emergency; and to those who desire to satisfy their minds at a moments notice this little work will prove

invaluable. The directions are clear, but the operative procedures are not so minutely described that pages of the book will not have to be perused to get a desired point. The author has written with the idea that his reader has a general knowledge of the whole subject, and that his pages will only be sought as a ready means of gaining information upon some doubtful or forgotten point.

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### Books and Pamphlets Received.

A Practical Treatise on the Diseases of Women By T. Gaillard Thomas, M. D., etc. Fourth Edition, thoroughly revised with illustrations. Philadelphia: Henry C. Lea, 1874. Buffalo: T. Butler & Son.

Therapeutics and Materia Medica. A Systematic Treatise on the Action and Uses of Medicinal Agents, including their Description and History. By Alfred Stille, M. D., etc. Fourth Edition, thoroughly revised and enlarged. In Two Volumes. Philadelphia: Henry C. Lea, 1874. Buffalo: T. Butler & Son.

Essentials of the Principles and Practice of Medicine. A Handbook for Students and Practitioners. By Henry Hartshorne, A. M., M. D., etc. Fourth Edition, thoroughly revised. Philadelphia: Henry C. Lea, 1874. Buffalo: T. Butler & Son.

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ART. I.—*Abstract of the Proceedings of the Buffalo Medical Association.* Buffalo, Oct. 6, 1874. Reported by E. R. BARNES, M. D., Secretary.

Members present, the Vice-President, Dr. Gould in the chair, and Drs. Miner, Johnson, Briggs, Hauenstein, Brecht, Harding, Brush, Boardman, Bartlett, Wyckoff, et. al.

The application for membership of Dr. Boysen was received, and he was invited to participate in the proceedings until his application could be acted upon.

After routine business Dr. MINER said that he had noticed, in the published transactions of a recent meeting of the Society, that there had been a discussion on a subject always interesting to a large number of the profession—that is, on venereal disease. All have opinions on this subject, some holding opinions peculiar to themselves, others according with the views of authors. While he would not renew an old discussion, he wished to refer to a case he had lately seen, which he thought remarkable. It was the communication by a man to his wife, of a gonorrhœa; the man himself not having the disease. The case did not admit of a suspicion of error. A gentleman of high respectability was led astray in a neighboring city, and had sexual connection. After the act he washed, and returning home the same day, he held intercourse with

his wife. A few days after she had specific gonorrhœa. There is no doubt that the husband communicated the disease, yet he had himself not the slightest evidence of disease. The virus might have been conveyed on the outer folds of the foreskin. Such an occurrence is exceedingly rare, but it is possible, as we see the virus conveyed to the eye through the medium of a towel.

With reference to the specific virus of different venereal diseases, a question which was discussed at the meeting referred to, when the belief was expressed by some, that secondary symptoms might ensue after either a soft or a hard chancre, he wished to state his adherence to the theory of the duality of the syphilitic virus. The specific virus of different venereal diseases may be mixed in a single lesion, and thus disguise the peculiarities distinguishing one from the other of the forms of initial lesion. Great caution and repeated observations are necessary to avoid an error in diagnosis. There is no connection between gonorrhœa, and chancroid, or chancre; only that there is a similarity in the mode of conveyance from one person to another. Authors speak of chancroid and chancre being conveyed from one to another, without the person conveying having any evidence of disease.

Dr. JOHNSON said that Dr. Miner's case was interesting because unusual. He saw, three weeks ago, a case where there existed a triple lesion, viz: gonorrhœa, chancroid, and chancre. The patient had also a bubo. Secondary symptoms may supervene, but not as the result of this infection, as the patient had, two years before, contracted true syphilis. There is a good deal of difference between chancre and chancroid. He had never known secondary symptoms to follow a chancroid.

Dr. GOULD. It would be safer to treat the case as syphilis.

Dr. JOHNSON. Yes, in this case, but not where there exists simply a chancroid. There is generally too much treatment for chancre—too much use of caustic. He used chemically pure nitric acid, but had not much belief in local treatment at all, unless resorted to very early.

Dr. BARNES said that all had noticed the great difference which exists between cases of gonorrhœa; often between successive attacks of gonorrhœa occurring in the same person. This difference was

in the intensity of the inflammation, in the character of the discharge, being thick and purulent or thin and watery, and in the obstinacy with which cases resist treatment. It was not always that cases attended with the most acute symptoms, at first, were the most difficult to cure. These facts have given rise to the question whether gonorrhœa does not arise from many sources. While some deny, in all cases the existence of a specific poison, Hammond, in his little work on venereal diseases, does not consider as gonorrhœal, those discharges arising from causes non-specific in character, as from a leucorrhœa, excesses, etc., but asserts and claims to have proved that all cases of true gonorrhœa are caused by contact of an unbroken mucous surface, either with the virus of a soft chancre, or with that of a hard chancre, or with a discharge which though having been repeatedly transmitted, yet had originated from one of these two sources. He states that a gonorrhœa caused by contact with an indurated chancre may be followed by symptoms of secondary disease; that it has a period of incubation; yet that it is a less severe local affection, less apt to be complicated by extension of the inflammation, and less apt to pass into gleet, than that caused by a soft chancre. The latter has not a well defined period of incubation, the discharge appearing by the second or third day. Simple urethritis he considers of little moment. Dr. B. would like to hear opinions on this view of the origin of gonorrhœa.

Dr. MINER said that he had seen some suggestions of that sort. Possibly gonorrhœa is sometimes associated with a specific sore within the urethra. Gonorrhœa varies from non-specific irritation to the most acute urethritis, extending to the testicles and base of the bladder. That specific syphilitic virus ever originates from gonorrhœa he did not believe. If the patient had gonorrhœa, he was also exposed to the syphilitic lesion, and was poisoned without his knowledge.

Returning to the subject of syphilis Dr. M. said the distinguishing marks of the initial lesion were sometimes obscure. Chancroid has an incubation of from forty-eight hours to six days. Chancre, of say twenty-four days. One attack of true syphilis protects from a second as well as small pox protects from its own recurrence. Objection has been made to the early administration of mercury.

He had seen it produce a mercurio-syphilitic eruption difficult to cure, and thought it might be an open question. If there is any doubt as to the nature of the case, wait. The treatment of syphilis has been reduced to a system in works on that subject, and mercury is regarded as almost a specific in secondary. If we give up faith in mercury we must renounce faith in all medication. Nothing is more certain than its beneficial effect in the secondary stage; nothing is more marked than the benign influence of iodide of potassium after the expiration of one year. The latter remedy is useless in the primary and secondary stages, unless when the secondary is merging into the tertiary stage.

Dr. BOARDMAN would ask as to the best form for the administration of mercury. Agnew prefers inunction with mercurial ointment, applying it once or twice a day to the inner portion of the arm or of the thigh.

Dr. MINER replied that in all cases where the stomach is irritated by the internal administration of mercury, inunction is useful; so also are mercurial baths. But in his experience not much is gained by their use, except in cases of intractable skin diseases. Mercury in every form almost, is a specific. He knew of no preparation better than blue mass, none more safe, efficient and comfortable, or more apt to agree with the stomach. In the later stages, after one year, if you want to give a little mercury, use the protoiodide, or iodide of potassium with mercury. Iodine may counteract, to some extent, the effect of mercury, but if it does it is not incompatible with good treatment to give them together. Tonics are often useful.

Dr. WYCKOFF. Mercurial inunction is used on account of its mild action, and because it is less liable to produce pyalism. It is especially useful in the later stages. He had also derived advantage from the use of mercurial baths.

It is true that cases of secondary syphilis occur without the knowledge by the patient of a primary lesion. The worst case he had ever had was an instance of this.

Dr. BOARDMAN had lately met two or three cases which had been under the treatment of Agnew and others, and in which inunction had been used. He inferred that it was a favorite form for use



after the primary and early secondary stages were passed. One person who had no reason for concealment, did not know of ever having had the primary lesion.

Dr. BARNES would like to ask if it would be proper to use mercury in a person having a strumous diathesis.

Dr. MINER. Yes, patients will grow fleshy under its proper use although strumous. Even where there is tuberculosis with syphilis the best tonic is mercury. He had seen patients suffering from this combination, rapidly improve under its use.

Dr. BARNES. Is it advisable to intermit its use at intervals?

Dr. MINER. The best authorities use it a year, but not to salivation. It is often best to intermit if the gums become affected, or there is other evidence of excessive influence on the general system.

Dr. BOARDMAN. Is it known when the disease is cured; or is there any constant sign of the existence of the disease, after its apparent disappearance? It was thought that the post cervical glands would be found enlarged, but often they are not. In his examinations for the army, there were many applicants having a syphilitic taint. Some he could recognize by the smell. Others presented no symptoms by the skin, throat, or otherwise, except the condition of the inguinal glands. These were not enlarged, perhaps contracted, but were small and hard like shot, and from a line to a line and a half in diameter. He regarded this as a certain sign of a syphilitic taint in the system.

Dr. MINER. We can not always tell when a patient is cured. If a patient describes truly what symptoms he has had, we can generally tell if he has had the pox. His simple statement that he has had syphilis is not proof. We can not always ascertain the existence of a syphilitic taint. Dr. M. cited the case of a highly respectable gentleman, in whom there was not the slightest suspicion of such taint. He was sickly, pale, anæmic, etc. Dr. White gave him iron, wine, eggs and milk. It occurred to Dr. M. that he might be suffering from tertiary syphilis. He gave iodide of potassium and cured the patient. Did iodide of potassium relieve him of anæmia, or cure tertiary syphilis?

Dr. WYCKOFF. Are patients ever perfectly cured?

Dr. BOARDMAN had held that belief, and Dr. Frank Hamilton also. But now he had a case where there had been a sore twenty-two years ago, and no trouble until a year before consulting Dr. B., for a sore on the face which had been treated for cancer. After examining the groin Dr. B. accused him of having syphilis, and he admitted having had a sore at the time mentioned. Acton mentions the case of an officer who developed syphilis thirty years after the existence of the primary sore.

Dr. WYCKOFF often thought patients cured, but symptoms would afterwards recur. He doubted whether we may ever consider a patient cured.

Under prevailing diseases, Dr. BARTLETT reported scarlet fever and typhoid fever. The last was becoming more serious. It had before been mild.

Dr. BOARDMAN reported no scarlet fever, no whooping cough, one case of pure typhoid fever; also several cases taking a typhoid cast, which, in two or three weeks, would assume a distinctly malarial character, with chills, fever and sweating.

On motion Dr. Brush was appointed to read a paper on syphilis at the next meeting.

On motion the Society adjourned.

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ART. II.—*To What are the Changes in the Color of the Blood due.*

By E. M. MOORE, JR., M. D.\*

The fact that there exists a difference in the color of the blood of different animals, and of the same animal, was known for a long time, as would appear from the frequent mention of it, by writers of antiquity. Aristotle remarks upon the difference in the color of the blood of birds and fishes. Hippocrates noticed the difference of color in blood, as seen in the veins beneath the skin, and that which flowed from a wound. Galen also observed this and thought the blood underwent a change in color and believed this change took place in the liver. In 1553, Michael Servitus discovered that the blood changed its color in the lungs.

From the time of Priestley, there have been many theories held

\*A Thesis recommended for publication, by the Faculty of the Buffalo Medical College.

concerning the color of the blood, in some, oxygen has played a prominent part, while in others it has been entirely excluded.

Lavoisier thought the difference in color of blood in veins and arteries was caused by a difference in the shape of the red globules in these vessels. That, in the arteries, they were bi-concave and therefore better able to reflect light, and that, in the veins, they lost the bi-concave shape, and consequently, the power to reflect light, to the same extent; hence the dark color. Mulder adopted this theory, and accounted for the bi-concave appearance of the red globules, by the formation of two oxides of protein in the lungs, which surrounded the globules, and contracting, caused them to assume the bi-concave shape, which they lost, together with their protein envelope, in passing through the systemic capillaries. Scherer considered the bright color of arterial blood due to the presence of white particles of chyle in the blood. Dr. Stevens,\* in an article on the blood, says, the coloring matter of the blood is naturally dark, but is rendered scarlet, by the salts of serum. Also that bright arterial blood is rendered dark, by carbonic acid gas. That carbonic acid gas is formed in the capillaries, hence, the dark color, it is excreted in the lungs, hence, the bright color, which is not produced by oxygen, it having nothing to do with this change of color, in any way.

De Maaek considered the color dark, and in no manner affected by oxygen or carbonic acid; but that the change was produced by the neutral salts, they producing two kinds of red, the first of an arterial hue, the latter of a venous tint.

Robinson† considered the change of color from arterial to venous due to carbonic acid.

Magnus considered it due to the same cause, and stated that the blood assumed the bright red color, when carbonic acid gas was removed. Engelhart was of the same opinion. Lehman and Meckel considered red color due to oxygen, and the dark color to carbonic acid, and this has been and is now the accepted theory.

It is the object of this thesis to sustain the theory, (advanced by Prof. W. H. Mason, of this University, during the winter of '72—'73,) that the color of arterial blood is red, from the presence

\*Stevens, "On the Blood," London, 1832.

†Robinson, "On the Circulation of the blood," 1857.

of oxygen, in combination with the coloring matter of the red globules, and dark, in the veins, from the removal of it, to a certain extent, in the systemic capillaries.

The coloring matter of the blood is the hæmatine, which resides in the red globules. Its natural color is dark brown or black. It can be obtained in the form of crystals from blood. Its reactions without the body are similar to those, which occur in the blood, in the body during life, as far as its action with certain gases.

The gases of the blood, with the exception of nitrogen, which has since been demonstrated, as existing in that fluid, were first discovered by Magnus. They are oxygen, carbonic acid and nitrogen. But he found a disproportionately large amount of carbonic acid, and a correspondingly small amount of oxygen. This was due to an imperfection, in his method of obtaining them, which renders his statistics useless. According to Bernard, oxygen is found in the blood of the carotids, in the proportion of about 18 per cent., and in blood of the right side of the heart about 8 per cent. Ludwig gives the gas as existing in much larger quantity. In blood taken from the same places, arterial-oxygen 20 vols. in 100 vols., venous-oxygen 12 vols. in 100 vols. The amount of carbonic acid gas, according to Bernard is, in arterial blood, about 3 per cent., and in venous about 10 per cent. Of this gas also, Ludwig found a much larger per cent. In arterial 35 vols. per hundred—in venous 43 vols. per hundred. (This discrepancy in amount, was probably due to different conditions of the animals, from which the blood was taken.) Oxygen exists, in the blood, almost entirely in combination with the hæmato-globulins, but very little of it, being in solution in the plasma. While carbonic acid is in solution in the plasma and in combination with the alkaline carbonates, but very little of it being found in the red globules, and that produced by the process of nutrition, in the globule itself, and not having been absorbed from the plasma. If blood be deprived of its oxygen by means of a vacuum, it becomes of a dark color, although the carbonic acid has been removed at the same time. When any reducing agent be added to the blood, it is deprived of its oxygen, and assumed a dark color. If the oxygen be removed by hydrogen or nitrogen, the blood becomes dark. If the supply of oxygen be

cut off from the blood, by tying the trachea, it rapidly becomes dark. If water be added to the blood, in proportion of one of the latter to three of the former, the globules are dissolved, the oxygen set free and the solution has a dark color. If venous blood be agitated with oxygen, it becomes red, now, if carbonic acid be passed through it for some time, and the blood be agitated with it, no change in color is produced, nor is there, even if the blood be allowed to stand in an atmosphere of carbonic acid, for twenty-four hours. If an animal be killed by oxygen, the color of both venous and arterial blood is bright red, although carbonic acid is still present. This occurs because oxygen is present in greater quantity than can be appropriated by the anatomical elements. The color of the blood, in veins coming from different parts of the body, varies, according to the amount of oxygen it contains. In veins leading from a gland in a state of activity, that is secreting, it is almost as red as the blood in the artery, leading to the organ. This is due to the fact, that the blood has parted, with but little of its oxygen. In veins, coming from muscles, in a state of activity, the blood is darker than it is in any other veins. This blood has parted with all of its oxygen. When carbonic oxide be added to the blood, the oxygen is driven off, but the color undergoes no change. Why this occurs is not known, but it is supposed, that carbonic oxide, by combining with the hæmato-globuline, acts towards it in the same manner as oxygen. Some state, that it is because the globules are still bi-concave, and thus reflect light the same, as when oxygen is present. However this may be, I am unable to state.

The conclusions to be deduced from the foregoing statements, are two:

*First*, that carbonic acid, in no way, affects the color of the blood. *Second*, that the presence or absence of oxygen causes the color of arterial and venous blood.

*First*.—The coloring matter is naturally dark, and is contained in the red globules. Carbonic acid is not found in the red globules, except in a very small quantity, the result of the nutrition of the globule itself. It is present in arterial blood, at times, in so large an amount, as 35 vols. in 100 vols. If oxygenated blood be agitated with carbonic acid, no alteration in color is produced.

This proves almost conclusively, the first proposition, "that carbonic acid in no way, affected the color of the blood."

*Second.*—Oxygen exists in the globules, almost exclusively, in combination with the coloring matter of the blood. It reddens venous blood, and its extraction renders the blood dark again. In veins, from the blood of which but a small part of it has been abstracted, the blood retains its red color. When death is produced by oxygen, the color of the blood is everywhere red. This confirms the second proposition, "that the presence or absence of oxygen causes the color of arterial and venous blood."

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ART. III.—*Syphilitic Affections of the Nervous System.* By EDWARD N. BRUSH, M. D.

(Continued from Page 92.)

CASE I.—S——, aged 29, contracted syphilis in 1868. This was followed by syphilitic eruptions, loss of flesh, alopecia, sore throat, rheumatic pains, etc. From these he gradually improved under the use of mercury, and later, in the history of the case, iodide of potassium. In Dec. 1872, he had hemiplegia without loss of consciousness, together with slight mental disturbance. The hemiplegia was preceded by premonitory signs, to which he, however, gave no attention. He first noticed a slight feeling of pain in the head, followed by more severe pain, and vertigo. His memory began to fail slightly, so that he could not apply himself to business, with his usual vigor. Impairment of motion was hardly perceptible at first, but gradually came on. He paid no attention to this, thinking it rheumatic in character. Upon attempting to rise from his chair, one morning, he found that his control over one side was entirely gone. There was slight ptosis, the mouth was drawn to one side, and sensation was also diminished. The muscles of the tongue were so much affected, that speech was considerably impaired. He was put upon the use of iodide of potassium, in twenty grain doses, three times daily, with proto-iodide of mercury, one grain at night. Under this treatment he rapidly improved up to a certain point, so that he was able, throughout the following summer, to resume his ordinary occupa-

tion as a book-keeper. Since this time his improvement has been more gradual. There still remains upon the affected side slight impairment of motion and sensation. The mouth and face has resumed its natural shape, and he speaks without difficulty, there being no perceptible defect in his voice.

CASE II.—E. O. ———, married, aged 41, contracted syphilis eighteen years ago. The secondary symptoms manifested themselves in a short time, for which he underwent treatment with benefit. In June, 1873, he applied for treatment for extensive ulceration of the throat, accompanied by severe nocturnal pains in his limbs, and headache. He was placed upon iodide of potassium, ten grains, three times daily, and given some mild local application for his throat. The patient was seen from time to time, until November, at which time the throat difficulty had entirely subsided, resulting, however, in a loss of a small portion of the soft palate, and consequent impairment of the voice. The severity of his attacks of headache had somewhat diminished, but he was not altogether free from them. In the early part of March, 1873, while sitting in a chair at home, he experienced a sensation, which he described as a shock of electricity, upon his left side. He found, upon attempting to move, that he had lost all control over that side. He fell from his chair, but at no time lost consciousness. He summoned a physician, who treated him upon the supposition, that it was apoplectic in character. I have been unable to ascertain what remedies were used, but at no time was he treated with the supposition, that the lesion might be of syphilitic character. He improved to a certain extent, so much so, that he was able to walk with a crutch and cane for a short distance. In Sept., 1873, becoming weary of the slow improvement, he concluded to change his physician, and accordingly came to Dr. Miner's office. Having previously treated him for syphilis, it immediately occurred to Dr. M., that the paralysis might be of syphilitic origin. Mr. O., at this time walked with a crutch and cane, dragging his left foot and leg heavily. He was subject to severe and frequently repeated attacks of headache, frequently being kept awake nearly twenty-four hours by them. So long a time having elapsed since the hemiplegic

attack, a guarded prognosis was given, but there was not much hesitation in promising some improvement.

Iodide of potassium in twenty grain doses was prescribed three times daily, this amount to be increased as the patient would tolerate it. In a short time improvement was manifested, both, in the general appearance of the patient and, in the condition of the side. At this date he considers himself well as far as the paralysis is concerned, but a careful examination reveals a slight loss of power, which will probably be permanent. He is also subject to occasional turns of nervousness, at which times he is unable to attend to his business for a day or two; these are however, becoming less frequent, and will probably wholly disappear.

The iodide of potassium was increased up to forty grains, three times daily, and was then gradually diminished, until he is now taking ten grains, with occasional intermissions.

This is a case of considerable interest, as showing the value of proper treatment in this class of cases. His first attendant was aware of his having had syphilis several years ago, and while he thought of it as a probable cause of the paralysis, did not modify his treatment to accord with that idea.

In all cases of a doubtful character, as this was, it certainly can do no harm, and may be of incalculable benefit, to give the patient the benefit of the doubt. As to the character of the lesion present, nothing definitely can be stated, as the patient was not seen until some months after the attack; but from the headache, which was so severe and persistent, I am inclined to think the paralysis due to the presence of a gummy tumor.

CASE III.—J——, aged 50, contracted syphilis some seven years since. This was followed by iritis, eruption, loss of hair, etc. In January and Feb. 1873, he noticed nodes upon his clavicle and tibia, which disappeared on the free administration of iodide of potassium. On the morning of March 10, 1873, having to walk a short distance through the snow, he found some difficulty in the left leg, being unable to move it through the snow as well as the right one. The impairment of motion was however but slight, the most noticeable and distressing feature being a complete numbness of the entire left side. This numbness did not come on



suddenly, but had been noticed slightly on the day previous, and did not deter the patient from pursuing his business until late in the afternoon, when he found it necessary to take to his bed. In a short time the condition of anæsthesia was superseded by one of hyperæsthesia. Under constitutional treatment a rapid improvement was made, the patient gained in flesh and general health, but the perverted sensation has never been entirely corrected, the upper portion of the body has become nearly normal in sensibility, but the lower extremity still remains considerably impaired.

There are some points of interest in this case but time will only permit mention of but few. The first is the manner of inoculation of syphilis, the lesion being upon one of the fingers from a man the subject of secondary syphilis.

The question also arises, what was the particular nervous lesion in this case. It seems to have been one of the cases denominated nervous symptoms *sine materia*. During the whole course of the disease there were no symptoms which would point to any particular lesion. No headache, dullness of intellect, nor any brain symptoms in the least. The term *sine materia* does not express exactly the condition of affairs probably as they often exist during the course of the disease, yet on *post mortem* no material lesion of the brain can be found. Keyes is inclined to the opinion that in these cases there is a temporary local congestion, sufficient to produce the nervous symptoms and if not controlled to leave permanent impairment of function, but not of sufficient force to produce any changes appreciable on *post mortem* examination. In an earlier portion of this paper the idea has been expressed that reflex irritation might be capable of producing these symptoms. It is well known that cases of epilepsy are produced by the irritation of an indolent sore or old cicatrix, and that coma, convulsions, and paralysis are caused by gastric or intestinal irritation, and it seems highly probable that a syphilitic nodule situated in the liver or in any of the other thoracic or abdominal organs, might be productive of as serious and varied nervous symptoms.

CASE IV.—John J.—, colored, whitewasher, aged 44 had chancre at 30, and afterwards general syphilis.

When first seen in April, 1873, he gave no history of syphilitic disease. His condition was as follows: He complains of want of power and sensation in his lower extremities; says they feel "as if asleep." He can walk without the aid of a cane but his gait is shuffling and uncertain. He has been treated by two or three physicians for his trouble, which has been gradually growing upon him for about three months. The treatment which he has received and his account of what was said by his medical attendants, seems to indicate that they viewed the case as one of progressive spinal sclerosis. It was some weeks before the patient could be induced to remember any former syphilitic taint, and much ingenuity had to be exercised to gain his former history. He was put upon the iodide of potassium, and also ordered to take three grains of blue pill at night for a short time. He did not improve and some doubt existed as to the correctness of the diagnosis. In a short time he became almost wholly parâplegic so that he was confined to his bed; his bladder also was affected so that his urine had either to be drawn, or flowed away without the patients knowledge.

With slight additions in the shape of sedatives and tonics the treatment was continued as before, the iodide of potassium being increased to about two drachms daily in divided doses. After being confined to his room a few weeks a considerable improvement was noticed, which continued until he was able in a little less than two months to resume his business, and he may now be seen every day on the streets walking and drawing his whitewash cart after him.

These four cases illustrate admirably the general character of syphilitic affections of the nervous system. Others might be reported, but they would only be repetitions of the same facts. Success in a great measure has attended the treatment in each case, but others might be reported where the issue was not so desirable; it may, however, be safely stated that the treatment of nervous affections due to syphilis is attended by as good or even better results than in any other instance. One object of this report was to call attention to the fact that these cases are more common than many suppose, and to urge the importance of obtaining fully the patients former history. His word can never be taken as evidence, unless a full account of his former ailments is obtained; it should

not be forgotten also, that inherited syphilis gives rise to nervous affections and therefore, if possible, the history of the parents should be obtained. The press of other duties has made this paper deficient in many particulars, it is hoped, however, that it will not prove altogether without value.

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ART. IV.—*Clinical Remarks upon Surgical Cases, occurring at the Buffalo Hospital of the Sisters of Charity.* By Prof. JULIUS F. MINER, M. D. Reported by W. W. MINER, M. D.

CASE IV.—*Granular Lids.*—J—— M——, aged 22, has suffered from sore eyes for several months. The cornea of the left eye has become quite inflamed, clouded, and vascular; the lids of both eyes are in a largely developed granular condition, and this is evident to you when they are everted. Vision is now considerably interfered with, and the prospects are that still more serious obstruction, or entire loss of vision will occur, and remain permanent, unless it is prevented.

Two thirds of the cases of eye disorders that you will have to treat, will be these of granular lids. The conjunctival lining of the everted lids will present these enlarged papilla, rough, inflamed and irritative to the delicate cornea, over which they are constantly being drawn with increased frequency of natural action. The cornea quickly becomes inflamed, clouded, and soon very markedly vascular; larger vessels at length coursing forwards on all sides towards the center of the cornea, and easily noticeable by the observer. Permanent opacity of the cornea, ulcerative perforation, and atrophy of the whole globe may result in these cases. Generally the result is much milder, but the condition is remarkably persistent when treatment is inadequate, or is altogether neglected.

The application of a crystal of sulphate of copper, is what you notice done in this case. Care is taken to bring the crystal in contact with every portion of the palpebral conjunctiva, as the operation is well nigh useless if any of the granulated membrane escapes reach. This application is to be repeated every day or two until a cure is effected. Patients will come to you blind, and in two weeks will see, under this treatment. Three months treatment is sometimes

required. Nothing is better than sulphate of copper, and nothing else than it is needed. Practitioners are not confident enough in this; it is hard for my own students, even to learn that sulphate of copper is the only thing desirable in the treatment of granulations of the lid. Thorough application of it is the whole treatment and the cure of these cases.

If treatment is abandoned too early the patients will return with the trouble some months afterward. Considerable smarting is caused by the first application, but this diminishes with subsequent ones. Parents may think it harsh, but it is no more painful than many mild collyria, and these are generally ineffectual while with the copper you can have complete control of every case.

CASE V.—*Syphilomania*.—Here is a man who had an attack of gonorrhœa, which came on in July and was soon shared in by his wife, both becoming rid of it in a reasonably short period. His present troubles are numerous, and he will best give you his own statement of them. He says that he suffers from pain across his bowels, passes water frequently, has spots or marks on his face, has numbness in head and hands, has a queer feeling which works down into his chest; his wife has the blood come into her face, neck swells up, dark around eyes; this he also has and his throat is somewhat sore.

He comes to me the very picture of despair, is under the impression that he is awful sick, says: "See my face, all broke out, blood is all poisoned." I ask him what the matter is, and he answers: "Don't you see my face is all broke out with syphilis?" The gonorrhœa trouble which resulted from loose conduct was of a very mild type and though not confined to himself alone, it speedily ran its course and ended. With the urethritis however, the trouble has not all ended. Though no further bodily disorder is now apparent or to be expected in his case, still his mind is possessed with the contrary idea.

Authors give little prominence to this condition, but these cases are frequently met with by those who are in a way to see much of this class of diseases. I tell him that he is insane on the subject, that unless he quits dwelling upon this matter he will be in the asylum for insane, that he is free from venereal disease and has no

reason for thinking otherwise. One physician, of quite a number which he has consulted, writes me that he is too troublesome a fellow for him to get along with, and commends him unreservedly to my care. What is to be done with such patients? They are insane on the subject of their health and condition; they consult all kinds of doctors, and principally those quacks that encourage their absurdities and fears, and furnish them nostrums, specifics and placebos. They make up a large part of the subsistence of the quack profession. If they pay a good sum for advice, are gratified in their notions and furnished a panacea, they are easily manageable, whereas if they pay a moderate or small fee, are told the truth in a common manner, and sent away without medicine, they do not rest till they come to a man who manages them pretty shrewdly in some way or another. One of my colleagues suggests that this man is suffering under "compunctions of conscience," with which medical treatment will not greatly interfere. If he had syphilis certainly he would be little worse off than at present.

I could mention various cases where syphilis was experienced, or other venereal trouble, and a similar mental condition is manifested: when asked respecting their health they speak in the most despondent manner, saying they are nearly consumed, that they are dying and will soon be gone. This man is in just the suitable condition to be largely practiced upon, would no doubt pay anything he had in order to have the matter thoroughly attended to. This is generally the case; as long as their money lasts it will be spent in getting advice, consultation, medicine, humbug, or anything whatever that may seem in any way pertinent to their malady.

We cannot afford to dismiss such cases, neither ought we to leave them unconcernedly, a ready prey to quackery, imposture, unregulated or harmful medication. Salivation from "Sarsaparilla" is not by any means infrequent. You know pretty well what the course of these patients very generally is.

I have told this man what the real trouble with him is—have taken pains to bring him here for your examination—have obtained the opinion of my friend Professor Rochester, and others present. He will thus have the benefit of quite an amount of medical information and testimony. The proper course for him to pursue

will be presented as impressively as circumstances will permit; how much effect upon him this may have, we can see much better hereafter.

CASE VI.—*Erysipelas*. This man received a cut on his head some nine days since, and now presents an erysipelatous eruption on the ear, side of nose and head where the incised wound is situate. This eruption is always attended with heat, burning, smarting sensation in the parts affected, and is of more or less severity. Tincture of the perchloride of iron has been claimed as a specific, almost, in this affection. My opinion is that it will never do any harm and never much good. It may be taken in almost any quantities, but requires time to effect the system. Lead water, tincture of iodine, and various other external applications are, perhaps as good as water, seldom superior. Quinine and opium are the most important therapeutic remedies. I think medicines do not cut short its course. In a mild case like the present one, as the vast majority are, one would as willingly take the chances without medicine. Have seen serious cases, the eruption covering head, neck, a portion of the body; and there is then inflammatory fever of an active character. Opium is then beneficial and necessary. A specific for this we do not have; it has a regular course as does whooping cough, measles or other exanthemata, and generally terminates favorably.

CASE VII.—*Trichiasis*. This woman has had an operation performed some time since for the removal of her eye-winkers. The rubbing of the hairs which fringe the lids upon the cornea may cause loss of vision. In injuries to the lids, this inverted condition not unfrequently results. The individual hairs may be pulled out to relieve the trouble, but this process needs to be repeated every few days, else the short hairs as they spring up will cause more irritation than those of natural length would. To radically remove the trouble, it is necessary that the hair bulbs be removed by excision, as has been very well done in this case; or an oval piece of palpebral integument removed; so that closing the wound will have a tendency to evert more or less the tarsal edge of the lid. Some degree of closure of the lids has been caused by the

operation here performed, though it is less in degree than usually results from this method. The removal of an oval piece so as to produce proper eversion is more common, and where any extent of lid is inverted, the more desirable operation. A degree of inflammation and opacity which now troubles the patient, is due to granulation. Under the sulphate of copper treatment, she very speedily recovered from this and was dismissed from the hospital.

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## Correspondence:

### *Editors Buffalo Medical Journal:*

The following case being one of rather unfrequent occurrence, I thought it might be of sufficient interest to report, and the success of the treatment may tend to allay the fears of some practitioner in the future of resorting to the same radical treatment, under similar circumstances. The case was one of the most extensive hemorrhoidal tumors I ever saw, heard or read of. The subject, Miss Barmore, was a patient of mine years ago when practicing in Dutchess county. For years she was under treatment for bronchitis, female difficulties, and general debility. About twelve years ago she commenced having attacks of hemorrhage from the bowels, which gradually increased till so severe, at times, that her life seemed in imminent peril. About this time much difficulty began to be experienced in procuring evacuations of the bowels, and soon after this there was discovered tumors, protruding after each dejection, which were with difficulty returned into the rectum. These tumors continued to increase in size, and the hemorrhage as frequent and profuse as before their appearance. Extirpation of the tumors was proposed from time to time, but the exceedingly delicate state of the patient's health, especially the diseased condition the lungs appeared now to be taking on, seemed in my judgment and in the opinion of others who were consulted, to render the propriety of an operation extremely doubtful. So the case was in the main left to nature, physicians and friends

supposing the patient must succumb to the combination of difficulties afflicting her. So in this miserable condition she dragged along for years, her bowels only moving after long continued efforts, aided by copious injections, and followed almost invariably by the loss of from an ounce or two to half a pint of blood. A great many times she lost more than a pint at a single evacuation. The aggregate amount of blood lost in her case, if accurately known, would, no doubt, seem incredible. I could not have believed their statements possible, had I not been many times cognizant of the facts as to the amount of blood lost, by personal observations. During these years the tumors continued to grow until they attained an enormous development, the mass being about the size of a teacup, when fully protruded.

About three years ago, notwithstanding this long existing and still profuse sanguineous discharge, there appeared evidences of a marked improvement in her general health. A general dropsical condition however existed, and continued to the time of the operation. On being advised from time to time, by correspondence of her gradually returning health, I concluded it might be reasonably safe to operate for the removal of the immense growth from her rectum. I consulted with Dr. Lynde of this city, and he advised an operation. The patient, on being informed of our opinion, decided to have it done at once, as her condition was so utterly miserable. Having a *childish* desire to be under the care of her old physician, she determined to come to Buffalo to have the operation performed. She accordingly came and was operated on the fourteenth day of May last, Dr. Lynde performing the operation, assisted by myself. The tumors were brought as far external as possible, and the whole mass ligated; the tumors being very large and extensive at their base, required transfixing at several points; No less than four double ligatures and four or five single ones were used in ligating the mass. Contrary to expectation very little inflammatory action followed. The mass sloughed off nicely within two weeks, and the parts readily healed. A rapid improvement in the general health followed—no hemorrhage from the bowels since, the dropsical condition disappearing, and the most gratifying of all to the patient, the bowels are moving easily, promptly, and



regularly, unaided by medicines or enemas. On the whole, a very satisfactory result to both patient and physicians.

E. T. DORLAND.

BUFFALO, Sept. 9, 1874.

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## MISCELLANEOUS.

### On Ipecacuanha Spray in Winter Cough and Bronchitic Asthma.

By SIDNEY RINGER, M. D.; and WILLIAM MURRELL.

The successful use of a secret remedy by a well-known practitioner induced us to try the effect of inhalation of ipecacuanha spray. Our results have been so satisfactory that we desire to draw the attention of the profession to this mode of treating these obstinate complaints—winter cough and bronchial asthma. Our observations were made during January and February. Whilst under this treatment the patients took only colored water, and continued their usual mode of living in all respects.

We shall first refer to winter cough. We have made observations on twenty-five patients, whose ages varied between forty-five and seventy-two, with one exception—that of a woman of thirty-two years. We purposely chose severe cases. In order to avoid burdening this paper with too much detail, we give here a typical case, which will serve in most points to illustrate the condition of the patients. Subsequently we shall report two actual cases in full.

The patient has been troubled with winter cough perhaps for many years. During the summer he is pretty well; but during the cold months, from October to May, he suffers sometimes without intermission, occasionally getting a little better and then catching cold; or perhaps he may lose his cough for a few weeks, but again takes cold on the slightest exposure. So short is the breathing that he can walk only a few yards, especially in the cold air, and finds it hard work to get up stairs, and is often quite unfitted for active life. The breathing grows worse at night, so that he cannot sleep unless the head is propped up with several pillows. He is troubled, too, with paroxysmal dyspnoea, usually at night, which may last several hours, and compels him to sit up. Sometimes the breathing is difficult only on exertion; and in those cases it is made much worse by fogs, east winds, or damp. The expectoration varies greatly; in a few cases there is very little; usually, however, it is rather abundant, and consists of mucus or pus, often with little or no rhonchus in the chest. It is often difficult to expel the expectoration. The cough is generally very violent,

frequent, hacking and paroxysmal, and the fits may last ten or twenty minutes, and even excite vomiting. They are generally brought on by exertion; nay, in bad cases so easily are they provoked that the patient is afraid to move, or even to speak. The cough and expectoration are much worse in the morning on waking. Sometimes the cough is slight, and then the expectoration is generally scanty, the distressed breathing being the chief symptom. The patient generally wheezes badly, especially at night, and in a bad case the legs are swollen. The patient is emphysematous; there is often no rhonchus, or only sonorous and sibilant or a little bubbling rhonchus at both bases.

In this common but obstinate complaint our results have been very striking, although in many of our patients so bad was the breathing that, on being shown into the out-patients' room they dropped into a chair, and for a minute or so were unable to speak, or only in monosyllables, having no breath for a long sentence. We used the ordinary spray producer, with ipecacuanha wine pure or variously diluted. On the first application it sometimes excites a paroxysm of coughing, which generally soon subsides, but if it continues a weaker solution should be used. The patient soon becomes accustomed to it, and inhales the spray freely into the lungs. At first a patient inhales less adroitly than he learns to do afterwards, as he is apt to arch his tongue so that it touches the soft palate, and consequently less enters the chest than when the tongue is depressed. The spray may produce dryness or roughness of the throat, with a raw sore sensation beneath the sternum, and sometimes it causes hoarseness; whilst, on the contrary, some hoarse patients recover voice with the first inhalation. As they go on with the inhalation, they feel it getting lower and lower into the chest till many say they can feel it as low as the ensiform cartilage

The dyspnoea is the first symptom relieved. The night after the first application the paroxysmal dyspnoea was often improved, and the patient had a good nights rest, although for months before the sleep was much broken by shortness of breath and coughing. The difficulty of breathing on exertion is also quickly relieved; for often after the first administration the patient walked home much easier than he came to the hospital, and this improvement is continuous, so that in one or two days or a week the patient can walk with very little distress, a marked improvement taking place immediately after each inhalation; and although after some hours the breathing may again grow a little worse, yet some permanent improvement is gained, unless the patient catches a fresh cold. We have heard patients say that in a weeks time they could walk two miles with less distress of breathing than they could walk a hundred yards before the spray was employed. In some instances two or three days daily spraying is required before any noticeable improvement takes place, this comparatively slow effect being

sometimes due to awkward inhalation, so that but little ipecacuanha passes into the bronchial tubes. The effect on the cough and expectoration is also very marked. these both greatly decrease in a few days, though the improvement in these respects is rather slower than in the case of the breathing. Sometimes for the first few days the expectoration is rather increased. It speedily alters in character, so that it is expelled much more readily, and thus the cough becomes easier, even before the expectoration diminishes.

Treated in this way the patient is soon enabled to lie down at night with his head lower, and in a week or ten days, and sometimes earlier can do with one pillow. This improvement occurs in spite of fogs, damp or east winds—even, while the weather gets daily worse, and when the patient is exposed to it the chief part of the day. All these patients came daily to the hospital. Of course it is much better to keep the patient in a warm room.

Here are short notes of two cases, the first a very successful one:

J. H—, aged seventy-two, has had a winter cough for the last three years. The cough comes on in fits, and is very bad at night. Fogs greatly aggravate it. She spits about a teacupful of thick yellow phlegm in the twenty-four hours. So bad is her breath that she cannot lie down at night, but is propped up with pillows, and is always wheezing. She is obliged to stay at home for weeks together. Her lungs are emphysematous, with only sonorous râles. After the first inhalation there was great improvement—freedom from cough all night, with much easier breathing. Further improvement took place after the next days inhalation, and still more after the third, so that on the sixth day of treatment, and after three inhalations she reported that her breathing “was not near so troublesome; thinks nothing of it now; does not spit up half as much,” and the expectoration is white and frothy. This poor woman was loud in her praise of the treatment; said “she never expected it,” and “when first she came to the hospital thought she should never get about again.” J. H— is now sufficiently recovered to take charge of a shop, though before her attendance at hospital she had not been out of her room for four months. She was discharged, and called a month afterwards to say there had been no relapse.

Now comes a less tractable instance, a fair specimen of one of the more obstinate cases.

M. A—, aged thirty-two, came to the hospital January 29th with a wintercough of many years standing, and worse this winter than ever before. The cough is paroxysmal, the slightest exertion, even talking, bringing on an attack. The paroxysms vary much, but generally last ten minutes. In the twenty-four hours she spits about a teacupful of thick yellow phlegm. Extremely short-breathed, and she is quite unable to do her housework, and at night is unable to sleep unless propped up with three pillows and a bolster. The breathing always gets worse at night. Fogs in-

crease all her troubles. Has been hoarse for weeks, and if she talks much she altogether loses her voice. Her chest is very sore with coughing. She is emphysematous, and her breath-sounds are obscured by cooing râles.

Feb. 3d.—The patient, who has had an inhalation on five successive days, now says she is in every way much better. The breathing is much easier; the cough is not nearly so violent; her chest is less sore; the expectoration is much less; and there is very little hoarseness.

6th.—The inhalations have been continued daily. The patient says she is better than she has been all the winter. The improvement in her breathing is very great, and she can now do with only one pillow at night instead of three. She sleeps much better. The cough is greatly improved, and instead of being “aggravated” towards night, is now better at that time. Expectoration has almost ceased.

10th.—Has had only one inhalation since last date, and her breathing has been a little more distressed.

12th.—Has had an inhalation daily, and the dyspnœa has again nearly disappeared.

17th.—Has had but one inhalation since last date. The cough now has almost left her, and she often goes twelve hours without a fit. Her breathing is so much better that she now does her own house-work, and is not propped up at night.

Discharged after ten inhalations and nineteen days treatment.

A month afterwards she came to the hospital to say that her breathing was all right, and that she had been perfectly well since her discharge, with the exception of a slight hacking cough.

All but one of the twenty-five patients were benefitted. In one case the improvement was very gradual, but there was evident temporary improvement after each inhalation. In twenty-one cases the average number of inhalations required was 9.4, and the average number of days was twelve, before the patients were discharged cured. The greatest number of inhalations in one case was eighteen, and the smallest three. The case longest under treatment required twenty-four days; the shortest, four.

In employing the ipecacuanha spray, in order to ensure as far as possible only its topical effects, we were careful to direct the patient to spit out and even to rinse out the mouth at each pause in the administration, for a much larger quantity of the wine collects in the mouth than passes into the lungs. If this precaution is not adopted, sometimes enough is swallowed to excite nausea and even vomiting, by which means the bronchial mucus is mechanically displaced, and of course in this way effects temporary improvement. Even when this precaution was observed, a protracted inhalation will excite nausea and sometimes vomiting by the absorption of the wine by the bronchial mucous membrane; though, strange to say, when thus induced, vomiting was long

delayed, even for several hours—nay, sometimes not till the evening, though the inhalation was used in the morning. In the reported cases, however, improvement was not due to the nauseating effects of the spray, for we took care to avoid this contingency by administering a quantity inadequate to produce this result. The duration of each inhalation will depend on the amount of spray produced by each compression of the elastic ball, and on the susceptibility of the patient to the action of ipecacuanha. As a rule, the patient at first will bear from twenty squeezes of the spray without nausea, and will soon bear much more. After two or three squeezes, especially on the commencement of the treatment, we must pause a while. It is necessary to look at the patient's tongue and tell him to learn to depress it, for if the tongue is much arched it will hinder the passage of the spray to the lungs. It is a good plan to tell the patient to close his nose with his fingers and to breathe deeply. The inhalation should be used at first daily; afterwards every other day suffices, and the interval may be gradually extended. If the ipecacuanha wine is diluted, then the spray must be used a longer time. In cold weather the wine should be warmed.

We have tried the spray with very satisfactory results in a few cases of the following more severe though closely allied disease:—A patient for several years has suffered from severe winter cough, with much dyspnœa, cough, and expectoration; and on several occasions has spat up a considerable quantity of blood. The physical signs denote slight fibroid consolidation, with excavation of both apices, and much amphysema, perhaps atrophous in kind. There is little or no rhonchus, and no fever. The expectoration may be slight or very abundant, muco-purulent or purulent. The dyspnœa is, perhaps, very severe; and is so paroxysmal as to justify calling the case bronchial asthma, with emphysema, and fibroid phthisis. In these cases the ipecacuanha spray is almost as beneficial as in the preceding. It soon controls the dyspnœa, thus enabling the patient to sleep, and greatly lessens expectoration and cough; and by these means really improves the general health. As in the previous cases, the first inhalation may considerably improve the breathing, though the effects are not so permanent, the dyspnœa returning in the evening; so that spraying is needed night and morning, and may be necessary for weeks or months, the ipecacuanha appearing rather to give relief than to permanently cure the dyspnœa.

We have used the spray in two cases of true and severe bronchial asthma, with very opposite results. In one severe case, accompanied by a great deal of bronchitis, it gave very great relief. The other patient, not so ill, has been all his life asthmatical; and on catching even a slight cold his breathing becomes greatly oppressed. In this instance each application of the spray considerably aggravated the dyspnœa, even when the wine was

diluted with an equal quantity of water. Possibly a still weaker solution might have been borne; but we are inclined to think that in this case any quantity of ipecacuanha would have disagreed, as the tightness of breathing increased almost immediately the inhalation was begun.

The successful case was a very severe one. For years this woman had suffered from bronchitic asthma, and when she applied to the hospital was unable to lie down owing to shortness of breath. She suffered also from violent paroxysmal dyspnœa, the worst attack beginning about three o'clock, A. M., compelling her to start out of bed and struggle for breath. She was very emphysematous; her voice was very hoarse. The first inhalation removed the hoarseness, and much improved her breathing, which continued freer till midnight, when the dyspnœa returned. The cough was eased, and she expectorated more freely. Each inhalation always gave her very great and marked relief. She walked to the hospital with great difficulty, and was constrained to stop frequently. On entering the room she could not speak, but labored violently and with loud wheezing to get her breath. A few inhalations would gradually set the breathing free, so that the air entered more and more, and the wheezing gradually left, till, on the completion of the inhalation, she could breathe without difficulty. As the breathing improved she could feel the spray descend lower and lower in her chest. At first it would seem to reach only the back of the tongue, then the top of the sternum, then descend to midsternum, and at last she felt as if it reached as low as the pit of the stomach. This improvement was maintained through the day, but at evening a relapse would occur, so that her nights, though at first bad, were still better than before the treatment. Soon, however, the effects became more lasting, and she slept well. On discontinuing the spray, however, her breathing again grew worse, and she was obliged to revert to the treatment; but unfortunately she so soon caught cold, and so bad was the weather, that she was obliged to stay away for days together. Whilst her breathing improved the cough and expectoration also improved, but these two symptoms continued rather troublesome. Probably in bad bronchitic asthma the spray must at first be used twice a day or oftener, and must be continued for some time to ward off dyspnœa, for in these obstinate chronic cases the bronchitis may take a considerable time to cure. So marked was the improvement from the spray that the patient and her friends expressed their astonishment, especially at the prompt relief it gave.—*London Lancet*.

## Some Observations on the Local Action of Ipecacuanha.

By DR. NOEL GUENEAU DE MUSSY. Physician to the Hotel Dieu (Paris), Member of the Paris Academy of Medicine

The root of ipecacuanha has been for several centuries reputed one of the best remedies in many cases of acute dysentery, and, indeed, such faith has been put in it that the name *Radix anti-dysenterica* was one of its first appellations.

When ipecacuanha is given for dysentery, the method called Brazilian is the mode of administration which prevails generally among French physicians. They give it in small doses, boiled or infused in hot water.

In many cases, and more especially when dysentery is complicated with gastric symptoms, which is very commonly to be observed, I have found it useful to begin with liberal doses, so as to obtain the effect of an emetic, and it is not till later that I give it according to the Brazilian method, in the form of a decoction or of ipecac. syrup: one teaspoonful of the latter every two or three hours.

Lately I had under my care an American gentleman who, in a severe attack of dysentery, was not relieved after six or seven days' use of decoction of the root mixed with opium, according to the prescription of a naval surgeon. Other kinds of treatment had also proved ineffectual; and though I found him very weak and exhausted by protracted dysentery, as he complained of nausea, and as his tongue was thickly furred, I prescribed ipecacuanha as an emetic, to be followed, after vomiting, by small doses of the syrup. This was attended by immediate relief, and the patient's health was soon restored.

In chronic dysentery, and even in common chronic diarrhœa, injections of decoction of ipecacuanha into the intestines are a common practice in Peru and in some other countries of South America.

I have used this remedy with success in some cases of diarrhœa unchecked by other means. My formula is thus: Ipecac. root,  $\mathfrak{z}i$ .; boil for ten minutes in water,  $\mathfrak{z}v$ . Let it infuse for one or two hours, strain off, and make use of the decoction as an enema.

Habitually this enema is wonderfully well tolerated. No painful sensation, no irritation of the bowel, attends these injections in the greater number of cases. They can be retained for several hours without any difficulty, and even, occasionally, with a feeling of comfort and relief.

This successful result of the local application of the decoction in enteritis, induced me to try it in some other inflammatory affections of mucous membranes.

In the beginning of the year 1872, I received into my wards a new-born female child, about eighteen days old. She looked very

poorly fed, was thin and wan, and her limbs were cold and blue, though no anomaly could be detected in the central circulation. From the red closed and swollen eyelids oozed a muco-purulent matter, which, flowing on the cheek, irritated by its contact the skin around the eyes and the naso-labial grooves.

The eye-lids could only be raised with great difficulty, and, on doing so, the mucous lining would protrude outwards—scarlet-colored, swollen, velvet-like—between the streams of purulent matter which escaped from the surface of the eyeball.

The left cornea was dull, rough, deprived of its brightness and transparency. A small ulceration, of the size of a millet seed, occupied the central part of it. A light whitish cloud darkened all the surface of the right cornea.

The child's mother was weak, anæmic, but free from any venereal contamination.

I prescribed the treatment which, for more than thirty years, I have scarcely ever found to fail in purulent ophthalmia of newborn children. An injection was ordered to be made every hour with a solution of two grains of nitrate of silver in three and a half ounces of distilled water. Four times a day, a stronger solution, containing the same quantity of the nitrate to one ounce only of water, was to be instilled.

The state of the eyes greatly improved, and the acute symptoms subsided. The purulent secretion was almost entirely dried up: but the inflammatory process was not quite extinguished. The conjunctiva remained swollen, red and slightly granulated. The cornea presented the same appearance. I touched it with a crayon composed of equal proportions of nitrate of potash and nitrate of silver, but no change took place in the condition of the affected parts. The ulceration and the opacity of both corneæ remained unmodified.

After four days of useless application of this remedy, it occurred to my mind that decoction of ipecacuanha, which had proved so useful in sub-acute inflammation of the bowels, might be successful in this case.

So I prescribed, four times daily, an instillation to be made into both eyes with the following decoction:—Ipecac. root, ʒss.; water, ℥v. Boil for ten minutes, and, when cool, strain off.

The application of this topic seemed at first rather painful; the child winked, frowned and cried after each instillation. But it soon got accustomed to them, and the affected parts were speedily modified. After twelve days the granular appearance had disappeared; the conjunctiva recovered its natural color; the right cornea was quite healthy; only slight opacity was to be observed in the left; and, after some days, the baby left the Hôtel-Dieu entirely cured.

I related this observation to my learned friend, Dr. Galczowski,



who tried the remedy in the same conditions of *sub-acute* inflammation, and in several cases with success.—*The London Practitioner*.—*Boston Med. and Surg. Journal*.

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### Cincho-Quinine.

By H. B. BRIGGS, M. D., of Westerly, R. I.

The use of cincho-quinine as a substitute for the sulphate of quinia was first brought to my notice in August, 1872. Since that time I have used it with seemingly good results, and as its use at the present time is a subject of comment among numerous physicians, I herewith add my own experience with the comparatively new drug.

As a remedy which possesses the power of arresting morbid periodical movements, its use, in my hands, has been decidedly flattering. Although my experience with it in intermittent fever has, of necessity, (on account of locality), been very limited, yet I have used it in several cases, and in every one the results have been good, and in no case has the patient complained of any disagreeable sensation in the head from its use. In several cases of facial neuralgia, the pain occurring in paroxysms, it has been given with decided good results. In one case, the patient a female, the sulphate of quinia was given first, but had to be abandoned on account of the great amount of nausea and vomiting produced. She was put upon the cincho, same dose, and the above unpleasant symptoms vanished. The following case is given as illustrative of its use in simple remittent fever:—

Was called, May 7th, at 10 A. M., to see a patient, C., æt. 34. Found him in bed, suffering from a severe chill; pulse 110; intense cephalalgia, thirst, bowels constipated, slight nausea and epigastric uneasiness, pain in back, respiration hurried, although free, tongue furred, no appetite, face flushed, urinary secretion scanty and quite high-colored. The patient's history was thus: Had not felt as well as usual for the past week or ten days. On the day previous, (May 6th), had experienced a chill, which was followed by increased heat of body, and moisture, also by a severe and throbbing headache.

Was ordered comp. cath. pil. iij., to be taken at once. Also the following mixture:—

℞.	Tr. aconit. rad.,	mlx.
	Potas. nitrat,	ʒiij.
	Aquæ puræ,	fl.ʒij. M.

Sig. ʒj. every four hours.

Also: ℞. Cincho-quinine, ʒj. Ft. chart, x.

Sig. One powder every four hours, to alternate with above mixture.

May 8th, 3 o'clock, P. M. The patient feels about the same as yesterday. Had a chill about 10 o'clock A. M., although not as severe as yesterday's. Pulse 98; headache continuous; bowels have moved once, stool very dark; nausea continues; has vomited once or twice. Ordered seidlitz powder; yesterday's treatment to be continued. Also, powder, cincho-quinine, gr. x, to be taken at 6 o'clock, A. M., next day.

May 9th, 5 o'clock, P. M. Patient feels much better; has had no chill; pulse 88; bowels moved several times; little or no pain in head or back. Ordered Powders, cincho-quinine, grs. ij, every four hours.

May 10th, 5 o'clock, P. M. Patient feels very much better. Pulse 70; no chill; bowels open; no nausea; tongue clean; appetite not very good. Ordered the following:

℞. Cincho-quinine,            ℥ss.  
       Tr. gent. co.,  
       Syrup simplicis,        aa fl. ℥ij. M.

Sig. ℥j. in water, three times a day, before eating.

Visits discontinued.

The above case is one of quite a number treated with the cincho during the past two years, with the same good results. As a tonic, could I have but one preparation, I should prefer the cincho in place of the sulphate. In more than one case have we seen the sulphate disappoint, when a good result followed upon the use of the cincho; although the alkaloids may possess the anti-intermittant power of the bark, it has certainly not been proven that they exert all the peculiar influence of that medicine as a tonic; in fact, clinical experience has proven the opposite. Now, if any one of the salts of cinchona does not possess that property, and they all combined do, it is plain that a drug containing them all, or nearly all, must have a wider scope for action than those containing but a single salt. Such a drug we believe the cincho to be, and shall be disappointed if it does not so prove itself in the hands of our professional brethren.

It is with pleasure that I recall its use in typhoid fever; notes of thirty two cases of the above fever that have come under my observation during the past two years, in which use had been made of the cincho, but two proved fatal. The treatment was based upon the supposition that typhoid fever was due to a blood poison, which poison exhausts itself in a few weeks at the farthest, if life can be prolonged until that time, and that we have not, or at least do not know at the present time, of a specific. The treatment consisted, in every case, of nourishment, alcoholic stimulus, and tonics. Of the thirty-two cases, the cincho was the only tonic used, with but one exception. In typhoid, one of the greatest dangers is from the severity of the fever. In all fevers of long

duration the protracted increased transformation of tissue, on which the feverish overheating depends, induces consumption of the body of the patient. For moderating this fever, the cincho has appeared to be a most efficient remedy. Do not understand me to say that it possesses any abortive properties; the only effect it has upon the disease is to moderate the fever. I usually prescribe one or two grains at a dose, in solution with dilute sulphuric or nitro-hydrochloric acid.

In children, who often show a marked repugnance for the sulphate, the cincho is taken readily, and is seldom if ever followed by any marked gastric disturbance.—*Phila. Med. and Surg. Reporter.*

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### Discussion in Regard to the use of Digitalis, Chloral and Bromide of Potassium.

SOCIETY OF MEDICINE, of Paris.

M. DUROZIEZ.—I desire to communicate to the society some facts in a case where the powder of digitalis was given in a dose of fifteen centigrammes in ptisan, and at the end of a very short time the patient succumbed. Ought one to attribute this rapid termination of the disease to the medicine, or to the fatty condition of the heart revealed by the autopsy? I am inclined to believe that it was the medicine which precipitated the fatal issue. There were signs, prior to death, of the toxic action of digitalis.

M. PETER.—I ask M. Duroziez by what signs he recognizes a fatty condition of the heart? For my part I find the diagnosis very difficult. Indeed a fatty condition of the heart has no signs sufficiently evident to permit the observer to establish a certain diagnosis, so that one can only arrive at a recognition of a fatty degeneration by an ensemble of probabilities, viz: feebleness of the pulse, fatty degeneration of the arteries, arcus senilis, evident chronic alcoholism.

There is the danger in digitalis, and I give it very little, and almost against my will; I do not trust it; I do not trust to it; I fear it. I employ it only as a regulator of the movements of the heart, when these latter are very irregular and tumultuous.

There is a tendency in the medicine of our day, a deplorable tendency, of establishing cut and dried equations systematically drawn between the disease and the medicine: syphilis, mercury; disease of the heart, digitalis. This is no longer science, it is a ready-made, stereotyped, conventional system; it is the triumph of mere routine.

It is not right to administer digitalis during a long time, no matter under what form it is prescribed. One can, and one ought to suspend its use; for it is well known, and can not be too much emphasized, that digitalis is an unsafe, a dangerous drug.

Now M. Duroziez has made a very interesting and useful work, and I should like to ask him to put it into form, to divide his numerous observations under different heads; that is, to bring together in the same chapter all those cases in which, digitalis having been given, troubles in the digestive function followed; in another to bring together all cases of delirium, hallucination, in a word, of encephalic trouble; and, moreover, at once, in order that this conscientious and interesting work may not lose its force by being published at long intervals, and pass, as it were, unnoticed by the readers of the *Gazette des Hôpitaux*.

It is of the greatest importance in a therapeutic point of view for country practitioners to know well the dangers of the drug, and that in arresting diseases of the heart the fear of digitalis is the beginning of wisdom.

I agree with M. Duroziez on this subject.

M. DUROZIEZ.—I ask nothing better; I began this work without any partisan spirit, in good faith, without knowing what my conclusions would be, and while progressing with my work I became appalled at the revelations my observations made of the toxic effects of digitalis.

M. DELASIANVE.—I share the opinions of MM. Duroziez and Peter, and I would say as much of chloral and bromide of potassium, which are used helter skelter without discretion; if a sick man is in pain, chloral; if a patient present symptoms of any nervous condition whatever, bromide of potassium; and I am not at all convinced of the innocuousness of these substances, I believe that their influence may make itself felt for a long time, and is not without danger.

M. FORGET.—When one practices medicine on symptoms alone, one practices bad science; the present moment alone occupies the attention, and the remote effect of the drug is lost sight of.

What do I do when I give chloride or bromide of potassium? How do they act on the economy? as toxic agents, as a veritable poisoning; and I am not yet convinced that they are not dangerous; at all events, there are two sorts of action; the one primary, the other secondary.

I have seen chloral dangerous for nervous women, and I have often seen them worse after the administration of the drug.

Time for experimentation is not given; the medicine in vogue is administered; it is the fashion which is followed, and not the rational study of the drug. It is not scientific experimentation, it is innovation in therapeutics, and nothing more. More prudence must be exercised, more reason, more patience, and the work of M. Duroziez will have the good fortune to make known to all the danger of the employment of digitalis.—*Gaz. des Hôp.*, Oct. 1874.

—*The Clinic*,

## The Condition of the Uterus Five Weeks after Delivery.

By W. M. F. JEFFES, M. D.

An opportunity was lately afforded me of examining the condition of the uterus five weeks after delivery, when the following questions suggested themselves for investigation in the study of the specimen.

1st. From what tissue does the newly developed muscular fibre take its origin?

2d. Is the process of fatty degeneration completed at this date?

3d. What is the condition of the mucous membrane?

4th. How far have the bloodvessels taken part in the changes which the uterus has undergone?

After delivery, as we know, the gigantic muscular fibre cells undergo fatty degeneration and are absorbed, and in their place we find myriads of newly created cells, having all the characteristics of unstripped muscular fibres. From what source does this renewal of tissue take place? This investigation is exceedingly difficult, because there are few questions in histology more delicate than the diagnosis of smooth muscular fibre from the spindle-shaped connective tissue cell. The distinguishing mark usually relied on is the shape of the nucleus, which, in the first, is an elongated oval, with rounded extremities, while that of the connective tissue cell is drawn out into sharp prolongations at both poles. While this is usually true, the exceptions are numerous, and Prof. Arnold, of Heidelberg, who has won especial distinction by his investigations regarding the unstripped muscular fibre, confesses that while the nucleus is generally rounded, still it may be pointed at one or both poles, so that practically this fine theoretical distinction can hardly avail us in studying an individual cell. The fact, however, that muscular tissue is stained yellow by picric acid, while the connective tissue is not affected by this agent, assisted me in the study of this specimen; and I have been led to coincide with the opinion now held by some of the best histologists, that the reproduction is effected through the medium of the connective tissue cell in a way with which we are familiar from the study of the process of repair in other organs, viz: by their proliferation and division, forming thereby indifferent or embryonic cells, which subsequently develop into the unstripped muscular fibre. I have been led to this conclusion from the fact that I can find no evidence of the division of the nucleus of the fatty degenerated muscular cell, while it is contrary to the laws of reproduction to suppose that a cell, itself undergoing death by molecular fatty degeneration, should manifest the highest attribute of life, viz: the production of a new cell endowed with all the marvelous attributes of vitality. In studying the process of fatty degeneration in other organs, we find that the nucleus, although retaining its function and form longer than the protoplasm,

does itself in turn succumb, and finally is converted into fatty molecules, which may subsequently be absorbed. The parenchyma of the uterus submitted to me for examination was, however, infiltrated with small round young cells, such as we meet with in the repair of every tissue after injury, to which the name of embryonic or indifferent cells have been given, because they are impressed with the type of the tissue in which they are generated, and are capable, like the cells which we find in the germinal mass or vitelline sphere in the embryo, of development into muscular nervous or osseous tissue. On examining the external muscular layers of the organ, the remains or the old hypertrophied muscular fibre were evident, the individual cells, however, were much diminished in size and filled with fatty granules; but nowhere else in the uterus was there a trace to be found of the former muscular structure; hence the inference is rendered probable that the process of rejuvenation proceeds from within outwards, and approaches completion at or near the fifth week after parturition, and this opinion coincides nearly with that of Heschel, who states that the fatty degeneration and absorption of the old muscular structure is not completed before, nor does it continue after the eighth week. Priestly, in his treatise on the "Gravid Uterus," writes that the colossal muscular fibres are not found after the third week, the middle coat now consisting of embryonic cells.

The view of Cruveilhier, that after delivery the entire mucous membrane of the uterus is thrown off, so that the inner surface of the organ resembles a stump after amputation, is now generally abandoned, a delicate layer of decidua cells always remaining, from which the reproduction of the new mucous membrane takes place, the process commencing even during the later months of pregnancy. In this specimen the newly formed mucous membrane was everywhere apparent, except over the placental site, which still projected somewhat above the general surface, the bloodvessels filled with the contracted physiological thrombi. The glandular structure was also reproduced in this new lining membrane. This hypertrophy and subsequent degeneration of muscular tissue was not confined alone to the parenchyma of the organ, for the muscular coat of the arteries showed also, here and there, cells in a state of fatty degeneration, and newly developed embryonic cells.

My attention has been especially directed to this microscopic examination, from the fact that at present the dietetic management of the puerperal state is a question which is being earnestly discussed. I cannot but believe that, during the time when this active process of involution is taking place, not only in the uterus, but also in the walls of the vagina, and the ligaments which aid in supporting the womb, while the organ itself is greatly increased in weight with diminished tonicity, a rest in bed for ten days or two weeks, and subsequently a careful return to any active exercise, is plainly indicated. In this opinion I am the more convinced from

the fact that in a dispensary practice, where the patients are drawn from the poorer class in society, unable or unwilling to submit to restraint after confinement, by far the commonest form of uterine disease is subinvolution of the uterus after delivery or abortion, with its attending ills of displacements, and chronic catarrhal conditions of the mucous membrane.

These are essentially chronic conditions, slowly developed, depending for their existence on structural changes in the tissues, or rather on the *arrest* of certain changes which, physiologically, should take place, which are not, however, normally completed until the expiration of a month or more after delivery. Therefore, in estimating the value of any mode of treatment of the puerperal woman, her condition, six months or a year after her confinement, must be the general health a month after delivery. Even if this condition of subinvolution exists, the physical signs and symptoms are manifested only when the enlarged and indolent organ, engorged in consequence of a sluggish circulation—which is in part due to the implication of the muscular tissues of the blood-vessels in this arrested repair—sinks deeper into the cavity of the pelvis. The uterus usually becomes retroverted as it descends, inasmuch as it does not receive the proper support from the relaxed ligaments, vaginal walls, and perineal body, while the mucous membrane, owing to the passive congestion of the bloodvessel system, passes into a state of chronic catarrh, and the accompanying disturbances, both local and sympathetic, from this enlargement, structural change and displacement of the organ, slowly but surely develop themselves at a later period.—*Obst. Journal, Gt. Britain and Ireland. Am. Supplement.*

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### On Syphilitic Meningitis and Syphilitic Cerebral Disease.

In making this valuable contribution to the pathology of syphilis of the nervous tissues, Dr. Bruberger, (*Virchow's Archive*, May 6, 1874), narrates with extreme minuteness the clinical history and *post-mortem* examination of a patient who contracted syphilis in 1874, had destructive ulceration of the soft palate two years later, and sudden complete motor paralysis of the arms and legs occurring while under excitement partly alcoholic, partly of another kind. The paralysis was so complete that the patient was unable to move a finger or toe, or make the slightest effort to change his position in bed. Meanwhile, the cutaneous sensibility of the body and limbs was ascertained by many careful experiments to be only very slightly diminished, and the susceptibility of the muscles to electrical stimulus was as keen as in health. The muscles of the face and of respiration were not paralyzed, nor was control of the sphincters wholly lost. Consciousness was lost only for a few moments, and having returned, remained unimpaired to the last. The intellect was also intact. Iodide of potassium, in large doses,

was administered for four weeks, and then changed for mercurial inunction. Six weeks after admission the patient regained the power of slowly clenching the fist and opening the hand again, but no other improvement ensued. After lingering nearly four months he sank, exhausted by bed-sores and vesical irritation. In making the diagnosis, no hypothesis explained all the symptoms. The bilateral symmetry of the motor palsy and the unimpaired sensorium suggested the cord to be the part attacked. The suddenness of onset indicated extensive hemorrhage or plugging of a large artery, were it not that in syphilis paralysis does occur suddenly without either of these conditions being found after death. Again, a thrombosis or hemorrhage would have almost certainly produced some hemiplegia. Local softening or the presence of a gumma in the medullary tissue was, like hemorrhage, precluded by the undiminished intellectual power. Lastly, disease of the meninges at the base, a frequent form of cranial syphilis, was rendered improbable by the absence of peripheral irritation of all kinds; neither convulsions nor slowness of pulse, nor sinking in of the abdomen, etc., were present. But the *post-mortem* examination revealed most unexpected conditions, the principal being inflammatory thickening of the dura and pia mater in the cervical portion of the spinal cord and base of the brain, producing a leathery sheath which had formed numerous attachments to the medulla and to the bony surfaces. There were also hemorrhages into the spinal cord, with atrophy of the gray substance and considerable widening of the central canal. In the skull, inflammation had spread widely through the meninges over the basilar bone, and had changed the pia mater at the base of the brain into a thick, gray, glue-like mass. Another striking alteration was a peculiar change in the vessels of the skull, causing thickening of their walls and a nodular condition of their calibre; the arteries throughout the rest of the body being free from perceptible change. The remaining phenomena had nothing specially syphilitic. The author then recapitulates the points of interest in the case, and has collected the published records of syphilitic disease in arteries, which consist mainly of the observations of Hughlings Jackson, Moxon, and Clifford Allbutt, and of one or two others. These observations show that ordinary atheroma, if at all a syphilitic product, is not the usual arterial affection, which consists of irregular thickening of the coats, especially of the middle tunic of the vessel, producing nodular projections with narrowing and some loss of elasticity of the vessel, but no fatty or calcareous degeneration of its walls; further, that this inflammatory change of the arteries is very local, attacking the vessels of one or two regions, and not spreading through the arterial system generally. After remarking that the extensive disease of the meninges caused no convulsive affection of any kind, again a peculiarity of syphilitic meningeal disease, the author notes, without offering an explana-



tion, the curious fact that sensation was intact throughout the body, and yet the gray matter of the cord was far advanced in atrophy, while the white fibres were so tightly strangled at one point of the medulla as to produce almost total loss of voluntary muscular power.—*London Med. Record*, July, 8, 1874.—*Monthly Abstract*.

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## Editorial.

### Obituary.

DANIEL P. BISSELL, of Utica, N. Y., died Wednesday October 28th, at the advanced age of seventy-two.

DR. BISSELL was widely known by the members of the profession in this state, and his death though not unexpected will be mourned by many warm friends.

We copy the following from the *Utica Observer* of October 29th:

DANIEL P. BISSELL was born in Randolph, Vermont, on the 27th of May, 1802. He was one of a family of eight—six sons and two daughters—the children of a revolutionary patriot who entered the Continental Army in '76 and fought during the whole war, gaining the rank of Lieutenant in the regular army. In 1809 the Bi-SELL family emigrated to Ontario County, in this State, where the Doctor was educated. He graduated at the Yale College Medical School in 1826. Returning home he entered upon the practice of his profession in partnership with his brother, Dr. D. H. BISSELL, at Moscow, Livingston county. During his residence in Moscow he was honored with many places of public trust. In 1846 Dr. BISSELL removed to Utica. He became a partner of Dr. GOODSSELL, with whom he remained about three years. After the dissolution of that partnership he opened an office on Fayette street, on the first of May, 1851, since which time he was devoted wholly to the practice of his profession. He received many honors at the hands of his medical brethren. He was President of the Livingston County Medical Society; President of the Oneida County Medical Society; President and Vice-President of the New York State Medical Society; and permanent member of the American Medical Association.

In 1842 he was chosen Canal Commissioner by the Legislature. In 1844 he was elected to the same office by the people, and held it until the 1st of January, 1848.—He was a delegate to the Democratic National Convention in 1860. He was also for many years a manager of the Utica Asylum.

His practice as a physician extended over nearly half a century. During all that time he applied himself with studious fidelity to the elevation of his profession. For the past four years his health has been failing. His death, although not unexpected, casts a gloom over the community which knew him so well and respected him so highly.

## Books Reviewed.

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*Materia Medica for the use of Students.* By JOHN B. BIDDLE, M. D., etc. Sixth Edition Revised and enlarged, with Illustrations. Philadelphia: Lindsay & Blakiston, 1874.

The standard *Materia Medica* with a large number of medical students in the United States is Biddle's. But a little more than a year has elapsed since the publication of the fifth edition, and yet the author finds that the edition has been exhausted and that a new one is called for.

He has found it necessary to re-write some portions of the work, more especially those comprising therapeutics, and has made important changes in others. Transfusion is spoken of, and Aveling's Apparatus is figured. Some new articles of the *Materia Medica* have been added, and in its present revised condition the work will be found to be a valuable and convenient text book of *Materia Medica*.

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*The Building of a Brain.* By EDWARD H. CLARKE, M. D. Boston; James R. Osgood & Co., 1874.

Dr. Clarke's "Sex in Education," has made him a wide acquaintance among educators, both in this country and abroad. The attention which that little book attracted, and the many answers and criticisms which it elicited, both favorable and unfavorable, showed that the subject was one upon which a little well-digested information would do no harm.

The present book is the outgrowth of an essay read before the National Educational Association, which met in Detroit.

The book is divided into three parts: Nature's Working Plans; An Error in Female-building, and A Glimpse at English Brain-building, of which part first constitutes the address delivered before the association.

These essays are a further exposition of Dr. Clarke's ideas as expressed in "Sex in Education."

The first essay is an argument in favor of a general and systematic development of body and mind in unison, an appeal against the plan of teaching so generally pursued, of making a scholar learn so much from a given text book in a given time, regardless of physical or mental conditions, and often, we would add, regardless of whether the subject is at all understood by the pupil. It seems to be to often the plan to compel a scholar to commit to memory so much printed matter, with no regard as to whether the subject is understood or not, the teacher being satisfied if the pupil can repeat the words of the author *verbatim*.

It seems undoubtedly true that too little attention is paid to the require-

ments of the body by those who attempt to develop the brain, and in these times, when the agitators of so-called woman's rights are clamoring for the admission of women into all the various pursuits followed by men, some one is needed to point out to them the danger of such a course. We would not deny to women the opportunity of obtaining the highest mental culture possible, but when that culture is to be obtained at the expense of physical health and the sacrifice of those traits which are so distinctly feminine, we ask, is the prize worth the cost? If girls are to be educated to as high a degree as boys, and why should they not be? it must not be in the same manner. Their physical natures are widely different, and teachers and parents should have the importance of this fact fully impressed upon them. Dr. Clarke's writings have attracted a large amount of attention, and we hope done some good. Those who have read "Sex in Education," should also read this later essay.

*A Conspectus of the Medical Science; including manuals on Anatomy, Physiology, Chemistry, Materia Medica, Practice of Medicine, Surgery and Obstetrics; For the use of Students; By Henry Hartshorne, A. M., M. D. Second Edition. Philadelphia: Henry C. Lea, 1874. Buffalo, T. Butler & Son.*

Hartshorne's *Conspectus* is always a favorite with a certain number of students about the time of examination, and as students will always seek works of this class, we are glad to have the task of their preparation placed in such competent hands.

Dr. Hartshorne's work is the most valuable of any of its kind with which we are acquainted; necessarily brief and concise, it does not omit any of the most important portions of medical science and practice. While it gives to the student the knowledge which he seeks in a compact and condensed form it stimulates in the ambitious a desire for more extended information.

The work is considerably enlarged over the last edition, and many new illustrations have been introduced. The most important changes that have been made occur in the departments of chemistry and physiology, but more or less valuable alterations occur throughout the text.

In the preparation of this manual much care has been necessary to preserve only such facts and statements as should prove valuable and necessary to the medical student, this work has been admirably accomplished, and where any manual of the kind is to be used, Hartshorne's stands pre-eminent.

*Archives of Dermatology. A Quarterly Journal of Skin and Venereal Diseases. Edited by L. DUNCAN BULKLEY, A. M., M. D. Vol. 1, No. 1; October, 1874.*

When the announcement was made by Messrs. G. P. Putnam's Sons, that they would publish on October 1st, the first number of a Quarterly Journal

of Dermatology, to be edited by Dr. Bulkley, we anticipated an excellent, well arranged and well conducted Journal, and we were not disappointed in the first number, now before us. It consists of ninety-six pages of matter arranged under suitable departments, each under the care of gentlemen who have distinguished themselves in their several fields.

The contents of the Journal are arranged under the following heads: Original Communications, Transactions of the New York Dermatological Society, Clinical Reports, Extracts and Translations, Digest of Dermatological Literature, Reviews and Book Notices, Correspondence and Miscellanies. The contents of the present number are of an interesting and instructive nature. Among the Original Communications we notice articles upon Rotheln, by J. Lewis Smith, M. D., Urethral Stricture, by F. J. Bumstead, M. D., Elephantiasis of the Penis, by Robert F. Wier, M. D., and others of value. The Digest of Dermatological Literature is a valuable feature of the Journal, and the various subjects are ably reviewed by the gentlemen having charge of this department. We wish for the new Journal long life and a hearty support.

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### Books and Pamphlets Received.

Cyclopædia of the Practice of Medicine. Edited by Dr. H. von Ziemssen. Vol. I. Acute Infectious Diseases, by Prof. Liebermeister, Prof. Lebert, Dr. Heusch, Prof. Heubner and Dr. Oertel. The American Translation; edited by Albert H. Buck, M. D. New York: Wm. Wood & Co., 1874.

Transactions of the American Medical Association for 1874.

Clinical Lectures on Diseases on the Urinary Organs; By Sir Henry Thompson. Philadelphia: Henry C. Lea, 1874. Buffalo: T. Butler & Son.

A Guide to the Practical Examination of the Urine; By James Tyson, M. D. Philadelphia: Lindsay & Blakiston.

The Chemists' and Druggists' Diary for 1874. London: Office of the Chemist and Druggist.

The Longevity of Brain-workers; By Geo. M. Beard, M. D. New York.

The treatment of Marasums, Whooping Cough and Debility of Children by Electricity; By Geo. M. Beard, M. D. From Detroit Review of Med. and Pharmacy, October, 1874.

Cases of Hysteria, Neurasthenia, Spinal Irritation, and allied Affections; with remarks; By Geo. M. Beard, M. D. From Chicago Journal of Nervous and Mental Diseases.

# BUFFALO

## Medical and Surgical Journal.

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### Original Communications.

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ART. I.—*Abstract of the Proceedings of the Buffalo Medical Association, Meeting held November 3d, 1874.* Reported by W. W. MINER, M. D., Secretary pro tem.

Dr. JAMES P. WHITE, President, occupied the chair.

Members present: Drs. Rochester, Johnson, Lothrop, Miner, Brush, Brecht, Hauenstein, Miner and Fowler.

In the absence of the Secretary, Dr. W. W. Miner was chosen secretary pro tem. The reading of the minutes of the last meeting were by vote dispensed with.

Dr. Lucien Howe was invited to be present and participate in the deliberations of the Society, until he should have opportunity to qualify for membership. It was voted that Dr. T. H. Boysen, be a member of the Society on his compliance with the usual regulations.

It was voted that an invitation be extended to the members of the Medical Class, at the College, who are preparing to graduate at the close of the present lecture course, to be present, if they desire, at the regular meetings of the Society.

It having been appointed at a previous meeting that a paper should be read, it was by invitation then presented by the writer, E. N. Brush, M. D., upon the Unity or Duality Theory in Syphilis.

Last June it was my good fortune to listen to a lengthy address

by Prof. Gross, at Detroit, in which he took occasion to declare his adherence to the doctrine of the unity of the venereal virus. Since then, at meetings of this Association, I have heard remarks made which seem to indicate that some of its members were also inclined to the same opinion.

The term unity or duality of syphilis, is in itself a misnomer, for if there be but one characteristic venereal poison evincing itself in different ways, but still capable of producing constitutional effects, there is no such thing as duality; and if there be two distinct poisons, one always local, the other always constitutional, there can be but one *syphilitic poison*, and hence there is no duality of syphilis. Confining ourselves for the time being in the use of the word venereal to those two classes of disease manifested first by the appearance of the local sore, whether hard or soft chancre, we shall be in a position more definitely to discuss the question as to their unity or duality.

Something over twenty years ago, Bassereau, a pupil of Ricord's, advanced first the doctrine of duality. Bassereau, in his clinical observations, confined himself to the local or constitutional characteristics of the diseases referred to, and did not hamper his observations with any inquiries as to whether the chancre was hard or soft. By a series of observations in which he practiced what is known as a system of confrontation, he proved, not that a woman having a chancre of a hard or soft base would communicate one of a similar character, but, that as the sore remained local or developed constitutional effects, it would remain local or *vice versa* in the persons contracting a sore from it, and they in turn would transmit a sore of a like character to others.

Bassereau and other well known authorities upon syphilis, assert that while local contagious ulcers upon the genitals, communicated by sexual intercourse, were well known to the ancients; the disease which we denominate syphilis did not make its appearance until the latter part of the fifteenth century. It was at that time recognized as a new and distinct disease, and in the treatises of the times was described as such in separate and distinct chapters.

On the contrary, Dr. Gross in his address, asserts his opinion, arrived at after long study, that syphilis has existed as a distinct disease from the earliest periods of society. He even goes so far back into the past as to cite Job as saying "My flesh is covered with putrid sores, (chapter VII.) and my bones are pierced with pains, in the night season my sinews take no rest" (chapter XXX). Certainly these are symptomatic of syphilis, but to say that they were produced by that disease is to say more than most men would like to on so slight history. As most English and French as well as many German treatises, state the fact positively that syphilis is of more modern origin than the contagious venereal ulcer of the ancient, we may, perhaps, consider that fact settled.

In his paper Prof. Gross alluded to the fact that syphilis was rapidly destroying the natives of the Sandwich Islands. At the time of the discovery of these Islands, syphilis did not exist on them, while a local ulcer, the result of impure sexual intercourse was common, resembling what is now called chancre, or by many the non-infecting chancre. This seems to prove that these two varieties are different in character, and that one does not arise from the other. But historical proof at the best cannot be relied upon, and it is from clinical observations that we must draw our conclusions.

Fournier has defined chancre as a specific malady, consisting in a peculiar ulcer which secretes a virulent auto-inoculable pus. It is a malady exclusively local, never giving rise to any symptom which can be referred to a constitutional infection. It will on the contrary be admitted by all that a man contracting a syphilitic chancre never escapes without constitutional effects.

The best diagnostic sign between chancre and chancre, is the period of incubation, when it can be ascertained definitely. Chancre appears in from twenty-four hours to eight days after impure connection. Chancre has a period of incubation varying from seventeen to thirty days; the average time in chancre being about forty-eight hours, in chancre twenty-four days. The virus of syphilis once absorbed into the system, no amount of cauterization will prevent constitutional infection. Hill cauterized the abraded surface for a man who had had impure connection,

and who tore his frænum, in the act, a slough separated, and the healthy surface cicatrized; in one month the scar indurated and syphilis followed. Diday cauterized a syphilitic chancre within six hours after its first appearance, and although a healthy surface was left and the sore healed promptly, general syphilis followed. There seemed to be no cases upon record in which the experiment has been tried to destroy the point of inoculation of syphilis upon healthy persons, but an analogy may be drawn from other cases. Clere destroyed the point of vaccination in some children one hour after vaccination, but vaccinia followed, and a second attempt at vaccination failed to take. Aimé Martin destroyed the point of vaccination in seven children with Vienna paste at periods varying from one hour to twenty-four after the insertion of the virus; in only one out of the seven could vaccinia be again produced. The poison of glanders has been inoculated in horses, and in one minute the point cut out, but the disease followed.

The experience with chancroid has been widely different, except in a few obstinate cases it is found that cauterization produces the best results, a healthy sore resulting after the separation of the slough, which cannot be made to yield an auto-inoculable pus; moreover the application of certain fluids to the point of abrasion even after the lapse of several hours, will prevent the appearance of chancroid.

The most distinctive difference between the two is the fact that with but rare exceptions syphilis appears but once in a life time, while chancroid may be contracted as often as desirable. Lindmann inoculated himself 2,700 times, and other enthusiasts have been still more successful; and this brings up the subject of auto-inoculation, a diagnostic test of great value, it having been found that the pus of chancroids is capable of producing a similar sore upon the bearer, while it is with the greatest difficulty, and only after irritation of the sore, that a similar result can be obtained from chancre.

These two points have been the main argument in the doctrine of dualism, and although it has been found that a few cases have been observed where syphilis has resulted from a second exposure, the



patient having once had the disease, the cases are so few that they do not overthrow the rule. It has also been found that in the few cases out of many hundred trials in which auto-inoculation has been successfully employed; from a chancre the resulting sore has been without a period of incubation, pustular in form and capable of being freely inoculated upon the bearer. This has been explained upon the theory of mixed chancre, the argument being that a person might have a sore which contained both the virus of chancre and chancroid.

From what has been passed in hasty review, it seems that the following points may be deduced:

1st. That two totally distinct diseases are represented by what are known as chancroid and chancre, one always local, the other constitutional; the virus of each being different, and each arising only from its kind.

2d. That the only unfailing diagnostic difference between chancroid and chancre is, that chancroid can be reproduced indefinitely upon the bearer by auto-inoculation.

3d. That chancroid appears in the course of about 48 hours; that chancre comes on after a period of incubation, the average of which is about 24 days.

4th. That a chancre cannot be auto-inoculated upon the bearer, nor can it be inoculated upon a person under the influence of syphilis, to this there are a few rare exceptions where auto-inoculation is successfully made from a chancre, it is only done from a mixed chancre, or from one which has been irritated.

5. The same rule holds true to the latter manifestation of syphilis, they are not auto-inoculable, but are readily transmissible to healthy persons.

The practical lessons to be derived from this are that it is not necessary to treat the person bearing a chancroid constitutionally, that only local treatment is desirable, the best being the employment of suitable caustics.

The majority of opinion seems also to lean to the theory that constitutional treatment is not beneficial before the secondary manifestations of syphilis. The syphilitic chancre generally is

but a small affair and takes care of itself, very little local treatment being necessary.

Dr. ROCHESTER—I would suggest further discussion on the doctrines presented in the paper, especially as to our adherence to them. My statement would be that the local manifestation presented by chancre may be serious in character, and it seems to me that great error in treatment might follow the teachings of the paper.

Dr. MINER—I have never seen anything in my experience that would cause doubt as to the duality of the virus of hard and soft chancres. Never saw constitutional effects from the chancroid. It is important to the profession, and to us personally, that the question of whether a chancroid can ever produce constitutional symptoms be authoritatively settled. Most of the authorities who write as well as those who observe, hold that chancroid is venereal, not syphilitic. Still we may not be able to determine the matter satisfactorily here in Buffalo, especially as there is diversity among the profession at large on this subject. For my part I have no more positive or deliberately formed opinion than that of the duality of the virus. I think the primary lesion of syphilis, local and unimportant as regards treatment. Mercury given for secondary symptoms helps the sore heal if it has not disappeared of itself previously. Do not think it becomes phagedenic; had not observed such result, and if ulcers did become serpiginous and extended, should think them of different nature from that of chancre.

Dr. JOHNSON—I consider simple chancroid a local affection, and my experience justifies this view. Have never known a syphilitic sore fail to produce constitutional symptoms. Believe in treating both these locally; cases coming to me have shown that the primary lesion of syphilis will progress to the formation of more extended or separate ulcerous patches. Cauterize a chancre early and it will prevent this ulcerative progress. If the point of infection is near the frenum especially, it should be cauterized as early as possible.

Dr. ROCHESTER—I am confident that all feel obliged to Dr. Brush for the presentation of his scholarly and scientific article. While I was at Blackwells Island Hospital, Ricord advanced the

duality theory, which I understand he has since retracted. Dr. Wm. Kelley, one of my associates in hospital duty at that time, had great opportunity for observation in venereal disease, and was a very reliable observer: shortly before his death, it was stated publicly by him that the duality theory was not good or safe to act upon. In some experiments made by us, inoculation of chancre on the thigh produced results very serious, almost fatal. The extensive ulceration thus caused was not erysipelatous or erythematous; and in this way I have seen some very troublesome sores many times caused. This would not be the case if the duality theory were correct. In a certain case that I had to deal with, a venereal sore which appeared eight days after impure connection, was immediately treated with caustics, and in another eight days was cured; it was accordingly considered non-infective. Two or three years afterwards secondary and tertiary syphilitic symptoms appeared, and ten years after syphilitic iritis. Dr. Abraham Dubois of New York, saw with me the case just mentioned of iritis, occurring ten years after improper intimacy, and in concurrence with me, he said he should insist that the copper-colored eruption, thinness of hair and other evidences, were of syphilitic character. I do not doubt that non-specific sores may occur, but relying upon my personal experience, it appears, no doubt, that serious local effects may primarily be produced by the syphilitic sore, and that afterwards, though at a remote period, the unmistakable evidences of constitutional infection follow. These facts have been impressed upon me in a very authoritative manner.

Dr. BRUSH stated that Bumstead in a letter dated Paris, October, 1873, said that Ricord still maintained the distinction between hard and soft chancres, of chancre and chancroid, or the duality theory. Syphilitic infection sometimes follows where no noticeable abrasion has been manifest. As to the question whether it is advisable to give mercury before the secondary symptoms are pronounced, Van Buren & Keyes in their just issued work, remark that by such a course, a mercurio-syphilitic eruption sometimes follows which is less under control than the naturally occurring eruption, and cases of such character were brought to my attention a year or so since.

Dr. WHITE—I would express thanks for the succinct and well presented paper. The history of syphilis, which Prof. Gross has presented comprehensively in his recent address before the American Medical Association, I do not consider of great practical moment, as quite variable views and differing modes of treatment have prevailed at different times and with different men. During the first fifteen of the forty years of my practice, I was so situated as to observe a great deal of venereal disease. From M. Ricord, whom I followed, a gentleman of American birth, and one who spoke English fluently, I learned that a non-constitutional sore if allowed to become indurated, would then become constitutional. While I do not care to enter upon the general consideration of treatment, I would state that my course in early practice was to cauterize early if possible, soft non-Hunterian chancres, indeed, I cauterized nearly all sores, both soft and hard. Of these a large portion never returned for later treatment, a small percentage did. In all the early part of my life I studied and tried to get along without mercury in the secondary and tertiary stages. I now give in the secondary period the proto-iodide of mercury in doses of from one-fourth to one grain, combined with conium; and in the tertiary, the deut-iodide of mercury in combination with iodide of potassium. In the hospitals of New York and of Europe, mercury has been found a most reliable agent. I formerly considered that constitutional infection by the primary lesion could be prevented. I think the treatment of these cases an interesting topic of discussion. Nursing may be the means of the conveyance of the disease: slight opportunities, such as are recounted by Prof. Gross, kissing, the old-time custom of transplanting teeth from one person's mouth to that of another, are means of its transmission as I have had occasion to witness.

Dr. ROCHESTER gave the following history of a case whose occurrence was of considerable interest:

Was called to see a boy of five or six years who had been ill for two days; was having severe pain in his stomach and bowels, and was troubled with ineffectual attempts at vomiting. I presumed the trouble to have origin in his bowels, and prescribed castor oil

and laudanum, which relieved the tenesmus he had been having, but he still complained of severe pain in his stomach and bowels, and would hold his bowels with his hands for relief. Still considering the trouble intestinal, I ordered opium and bismuth, with warm applications to the bowels. On the fifth or sixth day I noticed difficulty in the respiratory functions; there was considerable febrile movement, pulse 100. I detected a pleuritic friction sound at the posterior part of the right lung. Directed hot fomentations to chest, gave a diuretic, also iodide of potash. The patient progressed from bad to worse, and began to show signs of emaciation. On the third week I found the heart displaced to the left, its apex situated one inch to the left of the left nipple—no respiratory murmur was heard in the right lung, except in the clavicular regions with supplemental respiration in the other lung. Could the trouble be anything more than was revealed by these signs? Cough first appeared at the fourth week, then râles were heard close to the spine, and no normal resonance was to be obtained. The respiration was bronchial in character; the lungs were compressed to the utmost extent. Dr. Hill, of Otsego county, then visiting here, also Drs. Wetmore and Diehl, visited the patient with me, with a view to thoracentesis if thought proper. I noticed then a few hard nodules in the skin which might indicate serofulous or tubercular enlargement; was not certain of empyema, though all agreed that fluid was present and that it must be pus. I took a hypodermic needle and pierced the seventh intercostal space behind, when blood came out; I then made puncture in the sixth; here nothing flowed. The case must be one of acute tubercular infiltration. Four or five days later the patient died, and post mortem examination, though at first denied, was afterwards hastily made; Drs. Diehl, Hopkins and Wetmore, with myself, being present. On lifting the sternum, the contents of the thorax bulged forwards; and the knife revealed the large cavity of an abscess filled with pus, occupying the superior and middle lobes of the right lung, while posteriorly the lung tissue was solidified. If the cavity had been evacuated, what would have been the effect? There was no evidence of tubercular infiltration surrounding the cavity; there was no hereditary

tendency to phthisis in the family, and I do not regard this case of that character. The case of Mrs. Danforth, which was seen by me in connection with Dr. Miner some years since, was one which was somewhat similar in character to this; there being no cough present till a few days preceding death.

Scarlet fever was said to be prevalent in the city by Drs. Haunstein and Lothrop.

Dr. ROCHESTER reported beside scarlet fever of somewhat severe character, several cases of diphtheria with albuminuria.

Dr. BOYSEN reported varicella.

Dr. T. M. JOHNSON was appointed to read a paper, the subject of the same to be announced in the usual notice of meeting sent members.

Adjourned.

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ART. II.—*Albany County Medical Society. Semi-Monthly Meeting held Nov. 25th, 1874.* Reported by F. C. CURTIS, M. D.

The Society met at the usual time and place, Dr. JAS. S. BAILEY, President, in the chair.

The name of Dr. Thomas M. Trego, was proposed for membership, and referred to the Comitia Minora.

Dr. LEWIS BALCH reported a case of *Epulis of the Lower Jaw, (Malignant)*.

The patient, a lad of 8 years, was admitted to St. Peter's Hospital, Oct. 18th. About a year previous, the right canine tooth was noticed to have grown inside of the incisor next to it. The latter was extracted and a "lump of flesh" grew in its place. This did not increase in size until about five months before admission. At that time the canine tooth was extracted and the growth incised, nothing but blood following the incision. It then grew rapidly and bled every night.

His family history is good. He has been in the habit of smoking cigar-stumps picked up in the street, and has also chewed tobacco.

Examination shows a dark colored, fungous growth in the right side of the mouth, part in front and part behind the teeth, having its base in the lower jaw. It pushed before it the incisor teeth,

crowding them on to their neighbors, rendering the line of the teeth very uneven. It was decided to remove this, which was done, the growth simply being taken away, although the bone was largely implicated, on account of the amount of hemorrhage, leaving the removal of the latter to a second operation. The hemorrhage was controlled by pressure with picked lint. Fluid diet was ordered.

Eleven days later, the first operation being recovered from, the patient was again etherized and the affected bone removed. An incision three and a half inches long was made along the under edge of the jaw, from a point about an inch and a quarter to the left of the median line, to the right facial artery, the vessel not being severed. The flap thus made was turned up over the mouth, and the bony part of the tumor removed by bone forceps. The object in making the incision in the manner stated, was, if the disease was found to extend through the whole depth of the jaw, excision could be performed. Healthy bone was found, however, below the alveolar processes. Two ligatures were applied and the wound closed by three hare lip pins, with intermediate sutures of fine silk, a packing of picked lint were applied on the inside.

The pins were removed on the third day and the sutures on the fifth. The wound healed kindly by first intention, almost throughout. In two weeks the external wound was entirely healed. A few pouting granulations continued to spring up from the internal wound, which were touched with chloride of zinc. It healed by second intention. At first a lotion of nitric acid, a drachm to the pint of water, was used as a wash.

Drs. BENJAMIN and BECKETT each reported having met with a similar case. Dr. Benjamin supposed it to have originated in his case from an ulcerated tooth as an exciting cause.

Dr. O. H. E. CLARKE read a paper on *Strangulated Femoral Hernia*, and reported a case.

The patient, ten years ago, brought on a hernia by lifting. It was not noticed for two years, when it was increased by the same cause, and returned with difficulty. Again in January 1873, when she was seen for the first time by Dr. Clarke, she had a second attack of the same nature. It then appeared to be an entero-epiplocele. The tumor, the size of a fowl's egg was tense and painful,

and in general condition the patient was much prostrated. A poultice containing two ounces of laudanum was applied, and one-third gr. morphia was given which procured an hour of sleep, after which the hernia was returned. In March 1874, the patient being sixty years of age, had strangulation take place. She had vomiting, pain, and was much prostrated. Taxis failing, as before opiates were given and a poultice applied. Sleep was not procured and taxis was again attempted. Among the expedients used were elevating the pelvis extremely while assistants held her by the right knee, the left limb (the side of the hernia) being bent to rather more than a right angle with the body and giving it a slight inclination to the other side; making her stand while reduction was attempted from behind, passing the arms around the abdomen; attempting reduction while she was placed on the hands and knees; attempting reduction after the operation of luke-warm water containing a little salt, thrown up the bowels. Nothing was effected beyond returning a little flatus. Morphia and a poultice containing laudanum were then again applied, (patient would not hear of cold applications) and she was left with pelvis elevated and the legs supported in a flexed position. After a time taxis was again attempted and persevered in with gentleness for an hour and a half, with intervals of rest.

The patient was then put under the influence of an anesthetic, and taxis again not proving successful, it was decided to operate. A transverse incision two inches in length and another perpendicular to it of three inches exposed the tumor. Instead of dividing the layers of fascia with a director and scalpel, a pair of small scissors with the point of one blade made blunt was used. They were believed to operate with more precision and expedition; minute portions can be cut, and in many respects they are safer. On opening the sac half a pint of serum ran out. The hernia was found to be omental, but a knuckle of intestine was believed to have been returned by taxis. The mass was about three inches long, very pale and firmly embraced by the falsiform border of the fascia lata. The index finger was inserted under this and it was cut in an upward direction freely. Attempts at reduction still not availing, the finger was introduced with some difficulty and the



firm sharp edge of a small aperture was detected, the border of Gimbernat's ligament. This was cut in an upward and inward direction with a knife blunted to avoid injuring possibly the obturator artery. The omentum was then returned and carried a little to the right in the abdominal cavity. A few old adhesions to the sac had to be severed, and as they bled pretty freely were tied with fine silk dipped in a solution of carbolic acid before returning them. The same was thoroughly applied to the surfaces. Two string-like processes of omentum persisted in falling back, and were amputated.

The wound was closed with sutures dipped in carbolic acid, leaving a small opening for drainage, and the patient placed in bed, the foot of which was raised four inches, a small pillow being put under the thighs. Hot carbolized dressings were used. She did not rally very well, and on the third day the wound began to slough. This was excised freely, the sutures removed and a charcoal poultice made with carbolic acid lotion applied. Quinine and stimulants are also given. After a day or two flabby granulations sprang up. It was then packed with lint soaked in Edinburg red wash, consisting of zinci sulph. gr. 16, spts. rosemary and spts. lavender. co. aa 2 drs. and carbolic acid lotion 8 ozs. A few days later an abscess formed in the back, which was opened and discharged very fetid matter. A large sinus formed in the lower part of the wound, and the patient was in a very reduced condition. Tonics, stimulants, and nourishment were pressed, and on the eighth day she began to improve. On the sixteenth day the wound was nearly healed. The recovery was complete, and the hernia appeared to be radically cured for a few months, but it has since come on again and has attained considerable size, as she will not wear a truss.

Points of special interest in this case are, the existence of enterocele with the epiplocele and its reduction under chloroform; the size of the tumor; the large amount of serum in the sac, there being generally but a few drams; and the return of this fluid under taxis into the abdomen, leading to delusive hopes that the hernia was being reduced, a point not mentioned by authors.

The paper closed with a discussion at length of the question as to how long operation should be deferred in strangulated hernia.

Numerous authorities were quoted, and the conclusion reached that we should operate the moment we are satisfied that taxis is not likely to succeed, and the patient's symptoms progressively increase in severity.

A vote of thanks to Dr. Clarke for his interesting paper, was carried.

Dr. MARCH thought the substitution of scissors for the scalpel and director, in cutting down to a hernial sac, was a valuable suggestion.

Dr. BECKETT said, that early taxis was very important. He had found good results follow the use of a strong infusion of coffee, and believed that in one case where he had administered a quart of it, that it had been the means of making reduction by taxis possible.

Dr. HANNAN referred to a case under the care of a distinguished New York Surgeon, where operation was done three hours after the gut came down and the patient died three and a half hours afterwards. The length of time we should wait before operating cannot be fixed for every case.

Dr. WITBECK thought that the age of the patient influenced the result of the operation; the old are not so liable to inflammation as the young.

On motion adjourned.

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ART. III.—*Semi-Monthly Meeting of the Rochester Medical Society*  
Reported by J. O. ROE, M. D., Secretary.

Dr. WM. S. ELY, President in the chair.

After preliminary business Dr. Stoddard then presented a specimen with the following history:

Mrs. E., aet. 27 years, admitted to Rochester City Hospital, Aug. 10th, 1874.

Patient first menstruated at age of 13 years, always regular, flow normal in quantity and painful during first three days, at intervals troubled with leucorrhœa. The patient feels quite certain that the full period of gestation was reached July 12th,—last menstruation occurring about April 15th, 1873.

About four weeks since, July 18th, pain occurred resembling labor pains. A physician—(Homœopath)—was called, who after attendance for a day quieted the patient with morphia. This condition occurred several times, three other Homœopathic physicians attended her at intervals.

August 8th. Seen by Drs. Whitbeck, Dean, Little and Montgomery. Appearances externally that of pregnancy at full term. At this examination no os uteri could satisfactorily be recognized, what was supposed to be the occluded os lay high up behind the symphysis pubis. All efforts to enter the cervical canal were failures. The child was dead and easily distinguished. The head presented in the right iliac region.

August 10th. In consultation it was decided to operate by incision as near the supposed os as possible and to remove the child by version.

This was done at 3:15 P. M., under ether, Dr. J. F. Whitbeck operating. Present, Drs. F. H. Montgomery, Langworthy, Little, W. S. Ely and Stoddard.

An incision was made through the tissue covering the presenting portion of the head of the child. The left hand passed and the feet found in the left side; the child was drawn down and delivered, the whole period occupying about thirteen minutes—some hemorrhage followed. It was decided to remove the placenta at once, which was done with great difficulty, it being adherent and requiring considerable force to separate it. The cord dark and discolored was about two feet long.

Severe hemorrhage followed which was controlled by ice and injections of Sol. Per. Sulph. Iron, (but not until very severe hemorrhage had taken place.) Patient became extremely exhausted at 4-15, pulse 160, respiration 52.

Stimulants were freely given—patient gradually sank and died at 6:15.

*Post Mortem*—August 11th, 10 A. M. On opening abdominal cavity a large quantity of coagula and blood found. The uterus was high up behind and attached to the bladder. From the left ovary started a sac extending backward and downward, filling the cavity of the pelvis, and attached to the posterior surface of the

uterus. This contained a large quantity of clots. The site of the placenta was over the surface of the ovary and beyond.

The uterus was enlarged.

Length of cervical canal, . . . . .	3½ in.
Length of uterine cavity, . . . . .	3½ "
Whole length, . . . . .	7 "
Thickness of body of uterus, . . . . .	1½ "
Width of fundus, . . . . .	3¾ "
Thickness of wall, . . . . .	$\frac{5}{16}$ "

#### CHILD.

Weight, . . . . .	8 pounds.
Length, . . . . .	20 inches.
Circumference of head, . . . . .	15 "
Circumference of chest, . . . . .	13½ "

*Discussion*—Dr. Montgomery questioned whether it would not have been giving the woman a better chance had the doctor stopped after removal of the fetus, and not attempted to remove the placenta.

Dr. Little concurred with Dr. Montgomery, stating that the woman got on nicely until the placenta was removed, when hemorrhage began, and the woman sank rapidly. He thought, had the placenta been left in and allowed to be expelled as a foreign substance it would have given the woman a chance.

Dr. Whitbeck said, he would have done so had he supposed or known, such a condition of things existed, but he thought he was removing the placenta from the cavity of the uterus.

At the request of Dr. Little, Dr. Hovey reported the following case. Mrs. G. was taken in labor at full term, primipara. At the end of twenty-four hours he saw the patient and after a careful examination it was ascertained that there was an occlusion of the os tinæ. It was decided to make an incision through the uterus for the delivery of the child. This was done at the pending part. The incision was two inches in length. Labor pains continued, and the opening dilated with the contractions of the uterus, and at the end of two and a half hours a healthy female child was born, weighing nine and a half pounds. Patient recovered without one bad symptom.

Dr. Dean then opened the discussion on Puerperal Fever—as follows:

Résumé—Puerperal Diseases and Puerperal Fever.

Dr. Dean referred to only such of the puerperal diseases as have come most frequently under his own observation. He said he should have spoken much more confidently of the nature and treatment of puerperal diseases, especially puerperal fever, several years ago than now.

Obstetrical literature of our day abounds in excellent essays and carefully made clinical observations in this department of medicine.

Teachers and practitioners of midwifery who taught the medical mind in this department twenty-five to fifty years ago, were very comprehensive in their nosology, comprising all the local inflammations of the puerperal patients under the general name of puerperal or child-bed fever; thus including under one head—diseases in the vaginal connective tissue, the uterus, fallopian tubes, ovaries, pelvic peritoneum, crural vein, &c., &c.

Before any discussion of the subject it seems proper to allude to the blood condition of pregnancy. Soon after impregnation the quantitative relation of the blood corpuscles undergoes a material change; the white corpuscles became relatively largely increased, and many of our best pathologists declare that the increase of the white corpuscles is *absolute*; the red corpuscles are relatively very much diminished, but it is not certain that the red corpuscles are *less* than in the unimpregnated state. This altered condition of the blood increases its coagulability, a condition technically demonstrated *hyperinosis*—a condition of “purulence,” rather a condition strongly predisposing to purulence.

This blood change recognized it would seem that we are better prepared to anticipate and to appreciate many of the maladies of the puerperal state; especially the suppurative inflammations in perimetric tissues, the mammary gland, etc., etc., as also many of the foetal and infantile diseases, the hepatic, duodenal and peritoneal diseases found in still born children; the jaundiced and other diseased conditions, found in early infancy.

For convenience of discussion, apart from essential puerperal fever—puerperal diseases may be arranged under the heads of

*traumatic*, and what are generally denominated *auto-genetic* diseases, in contra-distinction to heterogenetic or those originating from causes external to the patient.

According to the doctor's own observation the most common malady of the parturient patient is some form or degree of cellulitis; it may be no more than a limited inflammation of the sub-mucous connective tissue of the vagina, traumatic in its origin, from detention of the foetal head perhaps or the pressure of instruments, &c.

The next most frequent malady in the puerperal state, within the doctor's experience is some form or degree of metritis, or some of the forms of peritonitis, consequent generally upon endometritis. In primiparous births it is perhaps rare that patients do not sustain a considerable endometritic lesion of the cervix; and not unfrequently the cervical parenchyma is so much injured that inflammation will extend externally from the uterine cervix up into the perimetric tissues, producing all the consequences of endometritis, which is the more pathological lesion.

According to the estimate of the best living and recently deceased obstetricians and gynæcologists; this progress of puerperal perimetric disease—whether within or without the peritoneal cavity, is from the uterine cervix through the uterine cavity and fallopian tubes terminating in abscess or otherwise.

Puerperal peritonitis is considered by most writers as the most frequent of the puerperal diseases; may be primary or secondary, general or partial. If primary, appears in from one to three days after child birth, and may be independent of any of the lesions of the pelvic organs recognizable *post mortem*.

In a great majority of cases puerperal peritonitis is secondary to inflammation originating in some of the pelvic organs or tissues, as of uterus, fallopian tubes, of the ovaries or their enveloping tissues, and the disease appears later, after considerable progress, or even after the culmination of the more strictly local disease, and may occur during any period of the puerperal state; it may become general or remain as a partial peritonitis.

Primary puerperal peritonitis undoubtedly often originates from

the general blood condition of pregnancy, leaving no trace of disease in pelvic organs beyond the peritoneal membrane.

Secondary puerperal peritonitis may also become general, indeed more often does, than lesions limited to the pelvic peritoneum.

Phlegmasia Dolens, milk-leg and crural phlebitis, are used by most authors as convertible terms. Obstetrical literature is plethoric with essays upon this subject, or, as the case may be, these subjects; and these contributions are from men of the best minds represented in this department of medicine.

The doctor said he should not attempt to differentiate the symptoms supposed to distinguish the one from the other disease. Previously he had regarded them as one and the same disease.

Prof. Fordyce Barker, of New York, of whose work on Puerperal Diseases, Dr. Dean said he was proud, as being in his (Dr. D's) estimation the best treatise in the English language upon kindred subjects, asserts the plurality of the diseases mentioned, and philosophically maintains his position. Thrombosis is allowed to be associated with both diseases, but claimed to be the *primary* condition in phlegmasia dolens, and the *phlebitis* the consequence; while crural *phlebitis* results from a poisoned condition of the blood of the patient without primary mechanical obstruction as in the former diseases. This is Dr. Barker's position as he (Dr. D.) understands it; as opposed to the opinion of many typical men who are equally emphatic in their expression of a contrary opinion; but the doctor said he was well satisfied with Dr. Barker's logic.

Pyæmia, septicæmia, infection and contagion as referring to puerperal disease are very differently appreciated by our most honored obstetricians and gynæcologists. Bearing upon this subject, Dr. Dean said he should consider himself culpable if he were to assume the care of a woman in labor while yet having, or having recently had the care of cases of puerperal fever or phlegmonous erysipelas. After eliminating the several features of puerperal disease, there yet remains the most to be dreaded accident or condition of the puerperal state; a condition unmarked by any of the symptoms so prominent in the traumatic auto-genetic diseases already referred to. The patient may be free from pain, and of every other symptom appreciable by herself as indicative of evil,

while yet she may be in eminent danger; in a word, she is the subject of the poison of *essential puerperal fever*. She may or may not show abdominal or pelvic tenderness, certainly no more than in the most benign cases of child birth, neither will there necessarily appear tympanitic condition of abdomen. As a rule there will be found very slight lacteal secretion, also a scanty and fetid lochial discharge; but there will be found from the first an accelerated pulse and high temperature. The only point he said he had purposed to make from the subjected he had considered, was that of the *temperature of puerperal fever* patients, which, under limited qualifications he considered almost pathognomonic.

In benign puerperal cases we expect to find at some time during the first 72 hours some acceleration of pulse, some increase of temperature, some general and some local special tenderness, all of which generally subsides after quiet sleep, emptying of the bladder and the establishment of lactation. Some patients of a highly nervous temperament from repeated and severe after pains will exhibit quickened pulse, great tenderness and distension of the abdomen, but will not exhibit a protracted high temperature. If after the third day, with a quickened pulse, temperature above  $102^{\circ}$ , whether suffering from local tenderness or not, the doctor said he should predict prospective trouble, either a local purulence tending to abscess, or a non-malignant puerperal fever. In this estimate the doctor did not include any form of phlebitis as apt to occur at a later puerperal period. Any local inflammation tending to abscess is comparatively benign and will be indicated by local symptoms. In absence of the several and more definitely marked symptoms of local inflammation, a temperature above  $101^{\circ}$  to  $105^{\circ}$ , after the third day, would be to his mind a very certain evidence of the existence of the malignant elements of *essential puerperal fever*.

A brief discussion followed.

Dr. MALLORY said he had attended the post mortem examination of six cases of puerperal fever in Bellevue Hospital, and all contained pus in the peritoneum, and one in the uterus.

Dr. STARR enquired of Dr. Dean his treatment.

Dr. DEAN said he had purposely omitted the treatment, but the



therapeutics of these cases he could state in a very few words. They consist of quinia, opium and moderate catharsis. He also spoke of Dr. Barker's treatment with *veratrum veride*.

Dr. J. F. WHITBECK said he had met with an epidemic of this disease, and the fatal cases terminated usually in 84 hours.

Dr. STODDARD said he considered the symptom of high temperature of great significance in the disease.

Dr. W. S. ELY said he had limited experience with this disease. He had only had two cases and both died. One of them died in 48 hours from commencement of attack but had no chill, tenderness, or distension of bowels. The other had chills, tenderness and distension of bowels; sank rapidly and died.

Dr. W. S. ELY next read a brief article on the determination of the age of the human embryo, and showed a specimen. A woman, 26 years old, who was nursing a 14 month's child, and had menstruated regularly for 6 months, commenced to flow 5 days after regular menstrual period, and discharged the ovum presented. As she did not suspect pregnancy, the age of the ovum must be determined from its appearance. Authorities differ widely as to length, weight, discrimination of sex, and development of fingers and toes, of ovum of three and four months. To prove which statements were produced, extracted from the works of Cazeaux, Todd, Bowman, Tanner, Leishman, Meadows, Casper, Gray and Carpenter.

This specimen weighs 10 dr., 10 gr. and is five inches long. Its mouth is open, tongue visible, nose well formed, fingers distinct, and nails beginning to appear. It is regarded as of the male type, and as having entered on the fourth month of development, and the conclusion is, that we cannot, from inspection alone, of three or four months ovum determine with certainty within two weeks of its age.

On motion, the Society adjourned.

ART. IV.—*Clinical Remarks upon Surgical Cases occurring at the Buffalo Hospital of the Sisters of Charity*, by Professor JULIUS F. MINER, M. D. Reported by W. W. MINER, M. D.

CASE VIII. *Dislocation of the Humerus*.—C. W. L.—, aged sixty, a blacksmith by trade, received an injury on the fourteenth

of August, which rendered his right arm useless. He came to this city and into my care last week. On Saturday last, the twenty-fourth of October, I attempted reduction of his dislocated shoulder, for such I found the trouble to be. It was then ten weeks since the dislocation occurred, and it was accordingly an unpromising case. With the assistance of Drs. Daggett, Sloan and others, and after considerable effort, I was able to accomplish reduction. He is now able to move the arm considerably, which could not then be done. There appears to be a deficiency in the rotundity presented by the shoulder, the acromion process seems more prominent than is natural, but it is slight in degree, and it is probable that an inflammatory deposit within the capsule of the joint and the atrophied condition of the muscles are the cause of this. Reduction was accomplished with the aid of chloroform, the heel in the axilla, traction by several persons in the line of the arm, and traction outwards by means of a towel passed around the head of the humerus, while forcible manipulation of the joint was carefully made. It is remarkable that no serious nerve trouble has been present in the case. A month or more after reduction the man was found to be able to use his arm in eating and in common duties; the shape of the joint had improved and was nearly perfect.

CASE IX. *Talipes Valgus*.—This child is one which has been operated on some time since, I am told, for the relief of the affection which you notice is still present in a degree in its foot. It presents the appearance of an outwardly inclined club-foot. The position of the foot and ankle here is one which may be produced by various causes; the fascia connected with the parts may be contracted so as to need extensive division in remedying the obliquity of the foot; the tendons of the peroneal muscles may be short and require division; the bones of the foot and ankle may be so deformed as to favor abnormal position, and these may in some instances be moulded into suitable shape and position. In the present instance none of these causes seem especially operative. When the child stands on the foot, it places it in a very everted position, but the foot is not firmly held in that position when the weight of the body does not rest upon it. In fact,

when walking there seems to be a lack of firmness in the position assumed by the ankle. What is the trouble here? There is a lack of restraint in the lateral directions rather than any unnatural fixity or tension. The tendo achillis is too short, though this may not be noticeable until I hold the foot squarely, and attempt to flex it to the extent naturally required in walking; it scarcely comes to a right angle with the leg, cannot be flexed beyond this degree. The tendo achillis is too short to allow the natural movement of the ankle in walking, and in order to overcome this disability, the child everts the foot, and you see how well the projecting of the toe is avoided in this way. This is not a position of eversion from causes that are constantly operative, it is an eversion assumed as compensatory to the not greatly noticeable degree of equinus that exists, and is permanent. To remedy the trouble I simply divide the tendo achillis, and the result is entirely satisfactory. There is some degree of atrophy of the muscles of the leg here; of this and other points connected with the subject of club-foot I will say more in future. The foot is fastened in proper position with adhesive straps, over which a roller bandage is applied. A shoe proper for this retention may hereafter be applied if desirable.

CASE X. *Chronic Ulcer*.—Your reputation as a physician or surgeon will depend as largely perhaps on your management of such cases as this, as of any other cases you have. Not one thousandth part of those who have ulcers, come to hospitals for treatment, still in all hospitals, county houses or asylums, you will find these cases more or less numerous. They will very frequently come to you. Almost all ulcers not specific will get well if the patients are put to bed. If specific they require their appropriate treatment, if dependent upon varicose veins these must be attended to. If dependent upon an impoverished condition of the system, as is generally the case, it is proper to make use of tonic remedies, hygienic means and general constitutional treatment. If the edges and surface of the sore is callous and of low vitality, pare it well with the knife. If the surface merely is of indolent character, caustic applications may be used. Poultices may suffice for the removal of inactive tissues. Stimulating ointments

are of service. A firm bandage carefully and evenly applied, is often valuable. The means that may be made of avail are very numerous, and should be successful if thoroughly and persistently adopted. We are able to furnish a covering of skin for healthy surfaces of large extent, now, by means of the operation called "transplantation." This operation though made use of by Prof. Frank H. Hamilton, in this hospital in 1854, and previously advocated as a plastic operation by him, was practically introduced as now performed by M. Reverdin in one of the hospitals of Paris. A few weeks after the announcement of the method and success of Reverdin, the operation was introduced at the clinic here. It consists in taking grafts of healthy skin of minute size and implanting them upon the granulating surface of an ulcer which it is desired shall be covered with epidermis. A few normal centers of proliferation will thus speedily cover an extent of raw surface that in old times would never have been healed.

CASE XI. *Extraction of Cataract.*—M—— R——, aged 72, born in France, has cataract in both eyes, which has progressed to such an extent that he is now obliged to give up his usual occupation, and seeks relief by the operation for removal of the lens. Two grand distinctions in a cataractous lens are those of "hard" and "soft." If the case is one of soft cataract there is no need of extraction of the lens. If the lens substance is brought into contact with the aqueous humour it is absorbed, and will disappear in the course of five or six weeks, although the opacity may have been of great degree. The operation called "couching" was formerly very much practiced. All surgeons were in the habit of depressing cataracts. This operation consists in introducing an instrument into the eye and with it depressing the cataractous lens from its position in the line of vision, displacing it more or less into the vitreous body, and out of the way of the rays of light entering the pupil. This operation would no doubt be the best one to be practiced by inexperienced surgeons now. The objection to the operation is that good results at first obtained may be followed six months afterwards by destructive inflammation of the eye. I have seen excellent results from couching; have a case in mind in which I performed this opera-

tion twenty years since, and vision is now very satisfactory. The operation of couching is no longer considered proper by ophthalmologists. It leaves a hard nucleus within the eye that sometime may be the cause of trouble. Removal of the lens is the only proper procedure with hard cataracts. This may be effected in various ways, suction has been made use of for the removal of the lens; in this method only a small opening in the wall of the globe is required, but the method is practicable only when the lens is soft. The most common way is by making a suitable incision, and then removing the lens entire if possible, or in successive portions, by mechanical means. The matter of the incision in the operation for extraction of cataract is one upon which a great deal has been said, and which has divided ophthalmic surgeons to a great extent. I cannot say to-day which incision has received the most general sanction. In the present case I enter Von Graefe's knife in the lower third of the cornea at the sclero-corneal junction immediately in front of the iris, and cut downwards and outwards nearly in the direction of the axis of the globe. Having ruptured the capsule sufficiently with a suitable instrument, I accomplish removal of the lens with a needle or scoop. After closing the lids and a period of rest, the eye is again examined to see if any unremoved portions of lens are present; the corneal wound is carefully examined, and if any portion of iris is engaged in the wound it is replaced within, or friction over the closed lids causes contraction of the iris, and thus removal is accomplished, so that the corneal wound is left perfectly clean and properly apposed. A graduated compress is applied, and the patient should now be kept in bed, or his eyes excluded from light, for ten days or more. I have more often made incision upwards than downwards; used to be careful to have the incision small for fear of prolapse of the vitreous, which I no longer fear. Iridectomy is recommended by many, and generally or always performed by some; it causes deformity, and where it is not necessitated I am not in the habit of making it. Non-union of the corneal wound is a source of failure in these operations, but as a rule operations for the extraction of cataract are successful. Good vision generally results. Distant objects can be seen with-

out glasses, while for near objects a suitable convex lens is required. The patient left the hospital at the end of about three weeks, at which time he was presented at clinic and was observed to have a pretty clear condition of the eye, with which he could distinguish objects readily, and which promised useful vision.

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ART. V.—*Report of Surgical Cases at the Buffalo General Hospital, with Clinical Remarks*, by Professor JULIUS F. MINER, M. D. Reported by BERNARD BARTOW, Resident Physician, and W. W. MINER, M. D.

CASE I.—*Syphilitic Hemiplegia*.—W. H. S., aet 38, American. Clerk, by occupation, was brought to the Buffalo General Hospital, Oct. 22d, 1874, in a semi-conscious condition, with symptoms indicating compression of the brain. There was complete paralysis of the left side of face and body; patient was unable to articulate, and could make himself but little understood, except that he had great pain in his head, referable to the frontal and right parietal regions. He was capable of understanding some things when spoken to sharply, but would immediately relapse into his former condition of stupor. The pupils were largely dilated and responded but feebly to the stimulus of light. The bowels were extremely torpid; the bladder did not seem to be involved in the paralysis, though the patient voided his urine involuntarily, but at normal intervals, and in normal quantity. There was a constant inclination on the part of patient to turn, as if to be upon the paralyzed side.

There was no history of injury connected with these symptoms. There was an abundant syphilitic rupial eruption upon the body and limbs.

The imperfect history obtained from his friends was, that he had been attending to his business until within three days of his admission to Hospital; had complained of pain in his head for some days and felt sick, and acted *queer*. The pain increased in severity, and with it, appeared the paralysis and stupor, slight at first, gradually increasing, until they attained their present gravity.

The presence of the tertiary eruption pointed to the syphilitic

poison as the indirect cause of the symptoms, evidently giving rise to intra-cranial periostitis, with large effusion.

Soon after his admission he was given, croton oil, gtt. iij, this failing to evacuate the bowels, it was followed by Hydrarg. Chlor. Mitis gr. xv, without however, any effect. Potass Iod. gr. xx. was given every three or four hours. Little benefit followed the use of these agents; the coma becoming profound, the patient dying thirty-six hours after admission.

The case now in the morgue is an instructive one, would be my choice for presentation at clinic. Similar cases present themselves frequently to those largely engaged in treating the disease here represented, while to others they are infrequent, and it is only recently that this form of syphilitic disease has been fully recognized and understood. This patient came in here day before yesterday, partially paralyzed, both pupils dilated, not entirely unconscious, unwilling to have his clothes removed and he spoke little and with impaired utterance.

We were ignorant of his history, and had it not been for the eruption present we should have been unable to determine the cause of the hemiplegia. The eruption determined it to be syphilitic hemiplegia, which may present itself at any period of syphilitic disease. When the paralysis appears early, that is, in the secondary period of syphilis, it is not of so serious a character as when it appears later, as it is then more under the influence of treatment than afterwards. It may occur twenty years after the primary infection. The rupia here present is a tertiary affection, and does not occur within the first year, and we infer this man had syphilis some time ago. Syphilis in its tertiary period causes nodes, effusions of lymph, inflammation of the periosteum of the bones, and when these are inside the skull they naturally produce paralysis of various degrees, it may be affecting the eyelids causing ptosis, the facial muscles, the fifth nerve, or more extended portions of the nervous system. In enumerating these syphilitic nerve affections, I mention—1, nodes; 2, gummata; 3, congestion; 4, paralysis; 5, paralysis *sine materia*. In these last no lesion is to be found, or no change recognized by the microscope in post mortem examination. Paraplegia indicates nodes or other products

situated in some portion of the spinal column; this form though serious, does not disable the patient so greatly as hemiplegia often does. Paralysis occurring early in the history of the disease is thought to arise from congestion or inflammation, and it is most signally under the influence of medicine.

I have notes prepared for me by Dr. Brush, of a number of cases which I have had under treatment. The first of these cases is one 29 years of age, contracted syphilis in 1868, had eruption, loss of hair, sore throat, rheumatic pains and other symptoms. In December, 1872, hemiplegia occurred without loss of consciousness, which latter symptoms authors say is valuable in diagnosing the character of the trouble. The patient is now in a greatly improved condition, and pursues without inconvenience his work in a mercantile office. A married person, forty-three years of age, first had syphilis eighteen years since; in June 1873 had ulceration of throat and pains in limbs at night. In November, had recovered from sore throat under use of Iodide of Potassium. In March, 1873, fell from his chair, and found on attempting to rise that his left side was beyond his control, did not loose consciousness. During my illness he was treated by another physician for apoplectic hemiplegia without improvement. In the latter part of May I commenced giving him iodide of potassium with small doses of blue mass, which was followed by rapid improvement. He hardly suspected the cause of his trouble at first, but when asked if he had not had primary syphilis, he replied "yes." He is now well. A colored whitewasher, aged forty-eight, had syphilis at thirty. When first seen in April, 1873, he had paralysis of lower extremities, bladder, etc., gave no history of syphilis, had been treated by two or three physicians for three months previous, but was growing worse. In May and early June, was almost completely paraplegic; he then acknowledged having had the disease. He was put upon iodide of potassium treatment, and is now able to attend to his business, though he walks with a shuffling gait. A young fellow came to me who had loss of vision in his right eye; a gambler with loss of vision in both eyes; a sailor with paralysis of arm; a negro with partial hemiplegia; all due to syphilis. Twenty years ago no well formed idea of the connection of these cases with



this cause would have been had. As to the relation of the severity of symptoms to fatal result, I would say that sometimes patients die at once, and post mortem examination fails to reveal any causative lesion. Again cases have been reported, in which pus to the quantity of a pint, has been found in the cranial cavity, the membranes of the brain riddled with perforative ulcers and the lobes of the brain softened; but death had occurred with very slight symptoms of disease. Post mortem examination may show every extensive lesions where the symptoms of disease previous to death were very slight, and *vice versa*. I had no idea of finding my clinical patient dead this morning; the relation of symptoms to severity of disease is very variable. The internal viscera may be affected to cause death secondarily. If you have a patient with any of these troubles you may say that he will probably recover. The functions of the affected nerves may not entirely be regained, the cicatrices in nerve structure are not converted into normal nerve tissue, but great improvement may generally be expected in these nervous disorders of syphilis, you can arrest these affections by treatment. The early occurring and slight affections of the face, eyes, etc, that recover so speedily under treatment are due to congestion. Over the secondary and tertiary symptoms you may have very great control. There are only two weapons with which to combat syphilis; you may find more mentioned but they will only serve to pacify or delude both patient and doctor. Mercury and Iodine are the only unfailing remedies in these cases. Tonics, stimulants, hygienic means, etc., are valuable but not specific. Give mercury to affect the system but not to ptyalism. This remedy should be used for a year when commenced in the secondary stage of the affection; patients generally take it three months and then give up medicine till the symptoms recur. Patients will grow fat upon mercury. Between the secondary and tertiary affection there is a period of freedom from trouble, when the tertiary symptoms appear give iodide of potassium in full doses. Potassium iodide with mercury is frequently given; mercury in combination with the former, by inunction or by mercurial vapor bath, but the iodide is the chief reliance. Five grain doses of iodide of potassium may be sufficient, fifteen to twenty grain doses thrice daily are

more suitable treatment. Give this to affect the system, then hold up. The matter of the size of dose is at present under observation. An ounce in twenty-four hours can sometimes be taken without harm. One hundred grains a day can be taken in pills without inconvenience. The patient you observe in the ward with extensive syphilitic erosion of the extremities has been taking fifteen grain doses three times daily; is now taking thirty, and with improvement that was not manifested under a treatment of some length with the former dose. Small doses are entirely inoperative, such as many physicians are in the habit of prescribing. I could relate other cases where an improvement which seemed very remarkable, has followed the increase of the dose by those who had given patients a long course of treatment with these small doses. Iodide of potassium has lately been in great demand in the arts; its price has advanced while its quality is subject to adulteration in considerable degree. Recently a decline in price has occurred, but while giving an inferior article, the size of the dose is not a safe guide in producing constitutional results.

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## MISCELLANEOUS

### PUBLIC HEALTH.

#### PROPOSED BUREAU OF VITAL STATISTICS IN OHIO.

At the annual session of the Ohio State Medical Society, held in Toledo, in June last, Dr. Jones, of Toledo, as Chairman of the "Committee on State Medicine and Public Hygiene," read a very able paper, which attracted much notice from his professional brethren, and was printed in the proceedings of the Society. The effect of the paper was to cause a committee to be appointed, of which Dr. Jones was made chairman, to take into consideration plans by which the vital statistics could be collected from year to year by competent persons, and given to the public for the benefit of the profession and the people. The Committee has prepared the following memorial to the Legislature, which sets forth the wishes of the Society:

To the Hon. the General Assembly of the State of Ohio:

At the annual meeting of the Ohio State Medical Society, held at Toledo, the undersigned were appointed a Committee to memo-

rialize your Honorable body, for the passage of a law creating a Bureau of Health, with a Sanitary Commissioner.

In urging upon your Honorable body the passage of such a law, our Society believed that the Medical profession would co-operate in making it contribute not only to the happiness of longevity of the people of the State, but by this means, many of the causes of disease (which will forever elude individual effort to trace them out) may be made plain, so that they may be avoided, and the people of the State relieved of much of the cost and suffering now entailed upon them, from the want of Sanitary knowledge.

W. W. JONES, M. D., Toledo,  
E. H. HYATT, M. D., Delaware,  
JOHN A. MURPHY, M. D., Cincinnati,  
J. W. SCOTT, M. D., Cleveland,  
JOHN BENNETT, M. D., Cleveland.

Com. of the Ohio State Medical Society.

December 9th, 1874.

Accompanying this is the following bill, which has been drawn up in accordance with the ideas of the Committee upon the subject, and offered in the Senate by Judge Potter:

#### A BILL

To provide for the appointment of a Health Commissioner, and prescribe his duties.

SECTION 1. *Be it enacted by the General Assembly of the State of Ohio,* That there shall be appointed by the Governor, by and with the advice and consent of the Senate, within ——— days after the passage of this act, a person to be styled the Commissioner of Health, who shall be a regular physician in good standing in his profession, who shall hold his office for three years, and until his successor is appointed and qualified. The person so appointed shall be an elector of this State, and shall keep an office in the State House. In case of vacancy by death, resignation, removal from the State or otherwise, the Governor shall fill the vacancy and report the name of such appointee to the Senate, if in session, if not, within ten days after the commencement of the next session, who, by the consent of the Senate, shall hold his office for the unexpired term of three years, or until his successor is appointed and qualified; provided, that if at any time the Governor shall become satisfied that the Commissioner is inefficient or derelict in the discharge of the duties of the office, he as hereby authorized and required, by and with the consent of the Senate, if it be in session, to remove said Commissioner from office; and if the Senate be not in session; to suspend him from the duties of said office, temporarily till the vacancy as provided for in this section, and report the facts to the Senate when in session.

SEC. 2 Before entering upon the discharge of the duties of the

office, said Commissioner shall take the usual oath or affirmation required by the constitution of the State. He shall receive for his services the sum of three thousand dollars per annum, and be furnished with an office, office furniture, necessary blanks, stationery and postage, at the expense of the State. He shall have power to employ a clerk to perform such duties as may be assigned by him, to be paid out of the State treasury, at the rate of twelve hundred dollars per annum.

SEC. 3. It shall be the duty of the Commissioner to supervise the interest of the health and life of the people of the State, to study and collect the vital statistics of this State, and endeavor to make intelligent and profitable use of the collected records of births, marriages, deaths and sickness among the people; to make sanitary investigations and enquires respecting the causes of disease, and especially of epidemics, the causes of mortality, and the effects of localities, employments, conditions, ingesta, habits and circumstances on the health of the people. He shall when required, or when they deem it best, advise officers of the government, benevolent institutions, or other States, city, county and township boards in regard to the location, drainage, water supply, disposal of excreta, heating or ventilation of any public institution or building, and shall, from time to time, recommend standard works upon hygiene and sanitary science for the use of the schools of the State. He shall, so far as practicable, collect and have the custody of all books, papers and documents relating to the subject of health which may come into his possession through exchanges and correspondence with health organizations in this and other States, prepare such blank forms and returns as may be necessary, and forward them to the several boards of health or physicians throughout the State, so as to select statistics as to the causes of disease.

SEC. 4. For the purpose of affording the Health Commissioner better advantages for obtaining knowledge important to be incorporated with that collected through special investigations and from other sources, it shall be the duties of all officers of this State, all boards of health, officers or physicians, of mining, railroad, or other corporations or boards, organized under the laws of this State, to report to him any information bearing upon the public health which may be requested by him, for the purpose of enabling him better to perform the duties of the office in collecting and distributing useful knowledge upon this subject.

SEC. 5. He shall make an annual report to the Governor, to be transmitted to the General Assembly, which shall embody the vital statistics and facts which he may be able to obtain, and his deductions therefrom; knowledge respecting the causes of disease, and useful information on the subject of hygiene for the purpose of dissemination among the people.

### Death following a Vaginal Injection.

The following case is recorded by Lorain as one of those occasional instances where death has apparently been due to some mild manipulatory procedure on the female genitals.

A young girl, sixteen years of age, of delicate constitution, and who had commenced menstruating three months previously, entered the hospital to obtain treatment for vaginitis. A decoction of althæa was employed as an injection at first, but it was soon changed for a solution of nitrate of silver (gr. x.— $\frac{3}{4}$ i.). This fluid was injected without force, the greater part returning through the vagina. Immediately afterwards, however, the patient complained of pain in the belly, and it increased so violently that she tossed about in the bed, her eyes became fixed, the skin became cold, the pulse small, and the face pinched. These severe symptoms abated after three hours; but vomiting then set in and continued, though in the following day the pain in the belly had moderated. Some days after, while the vomiting was still persisting, and she was suffering great distress, she gave a sudden cry and died. Tardieu made the autopsy, and found a purulent inflammation of the mucous membrane of the uterus, and the fallopian tubes filled with pus. They were discharging into the peritoneal cavity, and there was diffused peritonitis.—*Allg. Med. Central. Ztg.*, 1, 1874.—*The Record*.

### Vivisection.

At a meeting of the New York Pathological Society, held Nov., 12th, 1874, the following preamble and resolutions were unanimously adopted:

*Whereas*, Certain publications have recently been brought to the notice of this Society, having for their object to excite a prejudice against the propriety and utility of experiments upon living animals, as performed for the purpose of medical investigation, and to control or prohibit such experiments by legal enactment; and

*Whereas*, The members of this Society have abundant reason to know that the method of experimentation upon animals has been productive of many useful discoveries in pathology, as well as in physiology and practical medicine; therefore,

RESOLVED, I. That experimentation upon animals is of the same value for investigation and discovery in medicine as experiments in physics and chemistry for the corresponding branches of Natural Science;

II. That this method of investigation, by increasing our knowledge of the causes and consequences of disease, leads to enlarged facilities for its prevention and cure, and has thus been the means,

in many instances of preserving human life, and relieving human suffering:

III. That, in the opinion of this Society, it would be in the highest degree impolitic and unjust to prohibit experimental investigations of this nature, or to withdraw from them the protection and recognition which is wisely afforded by the law.

Unanimously adopted.

H. KNAPP, M. D. President.

GEO. F. SHRADY, M. D. Secretary.

*Medical Record.*

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## Editorial.

### The Alumni Association of the Medical Department of the University of Buffalo.

The arrangements for the Meeting of the Alumni and Officers of the Medical Department of the University of Buffalo, which is to be held in February next, in connection with the Annual Commencement of the College, are being made with zeal and care. We are informed by the committee who have the matter in charge, that they have so far perfected their arrangements and plans, that they feel assured of having a successful meeting both in business and scientific as well as social way. Besides the transaction of business which it is proposed shall take place in the afternoon of the day of Commencement, there is to be delivered a public address to the Alumni in the evening in St. James Hall, delivered in connection with the Graduation exercises, succeeding the presentation of Diplomas and the Address by the Faculty to the graduates of the present session. The orator for the Alumni has accepted his appointment, and it may be expected that the exercises of the occasion will be interesting and largely attended by physicians and by the public. Arrangements for a social gathering and entertainment following the public exercises have been instituted.

Invitations are as far as possible sent the members of the Alumni by the Committee, but owing to the imperfections in the list of addresses which they now have, many may fail to receive personal invitation from them, and the committee desire us to give in the JOURNAL a general invitation to all interested to make an endeavor to be present and contribute their part to the interest and pleasure of the meeting. The programme in particular will be given in our next number.

## To our Subscribers.

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At the close of another year we send our greeting to each one of our subscribers, and wish them all a "Happy New Year." From the beginning of 1875 the new postal law requires us to pay postage on all our Journals, this will increase our expenses materially but we do not intend increasing our subscription rate, we will simply ask as a favor, that our friends will be prompt in responding to certain memoranda of their indebtedness to us which they have, or will in a short time receive.

Owing to uncontrollable circumstances our Journal has recently been late in its appearance; we promise better for the future, and beg indulgence for the past. Please direct all communications and make all remittances payable to the Assistant Editor, Dr. E. N. BRUSH, No. 8, South Division St., Buffalo, N. Y.

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THE NEW YORK OBSERVER.—The New York Observer still continues to be as interesting and valuable as ever, under the editorial management of Dr. PRIME, it has been for years considered as one of the best religious papers published. It is published weekly on the following terms: Yearly in advance \$3.15: To two NEW subscribers \$5.30.

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LLOYD'S MAPS.—Lloyd, the celebrated maker of maps, who furnished Gen Grant and the Union Army with maps, has invented a process of printing from steel Lloyd's Map of American Continent—showing from ocean to ocean—on one entire sheet of bank note paper, 40x50 inches large, on a lightning press, and colored, sized and varnished for the wall so as to stand washing, and mailing anywhere in the world for 25 cents, or unvarnished for 10 cents. This map shows the whole United States and Territories in a group, from surveys to 1875, with a million places on it, such as towns, cities, villages, mountains, lakes, rivers, streams, gold mines, &c. This map should be in every house. Send 25 cents to the Lloyd Map Company, Philadelphia, and you will get a copy by return mail.

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## Meeting of the Alumni of the Albany Medical College.

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The Second Annual Meeting of the "Association of the Alumni of the Albany Medical College," was held in the city of Albany, on Tuesday Dec., 22d. The following officers were elected for the ensuing year:

*President.*—Dr. Jno. H. Beech, (41) Michigan.

*Vice Presidents.*—Drs. A. D. Hull, (41) N. Y., B. N. Mynders, (53) N. Y.,

Alex. Sailand, (53) N. Y., Sol. Van Etten, (53) N. Y., Chas. L. Spencer, (57) Mass.

*Secretary.*—D. Wil'is G. Tucker, (70) N. Y.

*Treasurer.*—G. L. Ullman, (71) N. Y.

*Executive Committee.*—Drs. H. D. Didama, (46); Wm. S. Young, (41); Jas. H. Scoon, (49); Jas. S. Bailey, (53); M. H. Burton (53); Jno. H. Hill, (53); Charles. H. Burbeck, (59); N. P. Ten Eyck, (66); J. H. Blatner, (72); Oscar Myers, (73).

The Address of the retiring President, Prof. Didama, of the Syracuse University, was listened to with much interest. In the evening the Association partook of its Annual Supper at the Delevan House, about one hundred and fifty graduates being present.

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### Erie County Medical Society.

The Annual Meeting of this Society will be held January 12th, 1875, at the Medical College Hall. All members of the Society who have received Students into their offices without the certificates of the "Primary Board," will probably be expelled. It is hoped there will be a full attendance of all parties interested. The Senior Editor of this Journal, has received legal notice and specification of charges, and up to the present time, so far as we know he is the only member against whom charges have been preferred; others may therefore feel no alarm at the prospect of summary expulsion.

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### Books Reviewed.

*A Practical Treatise on Diseases of Women.* By T. Gaillard Thomas, M. D., etc. Fourth Edition Thoroughly Revised, with one hundred and ninety-one illustrations on wood. Philadelphia: Henry C. Lea, 1874. Buffalo: T. Butler & Son.

Dr. Thomas' excellent work has passed through three large editions in this country, and has been translated into German; preparations are also being made to render it in French and Italian. These facts, better than anything which we can say, show the high appreciation which professional readers have of the work.

The present edition is a thorough revise of the last one, many changes and additions being made. The illustrations have been in many instances improved over those of the former edition, and many have been entirely omitted.

In his preface the author urges upon the profession, the lateral position and Sims' speculum, for all vaginal examininstions and manipulations.



This position is the one to which the author refers throughout the work, and the one which he employs in private and hospital practice.

In the portion of the work devoted to uterine displacements, the author seems to favor the use of pessaries and various uterine supporters, a practice which with some physicians is becoming too much a fashion; in Professor Thomas' hands it may be safe practice, in some it is far from it.

The author gives Prof. J. P. White, of this city, tardy credit for his valuable and very successful mode of reducing inversion of the uterus, and on page 439 figures a uterine repositor suggested by Prof. White. He seems however ignorant of the cases reported by Dr. W. at the meeting of the New York State Medical Society, one of which was of twenty-two years duration.

He speaks highly, as he did in the last edition, of the method of ovariectomy by enucleation, but seems to be laboring under a misapprehension as to its adaptability to all cases, and the mode of operating. On page 752, he seems to limit its adaptability to cases having no pedicle, this probably is not the author's true meaning as on pages 743, 744, he advises its use where the pedicle is short and very vascular. The advice to touch all the bleeding points after enucleation seems unnecessary as when slowly and carefully performed, no hemorrhage occurs than cannot be checked by more simple means.

The entire work is an important and valuable addition to the literature of gynecology, and is so well and favorably known through former editions that it needs no praise from us. The American profession may however feel proud that such a work emanates from one of its members.

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*Therapeutics and Materia Medica. A systematic Treatise on the action and uses of Medicinal Agents, including their Description and History.* By Alfred Stillé, M. D., Prof. etc. Philadelphia: Henry C. Lea, 1874. Buffalo: T. Butler & Son.

Stillé's *Therapeutics and Materia Medica* has been so long and favorably known by the profession, that it seems unnecessary for us to make an extended notice of its contents. Since the publication of the last edition the work has been thoroughly revised, and in a large measure rewritten. The additions to the work have increased its size by about two hundred and fifty pages, and comprise a consideration of several new articles of *Materia Medica* besides additions to those comprised in the last edition. The classification employed in the first edition is still used. Medicinal agents are divided into twelve great classes, comprising Lenitives, Astringents, Irritants, Tonics, General Stimulants, Cerebro-Spinal Stimulants, Spinants, General Sedatives, Arterial Sedatives, Nervous Sedatives, Evacuants and Alteratives.

The first volume embraces the introduction, which is a general consideration of medicines, their action and mode of administration, and the first six

classes of remedial agents. Volume two completes the consideration of the remaining six classes, and also contains a copious index both to the *Materia Medica* and to *Therapeutics*.

As this work has heretofore been the standard American treatise on *Materia Medica*, so it will continue to be regarded. Prof. Stillé has disappointed many who looked for the appearance of his work long ago, but they can easily overlook their disappointment when they consider how well he has used the time during which they were compelled to wait.

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*Clinical Lectures on Various Important Diseases; being a Collection of The Clinical Lectures delivered in the Medical Wards of Mercy Hospital, Chicago.* By N. S. Davis, M. D., etc., edited by Frank H. Davis, M. D. Philadelphia: Henry C. Lea, 1874. Buffalo: T. Butler & Son.

This little book containing a little over two hundred and eighty pages, is composed of the reports of clinical lectures in a modified form, which have appeared from time to time in the *Chicago Medical Examiner*. These lectures were delivered by N. S. Davis, M. D., Prof. of the Principles and Practice of Medicine in the Chicago Medical College, in the Wards of Mercy Hospital, Chicago. Made up from reports of the lectures by various writers, they necessarily lack that uniformity of style which would otherwise be expected.

These lectures are twenty in number, and embrace a wide scope in the field of general practice. The following partial list will give the reader some idea of the topics embraced, continued fever, periodical fever, scarlatina, pulmonary diseases, intestinal and uterine irritation, summer complaint of children, cardiac disease, nervous affections, cutaneous diseases, and mania a potu.

The lectures are delivered in a plain and concise manner, and were evidently intended to instruct the students of the College rather than to make any display of learning or rhetoric. In some respects they may differ from the opinions of practitioners, but on the whole they will be found to be in accordance with the generally received opinions of the day.

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*A Guide to the Practical Examination of the Urine. For the use of Physicians and Students.* By James Tyson, M. D. Philadelphia: Lindsay & Blakiston, 1875.

This little work is devoted to a subject upon which physicians and students are as a rule, but poorly informed. This being the case, the question arises, is this work capable of imparting the desired information? To this there seems to be to us, no danger in replying in the affirmative.

Of a convenient size, and embracing all of the practical points in urinary

analysis it will, we have no doubt be found to meet the wants of those, both Students and Practitioners, who feel a desire to investigate the more common points in this subject. The work is conveniently subdivided into sections and fully indexed. The illustrations, thirty in number, are, some of them borrowed from other writers, but in a larger number of cases are original. Dr. Tyson has introduced in this work the German method of approximate estimate which we do not remember to have seen in any other English work.

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*Lindsay & Blackiston's Visiting List for 1875.*

The Visiting List of Lindsay & Blackiston has so long been the favorite with the profession that it needs no notice at our hands, except the mention that it has put in its appearance, in its familiar form, for 1875.

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*The Virginia Medical Monthly.* Edited by LANEON B. EDWARDS, M. D., Richmond, Va.

This is a new applicant for medical favor, which has been published since April last. The present number, (No. 7,) is the first which we have seen, and taking it as an example, the Journal seems eminently deserving of professional support.

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*The Breath and the Diseases which give it a Fetid Odor, with directions for treatment.* By Joseph W. Howe, M. D. New York: D. Appleton & Co., 1874. Buffalo: Martin Taylor.

An offensive breath is a vexation which the physician is frequently called upon to relieve, and unless the cause is apparent in decayed teeth, some digestive disorder or other easily detected malady, the medical practitioner is very liable to fail or to give at best only temporary relief. Dr. Howe has given considerable attention to this subject, and has embodied his ideas and discoveries in a book of a little over one hundred pages.

The book is composed of seven chapters, which discuss the physiology of the pair, decay and respiration, fetid odors from emotion, etc, fetid odors from dyspepsia, from bad teeth and ulcers of the mouth, from catarrhal disorders, and from mineral poisons.

In chapter second he considers fetid odors from emotion and shows by report of cases etc, that excessive or unusual mental emotion may produce a fetid breath. He advises the prevention of all nervous excitement, the employment of nervous tonics, etc. The varied causes and conditions of fetid breath are discussed at some length, and from a cursory examination we are inclined to the opinion that a careful examination of the work by physicians will enable them to more frequently relieve their distressed patients.

*Clinical Lectures on Diseases of the Nervous System.* By William A. Hammond, M. D. Reported and Edited by T. M. B. Cross, M. D. New York: D. Appleton & Co., 1874. Buffalo: Martin Taylor.

The twenty lectures comprising this volume, were delivered at the New York State Hospital for Diseases of the Nervous System, and at the Bellevue Hospital Medical College. Dr. Cross, the editor, has taken pains to report the lectures in as full a manner as possible, and has also carefully written the history of each case. He informs his readers that he does not claim for the work a place as an exhaustive treatise upon Diseases of the Nervous System, but that it is intended as an addition to the clinical literature of nervous diseases. The lectures are upon the following topics: Partical cerebral anæmia from thrombosis and embolism, alternate or cross hemiplegia, congestion and chronic inflammation of the spinal cord, reflex paralysis, lead paralysis, facial paralysis, cerebral hemorrhage, posterior spinal sclerosis, convulsive tremor, epilepsy, sciatica, organic infantile paralysis, etc., etc.

There are several topics which we have not named, but the more important ones have been mentioned. The lectures are well edited, and the reports of cases are well made. The views advanced are essentially those contained in Dr. Hammond's work, on Diseases of the Nervous System, with which many of our readers are doubtless familiar.

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### Books and Pamphlets Received.

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The Diseases of the Stomach. Being the third edition of the "Diagnosis and Treatment of the Varieties of Dyspepsia," Revised and Enlarged. By Wilson Fox, M. D., F.R.C.P., F.R.S. Philadelphia. Henry C. Lea, 1875. Buffalo: T. Butler & Son.

Outlines of the Science and Practice of Medicine. By Wm. Aitken, M. D., F.R.S. London: Charles Griffin & Co. Philadelphia: J. B. Lippincott & Co., 1874. Buffalo: T. Butler & Son.

Archives of Electrology and Neurology. A Journal of Electro-Therapeutics and Nervous Diseases. Edited by Geo. M. Beard, M. D. Vol. 1, No. 2.

Clinical Ureametry by Henry G. Piffard, M. D. from New York Medical and Surgical Journal, December 14.

Report of the Health Officer of the City and County of San Francisco, for the year ending June, 1874.

BUFFALO

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No. 6.

Original Communications.

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ART. I.—*The Nervous Accidents of Syphilis. A Lecture delivered to the Surgical Class of the Albany Medical College, November 21, 1874.* By JOHN BEN. STONEHOUSE, M. D., formerly Assistant Medical Superintendent Sanford Hall, Flushing, N. Y., one of the Attending Physicians at the Albany Hospital Dispensary, Member of the American Association for the Cure of Inebriates, etc., etc.

GENTLEMEN—I shall be compelled to limit myself this evening simply to the statement of facts and those of the most practical character, although my subject gives ample opportunity for theorizing. “The multiple character which is so frequently to be observed in the more serious nervous affections consequent upon syphilis renders well nigh impracticable any attempt to group them in distinct classes.”\* For this reason the order in which I treat of these affection will be entirely arbitrary.

PARALYSIS.—Constitutional syphilis may produce paralysis of almost any kind. Dr. Otto Braus reports 130 cases of brain syphilis. In 34 cases paralysis of optic nerves occurred. In 27 facial paralysis. In 22 hypoglossal. In 17 paralysis of bladder. In 15 of intestines. In 31 cases hemiplegia occurred, and in 8 paraplegia. Paralysis of a single limb was observed in 18 cases.

\* Buzzard Clinical Aspects, etc., 1874, London.

Paralysis is usually incomplete and irregular in distribution and course. The attacks may be unusually transient but they generally persist for some time. We often find instead of actual paralysis a very high degree of weakness or paralysis of energy, sometimes accompanied by mental disturbances, at others uncomplicated; often this condition becomes one of actual paralysis. Contraction may occur in connection with syphilitic paralysis, but it is quite rare. Muscular atrophy very often accompanies syphilitic paralysis. Dr. Anstie has reported a case of syphilitic paralysis with unusually rapid muscular atrophy. Middle age is the period of syphilitic paralysis; cases characterized by repeated relapses after prolonged periods of immunity occurring during this period, and non-hysterical are seldom due to any cause save syphilis. Young adults free from cardiac and renal disease should be suspected sooner than patients of greater age. "I have little hesitation in stating my conviction that putting aside cases of injury, hemiplegia or paraplegia occurring in a person between 20 and 45 years of age, which is not associated with Bright's disease, nor due to embolism (from disease of cardiac valves) is in at least 19 cases out of 20 the result of syphilis."

Several authors have of late, in the European medical periodicals, reported cases of pseudo-paralysis, an inability to move certain limbs, most frequently the leg, arising in part from separation of the epiphyses, and in part from pain. It is the result of hereditary syphilis. The changes begin in utero, and (in addition to the osseous and muscular lesions) are accompanied by abscesses at joints. The pseudo paralysis is in no proportion to the visceral and cutaneous lesions.

**HEMIPLEGIA.**—Hemiplegia is remarkably more frequent than paraplegia. Dr. Hughlings Jackson relates the following causes of hemiplegia in syphilis:

1st. By syphiloma of the surface of brain causing epileptic attack and hemiplegia; this is the epileptic hemiplegia of Dr. Todd, a very common mode of origin of hemiplegia from gummæ is this. The syphiloma causes unilateral convulsions, (of which we shall have more to say hereafter). These are followed by paralysis usually of the side opposite to the convulsions.

2d. By the growth of a nodule in the motor tract—the hemiplegia being very slow in its development.

3d. By disease of the middle cerebral arteries or their branches.

4th. By the growths in the channel of the artery, the formation of a plug and consequent hemiplegia usually followed by cerebral softening. There is no preference of syphilitic hemiplegia to either side of the body. The symptoms are peculiar; there is marked irregularity in the loss of motor power, and a wonderfully random succession and association of phenomena. The paralysis is usually slow in its onset. Frequently accompanying the paralytic symptom we have anæsthesia or hyperæsthesia of the opposite side, and sometimes of only one limb. Aphasia occurs quite frequently, not necessarily in company with right hemiplegia, for as will be noted hereafter syphilitic diseases of the cerebro-spinal axis are seldom the effect of a single lesion. Hemiplegia occurring in the course of primary mental disease is extremely unfavorable. In paralysis we may expect recovery if we can exclude thrombosis and softening, and if too long a time has not elapsed. The paralytic symptoms frequently become chronic and general, and accompanied by mental disturbances more or less marked. After hemiplegia has subsided chorea not unfrequently attacks the patient. Various other motor disturbances follow the disappearance of paralytic symptoms, characterized by rapid onset, succession and cessation. In the diagnosis of syphilis as a cause of hemiplegia we must exclude other causes such as embolism from cardiac disease; the age and general health of the patient, and the mode of onset must also be considered.

PARALYSIS OF CRANIAL NERVES.—Paralysis of individual cerebral nerves are comparatively frequent. In Braus' 82 cases there occurred 34 cases of paralysis of optic nerve, 27 of facial, 22 of the hypoglossal. We frequently find blepharoptosis produced by paralysis of the levator palpebræ muscle supplied by the 3d pair and strabismus—external from paralysis of the internal recti supplied by the 3d pair or mortores oculorum—internal from paralysis of the external recti supplied by the 6th pair, the abducentes, very frequently occurs in syphilitic cerebral disease. Excepting the nerves of special sense, the 3d pair is most commonly

affected, although its affection is more common in non-syphilitic disease; the 6th nerve is affected with next greatest frequency. Paralysis of the 4th—the pathetici—shown by an inability to rotate the eyeball, and consequent double vision is seldom observed in syphilitic disease. Syphilis never produces paralysis of the 7th pair—facial or portia dura. Hence we see how important in the diagnosis of cerebral disease, the study of the affections of the cerebral nerves may be made. Their paralyzes are seldom caused by non-syphilitic disease, and almost invariably occur among the tertiary phenomena. The 3d nerve is however an exception to this statement. When these palsies do occur in the secondary period they are commonly circumscribed of a single nerve or its branches—occasionally a palsy of both the 3d and 6th pairs is observed. Fournier has never seen a palsy of the 4th pair during the secondary period. The palsies of these nerves generally appear successively, and are liable to remarkably quick and frequent occurrence. The “facial hemiplegia” just mentioned as consisting of palsies of both the 3d and 6th nerves is the earliest to appear, usually occurring during the 4th, 5th or 6th month after infection. Palsies of cerebral nerves commonly complicate syphilis from attacks which are unilateral and accompanied by mental derangement. Paralysis of the optic is often a precursor or concomitant of syphilitic mental disease. And here I must warn you never to form an opinion of a case of cerebral disease until you have submitted the patient to an ophthalmoscopic examination. Optic neuritis significant of gross lesion of the intra-cranial space does not *necessarily* affect vision in the least, and its presence is so valuable as an aid to diagnosis that we should never presume its absence on account of perfect sight.

PARAPLEGIA.—Syphilis produces paraplegia with less frequency than hemiplegia from the same source. The tendency, according to Lanceraux, of most syphilitic spinal disease is to paraplegia. Bazin says that two-thirds of the cases of paraplegia are syphilitic. In Braus' 82 cases of cerebral paralysis we find paraplegia occurring eight times. Syphilitic paraplegia may occur from specific disease of the vertebral bones—from gummata, myelitis or from softening of spinal cord. In paraplegia we find the same marked regularity



in the loss of motor power which we noticed in speaking of hemiplegia. Paraplegia is often incomplete, and when complete is more expressed on one side than the other. It generally extends to the bladder and rectum. Its symptoms are generally slow and halting. Syphilitic paraplegia usually occurs in early adult life or early middle age. At this period non-syphilitic degenerative, non-inflammatory softening is least likely to occur.

Traumatic paraplegia of course gives no trouble in diagnosis. We must diagnose rheumatic paraplegia by the circumstances of its origin and the course of the affection.

**DISTURBANCES OF CO-ORDINATION.**—We often find in the victims of constitutional syphilis disturbances of the co-ordinating power. There is often a tendency to perform gyrating movements as described by Neumann, (*Wien. Med. Halle*, IV., 2, 3, 1863, *Schmidt's Jahrbucher* t. 119, p. 166.) Examples of inability to walk in a straight line have been collected by Lagneaux. Lanceriaux (*Sydenham edition*) *Obs. L.* reports a case where the patient inclined involuntarily towards the left. In his daily trip to the hospital he took the left sidewalk as it was the only one upon which he could remain.

Dr. Broadbent reports a case of locomotor ataxia which he attributes to meningitis, possibly syphilitic, along the posterior aspect of the cord, and also speaks of the possibility of multiple syphilitic deposits situated in sufficient numbers in the posterior white columns to impair spinal co-ordination. While in attendance at the Albany Hospital Dispensary I had under my care three women who exhibited all the symptoms of locomotor ataxia. They all presented an unusual want of fixity in the symptoms. In one case I have been able to trace a marked syphilitic history, and I am strongly suspicious of the other two cases. This would explain what is otherwise remarkable—so large number of cases among females in so short a period of time. It is not uncommon in marked syphilitic nervous disease to find a marked tremor. Several cases of this kind have been noted by Schutzenberger, and quoted by Lanceriaux. This trembling may be simple and general or local, as the twitchings of muscles and startings of limbs which are very frequently precursors of syphilitic cerebral disease. These symptoms may

precede or accompany the mental symptoms of cerebral syphilis, but are never observed after paralysis has set in. Occasionally after the disappearance of the paralytic symptoms, chorea has been noticed to occur; cases of hemichorea are reported by several French authorities, but it is seldom that the symptoms are so general, they usually are quite limited.

**EPILEPTIC AND OTHER CONVULSIONS.**—Convulsions dependent upon a specific causation may be produced in several ways; by gumma of the meninges or surface of the convolutions, by inflammatory deposit in similar localities, by disease of the cerebral arteries, as in non-syphilitic epilepsy, (Lanceraux says "Syphilitic disease of the arteries may interfere with the cerebral circulation only sufficient to impair nutrition to a degree permitting of discharges of nerve force as is frequent in epilepsy of advanced life.") By lesions of cranial bones, (Ricord speaking of the action of the syphilitic osseous affections on the neighboring parts says, "Another consequence of the species of compression is epilepsy. \* \* \* The fits commonly seize the patient when the osseous growth producing the compression gets more considerable and irritating.") By albuminuria; this is not an unfrequent occurrence. A typical case may be found in Lidell's "Apoplexy." By reflex action; this may be the result of gumma or other growth in the periphery or of irritation arising from ulceration or erosion of portions of the posterior fauces, pharynx or larynx. I believe I have seen a number of case, not only of hysterical and epileptiform attacks produced in this way, but of almost every other variety of syphilitic nervous affection. Dr. Dewees of New York, in a paper on the paralytic and convulsive affections of cerebro-spinal system in the American Medical Monthly some years ago, first to my knowledge, called attention to this mode of causation. We commonly find a state of unilateral convulsions, in syphilitic cerebral disease. This was first noticed by Dr. Bright in 1835. Dr. J. Hughlings Jackson has of late called special attention to this affection. The most important symptom is unilateral convulsion unattended for the most part, with loss of consciousness. The convulsive movements may vary in degree from a slight twitch or stiffening to the most violent agitation, and may be accompanied or preceded by sensations of

various kinds. The starting point is usually constant in a given case, and very frequently this will be the thumb and index finger. At one time it will be confined to the upper extremity, at another it may invade the entire lateral half of the body, traveling up the arm to the shoulder and face, and down the legs, becoming bilateral when the nerve nuclei of the two sides are associated. Sometimes the agitation and accompanying sensations are followed immediately by general convulsions and loss of consciousness. Some times the limbs convulsed are left paralyzed for a time from the exhaustion of the nerve force. A much more permanent paralysis however, often follows on the side opposite to the hemi-spasm, when the hemi-spasm is on the right side, and especially when the face or tongue is the starting point, temporary loss of speech is very common. After these convulsions have for sometime existed, optic neuritis may occur. The lesion is always in the hemisphere opposite to the hemi-spasm, and frequently near the fissure of sylvius. It is often a gummy tumor. It is noticeable that like all other nervous symptoms of syphilitic contagion, these unilateral convulsions tend continually to change in their habits, and very often assume the common type of epilepsy.

Hystero-Epilepsy. Cases of epilepsy frequently partake of the character of hysteria, and deserve the name of Hystero-Epilepsy. Sometimes these cases are dependent upon syphilitic ulcerations, and erosions of the os uteri. In diagnosing this syphilitic epileptiform hysteria from syphilitic hysteria, we should remember that syphilitic epilepsy is generally the result of hereditary syphilis. This is never the case with syphilitic epileptiform hysteria. Buzard, who has written of these affections quite fully, and from an evident previous close study and large experience, believes that inherited syphilis plays an important part in the production of fits and convulsions of early life.

After the period of dentition especially, epilepsy in children, in whom epileptic heredity cannot be traced, should make us suspicious of hereditary syphilis. In cases occurring before this period it is well to remember the criticisms of Hughlings Jackson upon a case of so-called syphilitic convulsions in a child a fortnight old

I. That convulsions are so common in children of healthy mothers that there is no great probability of syphilitic causation.

II. It is impossible to determine whether in children of this age the fits be epileptic or eclamptic.

Epilepsy. This form of syphilitic disease usually is wanting in an aura, the initial epileptic cry, the foaming at the mouth and the somnolent condition. Consciousness may exist to any extent from, perfect consciousness to the absolute loss of it, so common in genuine epilepsy it may also in the length of time, during which unconsciousness exists. Syphilitic epilepsy differs from the true or non-syphilitic variety in the characteristics of the intervals. In true epilepsy we find usually that the patient during the intervals is comparatively free from the disease. In this type of the affection, however, these are during the intervals—nocturnal headaches (always a symptom indicative of syphilitic disease) osteocopic pains, insomnia, frequent attacks of petit mal or convulsive twitchings of the eye, or a limb, or merely vertigo, or faintness, extreme unaccountable nervousness and apprehension. Syphilitic epilepsy and its concomitant symptoms are especially prone to relapses. These epileptic attacks often precede the mental symptoms; or they may exist in connection with mental disturbances, and are then usually accompanied by complete unconsciousness, and are generally complicated by paralysis of cranial nerves. Dr. Wilks (Guy's hospital reports, series iii, vol. xvii,) says that any departure from the usual symptoms of a true epileptic attack should excite our suspicions as to its nature, and suggest some specific exciting cause for it.

SENSOR ACCIDENTS OF SYPHILIS.—In speaking of syphilitic paralysis we have called attention to irregular anæsthesias, which complicate that affection. We may also have anæsthesias of individual cerebral nerves complicating syphilitic mental disease; or instead of this condition of anæsthesia we may have the direct opposite hyperæsthesia of the cerebral nerves. A hyperæsthetic condition of the scalp should also be noted as occurring in constitutional syphilis, which is highly destructive to the hair. The headache which occurs in syphilis is generally intense persistent, and accompanied by nocturnal paroxysms. Pains which cannot be charged to anything but syphilis, "course over the scalp, pierce

the ribs, scrape the skin, drag at the shoulder blades and loins." In syphilitic fever, frontal headache is a very common symptom. It is of great importance as a symptom in syphilitic epilepsy—it is one of the most common and immediate prodromata of the convulsion, but also occurs during the intervals, as we have noticed in speaking of syphilitic epilepsy. In cases of syphilitic deposit in the brain, headache accompanied by tenderness of the scalp is scarcely ever wanting—it is in such cases more intense than in non-syphilitic tumors, especially if they be of the membranes. Headache also appears in syphilitic mental disease, and at the beginning may be quite diagnostic, if it be possessed of the specific symptoms. After the development of syphilitic mental disease, it is more common in company with anæsthesia of particular spots, than neuralgia, which is likely to be found in connection with non-syphilitic general paresis of the insane. It must be remembered specially in the cases of children, that insomnia is often a symptom of headache.

We must here draw attention to a phenomena spoken of by Weir Mitchell; he says, "I wish also to call attention to the curious swellings like urticaria, which followed the attacks of pain; these also, according to my experience are seen only in cases of pain in the head, probably due to local meningitis of specific origin." Cranial pains are very frequent in constitutional syphilis—they are usually situated in the frontal region, and are more severe at night on account of the warmth of the bed, they are usually increased by pressure, and are constant in position. In connection with mental symptoms, these pains are strongly suspicious of syphilis, however, they are not always present in syphilitic patients, and Vanker Dolk says that cranial pains with nocturnal exacerbations, increase of pain on pressure are also seen in patients who have never been suspected.

NEURALGIA.—Dr. Anstie in his work on "Neuralgia and the diseases that resemble it" says, "and as regards the whole relation of syphilis to neuralgia, I must, from my experience conclude that the former is after all but rarely concerned in the production of the latter. Syphilis has a strong specialty for producing limited motor paralysis, but a much weaker one for producing limited

affections of the sensory system." Eulenburg says "syphilis may be the direct cause of neuralgia, either by the development of specific gummata in the nerve trunks, or in the nervous centre, or by arousing chronic interstitial processes in the nerve sheaths, the membranes of the brain and spinal cord, or especially in the bone and periosteum." (This last mode of production is not a common way—periostitis produces a peculiar nerve pain differing from neuralgia, and of which we shall have more to say hereafter.) Syphilis may produce neuralgia by exciting inflammation of tissues, and pressure upon the nerve without, however, implicating the nerve itself in the inflammatory processes. When syphilitic tumors of the meninges encroach more or less upon the pons varolii, neuralgia is a prominent symptom, not unfrequently attended by deafness of one or both ears, of variable intensity. "Towards the close of the 15th century a great epidemic, believed to be syphilis pervaded Europe, \* \* \* the historians of the disease described a form of neuralgia as one of the remote results of the venereal poison." (Aitken's. *Sci. And. Pract. of Medicine.*) There is a variety of neuralgias which Clifford Allbutt describes as functional—they occur in both the superficial and visceral nerves, they are pure and uncomplicated, not often fixed and do not return to the same place, perhaps may change at each paroxysm; often the patient cannot himself define their position. Dr. Broadbent does not think pure neuralgia to be very common. They are generally neurotic patients, in whom neuralgia appears, and syphilis is one of the existing causes which may draw out the tendency. Pure neuralgias are usually secondary, but may even precede the first eruption. They often alternate with cranial pains in mental disease from syphilis. Closely allied to the neuralgias are the radiating pains of periostitis affecting the cranium (preferably the anterior portion) and their cartilages, the sternum, tibia and other long bones. They are much more common in hereditary than in acquired syphilis; appearing from fifteen to twenty days after the appearance of the infecting chancre, or some days prior to the appearance of secondary cutaneous and mucous affections; they may disappear spontaneously, but they do so much more rapidly under the influence of mercury, iodine and local antiphlogistics. Syphilitic superficial

neuralgia may be diagnosed from periostites, by the fact that it is neither aggravated by warmth, nor is the pain nocturnal.

Migraine is not an unfrequent concomitant of constitutional syphilis. Anstie relates a case complicated with dimness of vision, and paralysis of muscles of the eye, especially the levator palpebrae, and of the external recti, when the neuralgia rapidly disappeared under the influence of iodide of potassium daily, the paralysis was much slower in disappearing. Many authors have noticed a double sided prosopalgia (facial neuralgia.) Neuralgia of the trigeminus is particularly likely to complicate syphilitic mental disease, and is often followed by anæsthesia of the same nerve. Anstie says that syphilis appears as the cause of sciatica with unsuspected frequency. Of the visceral neuralgias, those of the stomach and heart are the most important. Gastralgia is not uncommon, while palpitation and angina pectoris as the symptoms of cardiac neuralgias are quite common. Anstie sums up as follows: "Supposing the above symptoms to be present (referring to such symptoms as would most probably occur in a case of genuine neuralgia) we expect to find \* \* \* hereditary neurotic predisposition \* \* \* or malarial blood poisoning \* \* \* or a sufficient peripheral irritation \* \* \* or a constitutional syphilis. In this case there will be marked syphilitic local affections of the trunks of a nerve, or as is more common, the syphilitic change is in the nerve centre, there will most likely be other syphilitic centric mischiefs, leading to scattered motor, or vaso-motor paralysis, characteristic modifications of special sense, functions, &c.," There are two kinds of syphilitic pains to be distinguished from neuralgia, arising from syphilis. 1st. Those occurring early in the constitutional affection (dolores osteocopia) coincidently with or just before the secondary skin eruptions. 2nd. Those occurring in the tertiary stage, and are the immediate precursors of the formation of periosteal nodes. The second class of symptoms are particularly liable to be mistaken for neuralgia, when they affect a single spot of one side of the scalp or face. I must also speak of the pains produced by nodes upon the internal surface of the cranium, they are usually of a very intense character, and are mostly continuous, though aggravated from time to time,

especially at night. Syphilitic meningitis is very generally diffused, and produces alarming symptoms. It is, however, some times more limited, when pain may be for some days the only noticeable symptom. There is a deafness dependent upon inherited syphilis, which was first remarked by Mr. Jonathan Hutchinson in 1863. Upon examination of the ear nothing can be detected in the external and middle ear to account for the loss of hearing. However, evidence of inherited syphilis such as the typical teeth, and interstitial keratitis may commonly be found. Mr. Dalby in his lectures at St. George's Hospital, London, says that he has observed it as early as the fifth year, and never later than the twenty third year. Generally it is very rapid in its course, but may vary considerably. That the disease exists in the nervous apparatus is evident from the fact that the tuning fork is not heard through the cranial bone, and from tinnitus aurum; it is generally symmetrical. Treatment is useless. In this connection it is worth remembering that there is a deafness which often complicates secondary syphilis. Here the tuning fork is heard or not without regard to its position. Hearing in this case usually returns with the recovery from the constitutional disease.

INTELLECTUAL DISTURBANCES OF SYPHILIS.—Mental symptoms may occur two months or even two weeks after infection, and certainly with the first exanthema or general glandular swelling. Indeed cases have been reported where roleola, ulceration of the throat, and other symptoms of syphilis occurred secondary to the mental disease. Dr. Otto Braus (*Psychiat. Centralblatt*, No. 3,) in dealing of brain syphilis reports forty-five cases in one hundred as presenting symptoms of insanity. In one thousand and ninety seven insane patients five hundred and one males and five hundred and ninety-six females, Dr. Wille found syphilitic causation in forty-six men and twelve women, i. e. nine and a quarter per cent among men, and two and a half per cent among women. This is a small proportion, because these statistics are taken from institutions admitting a rural population; because syphilitic mental disease is more likely to be treated privately or in general hospitals than in insane asylums, and finally because of the difficulty in procuring confessions of infection



Griesinger, speaking of these disturbances says: "This condition especially affects individuals whose brains are organically troubled, who have previously presented symptoms of abnormal cerebral activity, or in whose families nervous disease has frequently occurred." It often exists, however, when no such predisposition exists. A renowned French alienist declares that one-twentieth of the female lunatics at the Salpetriere have been prostitutes. And here it is proper to take note of a statement by Pritchard, which has some bearing on the question in hand, he says that women of the Vallais are much more apt to have cretin children when married to Savoyards, who are commonly debauches, than those who marry the more virtuous mountaineers from the higher Alpine country. Connected with the early nervous symptoms of syphilis we may have a series of so called functional mental symptoms, restlessness and excitability almost maniacal, or more or less prolonged stupor. Very often a slight obscuration of intellectual functions is observed. There may also be mentioned under this head the cases of mental atony, so often observed in early syphilis, and followed by torpor, and finally prostration. Hypochondriacal delusions with special reference to the incurability of an infection may present themselves during the earlier stage of the disease. They may be said to suffer from syphilophobia. If syphilophobia presents itself in several degrees of severity, one patient is satisfied and indeed cured (as far as mental symptoms are concerned) by the administration of aqua coloratum, ad libitum, with the assurance of its efficacy. A second, however, is furious, suicide is very apt to be the termination of the case if strict watch is not kept upon him. These patients are very likely to have all the diseases in the books, and every minor symptom is enlarged until it assumes the proportion of a very fatal indication. Mental disturbances in the form of hypochondria generally are the first manifestations of cerebral syphilis. The hypochondria may be replaced by forgetfulness or maniacal attacks, or even the monomania of grandeur, and sometimes by progressive dementia with marked loss of memory, but without the large ideas. Insomnia generally complicates hypochondria. Melancholia often is present among the nervous symptoms of syphilis, markedly during syphilitic fever. Dementia

occurs usually in the later stages of syphilis, it is usually progressive, with the monomania of grandeur and loss of memory. The rapid decline of the mind into dementia is almost characteristic, and distinguishes it from the common secondary form of that disease. It sometimes alternates with mania or alteration of character. The duration of the syphilitic mental disease is variable, lasting from one or two weeks to several years.

DIAGNOSIS AND SYMPTOMATOLOGY.—Syphilitic neuroses may appear with the first secondary symptoms, or even two weeks or months after, even before the appearance of the first exanthemata, or with the general glandular swelling. The disease is not infrequently lighted up by injury. (J. Hughling Jackson—*Tourn. Mental Science*, July, 1874.) The paralytic seizure, when dependent upon syphilis, is generally the immediate result of some violent exertion, or long continued muscular effort, carried on to fatigue, and the collapse is often so great as to threaten immediate death. The course of syphilitic affections of the nervous system is often marked by a certain variety, by a change in the symptoms. Sometimes the most severe and threatening ones rapidly disappears, and give place to a comparative quiescence; or sometimes intellectual, sometimes convulsive, and sometimes paralytic symptoms take the upper place. Functional disorders of digestive organs, and of the circulation, and accompanied by vague nervous sensations are very frequent in the course of any syphilitic nervous affections. In non-syphilitic cerebral disease, nausea and vomiting are very common at the commencement, but in cerebral syphilis, it is extremely rare. In diagnosing, suspected syphilitic affections of this character, careful and full examinations into the previous history of the patient must be made—his social position must be considered. The word of the patient is not always to be taken as conclusive of his freedom from specific disease. Scars of old chancres, &c., are of course invaluable as evidence. However, when the history of primary syphilis is found, we should carefully examine for sequelæ of primary disease, and the presence of any constitutional taint still existing; but remember that neither a resultless examination, nor the absence of the secondary symptoms can gainsay the existence of the disease. We must enter all the more thoroughly into an ex.

amination of the series of symptoms, when they raise even a suspicion of a syphilitic origin. Indeed, Weir Mitchell calls attention to the fact that "syphilitic neuroses seem most apt to occur in persons who have had no eruption, or other evidences of constitutional disease." Dr. Broadbent, in the Lettsomian lectures (Lancet, March, 1874) says: "I have formed an opinion, that it is chiefly in persons in whom the secondary affections have been transient, and insignificant, or even absent, or in those in whom the tertiaries arrive early or primarily; that the nervous system is liable to suffer." This is often the case with the usual tertiary accidents, and should be considered, when an attempt is being made to trace a syphilitic history. In women, the primary lesion is so hidden and the discharges so changed by the normal ones that it may be unperceived. Again the syphilis may have been communicated by the foetus, and so the history of the primary and secondary stages be entirely absent, and perhaps this is the best place to warn you against the conclusion that everything which occurs in a person who has suffered from syphilis, is due to that disease. I have already spoken of the age at which these affections may be expected—early manhood or early middle life. In childhood, of course, hereditary is to be considered. In old age, however, we should come to the diagnosis of syphilitic disease only, after the exclusion of other and more common disease. The random association, and succession of phenomena, to which attention has been drawn already, is usually well marked. Mental symptoms alternate with motor, and sensor disturbances, or all three may for a longer or shorter time be associated, when suddenly, and without warning, new combinations of symptoms are established, to be again changed in an equally sudden and unexpected manner. Paralyzes of cranial nerves and other accidents, serve to render these arrangements of symptoms more irregular. Behrand says that when no other cause can be found to explain a pathological cerebral symptom, syphilis, in consequence of its frequency may be accepted. Dr. Moxon believes it to be incumbent on every one who has a case of local intracranial disease under his care, to treat it at once with iodide of potassium, without waiting to make out its character. Bedel says that if specifics do not act, there can be no syphilis.

This, however, is somewhat too strong, as I hope to show, when speaking of treatment. The tendency to relapse is frequently of importance as a diagnostic sign of syphilitic nervous disease. Mr. Jonathan Hutchinson believes that tertiary syphilitic symptoms are generally asymmetrical. Cases exhibiting symptoms which cannot be referred to any one localized lesion of the nervous axis should be carefully examined for syphilitic taint, for it is seldom that any cause, save syphilis, produces two lesions of the nervous system unconnected, save by their similar cause. The existence of marked cachexia unexplained by evident disease of any of the visceral is of service in pointing to syphilis, as the cause of concomitant phenomena. Prolonged insomnia in adults or children should lead to grave suspicions of syphilis. In alcoholism the mental symptoms differ from the melancholia and dementia of syphilis, inasmuch as they are by dreams, illusions, and even hallucinations. Consciousness is seldom affected, while sensibility is usually disturbed. In lead poisoning, the paralyzes sometimes simulate syphilitic paralyzes, but the fact that the former are almost invariably limited to the extensor muscles of the limbs, should serve to distinguish them. Tubercle or sarcomata must be excluded by the age, morbid antecedents, and the modes of evolution. Cerebral softening is followed by a persistent hemiplegia, which is but little subject to amelioration. Pachymeningitis, and non-syphilitic tumors of the dura-mater affections, which most closely resemble, symptomatically, syphilitic epilepsy, &c., are distinguished by the rapid and almost sudden appearance of acute symptoms, generally characterized by somnolence and other signs of compression, the other by a cephalalgia, in general little intense, and symptoms slowly progressive; but besides, these affections do not present the character of the syphilitic lesions; they are exempt from the cachexia, peculiar to individuals who have reached the visceral period of the latter disease.

General paresis deserves a few words, while speaking of the symptomatology of these affections. Erlenmeyer believes that general paresis is a syphilitic process, that in every case an earlier syphilitic infection has existed, but admits that the connection can rarely be demonstrated. Iessen, (1857) also believed in the syphil-

itic origin of general paresis, and claims to have confirmed this condition in almost all the cases observed by him. Wille does not believe that the statistics of insane asylums favor the identity of general paresis, and cerebral syphilis. It is certain, however, that symptoms similar to the phenomena of general paresis, often succeed to the ordinary mental symptoms of syphilitic cerebral disease. Syphilitic progressive dementia occurs generally between the ages of twenty and thirty years, it is usually complicated by the appearance of paralyses of cerebral nerves, most frequently blepharoptosis and strabismus. Paralyses are gradual in their origin, and often pass away in a few days, but generally last for sometime.

The most common form is hemiplegia, it often follows apoplecticiform attacks. Quite frequently we have epileptoid attacks. Anæsthesia is quite common in syphilitic progressive dementia, as also is headache, which is usually noticed at the commencement, and is quite intense. Curability is generally the feature of the syphilitic psychosis, but the more the symptoms simulate general paresis, the prognosis becomes more unfavorable. The pathological changes of the syphilitic progressive dementia are usually localized, as I shall show you in the rule in syphilitic cerebral disease, when I come to speak of pathology. And now a few words as to the diagnosis between this syphilitic psychosis, this false general paresis, and the genuine non-syphilitic general paresis.

Primarily the patients in the genuine affection are usually older than in the syphilitic affection. They are generally troubled by neuralgic pains, rather than the cephalalgia, and anæsthesia of the syphilitic patients. Paralyses generally occur without warning, and pass off very rapidly. Probably the most distinctive feature, however, in the appearance in the syphilitic disease, is paralysis of cerebral nerves. Wille does not think that the two affections can be diagnosed in any other way than by the appearance of these paralyses. Epileptoid attacks are seldom observed in general paresis. They are most frequent in syphilitic psychosis. General paresis is almost always fatal, herein differing again most materially from the syphilitic disease. Again its pathological changes are contrary to those of syphilitic progressive dementia, the latter are often multiple, the former, never so, although sometimes quite

general. In cerebral syphilis, as indeed in almost all syphilitic nervous diseases, polyuria is quite frequent.

We come now to speak of the prognosis of the nervous accidents of syphilis. Individual cases must be judged by their particular symptoms, but the following are a few general observations; uncomplicated primary mental disease is not unfavorable, the worst prognosis being, when these mental symptoms assume the likeness of general paresis of the insane. Gjer (quoted by Lanceraux) reports that in thirty cases of cerebral syphilis, five were cured, twelve relieved, six obtained no relief, and seven died. Lagneaux, Jr., (also quoted by Lanceraux) reports one hundred and forty cases, eighty-three cases terminated, more or less unfavorably, and fifty-seven were fatal. These figures are by no means fair. They are cases of the worst character, which are here drawn together, and hence the unfavorable reports. Those nervous affections which are termed functional, are much more stubborn to treatment than "organic" cases. Dr. Clifford Albutt "on the obscurer neuroses of syphilis" West Riding Lunatic Asylum Reports, Vol. III, says: "I much regret to say that my own experience of positive nerve lesions in syphilis, is much less comfortable than that of others would seem to be. Promptly they may recede under appropriate remedies, but they recur again and again, to be driven out less and less easily." Destruction of tissue from any cause, or of any description, of course, renders the prognosis extremely unfavorable, but even in such cases, amelioration almost amounting to cure not unfrequently occurs. Again the more disseminated the lesion the more unfavorable becomes the lesion. In intra-cranial growths, the prognosis is comparatively favorable, the most unpropitious site being the duramater. We should always remember the transient and mobile character of these growths, and not mistake a temporary improvement for a permanent relief. In paralysis of the cerebral nerves, the prognosis is almost bad. Paralysis of muscles of the eye ball is seldom permanently relieved. The longer the duration of the disease, the less the chance of recovery. Each succeeding attack renders the prognosis less favorable. Beware of latent disease after apparent recovery. Cephalalgia and insomnia have no serious import. Vertigo and convulsions are not always

decisive in their value, but are less formidable than paralytic or psychic symptoms.

**PATHOLOGY.**—Almost every lesion of the cerebro-spinal axis has been found in connection with syphilitic disease of these organs, and besides, there are one or two characteristic lesions of syphilis. Often however, several of these lesions are found coexistent without any marked symptoms having been noticed during life, resembling in this respect the habits of malignant disease. Syphilitic changes generally attack only a small part of the organ and the remainder is left quite free. You will remember however, what I have said about multiple lesions. Children are not unfrequently the victims of this disease, and all of these lesions may be found, but the difficulty, or rather impossibility to render a perfect diagnosis of such cases from the effects of tubercular meningitis, has prevented anything like a satisfactory study of their phenomena. There are three lesions of almost diagnostic character, syphilomata, exudations and cerebral thrombosis. The gummy tumors which are so characteristic of syphilitic disease seldom exist in the brain alone, but are found in other organs, more frequently the testis and liver. It is not easy to mistake a gummy tumor. It is strictly specific, and has its favorite seat in the periphery of the encephalon chiefly in the region of the anterior or posterior lobes of the brain. These tumors are generally multiple, and often grouped and joined together by fibrous bands or strata of a whitish yellow color, and vary in size from that of a pea to that of a walnut, and are occasionally surrounded by a patch of inflamed tissue. They are usually composed of two distinct portions—an outer fibrous and an inner gummatous or even caseous substance. The outer fibrous shell is smooth and more or less adherent—it represents the normal fibrous supporting elements of the part, in a state of augmentation—the “functionary” elements being degenerated and atrophied. This may comprise the entire growth, no central part differing from this can be found. But generally there is to be seen in the centre, sharply distinguished from the fibrous outer part the now softened caseous or gummatous faint yellowish matter of more or less firm consistency. Sometimes it is firm and elastic, at others curdy, and again it may calcify. Very often these

contents are absorbed and the outer portion alone left, and we are then in danger of mistaking them for cerebral cysts. In constitutional syphilis there is a tendency to the effusion of a low form of lymph or fibro-plastic material. The special exudations of cerebral syphilis are but specimens of this action in the cranial cavity. They occur most frequently upon the meninges, and specially the dura mater, although they may be found upon the cerebral cortex and cranium. The interpeduncular space at the base of the brain is the favorite site for syphilitic exudation. They generally occur during the tertiary period, are generally multiple and appear as small circumscribed yellow deposits surrounded by more or less inflammation and softening, under the microscope they present the characteristic small cells, fatty granules and some amorphous matter. This small celled character is specific, although there be no growth. The specific character is much more certain if these foci of deposit are distant from the common position of the pacchionian granulation. Syphilitic cerebral softening may be of two kinds. 1st, that which is the result of syphilitic thrombosis or other disease of the cerebral arteries. 2d, that which is consequent upon an encephalitis, which in its turn may be idiopathic depending upon the syphilitic cachexia for its causation or from mechanical irritation such as would occur in the immediate neighborhood of a gumma, or from the encroachments of a meningeal or osseous growth. "The anatomical characteristics which distinguishes syphilitic cerebral softening from softening of the brain from obliteration of arteries, would be the absence in the latter of any new formation," *Lanceraux*. This statement is hardly correct, and I read it simply to show you that new formation is not the only characteristic of syphilitic disease. Softening not depending upon disease of the artery, may present no new growth, and new formation may exist in connection with, and as the cause of obliterative disease of cerebral arteries. *Lanceraux* (*Annales de Dermatologie et. Syph.*) describes the spinal cord of a still-born child of syphilitic parents with condition of liver described by Guoler,—the cord was reduced to a mass of neuroglia with scattered oil granules—no traces of ganglion cells or nerve tubules could be discovered.



Meninges unaffected, and a twin child showing unmistakable signs of syphilis, presented no alteration of the cord.

Dr. Petrow, of St. Petersburg, has lately published the results of his examinations by the microscope of sympathetic preparations being taken from the cervical thoracic and solar plexuses, ten, twenty and twenty-four hours after death. The following is simply a synopsis of his published results. 1st, small refracting pigmentary granulations, either disseminated or confluent, increasing in number with the duration of the syphilitic cachexia, and finally completely masking the nucleus and nucleolus. These may be partially dissolved by nitric acid and potassa. The endothelium is occasionally the seat of a very abundant cellular proliferation—pigmentation of nerve cells have been several times observed, which could be traced to no pathological condition, but occurring in old age, the granulations are however isolated, and the nucleus always visible. 2d, A culloid degeneration of the nerve cells and endothelium—the protoplasm presenting a brilliant homogenous mass which swells up and is rendered opaque on the addition of acetic acid. 3d, Interstitial lesions which are most numerous,—manifest hyperplasia of interstitial cellular tissue, forming cellular bands, which appear to dissociate the cells and nerve tubes. The cellular elements participating become opaque, and finely granular contours are effaced. The nuclei however remaining visible. In long standing cases these conditions of the endothelium are found to have degenerated into finely granular masses, soluble in ether. The nerve cells become angular, and the protoplasm pigmented; nerve fibres are compressed, their envelopes are thickened, the myeline sometimes changing to granular detritus. Dr. Petrow in his examination, used a solution osmic acid, (1 pt. to 400 or 500 pts of water). After macerating the preparation in this solution for five or seven hours, the nerve elements were stained black without modifying the connective tissue.

DISEASES OF THE CEREBRAL ARTERIES.—Thrombosis is the most frequent lesion, although embolism and other changes may occur. Thrombosis may be caused by a diseased or altered condition of the blood, by a lesion of the arterial walls, such as a guma or exudation, or both of these causes may be combined in the

production of the thrombus. Sometimes a simple inflammation, an arteritis may occur producing a thrombus; in such cases the inflammatory action usually begins in the outer coat; another mode of the production of arterial obliteration, especially in the pia-mater, is produced by the meningeal exudations binding the membranes to the convolutions, occluding the arterial canal by means of compression. Indeed thrombosis of the arteries of the base are generally accompanied by thickening adhesions of the dura mater in the neighborhood. Syphilitic deposits may occur in any one of the arterial coats, or in the perivascular space; in the latter case the proper tissues are either absorbed or atrophied and indurated, while this specific exudation occupies its place in the form of a transparent granular matter sometimes almost of a greenish tinge. When the disease affects the arteries themselves, which is less frequently the case, the outer coat is at first infiltrated, this extends gradually to the inner coat, and then the calibre of the vessel is diminished by the protruding deposit while the presence in the other coats interferes further with the nutrition and function of the artery. The arteries generally appear enlarged and of irregular contour, and on account of the disappearance of the intermediate nerve substance in close proximity. The disease occurs in well defined foci not necessarily connected. After this condition of diminished arterial calibre has become well established, occlusion may be expected at any moment from a blood clot at the point of constriction and neurotic softening of the part of the organ dependent upon the diseased vessel for arterial supply. Cerebral softening from syphilitic thrombosis has no particular characteristics over the non-syphilitic variety.

LESIONS OF THE MENINGES.—It is worth noticing as a fact of diagnostic and pathological importance that the dura mater is the most frequently affected. In speaking of meningeal affections, we may mention syphilomata, adhesions and inflammation. Syphilomata may be found on the pia mater, and extending to and affecting the gray substance, and particularly along the course of vessels or upon the dura mater. They generally excite adhesion; 1st, of meninges to the brain tissue. 2d, between the meninges and, 3d, between meninges and bone. Griesinger declares a partly diffused,

partly circumscribed thickening of the meninges to be specific. Verdun, Meyer and Maudsley, do not consider the simple exudations as specific without these adhesions also exist. The adhesive material is adventitious, of firm consistence, harder, tougher, and more opaque than lymph, of a yellowish color. The meningitis following the erratic course of all the syphilitic nervous phenomena exists generally in places in which it is much more rarely seen in non syphilitic meningitis. The basilar meninges, and especially the neighborhood of the cerebral nerves is a favorite site. In the brain tissue proper, we find almost any lesion. Anæmia and hyperæmia single, may be diagnosticated in connection with any syphilitic nervous disease, especially mental disease. Anæmia is much more common than hyperæmia. Encephalic foci of interstitial encephalitis, have been described by Virchow, and are not uncommon in constitutional syphilis. Softening—this is also usually constitutional,—I have already described how this condition may be produced by disease of the arteries. It may also arise from the impinging of meningeal growths upon the encephalic tissue. Again, it may follow upon lesions or growths of the tissues themselves, such for instance as encephalic exudations, or by syphilomata, and finally cerebral softening has been noticed where no cause could be assigned, save the syphilitic cachexia. Prof. Alonzo Clark, of New York, reported several years ago, the case of Dr. David Green, who became infected during the labor of a woman of suspicious character, and dying from the effect of paralysis, &c, which developed during the progress of the case. Upon post-mortem, a cerebral softening was revealed. Encephalic induration may also occur as a tertiary accident. Virchow reports the case of an army officer, who had long been suffering from constitutional syphilis, and who during the latter part of his life, has pain and stiffness in the neck, paralysis &c., on section he found the longitudinal sinus intact, and the brain depressed at its cavity, the convolutions which were flattened and small, contained but little blood; the cerebral substance which was yellowish and very tenaceous, almost resembled leather in consistence. The ventricles of the brain were filled with serum, (Lanceraux, p. 48, vol. II. Sydenham.) Syphilomata have been already described. In children and adults

suffering from syphilis, cerebral hemorrhages are not uncommon. Meningeal growths may affect the encephalic mass in two ways, by producing adhesions, and by thus occluding the vessels of the pia-mater, producing lessened blood supply to the peripheral gray matter, and consequent atrophic changes of some kind, or they may impinge directly upon the nervous tissue, and by pressure produces various lesions, usually softening. I am constrained to believe with Dr. Moxon, that the surface of the Medulla Oblongata is the favorite locality of syphilitic lesions, rather than the substance as claimed by Dr. Broadbent. Chronic hydrocephalus often occurs as one of the effects of congenital syphilis. The spinal cord is also affected by syphilis, much the same as in the intra-cranial contents. Myelitis and exudations are the most frequent lesions. Myelitis may be acute, general and local—sub-acute and chronic. Lesions of the bones in syphilis are principally of two kinds, gummata and exostoses. The latter, usually from about the frontal sinuses, and on the long bones at the region of the epiphyseal cartilages—all these facts going to prove that the positions of late development are unusually liable to disease. And now a few words as to the treatment of the effections. I must warn you at the outset of the very agreeable theory of specifics. Many persons speak as if the only necessities to the successful treatment of any syphilitic nervous disorder, is plenty of Iodide of Potassium and mercury in one form or another. If you confine your medication to these or any other so called specifics, you will utterly fail. Every symptom, not only of the nervous system, but of each and every organ and system must be carefully studied in all its bearings, and remedies applied only after and in view of such examination. The truth is, and strange as it may seem, it is seldom fully appreciated, that we need as a menstruum for these specifics, what Opie advised the young and inquiring artist to use in mixing his paints—Brains!

Nor would I have you think that there is no efficacy in the exhibition of mercury and iodide of potassium. Dr. Broadbent, to whom we should give the greatest confidence, says: "Wonderful relief is often experienced, even after the lesion has lasted for some time by the removal of the primal cause." Dr. Buzzard, the latest authority, says. "I know of nothing in all therapeutics more ex-

traordinary than the rapid effects of the iodide of potassium, in improving the condition of these patients, except it may be, perhaps the influence of lemon juice in scurvy." Perhaps the whole theory of the use of mercury, and the preparations of iodine may be stated in a few words. And just let me recall a few pathological facts—the principal changes—intra-cranial and intra-spinal, may be classified under two heads. 1st. Exudations and new growths, where there has been merely proliferation of cells. 2nd. Growths in which cell proliferation has been succeeded by fibrillation, and retrograde metamorphosis—syphilomata. The first group is the province of iodide of potassium, the second of the mercurials. So the rule of Dr. Broadbent is a safe one. "The one remedy is iodide of potassium, this failing—mercury." As to the use of the iodide, the same author says, "commence with doses of six or eight grains, combined with ammonia, either the carbonate or the aromatic spirits, and if no intolerance is developed, the doses may be pushed to twelve, eighteen, twenty-four, and even thirty and thirty six grains, thrice daily. The iodide should be given after meals. It is so diffusible a remedy that a continuous effect cannot be easily obtained, without some such precautions be taken." Dr. Buzzard—clinical aspects of syphilitic nervous affections, 1874. "There is something quite remarkable in the influence of the iodide of potassium, in cases of this class, the drug seems to act almost as food to the patient." Remember, however, that these are eminently scientific physicians, and are not accustomed to empirical medication. Iodide of potassium is not likely to be of use in hemiplegia, &c., but would be serviceable in cases of recent palsies of cranial nerves. When we can diagnose the lesions of the second class described above, mercury is undoubtedly our main stay, for it is their special antagonist. Dr. Hammond, *Am. Journal of Syphilography* reports that he has succeeded in removing the pain of syphilitic neuralgia by bromide of calcium, when iodide of potassium, and mercury have completely failed. His prescription is as follows:  $\mathbb{R}$ . calcu bromid.  $\mathfrak{z}$ i to  $\mathfrak{z}$ x aquæ q. s. ad.  $\mathfrak{z}$ is. sig.  $\mathfrak{z}$ i. morn. mid-day and  $\mathfrak{z}$ ii. at night.

I have seen the effects of this treatment in one or two instances; but do not perceive any particular advantage. During the past

autumn, I treated at the Dispensary, a case of quite severe trigeminal neuralgia of syphilitic causation. My treatment, subject of course to the variations in the phenomena of the case, is as follows: ℞. potassu. iodid. ℥iiss. chloral. hydrat. ℥iij. ext. cannabis. indicæ fluid ℥j. syr. tolut. ad. ℥iv. sig. ℥i. four times a day. One other point deserves mention before closing. In cases of hereditary syphilis, Tinct. Belladonnæ, in ten minim doses hourly is the best anodyne and sedative that can be given. I am indebted for this hint to Dr. George Thompson, of the Bristol asylum, England, who uses it in accordance with the teachings of Mr. Pridgin Teale.

373 Clinton Avenue, Albany, N. Y.

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ART. II.—*Clinical Remarks upon Surgical Cases Occurring at the Buffalo Hospital of the Sisters of Charity.* By Prof. JULIUS F. MINER, M. D. Reported by W. W. MINER, M. D.

CASE XII. *Fracture of the Fibula.*—We have now in the hospital, four cases of fractured fibula, which you have seen. In two of them there was some severity of injury to the soft parts, which caused an amount of swelling, ecchymosis, slight puncture of integument at point of fracture, while in the others the fracture of the bone alone was specially noticeable. Of the simple, compound and comminuted varieties of fractures, which occur, the compound has been considered greatly more serious than the others, but its importance has been exaggerated. I do not regard a compound fracture as such, specially serious; it is now and then accompanied by the more severe conditions of injury, but not necessarily. The tibia in these cases here, is not broken, but serves as a splint, while repair of the fibula takes place; and in other cases where a sound bone thus supports a broken one, the necessity of applying an external splint is much smaller than usual, sometimes an external splint in such cases is altogether unnecessary. In fact I have successfully treated the most serious cases of fracture, accompanied by loss of muscular structure, without any splint whatever. A pillow alone is frequently the best receptacle and splint for a broken leg. In using such soft material especially, you need to keep track of the condition in which the bones are, and in general also,

you should know how the bones are doing, even when various firm external appliances, suitable for like cases are employed. If you know that the bones are in proper position, it may not be necessary to remove the dressings till repair is completed; the necessary thing is to know that everything is right, whatever you use or do. You need to be very careful not to apply the dressings too closely, soon after an injury, before the swelling which follows, has reached its height. You will probably do more harm surgically the first year of your practice, in applying tight dressings, than in any other way. In one of the cases here, more swelling than is usual took place, and the dressings became very tight and painful, before arrival and examination at the hospital; several large blisters, filled with serum which had exuded from the congested capillaries, were found on removing the bandages. You have noticed remarkable discoloration in the whole leg in one instance; this is not of importance here, it often occurs where the injury received was one of the slightest that ever produce fracture. It is the coloring matter from minute extravasations of blood from the capillaries, it disappears with the repair of the bone. Amputation by a sloughing process is sometimes unexpectedly performed with too tight bandages. I have saved extremities sometimes by slitting the integument with a knife for the whole length of a bone, where contusion had produced swelling so great that the integument restricted the dilatation of vessels, and circulation in them, so as to strangulate the limb, acting in the same manner as tight bandaging does. One of the cases here, came in dressed with side splints of wood on both sides of the leg, one with a side splint on the outside, one with pasteboard splints, and you have seen a starch bandage on a patient elsewhere. In one of these cases here, I recommended no splint, on the others there has been used a side splint on the inside, padded so that when the bandage is applied, the ankle is brought around so as to turn slightly inwards, in order, if possible, to counteract the natural tendency of the foot in these cases to be turned outwards after repair of the fracture. Three weeks generally is time enough for bony union, and as long as splints need be used. The results here, are that one turns noticeably outwards, another scarcely so, while this

tendency would hardly be detected in the others. The generally obtained result is an outward inclination of the foot, and the ankle is rendered permanently less firm than before injury, though these are both of not great importance as far as ordinary use of the limb is concerned. The rupture of the ligaments of the joint, in addition to the fracture may be the cause of this, the foot may not have been kept in suitable position to ensure union of the fibula in perfect position; the causes I am not so sure of, but the general result is what I have stated.

CASE XIII. *Epithelioma of Lip.*—This old gentleman has what is sometimes called smoker's cancer, on his lower lip; an epithelial cancer is the usual term for this affection. It is a kind of malignant growth which has less tendency to recurrence after removal than do other cancerous growths. Its appearance is often supposed to be occasioned by the irritation of the parts, from using a pipe, or other means of irritation, but there seems little ground for belief in such causation. This is certainly now an eminently proper growth for excision. This is done, removing a V shaped piece of the lip, and bringing the parts together with the twisted suture. The mouth seems to you constricted to a great degree, on the closure of the wound, but this will remedy itself after a while; large portions may be removed, and the oral orifice will dilate enough to compensate for it after a little.

CASE XIV. *Bubo, etc.*—This young man had when entering the hospital a bubo in his left groin, also a sore throat and mouth. He had been for sometime under treatment at one of the charitable institutions in this city, and says that he did have a running from his penis when the swelling began in his groin, and has had no other troubles. It might be supposed that this fellow has a syphilitic bubo and sore throat; this would not be a mistake hard to make, but what ground would such conclusion rest on. If you are experienced, you may with me recognize a characteristic smell here, and it is not that of syphilis. The fellow spits a great deal, and very frequently, his gums are red and swollen, his pulse fast, his mouth so sore you cannot look at his throat, to see whether it is a syphilitic sore throat or not. The fact is, he has been taking mercury to quite an extent, and has a condition called mercurial fever.



We will order a discontinuance of all medicine and see the result. His gonorrhœa has ceased, the bubo is to be opened, when the proper time arrives, and is poulticed meanwhile. Buboec arise from gonorrhœa, syphilis, chancroid, or from the slightest non-specific causes. Many are in the habit of considering all buboec specific, and hence mercury has here been given for a gonorrhœal bubo. In opening buboec, it is much better to puncture them with a small knife, and then cut from within outwards; it causes less pain, is a safe and good method. The case is a very instructive one, and may be of service to you. After a short time in bed, the secretion of saliva became natural, swelling of glands and the sore throat vanished. The bubo continued discharging sometime after it was opened, though it has now ceased.

CASE. XV. *Fracture of Tibia and Fibula.*—This good woman, a few days since, met with an accident that disabled her left leg. The nature of the injury can be seen at once by a skillful surgeon, with very little manipulation, simply raising the foot by the toes is enough to point out the nature and extent of fracture. Both bones of the leg are fractured at a point about three inches above the ankle joint. There is some spasmodic twitching of muscles, which is always present in connection with a broken bone, and this is especially troublesome at night, when it wakes the patient out of a sound sleep. It continues sometimes until union of the fracture has taken place. In dressing fractures you need never be at a loss for splints to do it with. I never was in a shanty where material could not be found for a splint. In cases where only one bone of two which are side by side, is broken, you will not need to exercise the care in adapting the splint that you do here. It is desirable that the two side splints used, should be adapted nicely to the limb when applied, so that the bones be brought, and kept in proper position. With wadding or by proper padding, the splint may be made to conform closely to the particular case. By placing the leg after the side splints are applied, in a pillow, it is left in a very comfortable position for the patient, and by this means it can, without fear, be moved by the friends, as may be necessary. Patients are often rudely carried after injury, without being

put in any sort of shape for transportation; a broken leg has sometimes been left to dangle over the end of a wagon. In the use of splints the pressure on the limb should be evenly adjusted, else pain, and perhaps sloughing may result. There is a shortening which results in oblique fracture of the tibia and fibula, which varies from half to three-fourths of an inch in general. One-half an inch shortening is a good result, and there is no method of treatment of a fractured leg that entirely prevents shortening. I do not often make use of extension in the leg; do in the thigh. Very few cases of fracture below the knee are to be benefited by its use. Very numerous are the materials or appliances used for splints, such as wood, gutta percha, sized felt, plaster, silicate solutions, starch, etc, and these are applied as anterior, posterior, or lateral splints, or are made to entirely envelop the extremity. In some cases where a suppurating surface is present, any closely applied splint may not be practicable, or can be used only over a particular region. Again, sometimes the swollen condition of the soft parts, forbids any obstruction to capillary circulation, by close splints or bandaging, and a pillow alone, is the best and most satisfactory means for treatment. There is no doubt I have saved many limbs in this way, that any close dressing would destroy.

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## MISCELLANEOUS.

Prof. Erichsen on American Surgery.

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We copy from correspondence of the *Pacific Medical and Surgical Journal* the following remarks by Prof. Erichsen on the Medical Profession in America:

I was the subject of flattering attention far beyond my expectation, but this I referred rather to the fact of being considered a representative of English surgery than to any personal merit as an individual. I was pleased to observe the high social status occupied by the profession in America, which seemed, indeed, to be above that of the other learned professions there; and this arises in part from the fact that the legal profession there occupies a position at least uncertain, if not equivocal, and, as regards

the clergy, their position is less exalted from the non-existence of the ecclesiastical hierarchy found in our own country. American surgery is eminently practical and progressive; not restrained by old doctrines, it is ever on the alert to adopt whatever may seem to be good in the suggestions of the profession abroad.

From a very extended range of observation—New York, Philadelphia, Boston, Washington and Chicago—I am free to acknowledge that the American physicians are the best read professional men I have ever met with. I was frequently surprised at their range of general knowledge, and would offer as an explanation that they are wedded neither to the old or the new, since in their intellectual culture these two elements are fused together. I cannot do better than to make use of an old classic quotation: *Cælum, non animum, mutant, qui trans mare currunt*, which, anglicized, is: They change their sky, not their character, who cross the seas; for I have found the people much like Englishmen; they have the same energy, the same determination of purpose, and, as physicians, they look on patients as men, not as philosophical objects of inquiry. Though progressive and fond of the new, there is still found with them a love of the traditional. I found that they had drunk from the same fountains whence we draw our inspiration, viz., from those of British source; for example, in Philadelphia, at the Pennsylvania Hospital, my attention was attracted to a fine portrait which, at first sight, I supposed might be some American medical or surgical celebrity, but, approaching, I found it to be that of our own Sir Astley Cooper.

I found English medical literature to be exceedingly well-known in the United States; that many medical works from our country are republished there, and especially, that the *London Lancet* was reprinted by them and had quite as general a circulation among them as among us.

The course of medical education in the United States is, in many respects, similar to our own, though the time devoted to study is somewhat shorter; their curriculum consists of three years, whilst ours is four years. I, however, regretted to find that in one respect their system has a great fault, viz., the absence of a matriculation examination.

I was astounded at the number of students present at some institutions; for example, at an introductory lecture which I attended in Philadelphia, there were six hundred students present; and at Bellevue Hospital, in New York City, where it was announced that I was to operate, (which, however, I declined to do) there were present nearly a thousand students.

It results, from the great number of young men attending the medical schools, that it is impossible for the class to be brought to the bedside during clinical teaching, and since the students cannot be brought to the patient, they have remedied the matter by bringing the patient to the students, and, certainly in surgical

cases, this seems to answer quite as well as our plan of bringing the class to the bedside.

Dissecting material is abundant and costs but little, since the bodies of many dying in the public hospitals are used for that purpose. [The allusion to the cheapness of material caused his class to cheer him.]

American hospitals are almost all supported by voluntary contributions; but from my observations, I think that these benevolent institutions are far less abused by improper subjects gaining admission to them, than is the case with us; for here, I am sorry to say, that too often charity covers a multitude of evils. The Americans spend their money very freely, both for their pleasures and in contributions to public charities.

I found two classes of hospitals; they might be designated as the old and the new. The old I may name the pre-sanitary, being entirely behind hand in sanitary arrangements. During their late war the Americans learned a hard lesson, viz., that aggregation of patients caused fearful mortality, whilst those quartered in tents and barracks, thereby having much more room, did far better; these facts were quickly noted and taken advantage of; thence sprung the pavilion hospital. I will however say, that with us the pavilion system would be exceedingly expensive on account of its covering so much ground. In New York City the pavilion system or barracks is on the eve of construction at Bellevue, and also for the Hospital for Women. The most perfect hospital I saw in New York was the Roosevelt, which consists of three parts, viz., a central one for general administrative purposes, and lateral wings for hospital purposes. At this hospital I saw a ward fitted up for surgical cases, where all the details of modern hygiene are so carefully carried out, that since the construction of the building, there has occurred but one case of pyemia, and even this was of doubtful character.

In the United States the different religious sects are in the habit of building hospitals; for instance, Catholic hospitals, Presbyterian hospitals, Episcopal hospitals, etc. (Laughter.)

One great element predominant in the American character is discontent, and this leads them to try new methods; in this way we can account for their constant progress. For example, at Washington City, Dr. Billings is having a new hospital constructed which will combine all late improvements; all the cooking is to be done above, being so isolated that the air cannot pass thence to the wards; besides, through the entire building the air is to be kept in circulation by means of a huge fan-like machine propelled by steam. The arrangements in the American hospitals for extinguishing fire are of a most excellent character and superior to anything which we have.

In their surgical cases I observed that the wounds are dressed very lightly, while, at the same time, special attention is given to

drainage. They pay less attention to the antiseptic plan than we do, but this arises from the fact that it is unnecessary, since their hospitals are maintained so nearly free from all septic influences. For, it is my opinion, were hospitals kept clean, antiseptics would scarcely be needed. If I were to draw a comparison, I should say that in these matters we begin at the wrong end, the Americans at the right one, since we aim at eliminating morbid influences after allowing them to enter, while the main endeavor of the American surgeon is to prevent their entrance.

It is well you should know that anesthetics were discovered by Americans, having first been used at the Massachusetts General Hospital.

There are fewer museums there than here, though they have a few remarkable ones; among these I may mention Hyrt's collection of anatomical preparations, which has been purchased by one of the medical schools. Also, the Army Medical Museum at Washington deserves special notice. I must likewise mention the surgical works that have been issued by the Medical Bureau of the U. S. Army; in material and in illustration they excel anything ever published by any government. So unique and wonderful are many of the specimens in the Army Medical Museum illustrating wounds of the cranium, as also wounds inflicted by arrows, that to see them is almost worth a journey to the United States.

In the excision of bones, and especially of joints, the American surgeons have made a progress of which they may be truly proud.

I shall refrain from especially naming the leading surgical celebrities of the United States, since, by so doing, I might make some invidious distinctions, and the necessity of doing so is less from the names of many of them being quite as familiar to you as those of English surgeons. In conclusion, if at the end of your student's course you be not satisfied *in verba magistri jurare*, I advise you, instead of as heretofore visiting France and Germany, to visit the United States.

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## Editorial.

### Annual Meeting of the Erie County Medical Society.

The Annual Meeting of the Erie County Medical Society, was held at the Buffalo Medical College, Tuesday, January 12th, 1875.

The meeting was called to order by the President, Dr. THOMAS LOTHROP, and Dr. E. N. BRUSH, elected Secretary *pro tem*. The roll was called by the Secretary, and a large number of members answered to their names. The

Treasurer presented his report, which showed a balance on hand of \$13.51. The report was referred to an auditing committee, and being found correct was filed. The President appointed as a committee on credentials, Drs. HOPKINS, O'BRIEN and ABBOTT, who reported in favor of the admission of Drs. Lucien Howe, O. C. Shaw, J. P. Frink, and P. Sonnick, upon compliance with the by-laws of the Society.

Dr. H. R. HOPKINS, chairman of the primary board, presented the report of that body, and gave a list of students who had appeared before them for examination preparatory to entering upon the study of medicine. The report was received and placed on file.

Dr. C. C. F. GAY, chairman of the committee on Hygiene, submitted the report of that committee. The report was an interesting and valuable review of the hygienic condition of the city and county, and embodied replies to the questions prepared by the chairman of the committee on Hygiene of the State Medical Society; its length prevents us from publishing it in full. The report was received, and upon motion of Dr. STORK, a copy was referred to the public press for publication.

The Secretary, Dr. D. E. CHACE, next presented the report of the board of censors, which was received and placed on file.

The following preamble and resolutions were offered, and upon motion of Dr. JAS. P. WHITE, were unanimously adopted:

Whereas, It is believed that a movement has been inaugurated having for its object to abrogate or practically nullify the clause in the present law for the prevention of cruelty to animals, which declares that "Nothing in this act shall be construed to prohibit or interfere with any properly conducted scientific experiments or investigations;" therefore

*Resolved*, That in the opinion of this Society, investigations in physiology and pathology, by means of experiments on animals, are and have been the most fruitful source of increased knowledge with regard to the causes of disease, and its means of prevention and cure;

II. That these experiments and investigations are habitually carried on by medical men without cruelty, nearly always without suffering to the animals employed, and never with any wanton infliction of pain or distress;

III. That authoritative interference, inspection or control of these investigations, by persons unacquainted with their methods and objects, would necessarily defeat their aims and practically prevent their performance.

IV. That the suppression of experimental investigations of this nature, would arrest the progress of physiological science, would obstruct the acquisition of knowledge in regard to the causes of disease, and would be accordingly a disaster to the profession of medicine and to the welfare of mankind; also

*Resolved*, That for these reasons the members of this Society earnestly hope that the legal provision now existing, which recognizes the importance of such investigations, will be continued in full force and effect.

The Society then took a recess until three P. M.

At three o'clock the Society was again called to order by the President. Upon motion the report of the committee on Hygiene was referred to Dr. A. N. BELL, chairman of the committee on Hygiene of the State Medical Society, and the secretary directed to forward a copy. Dr. BRUSH moved

that the same committee be continued for another year. The credentials of Dr. Isaac G. Wheeler, were referred to a committee consisting of Drs. BRUSH GOULD and HARDING, who recommended his admission to membership upon compliance with the by-laws. Dr. E. T. DORLAND read the annual essay, which was referred for publication to the BUFFALO MEDICAL JOURNAL.

After the transaction of some miscellaneous business, the Society proceeded to the election of officers for the ensuing year, the result was as follows:

*President*—Dr. J. C. CRONYN, of Buffalo.

*Vice President*—Dr. R. S. MYERS, of Clarence.

*Secretary*—Dr. D. E. CHACE, of Buffalo.

*Treasurer*—Dr. W. C. PHELPS, “

*Censors*.—Dr. E. STORK, Dr. D. E. CHACE, Dr. A. H. BRIGGS, Dr. E. R. BARNES, Dr. C. C. WYCKOFF.

*Primary Board*.—Dr. H. R. HOPKINS, Dr. M. B. FOLWELL, Dr. M. WILLOUGHBY. Committee on Hygiene holding over Dr. C. C. F. GAY, Dr. W. GOULD, Dr. R. S. MYERS and Dr. T. M. JOHNSON.

Dr. C. C. F. GAY was appointed essayist for the next meeting, with Dr. LUCIEN HOWE, alternate.

The retiring President, Dr. LOTHPROP, made a brief address in which he recommended a change in the order of business, his address was somewhat shorter than we should have wished, but was listened to with marked attention, at its conclusion a vote of thanks was tendered to the President and retiring officers.

Dr. H. R. HOPKINS gave notice of intention to amend the by-laws so as to make the Presidents address third in the order of business for the annual meeting; some unfinished business was transacted and the Society adjourned.

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## Homeopathic Physicians and Regular Medical Societies.

Some months since an article appeared in one of the Buffalo daily papers describing two important cases which had come under the care of a Homeopathic practitioner, the writer concluded by asking if the Editor of the BUFFALO MEDICAL JOURNAL could tell why this physician was denied admission to the Erie County Medical Society. We did not at the time consider the communication worthy of reply, especially when another practitioner of the same school complained that the author of the letter had been stealing his thunder.

The recent action of the Massachusetts Medical Society in expelling some of its members for practicing homeopathy, has revived the old cry of persecution, and has attracted considerable attention from various quarters.

A correspondent of the *Springfield Republican* of December 20th, shows

such a good appreciation of the situation, that we reproduce part of his letter in these columns, and consider it a very fair reply to "Homo," as it emanates from a non-professional source.

BOSTON, Thursday, December 24.

#### THE HOMEOPATHIC TRIALS

seem narrowed down to a very small point, if one may judge from the defense of Dr. Clapp, one of the accused. He states, what I suppose will be admitted to be true of the best class of doctors of his school, that the honest and intelligent among them do not pretend to be confined to a system or dogma; and that, as far as they do, they claim scarcely more than that in a majority of cases their "system," if it may be so called, is preferable to the old "system." On the other hand, the allopathic or old school, or regular,—no matter what he is called or calls himself,—points to the rule of his society that no person shall be admitted a member who proposes to cure by Spiritualism, Homeopathy or Thompsonianism. As between two physicians, this does not preclude any man from believing that a doctor who calls himself a Spiritualist, Thompsonian or Homeopathist may be more useful than an M. D., according to membership in the Medical Society,—for the former may have experience or insight or science to find out where the malady lies, which is certainly the most important branch of the profession. Ought not, therefore, the scientific homeopathic physician to be honest enough to forego the temptation to take a name which leads men to a superstitious respect for him, based on a worthless dogma? But the case is not a rare one in any relation of life especially of professional life. A young fellow with slim prospects for a subsistence, no experience beyond the treatment of the ordinary belly-ache of New England, finds himself obliged to settle in a growing town and unsettle the health of its inhabitants. Some of the leading people he finds attracted toward the new quackery out of disgust for the old heroic routine. So he says he is of that school, and he persuades the mother that there will be fewer colics and wry faces around the domestic hearth and bed-side if she fills up the "mankle-shelf" with his tumblers and spoons, and sends the old physician afloat with his saddle-bags. He succeeds to the practice; if he is a student and a man of brains he gradually, without leaving the taking names, leaves the dogma and the system, and becomes a safe person to have in the house; if an ass, as is pretty often the case, he keeps the grave-yard well populated—the children and women in child-bed being his easiest and most interesting and helpless victims. It is hard to tell whether such rogues had better be let alone or exposed. The infatuation which gives them a living is hard to cure, any way. I do not believe the "persecution" to which they are now subjected is, on the whole, unjust, however unwise it may be.—"Warrington."

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### The State Legislature and Vivisection.

Physicians and students of medicine have reason to believe that an attempt will be made by certain overzealous members of the Society for the Prevention of Cruelty to Animals, to secure a repeal of the clause in the present law for the prevention of cruelty to animals, which declares that "*Nothing in this act shall be construed to prohibit or interfere with any properly conducted, scientific experiments or investigations.*"

The persons who are attempting to secure the repeal or modification of this law, are doubtless actuated by the best motives, but are really ignorant



of what they are seeking to accomplish. If the law, which they are seeking to establish, had been in operation for the past fifty years, most of the important and valuable discoveries, of which medical men are so proud, would have remained unknown, and we should be still practicing medicine according to the unreasoning routine of the middle ages.

The persons who are most active in securing the establishment of legal restrictions of vivisection, are the very ones who are most ignorant of the necessity of such experimental investigations to the progress of medical science. We are positive that there cannot be found an educated physician who will sanction their effort; and no person of scientific education will, upon giving the subject a moment's thought, lend his support to a movement which is calculated so seriously to interfere with medical study.

We are earnestly in favor of the prevention of wanton cruelty to animals, and we aver that the physiologist does not live who would inflict pain upon any of the lower animals from sheer cruel intention—his knowledge of the intricate mechanism of animal life would rather lead him to prevent the infliction of such pain. He who sees a living being suffering from pain, and does not make some effort to relieve it, is as guilty of cruelty as the one who from wantonness inflicts pain and suffering. The alleviation of disease and pain, is the great problem which physiologists are seeking to solve, and the man, or body of men, who places obstacles in their path, is guilty of a crime against the human race.

We are pleased to notice that various county and district medical societies<sup>s</sup> have taken this matter in hand, but the passage of resolutions by societies is of little benefit, unless the individual members of these societies will urge upon the representatives from their districts the necessity of continuing this clause in force.

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## The Association of the Alumni and Officers of the Medical Department of the University of Buffalo.

*First Corporate Meeting. Public Exercises. Social Entertainment.*

The regular annual meeting of the Alumni Association of the Medical Department of the University of Buffalo, will be held Tuesday, February 23d, which is the regular Commencement Day for this year. The Incorporation Proceedings of the Association have been completed; Drs. Jas. P. White, Milton G. Potter, David E. Chace, C. C. Wyckoff, and Julius F. Miner, constituting the Board of Managers and Incorporators.

The meeting which opens at two o'clock in the afternoon of Commencement day at the Museum Hall in the College Building, will therefore be the

first Corporate meeting of the Association, and its importance renders it worthy the particular effort of members in its attendance. The title designated in the Certificate of Incorporation, is that of "The Association of the Alumni and Officers of the Medical Department of the University of Buffalo," and by the Constitution and By-Laws which are to be presented for the action of the meeting, all Graduates of the Medical Department of the University of Buffalo, as also those who may constitute the Faculty or other Officers of the same, are considered Honorary Member of the Association, and on their compliance with the stated requirements can become regular active members. At this afternoon meeting, the President, T. D. Strong, M. D., of Westfield, N. Y., will deliver an Address. Voluntary communications will be in order also, while the business of the meeting will embrace matters of the perfecting of the organization, the adoption of a Constitution and By-Laws, miscellaneous business, and the election of officers for the coming year.

At seven and one-half o'clock in the evening, the regular exercises of Commencement, will occur in St. James Hall. After the ceremonies of Graduation, the charge to the Graduates will be given by Professor James P. White, and following this, an Alumni Address will be delivered by W. W. Potter, M. D., of Mount Morris, N. Y., of the Class of '59.

After the conclusion of the public exercises at the Hall, there will be an Association Entertainment and Supper at the Tift House. Effort has been made by the College authorities, as well as by the Committee of the Alumni, in securing favorable time and opportunities for the business and pleasure of the Association, and it is anticipated that the session of the Society will be largely attended, and enjoyed by the members of the profession interested therein.

Though printed invitations are being sent by mail to the Alumni, still there are many whom the Committee may not reach in this way, and they therefore desire to give public and general invitation here, to all interested in the organization, to contribute by their presence and participation, to the pleasure and success of the session.

In order that the expenses of the collation may be defrayed by the participants, we have concluded to issue supper tickets at \$1.50 each, which are to be obtained of the Secretary.

It is requested that all should report themselves to the Secretary of the Association, Wm. C. Phelps, M. D., at the afternoon session, or at the Secretary's office, No. 378 Main St., corner of Eagle, as soon as they arrive in town, in order that they may be registered and receive necessary instructions.

T. D. STRONG,	} Committee.
W. W. MINER,	
G. W. PATTISON,	
H. R. HOPKINS,	
WM. C. PHELPS.	

NOTICE OF EXAMINATION. Candidates for the position of resident physician at the Buffalo General Hospital, are requested to send their names to the Secretary of the Staff, Dr. C. Diehl, No. 32 West Genesee street, on or before the 22d of February, 1875, when they will be informed of the time and place of the examination, S. F. Mixer, President of Staff.—CROWDED OUT. Owing to the press of other matter, the transactions of the Buffalo Medical Association were crowded out of this issue, several other interesting papers were also awaiting publication, we ask our contributors to be a little patient, and assure them that their articles will appear in due time.—THE MEDICAL RECORD. This valuable Journal is now published weekly, beginning with January 1st.—NEW ENTERPRISE. MESSRS. G. P. Putnam's Sons announce that they will shortly commence the publication of a series of American Clinical Lectures, under the editorial supervision of Dr. E. C. Seguin, of New York. These lectures are to be sold singly for the first year at prices varying from thirty to fifty cents. The first one will be ready about Feb. 1st, and is to be by Dr. L. A. Sayre on Disease of the Hip Joint.—A GENEROUS OFFER. The Editor of the *Richmond and Louisville Medical Journal*, and the *American Medical Weekly* offers to each subscriber of the former journal twelve engraved portraits of distinguished European and American physicians, and to subscribers of the "Weekly" a portrait in each of the two volumes published during the year; the portraits in the "monthly" and "weekly" are different.—PEPSINE. In the use of pepsine it is essential in order to obtain any results that the article should be pure, and carefully prepared, these indications are fully met in an article prepared by Mr. Thompson of this city. His pepsine has been found to meet all the usual tests applied to it, and in cases where it has been employed has obtained the approval of those using it.—RESIGNED. Dr. J. Marion Sims has resigned his position as one of the Surgeons to the Womans Hospital, New York; Dr. Fordyce Barker has been appointed to fill the vacancy thus created.—VIVISECTION. Every member of the profession should read Prof. J. C. Dalton's recent book, *Experimentation on Animals as a means of knowledge of Physiology, Pathology and Practical Medicine*.

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## Books Reviewed.

*Essentials of the Principles and Practice of Medicine. A Handbook for Students and Practitioners.* By Henry Hartshorne, A. M. M. D. Fourth Edition. Thoroughly Revised. Philadelphia: Henry C. Lea, 1874. Buffalo: T. Butler & Son.

Dr. Hartshorne's little work has ever since the appearance of the first edition, been a favorite with students and a large number of practitioners. The

present edition will be found materially changed from the last one. Some new topics have been introduced, and the addition of illustrations to the number of one hundred will serve better to elucidate the text. Among the topics which are for the first time introduced in this edition of the work are, cold baths in fever, transfusion of blood, and recto-abdominal exploration. A few remarks have also been introduced upon the diagnosis and treatment of such forms of the diseases of women as fall under the observation of the general practitioner. Of a book so well known by former editions it is unnecessary for us to speak at length, we need only say that it is highly worthy of the favor accorded to former issues.

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### Books and Pamphlets Received.

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A Sketch of the Early History of Practical Anatomy. The Introductory Address to the Course of Lectures on Anatomy at the Philadelphia School of Anatomy. By W. W. Keen, M. D. Philadelphia: J. B. Lippincott & Co., 1874. Buffalo: T. Butler & Son.

Experimentation on Animals as a means of knowledge of Physiology, Pathology and Practical Medicine. By J. C. Dalton, M. D. New York: F. W. Christern.

Contributions to the Annals of Medical Progress and Medical Education in the United States, before the war of Independence. By Joseph M. Toner, M. D.

Chimes for Childhood, or a Collection of Songs for little ones. Boston: Estes & Lauriat. Buffalo: Martin Taylor.

Eulogy on Chief Justice Chase, delivered by William M. Evarts, before the Alumni of Dartmouth College. Boston: Estes & Lauriat, 1874. Buffalo: Martin Taylor.

On Reflex Irritation of the Genito-Urinary Tract, resulting from Contraction of the Urethra at or near the Meatus Urinarius, either congenital or acquired. By F. N. Otis, M. D.

Transactions of the Medical Society of the District of Columbia, January, 1875.

Report of the New York City Council of Political Reform, for the years 1872-3 and 74, with Summary.

On Deaf-Mutism and the Method of Educating the Deaf and Dumb. By Laurence Tumbull, M. D. From the Transactions of the Pennsylvania State Medical Society.

BUFFALO  
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Original Communications.

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ART. I.—*Trichina Spiralis and Trichiniasis.* Read before the Chautauqua County Medical Society. By GEO. E. BLACKHAM, M. D., Dunkirk, N. Y.

Published by request of the Society.

Having lately had occasion to examine some meat suspected of causing *trichiniasis* in two families, one here and one in Buffalo, and having in both instances been able to verify the diagnosis by demonstrating the presence of the parasite in the suspected meat. I have, at the request of the president of the Society, brought with me my microscope and some specimens of the trichinatus meat, both in bulk and mounted, and have prepared a sketch of the disease with more particular accounts of the late cases in Buffalo and Dunkirk.

Of all known parasites which infest the human body the *Trichina Spiralis* is at once the most minute and the most deadly. Though there can be little doubt that they have existed from the earliest times, yet it is scarcely more than fifty years since their existence has been recognized, and less than fifteen since their dangerous character has been actually known, and the disease to which they give rise has been recognized and described. Yet it is probably of more frequent occurrence than has been supposed.

Zenker of Dresden, having found *trichinæ* in four out of one hundred and thirty-six dissections—about one in forty-four.

The following is a brief review of its medical history:

So far as I can discover it was first seen by Tiedemann in 1822, who, however, believed it harmless and not worthy even of a name. In 1832, Mr. Hilton of Guys Hospital, London, called attention to the same parasite in human voluntary muscle. In 1835, Mr. Wormald of St. Bartholomew's Hospital sent to Prof. Owen a piece of human muscle which presented a peculiar appearance, being dotted over with minute whitish specks which were described as looking like mould spots. On examination with the microscope, Prof. Owen found each mould spot to be a shuttle shaped crust containing from one to three minute hair-like worms coiled spirally. From these two characteristics he gave it the name *Trichina Spiralis*, by which it has since been known.

Mr. Paget, while an under graduate, read a paper on this parasite a week prior to Mr. Owen's, but did not suggest a name. From 1835 to 1860, the *trichina* was recognized occasionally in the dissecting room, but little or no importance was attached to it, as it was supposed to be harmless. In 1860, however, Prof. Zencker of Dresden, had his attention called to the case of a young girl who died in the Dresden Hospital about the 28th or 30th day of an illness which had been set down as typhoid fever, though not without grave doubts as to the correctness of the diagnosis. Her illness had begun about Christmas, 1859. A post mortem examination showed the muscles moderately developed, of a pale reddish gray color, and dotted with specks which proved to be groups of free *trichinæ* lying upon and within the sheaths of the muscular fibres. They were alive, some were coiled and others straight. They appeared in all stages of development, and were found in all the striated muscles not excepting those of the heart. They were exceedingly numerous, as many as twenty being seen in a single field of the microscope when a low power was employed. The muscular tissue everywhere showed a marked degree of degeneration.

On looking into the history of the girl, she was found to have been taken ill soon after eating of the flesh of two pigs which had been

killed about Christmas. Prof. Zencker went to her master's, and found some of the flesh of the pigs remaining, and also some sausages. The flesh of the pigs, on being examined microscopically, was found to be infested with *trichinæ* in the encysted state. Other servants in the same house, and also the butcher who had killed the pigs, were found to have been taken sick about the same time with symptoms varying principally as to severity. Numerous experiments were made with the flesh of this girl. Some was sent to Virchow at Berlin, who fed some of it to rabbits which died in about a month with symptoms of general muscular paralysis, and on examination their flesh was found to be swarming with *trichinæ*.

In the summer of 1860, a trichinatus subject was received into the dissecting room of the University of Edinburgh, and the Demonstrator of Anatomy, Dr. Turner, repeated and verified the experiments of Virchow.

During an operation on the neck of a patient in 1863, Prof. Langenbeck noticed a peculiar appearance of the *platysma myoides* which proved to be due to the presence of *trichinæ* in cysts which had become cretified. On enquiry the following facts were elicited: In 1845, seven persons sat down to a breakfast of ham, sausages, cheese, roast veal and white wine. In the course of a few days every one of these persons was taken with diarrhœa, pains in the neck, and œdema of the face and extremities. Four died, and the three who survived (Langenbeck's patient being one) were sick for a long time. The inn-keeper at whose house they had eaten breakfast was suspected of having poisoned the wine, his business was broken up and he was obliged to emigrate. This suggests that some cases of suspected poisoning may be due to this parasite.

In October, 1863, on some festive occasion in Heldstadt, in Prussia, 103 persons sat down to an apparently excellent dinner, and of this number 100 were soon attacked with symptoms of *Trichiniasis* and forty died. *Trichinæ* were found in abundance in the remnants of the pork and sausages which had formed a portion of the dinner.

In 1865, there was an outbreak of this disease at Hedersleben in which 300 persons were attacked and 40 died.

The first cases in the United States were reported by Dr. Joseph

Schnetter of New York. Several members of a family were taken sick soon after eating raw smoked ham. Dr. Schnetter and Prof. John C. Dalton examined portions of the ham and found them so filled with *trichinæ* that Prof. Dalton estimated it to contain about 85,000 to the cubic inch of lean meat. Soon after, Dr. Voss of New York had four cases on board one of the Bremen steamers. He verified his diagnosis by cutting down on and removing a portion of the deltoid muscle of one of his patients, and finding it to be filled with *trichinæ*. The next cases occurred in the practice of Drs. Krombein and Dingler, German physicians of Erie County, N. Y., and were reported in the BUFFALO MEDICAL AND SURGICAL JOURNAL, by Dr. J. R. Lothrop. In 1866, fifteen cases occurred in Marion, Iowa, nine of which were reported by Dr. J. H. Wilson, and six by Dr. H. Ristine. About a year ago several cases occurred in a family in Buffalo, N. Y., of which I have not the particulars. The next cases, of which I have found a record, occurred in Detroit in 1874, and are reported by Dr. Judson Bradley, in an excellent article published in the Detroit Review of Medicine and Pharmacy for January, 1875. The latest cases occurred in Buffalo and Dunkirk within the last month, and are those in which I had the opportunity of verifying the diagnosis by finding *trichinæ* in some remnants of the sausages which had caused the disease.

The following brief clinical histories of these cases were kindly furnished to me by Dr. E. N. Brush, editor of the BUFFALO MEDICAL AND SURGICAL JOURNAL, who saw the Buffalo cases, and Dr. H. R. Rogers of Dunkirk, who has had charge of the Dunkirk cases up to the present time.

The history of the Buffalo cases is as follows: I quote Dr. Brush's letter—"A butcher in the Clinton Street Market, Buffalo, has been in the habit of making what are called 'Smoked Pork Sausage,' in quantities of from 200 to 300 pounds. Dec. 5, 1874, Mrs. Miller, residing at 352 William st., Buffalo, ate in the market a portion of this sausage. She had, however, eaten a small piece at the house of her mother, Mrs. Leith, about a week previous. On Sunday and Monday, December 6th and 7th, she was sick with diarrhœa and vomiting with some abdominal tenderness. She did not pay much attention to the illness and could not, at the time,



assign a cause for it. No other member of the family had eaten of the sausage, and no one else was sick. When I saw her on the evening of Dec. 18th, she looked pale and anxious, was bent over and could not stand erect without great pain. There was pain in the calves of the legs, in the arm and in the pectoral muscles.

Mrs. Leith, aged 57, mother of Mrs. Miller, resides with her son at 191 Hickory st., purchased on Saturday, Nov. 28th, some sausage from the maker in the Clinton st., Market, (the same who sold to Mrs. Miller). She ate of the sausage as did also her sons, Lewis, aged 26, and William, aged 19, who reside with her. She gave a portion to her daughter, Mrs. Fisher, who resides up stairs. All these persons were taken sick in periods varying from 48 to 72 hours from the time the sausage were first eaten. Other members of these three families who did not eat of the sausage are in good health. The symptoms first observed were pain, somewhat resembling colic, diarrhœa, which, in one or two cases, was profuse, and vomiting. In the course of a week or ten days, muscular pain was observed, which, in character, resembled that of inflammatory rheumatism. One case resembled, from what I can learn, for the first week, a mild case of typhoid fever. In all there was profuse perspiration at times. In the case of Lewis Leith an eruption appeared, which, taken in connection with slight conjunctivitis and œdema of the lower lids, closely resembled that produced in some persons by the administration of large doses of potass. iodid. This œdema, which is said to be a characteristic symptom, was more noticeable in the morning on arising, was present in all, and in one case was very marked indeed.

The present condition of the five cases (Jan. 7, 1875,) is as follows:

Mrs. Leith (the mother) is able to be about her house work, has some diarrhœa and slight muscular pains in arms and legs, is weak but otherwise well.

Mrs. Miller is very sick, has diarrhœa, severe pain, sweats, and is greatly prostrated. She is confined to her bed, but is very restless, and tries every conceivable position to obtain ease.

Mrs. Fisher is nearly well, has some diarrhœa and abdominal pain, also slight pains in arms and in calves of legs.

Wm. Leith has but very little pain and occasional diarrhœa; the

oedema of the eyelids still continues. He is well enough to engage in his business.

The cases have all been under the professional care of Dr. Tobie."

The following extract from a letter received from Dr. H. R. Rogers, dated January 7th, gives concisely the history of the Dunkirk cases up to that date :

"I send you, according to your request, a concise history of the Eiselsen family of whom nine of its ten members were subjects of *Trichina Spiralis*, (the tenth was an infant).

The family partook of the uncooked meat about the 13th of December. The first indication of disturbance as probably resulting from that source occurred to Mrs. E. about the 20th, and to the remainder of the family on that or the following day. The first symptoms were uneasiness of the stomach and bowels and diarrhœa. About the 25th, Mrs. E. consulted me at my office, was informed of the character of the disease, and received medicine suited to the case. On the 28th I was called to visit the family, and found Mrs. E., a son about seven years old, and a daughter about two years old, vomiting severely. This confirmed my diagnosis, and treatment was immediately followed by good results. Since the 29th, the family have been comparatively well. To day I again visited them for the first time since the 29th, for the purpose of reporting results to you, and found some disturbance of the bowels yet continuing. A son of ten years has some pains in the region of the false ribs, and his countenance appears quite bleached. This latter condition I observed in the cases of several others of the family. Six of the children are attending school, and the father and mother are attending to their usual duties.

The treatment may interest you. To Mrs. E., at my office, I gave active cathartics for the whole family, and an anodyne diarrhœa mixture. This course had the effect to improve the condition of all until the 28th, at which date I found the condition before mentioned. For the vomiting, as no remedy would remain for a moment upon the stomach, I used for the wife and son 1-6 grain doses of acetate of morphia, hypodermically, with directions to take nothing into the mouth but pounded ice, that *ad libitum*.

On the 29th, large doses of castor oil and ol. turpentine were

ordered for each patient, since which time the family have not consulted me, having regarded themselves as very well. They were, however, told the necessity of continued and active treatment, but chose to regard the opinions of neighbors who, from the unusual mildness of the cases, supposed that perhaps a mistake had been made in the diagnosis.

The wife, to-day, knowing that they have acted unwisely, has requested me to resume my services, and I shall take pleasure in keeping you informed as to the results."

So much for the history of the disease, from the discovery of the parasite, in 1822, to its recognition as a cause of disease, in 1860, and from that to the particulars of the very latest cases up to date. The following is the life history of the parasite itself. The *Trichina Spiralis* is a minute bisexual, viviparous worm, which in its earliest and latest stages inhabits the alimentary canal of various warm-blooded animals, and passes an intermediate stage imbedded in the voluntary muscles. When meat containing the immature *trichinae* is eaten by man or any other animal, the cysts are dissolved by the acids of the stomach, and the *trichinae* set free. They grow rapidly, lose their spiral figure, their generative organs are developed, and in two days they attain their full sexual maturity. At this time the males are about one-eighteenth, and the females about one-eighth of an inch in length, and the latter contain from 200 to 500 ova each. These ova are developed within the mother into minute embryos, which on the sixth or seventh day are born without their egg shells. The new-born young soon begin their migrations; penetrating the walls of the intestines they make their way into the voluntary muscles in every part of the body, penetrating into the interior of the separate muscular bundles where, after fourteen days, they assume the form in which they are best known, and are enclosed in their peculiar cysts which are formed thus: Soon after the entrance of the parasite the muscular fibrillae undergo a sort of granular degeneration, and the muscular corpuscles change into oval, nucleated cells. The original sheath of the bundle remains intact till the young trichinae have attained their complete development; soon afterward, however, the sarcolemma begins to thicken and shrivel at the extremities, enclosing

the coiled-up parasite in a spindle or shuttle-shaped space, within which the cysts are formed by the peripheric deposition of calcareous matter, (carbonate of lime), at first transparent but afterwards becoming, in the course of a long time, cretaceous and visible to the naked eye as the minute whitish spots first described by Prof. Owen. Here the parasites remain, living but quiescent, till the flesh of their victim is eaten by some other animal, when the same process is repeated.

The disorder produced by them may be divided into three stages:

First, from the ingestion of the immature *trichinæ* till the young are born, symptoms—general malaise, gastric trouble, diarrhœa, and vomiting. Second, from the beginning of their migration till they are encysted in the muscles, symptoms—fever, profuse perspirations, blanching and oedema of the face, (sometimes general dropsy,) conjunctivitis, photophobia, scanty, high-colored urine, diarrhœa and general tenderness of the abdomen, restlessness, formication; severe muscular pains, first in the back and neck, next in the arms and thighs, and lastly in the forearms and calves. Hiccough and dyspnœa result from the invasion of the respiratory muscles, hoarseness from the invasion of those of the larynx, etc. The decubitus is dorsal with the legs drawn up. The fever continues, typhoid symptoms set in, with meteorism, restlessness, and sometimes delirium. Pneumonia may occur with pleural effusion. Death may end this stage in from two to six days, but it ordinarily lasts from three to five, or six weeks. Attacks are sometimes very insidious; a patient who has not been severely ill, may die suddenly from pneumonia or peritonitis. Third, the stage of recovery. The symptoms lessen on the re-appearance of the urinary secretion, but muscular stiffness may last for some time, and baldness and epidermic desquamation may take place.

This is the course in severe cases, but similar symptoms may be observed in all degrees of severity in milder cases.

The principal difficulty in diagnosis will be the differentiation of *Trichiniasis* from *typhoid fever*. The following are the distinctive points: The enlargement of the spleen, expistaxis, gurgling on pressure in the right iliac region, and the rose spots of typhoid fever are all wanting in trichiniasis; while characteristic distur-

ance of the digestive organs, followed by oedema of the face, severe muscular pain, especially on motion, with breathlessness, often threatening asphyxia, present a series of regular and connected symptoms corresponding to the ingestion, reproduction and migration of the parasites, which occurs in no other disorder. The diagnosis may be made absolute by the discovery of *trichinæ* in meat of which the patient has eaten a portion, or in a portion taken from the muscles of the patient himself, which may be done almost painlessly with one of Duchenne's harpoons. The latter procedure, however, is seldom necessary and could be of little use as a guide for treatment, as it would probably give only negative results prior to the fourteenth day, when most of the *trichinæ* would be safely imbedded in the muscles out of the reach of any vermicide drugs. Treatment to be of any use must begin within a week after the ingestion of the immature *trichinæ*. In that stage, emetics and cathartics may remove the worms, or a large proportion of them from the intestinal canal, but after the new brood have begun their wanderings they are out of the reach of medicine. Reliance must then be placed in anodynes and hypnotics to quiet pain and restlessness, and easily digested nourishing food and tonics to support the patient through the period of general irritation till the parasites have become encysted in his muscles. Of course, the occasional administration of a cathartic such as ol ricini et terebinthinæ in liberal doses, to remove any *trichinæ* which may have remained lodged in the intestinal mucous, would be rational and judicious. Various remedies for the destruction of the worm have been proposed, and have uniformly failed. Picric acid was proposed, but in the flesh of a pig killed with it, *trichinæ* were found alive. Dr. Mosler suggests benzine, but can show no good results from its use. Dr. Tavernier suggests carbolic acid, and so on through a long list. All vermicides must fail, because the symptoms which suggest their use also show that the majority of the parasites are already out of their reach. Dr. Bradley, of Detroit, advocates the use of large doses of quinia sulph. and tinct. ferri chlorid. on the ground that of two patients under his care in the Detroit City Hospital, last winter, the wife who was so treated recovered, and the husband who was *not* so treated, died. But to my mind a more rational

explanation of the death of one and the recovery of the other is to be found in the fact, stated by Dr. Bradley, that "The woman stated that she ate but little of the meat that caused the mischief in the man." *Hopes of recovery must mainly be founded on the smallness of the number of living trichinæ ingested, and the strength of the patient to endure the irritation.* Since then treatment can be of little avail, except in the very first stages of the disease, it is pertinent to inquire what means of prevention are available. They are, first, the *thorough cooking* of all pork. *All parts* of the meat should be subjected to a heat of *at least* 160° Fahrenheit before being eaten. If the inner portion of a piece of boiled or roast pork has much of the blood color of raw meat, it has not been subjected to a higher heat than 131° Far., and there is still danger, as the encysted *trichinæ* require a higher heat to destroy them. Hot smoking continued for a long time is said to destroy them, but cold smoking does not; neither does the ordinary process of salting. Simply *toasting* sausages does not kill the parasite, but the moderate heat which reaches the interior of the sausage rather stimulates the vitality of the *trichinæ*. *Every part* of the meat should be subjected to a temperature of 200° Fahrenheit in order to secure safety. Second, microscopic inspection of the flesh of every pig killed, and the destruction by fire of such as are found trichinatus. The objections to this course are its expense, the difficulty of getting properly qualified examiners, and the extreme distaste of our people to any invasion of their fancied "rights" in the interests of sanitary science.

Although hog cholera has been supposed to be caused by the *trichinæ*, yet I do not know that the fact has been demonstrated by actual experiment. Cobbold mentions an instance where the flesh of a pig that appeared remarkably healthy, produced death. Depelch, in his report to the French government, says: "The butchered meat looks too well." Some difficulties attend the discovery of the parasite with the microscope, even though the meat under examination may be swarming with it. It is not sufficient to cut off a piece of the meat, place it in the field of the microscope, and focus upon it. It must be rendered very thin and transparent before the minute and delicate worms can be seen in it.

I, at first, failed to find any specimens in the sausage sent me by Dr. Brush. Yet, after proper preparation, I was able to see in one of the samples, which I present here to-day, no less than six trichinæ, coiled up in a single field of the microscope occupying a space about one-twentieth of an inch in diameter. The plan which I found most available was to place thin sections of the suspected meat in a dilute liquor potassæ (1 to 8 of water), and as soon as they assumed a pearly aspect, to place them with a little clear water in a compressorium, which I extemporized out of a couple of ordinary slides, held firmly together by a spring clothespin at each end. The action of the potassa softened the meat so that it was easily pressed out into an exceedingly thin and transparent layer in which, with a power of forty diameters or more, the *trichinæ* could be distinctly seen, sometimes moving within their cysts, but more often lying coiled up and perfectly quiescent. Taking the averages of a series of observations, I have estimated that the sausages sent from Buffalo contained about 15,000 to 20,000, and the specimen sent me by Dr. Rogers, from 6,000 to 15,000 trichinæ to the cubic inch. Of course, such an estimate can be only vaguely approximate, especially in the case of sausages which, being made from portions of several animals chopped up together, one piece may be found swarming with *trichinæ*, while those surrounding it may be entirely free.

If the liquor potassæ be too strong, or the specimens be left in it too long or be not thoroughly washed in pure water before mounting, the action of the alkali may go on and ruin the specimen, as I see it has done in some of the specimens I have with me. Specimens may be mounted in balsam or in glycerine, and it is advantageous to stain them slightly with aniline red, or some other transparent dye. I present a sketch of specimens of *trichinæ* encysted, and removed from the cysts. The drawing was made through the microscope from a specimen, put up by a professional preparer of microscopic objects. It is magnified about one hundred and twenty diameters.

In conclusion I have to acknowledge my indebtedness to Drs. E. N. Brush and H. R. Rogers for their kindness in furnishing me with details of their cases, and specimens of the infected meat; and

to the works of Drs. Flint and Hartshorn, to the late article of Dr. Bradley, but more especially to the able article on this subject in Aitken's Practice, and the copious notes of the American editor, Dr. Clymer, for many of the facts embodied in the present article.

NOTE.—It should be mentioned that *trichinae* have been found in the flesh of many animals other than man and swine. All carnivorous animals are liable to swallow them with their food; and they have been found in sheep and oxen, and other ruminants who probably got them by drinking water which had been contaminated by excretions of carnivorous animals infected with the disease.

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ART. II.—*Abstract of Proceedings of the Buffalo Medical Association, held Thursday evening, December 1st, 1874.* Reported by JOSEPH FOWLER, Secretary pro tem.

The Association met at the usual time and place. The president, Dr. J. P. White, in the chair. Other members present: Drs. Rochester, Samos Phelps, J. F. Miner, Brecht, W. W. Miner, Fowler.

On motion Dr. Fowler was chosen temporary secretary.

There were present about thirty medical students in response to an invitation extended them by the president of the Association, in accordance with a vote of the Society at its last meeting. The minutes of the last meeting were read and approved.

Under the head of voluntary reports of cases worthy of special interest, Dr. J. F. Miner said he might report a case now under treatment, and one which he had watched with much interest with a view not only to draw out some valuable, instructive remarks in relation to the diagnosis and treatment of the disease, but would be glad to profit by any suggestions those present might feel disposed to make. He desired Dr. Rochester's opinion of the case, as he had given the disease more careful consideration, and as his field of observation in that direction had been more extensive than that of the speaker.

The patient was a boy, six or seven years old, formerly healthy, but recently exhibiting all the evidences of Bright's disease of the kidneys.



The urine under the field of the microscope was found to contain oil globules and casts of the uriniferous tubes. The patient had recently had diphtheria of rather a mild character.

Lately his mother called my attention to a dropsical effusion.

It is difficult to determine whether he has acute disease of the kidneys, or whether the casts and oil globules are to be considered as positive evidence of the existence of organic disease. Some author says the disease rarely terminates fatally in children under ten years of age.

With reference to the treatment the doctor remarked that he had given the patient cream tartar, in dracm doses, night and morning, in an aqueous solution.

At his second visit he prescribed tinct. ferri chlo. gtt. x. every four hours, using syrup as a vehicle.

The effect of the cream tartar was to move the bowels—the anasarca disappearing under the influence of time and the remedies employed; cream tartar being the most important medicinal agent.

Dr. ROCHESTER—Have no reason to doubt the case one of albuminuria dependent on blood poison following diphtheria.

Some writer says the poison of diphtheria and scarlatina is identical. Think this idea absurd. I am very careful in forming conclusions in cases of disease of the kidneys, and only do so after repeated microscopical and chemical examination of the urine. The uriniferous casts are very apparent where albumen is present.

A cast of the tubuli uriniferi is no evidence of organic disease of the kidney.

When oil globules are present and the fatty granules appear as if broken, giving off branches, is better evidence of structural change.

An observation of Alonzo Clark, I have found a valuable aid in making a diagnoses in this disease. Dr. Clark says when you find hyaloid casts dispersed here and there, is good evidence of an organic change in the structure of the kidney.

Hyaloid casts are better evidences of such a change than fibrinous casts.

Under the use of cream tartar and a nutritious farinaceous diet, I should expect Dr. Miner's patient to recover.

Dr. MINER observed that diphtheria has been very mild in this community of late, but was now assuming a more dangerous type.

In the case referred to, he would say that the diphtheritic exudation was still present when the anasarca appeared, and could hardly say it was a sequel of diphtheria.

It is not uncommon to find albumen in the urine following diphtheria; sometimes both are present at the same time.

Dr. WHITE—Would like to call attention to a point of therapeutics in the treatment of albuminaria, as it has received only a passing notice in the remarks made.

I would recommend the use of per-sulph. of iron as better than any other chalybeate preparation. Think Dr. Flint, Sen., endorses this plan of treatment to which I called the attention of the profession more than twenty years ago. It is well known that Simpson and others give tannin and other vegetable astringents in the albuminaria of pregnancy. If organic change has taken place, they will be of no service.

My mode of administering these astringents is in combination with glycerine. Otherwise I can fully endorse what has been said on the subject.

Dr. J. F. MINER—Some authors mention this preparation, and recommend the use of the astringents as a valuable therapeutic agent in the treatment of albuminuria. Dr. Flint, Sen., after a large experience, fails to get good results from their administration, and regards them unimportant and of little value in the treatment of that disease.

Dr. WHITE—Why not avail ourselves of the use of the astringents and preparations of iron?

Dr. ROCHESTER—Houghton, of England, mentions the use of per-sulph. of iron and quinine in the treatment of diphtheria. He gave the former in combination with chlorate of potash in diphtheria. Don't think that Dr. Flint, in the recent edition of his work, condemns the employment of astringents in albuminuria. There is so much conflicting authority on the action of astringents with diuretics and cathartics that we may be led to false conclusions.

They act through the blood, constringing the capillaries, reliev-

ing them of their engorgement. Sometimes patients will take tannic acid, and get no relief. In these cases often sulphate of iron will act favorably.

Think the astringents often valuable agents in the treatment of albuminuria.

Dr. PHELPS related the case of a man who had been an invalid two or three years prior to his death.

He was 45 years of age, and by occupation a drover, often being exposed to inclement weather. His symptoms pointed to irritation of the bladder, and he had been sounded for stone.

He drank largely of water, and by some physicians was supposed to have diabetes and was treated for that disease. On making a chemical and microscopical examination of the urine, it was found to contain albumen, casts, and pus, and an entire absence of any saccharine elements, and the conclusion was that there was structural disease of the kidneys. He died in a comatosed state.

A brother, on finding his own urine to resemble that of his diseased brother in appearance, was very much alarmed, but the deposit was found to contain phosphates in abundance. The point of interest in the case was the fact of the nature of his complaint not being detected, and his disease being regarded as diabetes.

Dr. WHITE—Did you make a post mortem examination? Was there difficult micturition, and did you pass the finger in the rectum? Some of the symptoms point to the prostate as the origin and seat of the trouble.

Practitioners are in the habit of calling these diseases diabetes, especially when there is frequent micturition, although the quantity may not be increased, or when the kidneys are actively at work, eliminating a large quantity of urine.

Dr. PHELPS said he did not make a post mortem or rectal examination. The urine was muddy in appearance.

Dr. W. W. MINER in the chair.

Dr. WHITE related the following case, which he believed would be interesting to the profession because of the peculiar location of epithelial cancer, or rodent ulcer.

Epithelial cancer so often situated about the lips, when seen early we are in the habit of removing—an operation quite common

in practice. The case to which I desire to call your attention, is that of a lady 50 years of age, residing in Chautauqua county.

When I first saw her, she had been suffering a considerable period of time from enlargement of the greater part of labia majora and minora, extending from the mons veneris to the posterior commissure. The parts were very sensitive, excoriation considerable, the discharge copious and offensive. Her condition was one of intense, unmitigated suffering; death would have been a desired relief.

She had been told by her attending physician that she had a cancer and must die. After seeing the case I advised the removal of the growth as a *dernier ressort*, which possibly might be followed by temporary relief, but could give her little encouragement should it be removed. She was told the dangers attending the operation, and consented that it be made, choosing to die rather than live longer in her present condition. I made a digital examination of the vagina, which could only be done while she was in a state of anæsthesia, the parts being so extremely sensitive and painful to the touch, but found no indications, either vaginal or rectal, of the disease extending in those passages. Preparatory to making the operation I gave the tinct. of the chloride of iron and chlorate of potash, a combination I often employ previous to making important operations. With the assistance of Drs. O'Brien and Brush I removed the entire lobes, and brought the parts together by means of sutures. Before the parts began to unite, dysentery developed itself, a condition quite detrimental to the success of the operation. She was sustained by means of quinine, tonics and nourishing diet. At the end of two months the dysentery had disappeared, and the wound had cicatrized kindly, except near the external urinary meatus. A catheter was introduced and allowed to remain for a considerable period.

In some months she had so far recovered as to enjoy fair health, when a newly developed kernel at the urethral orifice was removed, her health very much improving ever since, and her condition made exceedingly comfortable. She has recently been able to visit me in town, and reported herself quite free from pain and in every way more comfortable. The parts are very much disfigured, but

no indications of the return of the disease are visible. Believe this form of growth can be as successfully removed from the external female organs of generation as from the lips. This patient apparently exhibited the cancerous cachexia, but it may have been exanguinous—two conditions quite similar in appearance.

I have never before removed so large a mass from the external female organs of generation. Her condition was so critical that it was doubtful whether she would survive the operation.

Dr. J. F. MINER—Dr. White would have us understand the disease was malignant. It is interesting to us all, and adds much to the existing evidence of the feasibility of removing these growths with the possibility of getting temporary relief, sometimes staying the progress of the disease for a number of years. Should think epithelioma on the female organs of generation not infrequent. They are usually situated on the face. In the malignant form the blood becomes contaminated, the system breaks down, and the patient dies from the constitutional effects of the disease. The question is its liability to return. Think it would be proper to operate if the parts will heal. Patients gain little in duration of life in the active forms of malignant disease.

This form of epithelioma can be removed from an outer situation and may not return in a number of years, but in the great majority of cases is liable to in time.

In scirrhus of the breast it may be a long time before it returns.

One case I remember where, with Dr. White, a scirrhus tumor of the breast was removed three times, and the patient is still living. The first operation was made six years ago. Usually these cases prove fatal in three years.

Dr. WHITE—Epithelioma is more common, whether on the lips or genitals than true cancer in the breast. Have seen many cases where scirrhus of the breast has been removed and not returned in ten or fifteen years.

The objects to be gained by their removal is to prolong life, diminish suffering, dispose of a nasty, offensive sore, to dress and make the road to the grave smoother should it return in the latter (breast). By removing it from its external situation it is more liable to return to some other locality, more frequently selecting

some internal organ, its seclusion doing way with much of the pain and offensiveness incident to an external position.

Dr. J. F. MINER—Would not operate when the glands in the axilla are enlarged, the wound would not heal so readily. When the system is broken down it hardly pays to operate.

Dr. WHITE—Often the epithelial form appears as a small scaly excrescence, often falling off and again appearing without exciting any suspicion on the part of the patient as to its true nature. It should be entirely removed when first discovered and a diagnosis made clear. It is customary for me to destroy them by the use of nitric acid put on the center of the spot by means of a glass rod till it is burned deeply, and followed with a dressing composed of zinc oxide gr. x., morph. sulph. gr vj., glycerine ℥i.

Dr. PHELPS—I remember a man who had frozen one of his ears. It soon began to enlarge, and finally one-half of it was removed, but the wound never healed. Subsequently the remainder was amputated. Still later the patient died suddenly from hemorrhage, the disease having eaten off the external carotid artery.

Dr. W. W. MINER, who was appointed at the last meeting a committee of one to look after the matter of fuel, lights and janitor's fees, was ready to report, but owing to the small number of members present, Dr. J. F. MINER moved that the committee be continued and report at the next meeting, at which time there probably would be an increased attendance of members.

The motion prevailed, and on motion of Dr. Phelps, the meeting adjourned.

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ART. III.—*Report of Surgical Cases at the Buffalo General Hospital, with Clinical Remarks by Professor Julius F. Miner.*

By BERNARD BARTOW, M. D., Resident Physician, and W. W. MINER, M. D.

AMPUTATION OF FINGERS—HISTORY.—H. H., aet. 14, German, laborer. Three days previous to entering hospital, (Nov. 6, 1874,) the patient had his right hand caught between the rollers of a machine used for crushing bones. The skin upon the back of hand was torn off in one large flap, exposing the muscles; the

phalanges of all the fingers were comminuted, and in places protruded. The wounds were filled with bone dust, acids, etc. The thumb escaped injury. Gangrene of the fingers and flap ensued, though strenuous efforts had been made to save them. It seemed probable that the whole hand might suffer in like manner.

CLINICAL REMARKS.—The condition here is one which unmistakably demands amputation. I find it best to amputate at the metacarpo-phalangeal articulations. In doing this you notice that a portion of the extremities of the metacarpal bones are left uncovered by integument on their dorsal aspect, where it was destroyed by the sloughing process. Accordingly I do not attempt to close the wound with stitches, but direct the application of warm water dressings, soon to be followed by a poultice dressing which will envelop the whole wound. Ten or twenty years ago I should not have done thus. In these cases of injury to the hand the important thing is to save, not to cut off. If parts are unmistakably not to be saved, amputate, otherwise wait till you find what is dead and what is alive. The hand cannot be supplied with an artificial substitute that is satisfactory to any where near the degree that an artificial leg may be. Cut off nothing that can be retained in the hand. Examples and cases that you observe, alone teach you what can be retained or what it is best to do in these cases. This is a real test of the ability of the surgeon. Any one can perform the mechanical part of operations. To decide whether removal is necessary, and if so, how and where it shall be done, will test the ability more than the performing of the operation in cases of hand surgery at least.

CASE—SYPHILITIC NODES AND EROSION—HISTORY.—The patient with the nodes says she has been sick about one year. She has no knowledge of having had primary syphilitic lesion; has never noticed an eruption upon the body or limbs. She has had sore throat, loss of hair, headache and nocturnal pains; in addition, she has a large circular unhealthy ulcer over the right tibia. There is also a node upon the opposite tibia which presented the signs of having suppurated, being red, painful and fluctuating; a free incision, however, proved the appearances deceptive, there

being instead of fluid an elastic gelatinous material, which subsequently suppurated.

The nodes and ulcer made their appearance about six weeks since.

The patient was given potass. iod. gr. xx, four times daily; also ferri. et potass. tart. gr. x. ter in die. directed to the condition of anæmia.

The patient with the phagadenic ulcer upon the leg, entered the hospital in a broken down condition, having in addition to her syphilitic trouble, erysipelas. The ulcer at first the size of a child's hand, became gangrenous, dissecting the muscles, and nearly girdling the limb, for a space of eight inches, before the sloughing process was controlled.

Of the various applications used, none seemed as efficient as packing the ulcer with lint, soaked in a solution of carbolic acid, containing one part acid in four parts water.

The patient had been taking fifty grains potass iod. daily for a week, when the amount was increased to one hundred grains daily with marked benefit. The potassio-tartrate of iron was also given in respect to its anti-phagadenic properties.

CLINICAL REMARKS.—You have observed in one of the wards a patient presenting a marked condition of anemia and prostration, while upon both her arms are present numerous bunches, of considerable size, which give quite a look of deformity to each forearm. I have never asked the patient the cause of her troubles. I know perhaps better myself than the patient, that within five or ten years since there was present an infecting chancre, followed by a sore throat, with mucous patches in the fauces, an eruption on face or more extensive, with possibly still other troubles. You can sometimes distinguish the disease by its characteristic odor, and recognizing this, you can infer its whole history. The primary symptoms always appear within the three months succeeding infection; the secondary within the first year, and afterwards the tertiary. The system shows the first effects of infection in the secondary period. You have also seen to-day a leg that looks as if it were going to drop off from syphilitic erosion, which has destroyed the soft structures more than half way through the leg. Both cases are due to one source. The treatment of each is with



iodide of potassium in ten or twenty grain doses; twenty grains would not be too much, and from that up to sixty grains may be given. I not infrequently find physicians giving one or one and a half grains, three times a day, and wondering why their patients do not get well. A ten grain dose is a common one, and patients take one hundred grains thrice daily with no injurious effects. Give iodide of potassium in adequate doses, increase your dose until it is adequate. In the latter stages of syphilis it is almost specific. Mercury may be added to this if there is any delay in desired effects. Mercury in secondary syphilis is more of a specific than any other medicine in the *materia medica*. Iodine or iodide of potassium in tertiary syphilis is as much a specific as quinine is in intermittent fever; with mercury and iodine we can most signally control syphilitic disease.

CASE—DISLOCATION OF THE SHOULDER—HISTORY.—The patient states that three days since, while walking he slipped upon some ice, and in the endeavor to save himself reached for a barrel near by. His arm being extended laterally struck upon the top of the barrel breaking his fall, but throwing the head of the humerus out of its socket and into the axilla.

CLINICAL REMARKS.—The young man here has had this condition of his arm for several days back. He has a degree of immobility of the shoulder joint; his elbow is held in a position unnaturally removed outwards from his side; the contour of his shoulder is imperfect. What do these symptoms plainly indicate? It is dislocation of the humerus downwards. Difficulty in recognizing these symptoms occasionally occurs, and if there is failure in this respect, bad results follow. If neglected for some time the arm is apt to become more or less paralyzed and atrophied. I have in mind a case in which I effected a reduction six or eight weeks after dislocation, and there remains a half paralyzed condition which disables the limb. Complete anæsthesia is necessary before attempting reduction, incomplete anæsthesia is worse than none. There has not been much pain present in this case, though that is frequent from the pressure of the head of the bone upon the brachial plexus of nerves. Return of the dislocated surfaces takes place with a distinct sound that all could hear. You can see that

motion of the joint is perfect now. The arm may be folded to the breast and bound to the side with a bandage. This after treatment need be employed but for a short time.

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## MISCELLANEOUS.

### Medical Society of the State of New York.

SIXTY NINTH ANNUAL SESSION.

*First Day—Morning Session.*—The Society met, pursuant to statute, at Albany, on Tuesday, February 2d, 1875, at 11 o'clock A. M., in the Common Council Chamber.

The meeting was called to order by the President, Dr. George J. Fisher, of Sing Sing, and a prayer was offered by the Rev. Doctor Bartlet.

The President then delivered his inaugural address, embracing a variety of topics of interest to the Society and the profession throughout the State.

At its conclusion Dr. A. Jacobi moved the appointment of a committee to consider the suggestions of the president, with instructions to report on the same at as early an hour as possible, especially that portion relating to changing the time and place of meeting.

The following committees were then appointed by the President:

*On the President's Address.*—Dr. A. Jacobi, Bates and Jenkins.

*On Credentials.*—Drs. W. C. Wey, Thomas F. Rochester and Thompson Burton.

*On Arrangements and Receptions.*—Drs. F. Hyde, Wm. H. Bailey, and N. C. Husted.

*Business Committee.*—J. V. P. Quackenbush, D. B. St. John Roosa, and Ellsworth Eliot.

*On Ethics.*—Drs. Thos. Hun, E. Krackowizer, and J. G. Adams.

Dr. D. B. St. John Roosa, of New York, next read a paper on "Hysterical Amblyopia, with Concentric Limitation of the Visual Field." A discussion followed, in which Drs. A. Jacobi, Squibb, Matthewson, and Pooley joined; the former calling attention to the distinction to be made between hysterical and simulated diseases.

A communication was read from Governor Tilden, inviting the Society, its guests and the members of the Albany Co. Med. Soc., to the executive mansion on the following evening. On motion, the invitation was accepted.

Several papers, including a biographical sketch of the late Prof. James McNaughton, of Albany, were read by title and referred to the Committee on Publication.

Dr. Hyde read a paper on strangulated hernia, and was followed in discussion by Dr. Squibb, who called attention to intoxication by conium as a means of producing relaxation of the muscular system to a degree which favored taxis.

Dr. Govan moved the appointment of a committee to invite the Governor, State officers, and members of the Legislature to be present during the sessions of the Society. Carried.

Dr. Paddock, of the Massachusetts State Medical Society; Drs. Morgan, Newton, and Rogers, of Vermont, and Dr. Hoar, of Maine, were presented, after which the Society adjourned to 3.30. P. M.

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*Afternoon Session.*—The Society having assembled pursuant to adjournment, the President announced the following

COMMITTEES.

Committee on Nomination of Officers for the ensuing years, 1st District, Dr. Thomas Addis Emmet; 2d, Dr. J. Foster Jenkins; 3d, S. Oakley Vanderpoel; 4th, Dr. Thompson Burton; 5th, Dr. Alonzo Churchill; 6th, Dr. Wm. C. Wey; 7th, Dr. F. Hyde; 8th, Dr. E. M. Moore.

Committee to invite the officers of the State government to be present at the meetings; Drs. William Govan, Thompson Burton, and Arthur Wolfe.

Dr. T. R. Pooley, of New York, read a paper entitled "Foreign Bodies in the Eye." He detailed several cases illustrating the modes of production and effects of such injuries, together with the method of operating. Enucleation of the injured eye was insisted on as the only safe way of preventing sympathetic inflammation of the sound eye when we were perfectly sure of the presence of a foreign body of any sort which we are not able to remove.

Dr. Vedder, of Schenectady, related a case, the results of which he thought opposed Dr. Pooley's opinion of the necessity for enucleation.

Dr. Agnew, of New York, quite agreed with the writer of the paper on the necessity for enucleation under the circumstances he mentioned. He believed that the form of sympathetic disease induced in a fellow eye, even when the trouble is not in the ciliary region, is so insidious and intractable that the only way to prevent loss of sight in the uninjured eye is to remove the diseased organ.

Dr. Roosa, of New York, did not consider the absorption of the crystalline, as mentioned by Dr. Vedder, a sufficient cure, nor could he consider it justifiable to leave the injured eye with its foreign contents *in situ*.

Dr. Vedder said the case came under his observation twenty years ago, and had as yet had no consecutive trouble.

Dr. Chapman, of Medina, mentioned a case reported in *The Medical Record* of May 1, 1873, by Dr. Knapp, in which a diseased ball had been removed. The patient had been seen by him the day before, and had suffered no return of the affection.

Dr. Charles H. Porter, Treasurer, submitted his report, which was referred to an auditing committee composed of Drs. Ferguson, Mynders and Lewis.

Dr. J. V. P. Quackenbush, of Albany, read the histories of two singular cases of what he called "subperitoneal cystic tumor."

In the first a tumor presented posteriorly to the cervix uteri in a woman in labor, and was gradually forced downwards in front of the child's head. When punctured it yielded a considerable quantity of serum, and relieved the labor of an obstacle to its completion. The second case was a young woman, who had, not long before the doctor saw her, arrived in this country, with a history and symptoms that strongly indicated pregnancy. A careful examination proved the fallacy of this supposition as well as that of ovarian tumor. The patient died, and a cyst was found between the abdominal walls and the peritoneum lining it, which contained a large quantity of clear fluid. The uterus and its appendages were normal and healthy.

Dr. A. Jacobi, of New York, commenting on the novelty of these cases, said that there appeared to him to be but two or three ways of explaining them; one was the occurrence of hemorrhage, the hemorrhagic mass being encysted, the clot absorbed, and only a serous fluid remaining, but in such case we would have the coloring matter of the blood remaining. Another cause would be the closure of a gland duct and accumulation of the secretion in quantity to form a cyst, but he was unaware of any glandular organs in these localities. The third and most probable cause was connected with errors in fetal development; of these some anomalous development of the cords of Muller, he thought, might be the most probable cause, but declined to give any decided opinion.

Dr. Thomas Addis Emmet, of New York, read a very practical paper on the "Treatment and Removal of Fibroids from the Uterus by Traction." The interesting point in the paper was the mode of formation of a pedicle in these cases.

Dr. Benedict, of Onondaga, discussed the paper.

Dr. S. O. Vanderpoel, of New York, read a portion of a paper on "Disinfection and disinfectants," and was followed by

Dr. E. Squibb, of Brooklyn, who presented to the Society a very valuable paper on "Salicylic Acid," a new product of the action of the carbonic acid on phenol, which is just commencing to excite a great deal of attention as a disinfectant and anti-ferment.

Dr. Castle, of New York, mentioned the price for which the acid, made by Kolbé's process, is being sold in Dresden.

The following papers were read by title, and on motion, referred to the Committee on Publication:—

“Fracture of the Skull with Depression, followed by Hemiplegia; Result of Trephining in Remedying the Paralysis.” By Dr. R. W. Pease, of Syracuse.

Report of Dr. H. S. Chubbuck, Delegate to the American Medical Association.

Report of Dr. Hiram Corliss, of Greenwich, Washington Co., Delegate to the Maine and Massachusetts State Medical Societies. Read in full, together with a communication from the “Veteran member;” regretting that ill-health prevented his attendance.

On motion of Dr. Vanderpoel, the president was requested to telegraph the sympathy of this Society to Dr. Corliss.

Dr. Ed. H. Parker offered a petition of an aggrieved member. It was referred to the Committee on Ethics.

On motion, it was decided to meet Wednesday morning, at half-past nine o'clock.

Recess until half-past seven.

*Evening Session.*—The Society met as agreed, at half-past seven, to listen to a paper by

Dr. John P. Gray, of Utica, on “Pathological Changes that Occur in Nervous Diseases, especially Insanity.” The most notable feature were the use of the term “fatty involution” to express a variety of degenerative changes, and the illustration of the pathological conditions mentioned in the paper, by means of microphotographs projected by means of a calcium light upon a screen. After interesting the audience for an hour and a half, he was followed by a lecture by Dr. Louis Ellsberg, of New York, on Acoustics.

Many interesting experiments were made to illustrate the production of sound, its character as regards pitch, *timbre*, the mechanism of the human voice, etc. Both gentlemen received a unanimous vote of thanks, and the Society adjourned at ten o'clock, to meet on Wednesday morning at the hour appointed.

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*Second Day—Morning Session.*—The Society met pursuant to agreement, at half-past nine o'clock, and the meeting was opened with prayer by the Rev. Anson J. Upson, of Albany.

#### MISCELLANEOUS.

The Committee on Reception and arrangements reported that additional members had arrived and were present by invitation. The report was received and the gentlemen introduced to the Society.

The minutes of Tuesday's session were then read and approved.

Dr. E. Squibb, senior censor for the Southern district, reported they had examined for license, Dr. Ezra S. McClellan, and recom-

mended him for a diploma, and that he be now declared a licentiate of the Society. The report was adopted.

Prof. Dalton, of the New York County Medical Society, then addressed the Society on the subject of experimentation on animals for physiological and scientific purposes. He said that eight years ago Mr. Henry Bergh, of New York, commenced a series of newspaper articles, an onslaught on the practice, and it was subsequently followed up by the introduction of a bill in the Legislature for the organization of the Society for the Prevention of Cruelty to Animals. The Medical Society, in 1867, had memorialized the Legislature and procured a modification of this bill, so that experimentation on animals in the interests of science had been continued. Last summer, however, Mr. Bergh had renewed his attacks on the practice, as before, in a series of newspaper articles, published in the *New York Evening Post*, and his evident object was to place the Society under the control of himself and agents. The speaker then referred to the importance of the practice in determining the nature of various diseases, and the favorable results that have been realized, and urged that the Society take some action reaffirming the action of the Medical Society in 1867. With this object in view he offered a series of resolutions.

A discussion followed, in which Drs. B. F. Sherman and Squibb participated, and the preamble and resolutions were adopted unanimously.

Dr. J. G. Adams stated subsequently that he had held some conversation with Mr. Beach, the attorney of Mr. Bergh, and was informed that the latter had no intention of making an application to the Legislature for a change of the law; he was content to carry on the war with Dr. Dalton in the newspapers.

Dr. Vanderpoel believed that this was only a change of *venue*; that finding the profession ready and able to oppose him successfully, he was intending to interest public opinion in the matter so that the law may eventually be repealed.

Drs. J. F. Kendall, Moreau Morris, and B. F. Sherman were named a committee to invite the Health Committee of the Senate and Assembly to be present at the afternoon session of the Society, to hear the report of Dr. Bell on Drainage in this State.

Dr. Thomas F. Rochester, from the Committee on Prize Essays, reported but two competitive papers had been received for the McCosh prize on the designated subject for 1875. viz.: "School hygiene in reference to the Physiological Relations of Age and Sex to Mental and Physical Education." One of these had the motto, "The quality of the brain is the key to human knowledge," and was a good, practical, common-sense article, well worthy of publication. The other bore the motto, "Salut populi—suprema lex," a scholarly and philosophical essay, for which the prize was awarded to Alexander Hutchins, A. M., M. D., of No. 796 De Kalb Avenue, Brooklyn. No essays were received for the Brinsmade prize.

Dr. Mary Putnam-Jacobi delegate for the Medical Society of the County of New York, read a paper entitled, "Effects of the Nitrate of Silver on Epithelial and Gland Cells," accompanied with microscopic preparations. The paper embraced references to the literature of the subject, and detailed the results of numerous experiments on animals and freshly removed portions of human tissues.

Dr. Henry D. Noyes, in discussing the paper, referred to the assistance rendered by the nitrate of silver in the study of the structure of the cornea.

Dr. J. Marion Sims, of New York, made some very interesting remarks on the subject of "Utero-Gastrotomy;" saying, that having had the honor of reading a paper at the last annual meeting on the removal of intra-uterine fibroids by enucleation, he now proposes to speak of the removal of larger uterine fibroids by abdominal section, whether intra-uterine, interstitial, or extra-uterine in character. This operation is now on its trial. It stands where ovariectomy did twenty years ago. It has the same opposition to encounter, and will doubtless achieve the same victory. In this country it has been performed successfully by Kimball, Burnham, Boyd, Storer, Darby; in England by Charles Clay, Fletcher, and very recently by Lawson Tait. Koeberle, of Strasbourg, has cured four out of six cases, while Péan, of Paris, gives us the minute histories of eleven cases, with seven cures, and since the publication of his work, his pupil Urdi has published a work in which he says, that the whole number of Péan's operations up to the present time is twenty, with fifteen cures.

Dr. Sims has recently operated twice for the removal of the uterus, with large fibroid, by abdominal section. The first case was in a feeble state from excessive loss of blood. During the separation of a large fold of intestine from the surface of the tumor, the capsule of the tumor was torn up, large venous sinuses were opened, and the patient suddenly lost about sixteen ounces of blood. She never rallied, and died from the shock and loss of blood in thirty-five or forty minutes after the operation.

The second case had lost large quantities of blood and was quite anæmic, but was thought to be a favorable case for operation. It was done on the 19th of November, according to Péan's method. The patient died in seventy-six hours, of septicæmia. Examination, post-mortem, showed the pedicle in a sloughing condition below the wire clamp; the slough extending along the line of incision in the abdominal parietes, and on top of the bladder, and in the broad ligaments. There were eighteen ounces of bloody serum in the peritoneal cavity. Péan's method of operating is to make a pedicle of the supra-vaginal portion of the cervix, and to draw this out through the lower edge of the abdominal section by clamp, as in ovariectomy. He transfixes the crevix by a double wire, ties one on each side of the crevix, inclosing the broad liga-

ment on its respective side in the wire. Dr. Sims employed Péan's method in both his cases, but would not use it again; but he advocates the use of the actual cautery. He exhibited a clamp *écraseur* on the principle of Nott's [and Isaac E. Taylor's], by which he would compress the broad ligament on one side near the body of the uterus, and then sever the ligament with the cautery down to its junction with the crevix. The same method is to be followed on the side, and it only remains to cut the tumor from the supra-vaginal cervix and cauterize the surface. The several cauterized portions are then dropped into the peritoneal cavity, when, in spite of the eschar, they unite at once by adhesive inflammation to the surfaces with which they lie in contact.

Dr. Sims then exhibited an automatic alcohol blow-pipe for heating the cautery irons.

Dr. E. M. Moore, of Rochester, said his views with regard to operations which required the opening of the abdominal cavity had, for several years, been undergoing considerable change, and there seems to be some truth in the idea that it may be as safe or safer to perform gastrotomy for uterine than for ovarian tumors, owing to the adhesions which are so likely to exist in the latter case.

While it is no trifling matter, or an operation to be done without good and urgent occasion, surgeons have to a great extent got over the fear of opening this cavity. A large number of unfavorable results are undoubtedly from septicæmia. Since Kimball, of Lowell, performed the first operation of this character, the procedure has probably been resorted to more often than the profession were aware. In the case of Dr. Kimball the patient recovered. Last summer Dr. Moore said he had a case of uterine fibroid on which he operated successfully, in which the tumor weighed seventeen pounds. The operation was a modification of the one introduced by Prof. Miner, of Buffalo, in cases of ovariectomy, and called by him ovariectomy by enucleation.\* In this case a pedicle was created by separating a portion of the serous membrane from the surface of the uterus and tumor and bringing it into the abdominal wound, where it was retained, as in the ovariectomy, and formed a cup which received the blood which might escape, and the discharges, and thus prevented their entrance into the abdominal cavity.

Prof. E. R. Peaslee, of New York, called attention to some points in Dr. Sims remarks. His own experience with this operation commenced one week after Dr. Kimball made his operation. The success or failure of the operation would depend upon a variety of causes, and was at best, even in the opinion of Dr. Sims, a dangerous one. Péan does not operate indiscriminately, but he has operated in a case of fibrocystic tumor even when the woman was nearly exhausted, and in some cases of fibroma with ascites, even

\* See Trans. of the Society for 1872, page 187, and *Buffalo Med. and Surg. Journal* of June, 1869.



when the patient was nearly moribund. Dr. Peaslee has seen but two cases in which he thought the operation was advisable, but did not wish to be understood as opposing it. He was perfectly willing to undertake it when the indications were fulfilled.

Dr. Hurd, of Brooklyn, wished to ask Dr. Sims if he was aware of any objection to the use of the galvano-cautery in the separation of the mass.

Dr. Sims declared his readiness to use it, but, at the same time, would not neglect to put a clamp on the broad ligament to prevent hemorrhage.

Dr. Walter Kempser, delegate from Wisconsin, and formerly attached to the Utica Asylum, was introduced and made some remarks.

Dr. C. R. Agnew, of New York, read a paper on "Certain Diseases of the Eye," and their treatment by a modified operation by canthoplasty.

Dr. Geo. T. Stevens, of Albany, reported a "Case of Sarcoma of the Ciliary Body."

Dr. L. D. Bulkley, of New York, an invited guest, read a paper on the "Relation of the Urine to the Diseases of the Skin."

Dr. A. Jacobi, chairman of the Committee on the President's Address, presented the report.

The Committee depreciated the disposition on the part of specialists to publish so many journals devoted solely to their branches. This could not but have the effect of diverting from well established journals, devoted to general medicine and surgery, matters which ought to claim the attention of general practitioners. A few special journals were all that were required, and these might be of the nature of reviews, in which one could find the summary of current literature on special subjects, such as therapeutics, etc.

Regarding the tendency on the part of young men to practice specialties, the committee were equally decided. The tendency was to degrade the general practitioner in the estimation of the public. It was too often forgotten that most of our men who have become eminent in certain branches, were doctors before they became specialists.

The proposition of the President respecting the appropriation of not more than fifty copies of the Transactions for circulation among leading medical journals at home and abroad was approved; as was likewise the suggestion regarding memorial leaves to be incorporated in the Transactions; and suitable resolutions to that effect were, subsequent to the reading of the report, adopted by the Society.

The necessity for a codification of the laws relating to the profession was at the present stage of the existence of the Society, of very great importance, and the committee recommended that the matter be placed in the hands of a competent lawyer. Observations were made on the inefficiency of the law passed by the

Legislature at its last session, and the suggestion of the President that an effort should be made to establish a law like the one in Great Britain, endorsed.

The points of chief interest in the report of the committee related to the time and place of meeting, and the election of permanent members. Respecting the first, the committee recommended that the time of meeting be changed to the third Tuesday in June, and that a committee be appointed by the Chair to take measures, if necessary, to insure the acquiescence of the Legislature in the change.

After an animated discussion, a resolution to that effect was carried.

The resolution offered by the committee, that all delegates who should serve and attend for four consecutive years, should be eligible for and should be declared permanent members, was also discussed at length. On motion of Dr. S. O. Vanderpoel, all that portion of the address which related to delegates and permanent membership, was referred to a committee composed of the Chair and two other members, with instructions to report at the next annual meeting. Carried, and the Chair appointed the committee as follows :

Drs. Fisher, of Sing Sing, and Hutchinson and Prout, of Brooklyn.

Dr. Hutchinson, of Brooklyn, called attention to the fact that for two years the name of Drs. Prout and Seeger, of Brooklyn, had been omitted from the published lists of persons eligible for permanent membership, and asked that care should be taken that they are included in the next list, and that they should be marked as eligible since 1872.

The Business Committee reported the following papers by title: Memoirs of Andrew F. Little and U. G. Bigelow, by Dr. Levi Moore.

Report of Dr. Salvatore Caro, delegate to Pennsylvania State Medical Society.

Report of Robert Newman, delegate to New Jersey State Medical Society.

Resolutions of the Kings County Medical Society.

The Society then took a recess to half-past 3 P. M.

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*Afternoon Session.*—The Society was called to order at half-past three o'clock, by the Vice-President Dr. H. Jewett.

Dr. William Govan, of the committee appointed to invite the Governor, Lieut.-Governor, and members of the Legislature to take part in the deliberations of the Society, reported that the committee had performed the duty assigned them. The report was accepted and the committee discharged.

Dr. Henry D. Noyes, of New York, read a paper entitled : "Cases of Disease of the Orbit of Unusual Character or Severity."

Among other cases, the doctor mentioned some in which total blindness of one eye had resulted from falls upon and injuries of the frontal prominence. The doctor thought that the blindness in these cases was caused by the force of the blow being transmitted by the orbital plate to the optic foramen, at which point the concussion of the optic nerve was so great as to destroy its ability to transmit luminous impressions.

Dr. Hutchinson, delegate from the Rhode Island State Medical Society, was introduced.

Dr. A. N. Bell read a portion of the report of the Committee on Hygiene, embracing selections from the report of the following counties, viz.: Albany, Cayuga, Chautauqua, Erie, Genesee, St. Lawrence, Montgomery, Ontario, Saratoga, and Kings.

The report was discussed by Drs. Kendall and Govan.

Dr. A. M. Vedder, of Schenectady, gave the history of three cases as follow: "Embolism of the Central Artery of the Retina," "Embolism of Axillary Artery," "Diphtheria with Tracheotomy."

Dr. Burge, of Brooklyn, deprecated too early resort to tracheotomy in croup or diphtheria. Many cases, he thought, were able to recover without the resort to so hazardous an expedient. He had seen cases recover without the operation, in which death seemed imminent, and, on the other hand, had seen twenty-three operations with but one recovery.

Dr. A. Jacobi protested against allowing a patient to suffer where the operation would give him relief at once. The operation he considered to be by no means dangerous, nor was the presence of a simple hard-rubber trachea tube in the windpipe a source of any serious trouble. If superficial ulcerations of the mucous membrane occurred, they were quite as much a result of the influence of the disease upon the constitution of the tissue as of the presence of a tube. He would as soon think of declining to open the trachea of a child suffering from imperfect oxygenation of its blood as a result of narrowing of its glottis, as he would hesitate to cut down a man hanging by a rope, because it *might* be too late to restore him to life.

Dr. Hutchinson, of Brooklyn, expressed his belief that the operation of tracheotomy was not, *per se*, a dangerous one. It is true that we cannot tell in many cases of croup if death will result, but he was decidedly in favor of giving the patient the benefit of whatever good could come from the procedure.

Dr. F. N. Otis, of New York, next read a paper on "Stricture of the Male Urethra and its Radical Cure."

Dr. Hutchinson, of Brooklyn, remarked that the method of treating strictures advocated by Dr. Otis, if the true one, is one of the most important advances made in surgery in many years.

Dr. Burge, of Brooklyn, wished, at this point, to remark that some years ago he had presented to this Society an instrument for

the dilatation of stricture. Subsequent observations had convinced him that it was not worth the snap of his finger.

The Business Committee read by title the report of Dr. Eugene Beach, delegate to the Connecticut Medical Association, which was referred to the Committee on Publication.

*Perityphlitic Abscess.*—Dr. J. W. S. Gouley, of New York, read a paper on “Perityphlitic Abscess due to Perforation of the Appendix Vermiformis, together with Remarks on the Subject of Treatment thereof.” The paper was based upon the notes of twenty-four cases, of which the following were not mentioned by either Drs. Lewis, Bull, or Buck, in their papers on this subject, viz.:

Of Dr. Kelsey’s, 1,\* Dr. Whital, 1,† Dr. J. C. Hutchinson, 2,‡ Dr. H. Bonticou, 2,§ Dr. C. A. Leale, 2,|| Dr. J. H. Pooley, 1,¶ Dr. J. W. S. Gouley, 1.

Dr. Gouley’s case was a man, aged thirty-seven, who had for some time been the subject of hernia, for the relief of which he wore a truss. He frequently suffered from attacks of tenderness, in consequence of which he was often obliged to remove or change his truss. He came under the doctor’s care in June of 1873 for treatment during an unusually prolonged and intractable attack of this sort, when his wife reminded him that two years before he had swallowed a fragment of a tooth. He had at that time a swelling in the right iliac fossa, which, after an interval of improvement, became larger, extending over towards median line of abdomen; fever and delirium supervened, and in August it opened spontaneously. No foreign body was noticed in the discharged matter. Improvements which occurred at once resulted in cure in December. In February, 1874, another attack occurred. A consultation was held with Willard Parker, and after a time the tumor was opened freely. A careful examination was made without the discovery of a foreign body. The patient recovered without the recurrence of hernia.

As a result of the study of this, and the history of the other cases reported, Dr. Gouley believed that when a spontaneous discharge of the contents of the abscess occurred, the opening should be enlarged sufficiently to permit a thorough exploration and emptying of its cavity, and that when opened artificially, it should not be done before the seventh day. In a subsequent statement, the doctor called attention to the necessity for the removal, at the same time, of the diseased appendix.

Dr. Thos. F. Rochester, of Buffalo, said that it had been his misfortune to have between fifteen and twenty cases of this sort in his practice, thirteen of which ended fatally. In these examined the foreign body was found in the majority, either in the

\* *Medical Record*, December, 1874.

† Communicated.

‡ Communicated.

† *Medical Record*, May, 1874.

§ Trans. N. Y. State Med. Society for 1873.

¶ Communicated.

appendix or escaped. The mass was often not a foreign body, properly speaking, but a collection of phosphates derived from the secretions of the intestine, mixed and coated with fæces. He thought it very rare that foreign or other bodies got into a healthy appendix, and thought that there were almost always previous catarrhal symptoms.

Dr. Ernst Krackowizer, of New York, gave his experience in this affection, saying, among other things, that the appendix sometimes becomes fixed by inflammation, when the movements of the intestine are sufficient to produce its dilatation and consequent admission of foreign bodies.

He cited the case of a boy who had fecal fistula into the bladder and said that the inflammation sufficient to cause the disturbance may have been during the fœtal life of the patient.

Dr. J. V. Kendall, of Baldwinsville, presented ninety-six biliary concretions removed from the gall bladder of a patient who, during life, had no symptoms which indicated the nature of her case.

Dr. Louis Elsberg, of New York, gave the Society a short description of the method and use of "Auscultation of the Cœsophagus," and was followed by Dr. Hutchinson, of Brooklyn, who mentioned a case of a child who had swallowed a coin, in which auscultation, by the method spoken of by Dr. Elsberg, indicated the seat of the obstruction.

Dr. Squibb asked what course would be pursued with prize-papers. If the Society reserved the right of publishing them, or allowed the writers, as in the case of other papers, to publish them at their option?

The President decided that the latter course was consistent with the by-laws.

Dr. E. M. Moore, of Rochester, exhibited to the Society the extremities of two ulnæ from cases of fracture of the wrist—one was removed at the time of the injury, and was the specimen shown by him at a meeting of the Medical Society of the County of New York, in 1873. The other was removed a short time since from a patient who had about six or seven years before had the peculiar fracture, which Dr. Moore has before called attention to. Both cases showed the nature of the injury as regards the separation of the triangular ligament for the pit of the styloid process, bringing away a scale of bone and converting the process into a sharp point, which punctures the annular ligament or has the latter bent sharply over its apex.

The Society then adjourned to meet in the Assembly Chamber at eight o'clock, to listen to the annual address of the President.

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*Evening Session.*—The Society met, in the Assembly Chamber at eight o'clock, to listen, agreeably to custom, to the President's annual address.

Referring to the various subjects which had been considered by

his predecessors, Dr. Fisher chose for his paper the history of the Society since the first steps were taken towards its organization in 1796 in Saratoga County.

At the close of the address, the members and guests, to the number of three hundred or more, adjourned to the house of Governor Tilden, and after presentation to the Governor and his family, partook of an elegant supper.

*Third Day.—Morning Session.*—The Society being called to order at half-past nine o'clock, the meeting was opened with prayer by the Rev. Dr. Bridgman.

The President announced that the committee to wait on the Legislature in reference to the subject of change of time of meeting would be Dr. Quakenbush.

Dr. Squibb understood that the Society had an organic right to change its time of meeting without reference to the Legislature.

The President said the Society had to give notice of its intention.

The Committee on Arrangements and Receptions reported a list of delegates and invited guests present.

The Committee on Ethics, through Dr. T. Hun, reported that they had entertained the complaint of J. C. C. Dove, of Dutchess County, and for want of other than *ex parte* evidence, declined to act. It appeared to them that the County Society in question had not been duly notified.

Dr. E. H. Parker, of Poughkeepsie, said that he was aware that the County Society *had* been duly notified in the manner required, and urged that some action should be taken at the earliest possible moment, since, until facts to the contrary were known, the petitioner might be the aggrieved person.

Dr. Eliot moved that the report be referred back to the committee with power.

Dr. Parker was quite willing that this course should be pursued, but objected to the "with power." The case, he thought, was an important one, and the decision might establish a precedent; therefore, he thought the decision of the question should rest with the Society. Dr. Eliot accepted Dr. Parker's amendment, and the motion was carried.

Dr. Kendal, Chairman of Committee to invite the Health Committee of the Legislature, reported that they had discharged that duty, and on motion their report was accepted.

The Committee appointed to audit the Treasurer's account, reported that it had been found correct as per vouchers presented.

On motion of Dr. Eliot, the report of the committee was accepted.

The Committee on Nominations reported the list of officers, delegates, etc., for the ensuing year, of which the following are the most important items:

*For President*—Dr. Thomas F. Rochester, of Buffalo; *Vice-President*, Dr. Ellsworth Eliot, of New York; *Secretary*, Dr. E. R. Hun, of Albany; *Treasurer*, Dr. Charles F. Porter, of Albany.

*Censors*.—The list of censors remains about the same as last year, with the exception that J. C. Hutchinson, of Brooklyn, is appointed in place of E. R. Squibb, in the southern district; and C. C. Wyckoff, of Buffalo, in place of L. B. Cotes, of Batavia.

*Committee on Correspondence*—The same as last year.

*Committee on Statistics*—The same as last year.

*Committee on Prize Essays*—Henry W. Dean, of Rochester; Julius F. Miner, of Buffalo; William S. Ely, of Rochester.

*Committee on Publication*—A. E. M. Purdy and Ellsworth Eliot, of New York, and E. R. Hun, of Albany.

*Censor of Syracuse Univ., Medical Department*, same as last year.

The committee also presented the following Preamble and Resolution, which were unanimously adopted:

*Whereas*, After a continuous period of service as Secretary of this Society for ten years, Dr. W. H. Bailey feels constrained to decline the further acceptance of the office, it is, therefore,

*Resolved*, That the acknowledgments of the Medical Society of the State of New York are hereby conveyed to Doctor William H. Bailey for the self-sacrificing and eminently successful manner in which, by his courtesy, skill and ability he has discharged the arduous duties incident to his position; and that this Resolution be published in the proceedings of this Society.

*Resolved*, For the purpose of complying with a by-law of the American Medical Association, that the delegate from this Society whose name heads the list, be regarded as the member of the Nominating Committee from the State of New York in that body; and in the event of his absence, that the delegate in attendance whose name is next in order shall be chosen to that position.

On motion of Dr. Eliot, the Report was accepted, and the Resolutions adopted.

Following the election, the Committee on Prize Essays declared the following subjects to be competed for during the coming year:

For the Merrit Cash Prize—"Transfusion, Historically, Experimentally, and Critically Considered."

For the Brinsmade Prize—the subject optional with the candidate.

The President announced that the Committee on Hygiene would remain the same as last year. He also mentioned the death, in August last, of Samuel Shumway, M. D., a member of the Society.

On motion of Dr. Eliot, the Society directed the retiring President to fill all vacancies that might occur in the list of delegates.

Dr. Squibb offered a series of resolutions relative to the publication of the Transactions which, after some discussion, were adopted.

Dr. Frank H. Hamilton, of New York, gave his experience in the use of hot water by immersion in the treatment of amputations and other surgical affections in the Reception Hospitals and St. Francis Hospital, in New York, during the past three years. (See former No. of the *Medical Record*.)

Dr. Squibb said that it was certainly gratifying to his complacency to have the views expressed many years ago in an article contributed to the *Amer. Journal of Med. Sciences* receive such endorsement. He offered also a suggestion which came first from French surgeons, that a small quantity of aromatic wine should be added to the water, not only because of its odorous nature, but because its ingredients possessed disinfectant properties.

Dr. Krackowizer, of New York, had had some experience in the German Hospital in the employment of this measure and considered the use of hot water mostly restricted to the primary stage of injuries. After cicatrization had commenced, he thought the œdema produced by the heat, moisture, and dependent posture combined tended to interfere with recovery. Dr. Hamilton had spoken of the restriction of the application to the parts below the upper arm and thigh, but he knew no reason why immersion of the whole body might not overcome the difficulty when other parts were the seat of trouble. Hebra had done this in the case of extensive burns, and the patients had been kept under water for weeks together.

Dr. Quackenbush reported that the committee appointed to wait on the Legislature had presented the subject of change of time of meeting to Hon. Mr. Husted, who had promised to see that it received early attention. The Business Committee read the following papers by title, and they were referred to the Committee on Publications:

“Case of Puerperal Convulsions, Apoplexy,” by Dr. Cartwright.

“Case of Fracture of Humerus.”

“Case of Gall Stones.”

“Removal of Breast by Knife, and afterwards by Elastic Ligature,” by Dr. Abbot.

Dr. Sherman, of Ogdensburg, narrated cases of “Fracture and Dislocation of Acromial Extremity of Clavicle.”

Dr. E. M. Moore declared his interest in these cases which are truly rare. He had no knowledge of the results of this method in dislocation until two years ago. Last summer he received a letter from Dr. Prince, of Illinois, reporting the successful issue. Two months later he had another case which resulted so favorably that it was difficult to tell which was the injured shoulder. These four cases were the only ones of which he had heard.

Dr. Hamilton thought the gentleman had not made a distinction between two varieties of this injury, one complete, where the outer extremity of the clavicle over-rides the acromion, the



other, where the luxation was incomplete. Of the two, the former is, of course, the most serious, and the perfect cure questionable.

Dr. Rochester had treated successfully a case of complete dislocation of sternal end, when the attention was attracted by the interference with breathing caused by pressure of the extremity of the calvicle against the trachea.

Dr. Sherman said that in both the cases reported by him the dislocation was complete.

Dr. Squibb moved that Professors Hamilton and Dalton be requested to furnish the substance of their remarks to the Committee for publication in the Transactions. Carried.

#### MISCELLANEOUS.

The Committee on Credentials, through Dr. Wey, reported that two hundred and fifty-nine names were registered.

There being no further business, the minutes of the morning's session were read and approved, and the Society adjourned *sine die*.—*Medical Record*.

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## Editorial.

### Twenty-Ninth Annual Commencement of the Buffalo Medical College.

The twenty-ninth Annual Commencement exercises of the Medical Department of the University of Buffalo, were held at St. James Hall, Tuesday evening, February 23d.

The exercises were opened with prayer by Rev. G. W. HEACOCK, after which the Dean, Prof. POTTER, read the report of the proceedings of the Council as follows:

The Council of the University of Buffalo, at a meeting held in this city today, conferred the honorary degree of Doctor of Medicine upon W. McCollum, of Lockport, Niagara county, N. Y. They also, in accordance with the Faculty and Curators of the Medical Department, directed that the degree of Doctor in Medicine be conferred on each of the following gentlemen:

Charles Cary, Buffalo; Jacob Chambers, Jr., Kingston, N. Y.; Henry Franklin Fullerton, Buffalo; Albert Gale Leland, Trumbull, Ohio; William Penn Clothier, Buffalo; Harmon Judson Ashley, Sandusky, N. Y.; William Lewis Allen, Hoyt's Corners, N. Y.; Arthur John Lawrence, Rochester, N. Y.; William Evans Hughes, Aylmer, Ont.; Joel Henry Greene, Franklinville, N. Y.; Philip Alexis McCrea, Portville, N. Y.; Zera J. Lusk, Clarence, N. Y.; John Archibald McDonell, Barton, N. Y.; Fred Francis Webster, East Bloomfield, N. Y.; Frederick DeForest Lamb, Castle Creek, N. Y.; Otis Augustus Jackway, Breesport, N. Y.; Fred C. Beals, East Randolph, N. Y.; Dudley S. Brainard, Rosendale, Wis.; Frederick Austin Manderville, Rochester, N. Y.; Charles Alfred Booth, Brooklyn, N. Y.; William Harvey DeKay, Forresterburg, N. Y.; George Daniel Bradford, Cortland, N. Y.; James Henry Budd, North Hector, N. Y.; Wallace Sibley, Ischua, N. Y.; Frank Adelbert Dutton,

Eagle, N. Y.; George Launcelot Taylor, East Hamburg, N. Y.; David T. Pierce, Cambridge, N. Y.; La Vega Rathbun, Howard, N. Y.; Arthur DeVoe, Mercer, Pa.; Le Verne Augustine Badger, Sheffield, Pa.; Edward Girard Brown, Port Allegany, Pa.; Samuel Griswold Dorr, Dansville, N. Y.; Edwin Eugene Whitcomb, Albion, N. Y.; John Pitts Colgrove, Allegany, N. Y.; Charles Herbert Davie, Buckfield; Alexander Ross Sutherland, Tonawanda, N. Y.; Frederick Krehbiel, Clarence, N. Y.; John Daniel Maloy, Buffalo, Charles Munroe Jones, Charlotte, N. Y.; John Harrison Clark, Wyoming, N. Y.; George Benjamin Bishop, Silver Creek, N. Y.; Charles Milton Garlock, Lindenville, N. Y.; Frank W. Miller, Whippany, N. J.; Caspian R. Morrow, Buffalo.

And the council also at the same meeting directed that the degree of doctor in medicine be conferred upon Charles Osman Chester, at our next commencement, when he shall have attained his majority.

The following Theses were deemed by the faculty and curators worthy of honorable mention:

1. A Thesis on Diet; by George Launcelot Taylor.
2. A Thesis on Hysterical Progressive Locomotor Ataxia; by Charles Cary.
3. A Thesis on Hydrothorax; by Henry Franklin Fullerton.
4. A Thesis on the Literary Requirements of the Physician and his ability to Control Disease; by Edward Girard Brown.

At the conclusion of the report, the members of the class were called upon the stage and received their diplomas from Hon. O. H. MARSHALL, President of the council, following which came the address of the Graduating Class, by Prof. JAMES P. WHITE.

As the Alumni Association also held its inaugural meeting on this occasion, the committee having the matter in charge, had made arrangements with Dr. W. W. POTTER, of Mount Morris, (class of 59) to deliver an address to the Alumni.

At the conclusion of Prof. WHITE's remarks, Dr. POTTER was introduced and delivered an interesting address. We regret that time and space will not permit us to give a synopsis of these addresses, we shall hope however in our next number to give a more extended report, more particularly of the proceedings of the Alumni Association. The proceedings at the hall were agreeably interspersed by music from Wahle's orchestra.

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ALUMNI ASSOCIATION.—The inaugural meeting of the Association of the Officers and Alumni of the Medical Department of the University of Buffalo, was in every way a success.—STATE MEDICAL SOCIETY.—We are indebted to the *Medical Record* for the full report of the proceedings of the State Society, which we present this month. The selection of Dr. ROCHESTER as President, was an eminently fitting one, and will receive the hearty approval of every physician of Western New York.—SCARLET FEVER AND THE MEDICAL PROFESSION.—The following effusion from the editorial page of the *Commercial Advertiser* of this city needs no comment from us, its utter lack of

common sense is self-evident: Scarlet Fever has not raged with as much virulence during the past month as in December and November, if the returns to the Health Physician are any indication. The medical men realized the necessity for action, and the results are already seen. Reading Bancroft's "History of the Native Races" we learn that among some of the tribes on the Northern Pacific coast, the doctor is only called as the last resource. He is given to understand that if he loses the patient he will be killed himself, and if he escapes, then the first medicine-man that the indignant friends of the deceased can lay their hands on is sacrificed. This is somewhat severe; but perhaps if it was tried on now and then among civilized people epidemics would not make such headway.

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## Books Reviewed.

*Cyclopædia of the Practice of Medicine.* Edited by Dr. H. von Ziemssen, Vol. I, Acute Infectious Diseases. By Profs. Liebermeister, Lebert and Heubner, Drs. Haenisch and Oertel. The American Translation edited by Albert H. Buck, of New York. New York: Wm. Wood & Co., 1874.

The first volume of Ziemssen's Cyclopedæia which has been anticipated for some time by the profession, has been on our table for a considerable period, and we are even now unable to give it that thorough consideration which its importance demands.

The first article is by Prof. Liebermeister upon Infectious Diseases, followed by a long article by the same author upon Typhoid Fever. The writer evidently speaks from a large experience both in the literature of the disease and with the disease itself. The treatment which he adopts would seem rather heroic to us, but may be perhaps the thing when the patient is a phlegmatic German. An article upon the Plague is by the same writer, and is chiefly interesting in a historical point of view. Relapsing Fever, Typhus Fever and Cholera, by Prof. Lebert, Yellow Fever by Dr. Haenisch, Dysentery, by Prof. Heubner, and Epidemic Diphtheria, by Dr. Oertel, compose the balance of the work. We regret that our space will not allow a more extended notice of these articles, that upon Diphtheria is of especial interest at this time, and is a valuable resumé of the subject. The work of translating is well done, and the separate indexing of each volume is an admirable idea. The Publishers deserve much praise for the enterprise, and the promptness with which they have issued the second volume.

## Books and Pamphlets Received.

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Compendium of Children's Diseases. A Handbook for Practitioners and Students. By Johann Steiner, M. D. Translated from the second German Edition by Lawson Tait, F.R.C.S. New York: D. Appleton & Co., 1875. Buffalo: Herger & Ulbrich.

A Practical Treatise on the Medical and Surgical Uses of Electricity. Including Localized and General Faradization; Localized and Central Galvanization; Electrolysis and Galvano-Cautery. By Geo. M. Beard, A. M., M. D., and H. D. Rockwell, A. M., M. D. Second Edition. New York: Wm. Wood & Co., 1875. Buffalo: H. H. Otis.

The Histology and Histochemistry of Man. A Treatise on the Elements of Composition and Structure of the Human Body. By Heinrich Frey, Prof. of Medicine in Zurich. Translated from the Fourth German Edition. By Arthur E. J. Barker, M. D. New York: D. Appleton & Co., 1875. Buffalo: Herger & Ulbrich.

Dental Pathology and Surgery, By S. James H. Salter, M. D., F.R.S. New York: Wm. Wood & Co., 1875. Buffalo: H. H. Otis.

Pulmonary Tuberculosis: Its Pathology, Nature, Symptoms, Diagnosis, Causes, Hygiene and Medical Treatment. By Addison P. Dutcher, M. D. Philadelphia: J. B. Lippincott & Co., 1875. Buffalo: Martin Taylor.

Eating for Strength. By M. L. Holbrook, M. D., aided by numerous competent assistants. New York: Wood & Holbrook, 1875.

On the Treatment of Pleurisy. By John W. Corson, M. D. New York: Wm. Wood & Co., 1875.

A Series of American Clinical Lectures, edited by E. C. Seguin, M. D. Vol. I, No. I. On Diseases of the Hip Joint, by Lewis H. Sayre, M. D. New York: G. P. Putnam's Sons, 1875.

Transactions of the American Ophthalmological Society. Tenth Annual Meeting, Newport, July 1874. New York: Wm. Wood & Co., 1874.

Annual Address before the Philadelphia County Medical Society. By Washington L. Atlee, A. M., retiring President. February 1875.

Scleritis Syphilitica: Its Pathology Course and Treatment. By Fred R. Sturgis, M. D. From Archives of Dermatology, Vol. I, No. 2.

On the Relations of the Nervous System to Diseases of the Skin. By L. Duncan Bulkley, A. M., M. D. From Archives of Electrology and Neurology. November, 1874.

Insects of the Pond and Steam. By A. S. Packard, Jr. Boston: Estes & Lauriat, 1875.

B U F F A L O

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Original Communications.

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ART. 1.—*Cerebro-Spinal Anaemia and Convulsions.* By W. W.

MUNSON, M. D. Read before the Central New York Medical Association, December 15th, 1874.

Miss D.—, aged 22, school teacher. Found her in bed, with headache, vertigo, nausea and vomiting; all these symptoms notably increased on rising from the recumbent position. Face pale, lips colorless, conjunctivæ excessively white, pupils widely dilated, contracting but sluggishly on exposure to strong light, retinae extremely sensitive. No pain or tenderness in any part of body, save the cephalalgia.

Diagnosis: Cerebral Anæmia, produced by the exhaustion of excessive mental exertion. Treatment: Rest, concentrated and easily digested nourishment every four hours when awake, bismuth and oxalate of cerium before eating until nausea and vomiting are controlled, pyrophosphate of iron and sulphate of strychnia in infusion of gentian and whiskey after eating. Extra amount of whiskey at night to relieve the insomnia. Nourishment and medicine well retained from the first. After two days, food and tonic given in the usual manner, three times a day. Improvement rapid; cure complete in one month.

Mrs. D., aged 41, mother of two children; general appearance that of a stout, healthy woman of 150 pounds weight. Her chief

complaint is of a severe pain in right hand and arm. This pain is not constant, but occurs in paroxysms which are specially violent on going to sleep, the pain waking her as soon as she commences to drowse. Fingers are numb; reports partial paralysis of right lower extremity, accompanied with pain, at each menstrual period, states that the foot drags and trips, approaching the appearance of one suffering from hemiplegia. This condition has lasted several months, but she has not been under treatment; only applies now for relief from pain. Face and lips are pale, pupils are dilated, responding to light sluggishly. She has never suspected any spinal difficulty, has felt no pain or soreness in back, but on examining spine I find she flinches and complains of pain, on pressing spinous processes of seventh cervical and first four dorsal vertebræ. Tenderness not elicited in any other part of spine. Pain was relieved and sleep obtained by the use of opiates, but the usual unpleasant effects of this drug appearing next day, no more of it was used.

Examination per vagina reveals chronic vaginitis. Diagnosis: Cerebro-spinal anæmia, the spinal element predominating. She is put upon the same constitutional treatment as the preceding case, with solution of sulphate of zinc and carbolic acid for vagina. If she is sleepless, give her whiskey, if in pain give her whiskey, if dizzy give her whiskey; in fact all the alcohol is given her that can be borne. Recovery in this case was rapid.

From several similar cases that have come under my observation, these two are selected as the text, and cerebro-spinal anæmia as the theme of this paper.

Although the condition so long unfortunately known as "spinal irritation" is not recognized as a distinct disease by many of our best authorities, I cannot but believe that we do sometimes meet a case presenting nervous symptoms not described by medical writers except those who treat of "spinal irritation" as an affection separate and distinct from general anæmia, hysteria or exhaustion. To be sure the symptoms are very variable and inconstant, even more so than those of that most capricious of nervous maladies which we still ignorantly term hysteria.

The prominent, essential, even pathognomonic symptom of spi-

nal anæmia is tenderness over one or more points of the spinal column. This tenderness is always increased by pressure, and may or may not be previously complained of by patient. In four of my cases it was not even thought of by the patient till I discovered it by pressing on spinous process. In one of these cases pressure not only produced pain at point of tenderness, but also pain and numbness in right arm and hand. In another the usual left infra-mammary stitch and a sickening faint feeling were produced, so great that she came near falling to the floor. In another the pain in the back, arms and chest were so great that she was several hours recovering from the effects of only slight pressure. Of so much importance is this symptom that whenever a train of symptoms present themselves, clearly belonging to the nervous system, but not answering to the description of any well known disease, the spine should always be examined. To be sure, spinal tenderness is often (some insist always) found in hysteria. But in uncomplicated spinal anæmia we never find one of those incongruous combinations of symptoms known as the hysteric fit. Besides, in hysteria, there is almost invariable the hypogastric tenderness, pressure over left ovary will often temporarily relieve all symptoms at once. I have taught one of my hysterical patients to relieve her "globus hystericus," giggling and crying, by hard pressure with the fist down on left ovary. She has no spinal tenderness.

Around this symptom, spinal tenderness, and apparently depending upon the pathological condition which produces it, cluster all the other symptoms of spinal anæmia, such as pain, nausea and vomiting, with other dyspeptic symptoms, cough, dyspnoea, palpitation of the heart, irritability of the bladder, syncope, hiccup, dysphagia, anæsthesia, hyperæsthesia, paralysis, convulsions, spasms, fibrillary twitchings, contraction, numbness, vertigo, noises in the ears, disturbance of vision, aphonia, epilepsy, and chorea—the different symptoms and combination of symptoms depending greatly upon the seat of spinal tenderness. Thus, when the irritation exists in the cervical region only, with which condition, I believe cerebral anæmia is usually associated; there will be vertigo, headache, noises in the ears, disturbances of vision, sense of fullness

and constriction across forehead, derangement of sleep, usually insomnia, more rarely somnolence with unpleasant dreams and nightmare, neuralgic pains in face, neck, shoulders and arms, fibrillary twitchings and spasms of muscles of face and neck, contractions of some of the muscles supplied by cervical nerves, especially the flexors of hands and arms. Paralysis may also occur in these muscles, aphonia and hiccup, nausea and vomiting. General chorea has also been noticed; while the mind is almost sure to be more or less affected. It is not to be understood that all of these symptoms will ever exist in any one case, but all of these symptoms have been noticed in different cases where the cervical region was only affected.

When the dorsal region only is affected the most prominent symptoms are connected with the viscera. The stomach is always more or less deranged, gastralgia, nausea and vomiting, pyrosis and flatulence being very constant symptoms. Syncope, depression, cough, hiccup, dyspnœa and intercostal neuralgia, especially the left infra-mammary stitch, may all be looked for. No spasms, contractions or paralysis have as yet been noticed, as far as I am informed, in anæmia of dorsal region only. When the lumbar region alone exhibits spinal tenderness, the symptoms are all connected with the organs supplied by nerves given off from the lumbar spine. There may be pain contractions, spasms or paralysis in lower extremities, pain in bladder, rectum, ovaries and uterus, and incontinence of urine.

We may not hope, however, to often see a case in which there will be tenderness over any one region alone, with the corresponding symptoms.

It is when different regions of the spine are affected at the same time, as is usually the case, the symptoms become complicated. But there need be no confusion, for the connection of different symptoms and groups of symptoms with their tenderness in different regions of the spine, may always be observed if the anatomical distribution of the nerves be borne in mind, "one group of symptoms changing into another as the spinal tenderness becomes more marked in one region than another," (Radcliff.)

But it is where the whole spine is tender that the disease be-



comes more serious and obstinate. In such cases the hyperæsthesia is very extensive and acute, it being scarcely possible to press upon the most limited point without producing pain. In these comparatively rare cases we may expect paralysis, epilepsy, clonic and tonic spasms, prolonged muscular contractions, severe neuralgic pains in any part of the body, with any of the other symptoms enumerated as belonging to any particular local tenderness. I have seen but one such case. In this case the slightest pressure in any part of the spine would cause the patient to wince and cry out with pain radiating to parts supplied with nerves arising from the region to which pressure was applied. This was a case of great interest to me, as I long looked upon it as one of hysteria only; but when I considered the superior intelligence and calm judgment of the patient, the almost complete paralysis of right extremities, the severe, painful spasms, both tonic and clonic, the agonizing visceral neuralgias, and the long continued contraction of right anterior and posterior tibials, producing a firm and constant talipes varus which continues to a slight degree to this day—two years after her otherwise complete recovery; after these and many other considerations, I was led to believe that I had something more than hysteria to deal with.

As to the pathology of this disease, whether the sympathetic system of nerves be at fault or not, the best reason, among many others, for believing that it is dependant upon anæmia of the brain and spinal cord is this: "Those agents which are known to diminish the amount of blood in the spinal vessels invariably increase the severity of the symptoms due to spinal irritation, while they are as effectually lessened in intensity by remedies which tend to produce spinal hyperæmia." (Hammond).

Dr. C. B. Radcliff inclines to the belief that spinal irritation involves "capillary contraction and bloodlessness," "deficiency of blood and organic changes brought on by the part being starved for want of blood."

Dr. John P. Gray, of the Utica Asylum, in his paper read before the State Society, 1871, insists upon cerebral anæmia as a common cause of insanity.

With the view of the pathology of this affection, that it is de-

pendent upon anæmia of the brain or cord, or both, the treatment, in any of its forms, suggests itself, namely: those agents that will supply these organs with a proper amount of healthy blood, and improve their nutrition. These we have in alcohol, strychnine, phosphorus, iron and electricity, good food, air, light and exercise with proper influences and associations being of course understood.

In obedience to the recommendations of all authorities that I have consulted on this subject, I blistered my first cases; but about two years ago, a lady come under my care with spinal irritation, who was not ill enough to suspend her household duties, and thinking a sore between the shoulders would be rather uncomfortable to labor under, I depended upon alcohol, iron and strychnine, recommending good nourishing food, and cautioning against overwork. She did well. Since then I have blistered but one case, and henceforth I shall not resort to the counter irritant till other means fail. If anæmia be the pathological condition in this affection, where is the indication for *counter* irritation? On the contrary, are not those agents indicated that *directly* stimulate the parts at fault? In those cases where benefit has been derived from irritation applied to spine, I suggest that the irritation, being applied so near the seat of disease, instead of acting as a *counter* irritant, *directly* increased the blood supply and nervous energy to the anæmic cord beneath. I have used electricity in only one case of this affection. In this case it failed to be of the least service, although it was long and faithfully continued. Nevertheless I have no doubt of its efficacy in this disease as well as in all others where nerve stimulation and nutrition are desired. In these days of electro-therapeutics, when every doctor, quack and regular, has his batteries, and when specialists in this department are curing every thing with the different "currents," from herpes and eczema to elephantiasis and paralysis; it may be presumptuous to speak a depreciative word upon the subject. Still I cannot consider the warning which Dr. J. Russell Reynolds gives in his little work on the clinical uses of electricity, at all ill timed, when he cautions both students and practitioners to not overestimate the power of electricity in the diagnosis and treatment of disease. With

“country doctors” the *simplest* way is usually the *only* way available, whether it be the *best* way or not.

The prescription which I usually commence with in these cases, and which I feel safe to recommend, is a solution of pyrophosphate of iron and sulphate of strychnine in a strong infusion of gentian sweetening, and adding one fourth good whiskey, the proper dose being contained in a tablespoonful, to be taken three times a day after eating. This is easily made, pleasant to take, contains one of our best preparations of iron, and we can be positively sure of the amount of strychnine given, which is not always the case when we trust to any of the different fancy preparations of iron and strychnine or to either of the extracts of nux vomica. If the above fails we have the phosphate of zinc, pure phosphorus in many pleasant forms, the dilute phosphoric acid, the fluid and solid extracts of nux vomica, a multitude of good preparations of iron, a long list of “wines and liquors,” quinine, electricity and blisters, to fall back upon.

Of course if the exciting cause of the condition can be ascertained, it should, if possible, be removed. But this is not always easily discerned. Says Hammond, in summing up this matter; “Any cause capable of reducing the powers of the system may produce spinal irritation.”

Morphine administered hypodermically is almost sure to relax the spasms or convulsions in a few minutes.

Convulsions in spinal irritation as elsewhere, being a symptom, not a disease, should always be treated with the same general principal in view: (1) Remove the cause if it can be discovered: (2) Apply those measures that will the most rapidly end safely, determine the blood to the brain and spinal cord.

To be sure we have epileptic convulsions, apoplectic convulsions, hysterical convulsions, puerperal convulsions, syphilitic convulsions, uræmic convulsions, centric convulsions, excentric convulsions, eclamptic convulsions, general convulsions, unilateral convulsions, local convulsions, convulsions from injuries about head or any other part of the body, with or without hæmorrhage, convulsions from tumors or abscess in or on brain or cord, worm fits, teeth fits, green apple fits—all sorts of convulsions, spasms and

fits—but the weight of opinion among the most distinguished clinical observers seems at present to be in favor of the two following propositions: (1) *Convulsion is a symptom*: (2) *Convulsion is the result of a deficient supply of healthy blood in the brain and spinal cord*.

The object of the remainder of this paper is to elucidate these two propositions.

Boerhaave, a hundred and fifty years ago, gave the loss of too much blood, as one of the causes of convulsions, and when such is the case, "the cure is performed," he states, "by filling the vessels again with a soft, friendly and liquid aliment given in small quantity, but often, and "by stopping at the same time the loss of blood."

Helvetius, a contemporary and opponent of Boerhaave, says: "The necessity of a due proportion between the fluids and solids, evidently shows, that 'tis to the want of this, the convulsions and other symptoms in hæmorrhagies are to be ascribed. The plainest instance that can be given of this, is that of a dog or any other animal from whom an excessive quantity of blood has been taken."

Cullen maintains that "there are certain powers of collapse, which in effect, prove stimulants, and produce epilepsy," mentioning hæmorrhage as the first of these causes which he termed "indirect stimulants." Says Cullen in this connection; "that the same hæmorrhagy that produces syncope, often at the same time produces epilepsy is well known, and \* \* \* \* hæmorrhagies occurring to such a degree as to prove mortal, seldom do so without first producing epilepsy." (Under the general term "epilepsy," Cullen included, not only the disease known to us as epilepsy, but also certain other convulsive disorders, such as convulsions of children, hysterical and puerperal convulsions).

John Brown *the* stimulator of the last century, who rebelled against the bleedings, pukes and purges of Cullen, his followers and contemporaries, bringing down the maledictions of the whole army of depletors on his head, said: "Tremor, convulsion and every affection comprehended under it, are to be imputed to debility." Again in speaking of spasmodic and convulsive diseases, "Instead of arising from an over proportion of the blood and ex-

cessive vigor," says Brown, they depend "upon an under proportion of that fluid, and other causes of debility, and are to be cured, not by bleeding and other evacuations, but by filling the vessels and restoring the strength of the whole system."

Although Brown was considered by the then "Regulars," an "unfortunate genius," wild and visionary, as in fact he was in many things, not having the light of modern discoveries in physiology to guide him, it is interesting to consider how the medical profession have within the last hundred years constantly approached nearer and nearer his management of disease, if not adopting his particular treatment, at least agreeing with his opposition to the notions prevalent in his day, till now we are far ahead of him in substituting the *general support* which he so vehemently urged, for the murderous lancet and deadly potions in the way of "vomits and purges" with which his enemies hurried their patients out of the world.

No convulsion or spasm follows *congestion* of any part of brain or cord. The results of congestion are stupor, coma, paralysis.

In apoplexy the coma always precedes the convulsions. First the brain is engorged with blood, and the man falls—this is the "shock," immediately the vessel or vessels burst, draining the brain of blood, producing *cerebral anæmia*, and the convulsion occurs at once. This theory that convulsion is dependent upon anæmia of the brain, has been made famous by Niemeyer.

Go to the shambles, observe the manner of dying—a hog is "stuck," as the blood drains away his strength fails, he staggers and falls, no convulsions yet, finally the great nerve centers are so drained of the life-giving fluid that they are unable to communicate a steady flow of nerve force to the muscular system—nature makes her last great effort, and throws the animal into convulsions which continue to the end. Sir Charles Bell and Marshall Hall, both maintained that the convulsions which occur when an animal is bled to death, are the result of loss of blood from spinal cord.

When an epileptic falls down he is deadly pale, not flushed as has been incorrectly stated. Pupils are dilated, a prominent symptom of cerebral anæmia. The tonic spasms occur first, throwing the blood into the cord to which they point. The clonic

spasms, which point to the brain, follows in a few seconds. Then in another minute the fit is over.

In an epileptic the fault of his system, his disease, is a constant *tendency, liability*, to sudden excessive cerebro-spinal anæmia. From some cause or causes occasionally or periodically acting upon his system, the brain and spinal cord are suddenly deprived of their customary supply of blood. Convulsions and fibrillary quiverings follow as a result of this deprivation, the convulsions being nature's sudden spring to relieve the sudden dangerous cerebro-spinal anæmia. *The convulsion is not the fit proper—the anæmia is the fit, the convulsion the cure.*

To be sure the medulla has been found congested and indurated in some old cases of epilepsy, where patients have died of intercurrent diseases. But this permanent congested condition is the result of repeated and long continued paroxysms, the vessels having become too greatly weakened to resist the force of the circulation during the fits. This chronic pathological condition is the *result* of paroxysms, not the *cause* of them.

There may be congestion and anæmia at the same time—the engorgement may be so great as to disable the capillaries from performing any function at all, paralyze them, or the congestion may continue so long, even if the capillary function is not arrested, that the blood is exhausted of all its vital principles, and charged with the natural waste instead. In either case there is virtually anæmia, for exhausted blood in healthy tissues, or good blood in paralyzed tissues, amounts to the same thing as no blood at all in those tissues. Passive congestion, then confirms, rather than contradicts the influence that epileptic attacks have their origin in failure of circulation, not in increased action.

One of the triumphs of physiology is the discovery, that irritation of a sympathetic nerve produces capillary contraction with diminished blood supply in parts to which the irritated nerve is distributed. I suggest that “the irritation of worms and indigestible substances in the alimentary canal,” which causes the well known convulsions in children, is, in reality, irritation of a portion of the sympathetic system of nerves, this irritation being reflected to the spinal cord through which the sympathetic is abundantly

distributed, producing contraction of the capillary blood vessels in this nervous center, temporary anæmia necessarily following this physiological action. Nature at once springs the convulsion on the organism for the purpose of restoring the blood to the cord, in many cases overdoing the matter by rupture of a blood vessel or by otherwise injuring or destroying the structure or function of tissues necessary to life. So also may "irritation of the gravid uterus" be in fact irritation of sympathetic nerve filaments—the last element in the process being that most appalling sight, puerperal convulsions.

And epilepsy too, may not the primary fault be irritation, derangement, diseased action, call it what we may, of the sympathetic nerve, this irritation being at times so great as to produce such excessive cerebro-spinal anæmia as to endanger life, nature immediately springing to the rescue with convulsions, without which the patient would die?

Dr. Echeverria is the first so far as I know, to publish the statement that bromide of potassium produces cerebral congestion. I am specially thankful for this suggestion, as I have never been able to harmonize the *theory* of its being a cerebro-spinal sedative, with the *fact* of its remarkably favorable effects in epilepsy. This statement of so distinguished an authority on epilepsy, gives a clue to its "mode of operation." This theory accords well with his advice to combine coffee and strychnine with it in the treatment of epilepsy. I would further suggest that bromide of potassium, by allaying the irritation of the sympathetic nerves, diminishes their power over the capillaries, allowing the circulation of more blood in the spinal cord, the very condition that is desired in epilepsy and all other convulsions. And this is the way bromide of potassium acts as a "nervous sedative."

In his recent lecture on cerebral exhaustion before the R. C. P., Dr. C. B. Radcliff includes epileptiform seizures among the symptoms of that disease; and insists upon it, that these seizures, whether fully developed epileptic or epileptiform, are connected with a bloodless, rather a congested state of the brain; and fully corroborates what Delasiauve first noticed, and Trousseau insisted upon, that a corpse-like paleness of the countenance is the imme-

diate precursor of the perfect form of epilepsy. Says Radcliff: "I can testify to the existence or a corresponding palor at the same time deep down in the eye, for on several occasions, while happening to be examining the eye with the ophthalmoscope when an attack of *petit mal* has come on, I have seen the pupil dilate, and the vascular blush in the fundus become quite pale." Again, in speaking of spinal exhaustion, he states that it is difficult to diagnosticate the two diseases, cerebral exhaustion and spinal exhaustion, that they have many symptoms in common, and that "very many of the peculiar symptoms belonging to spinal irritation, will be found belonging to spinal exhaustion."

Dr. Seguin in his recent admirable lecture on the therapeutics of the nervous system, gives "epileptic loss of consciousness" as typical of anæmia of the brain, and recommends nitrite of amyl at the moment *the spasm of the vaso motor nerve commences*.

Dr. Crichton Brown, in experimenting with nitrite of amyl, found that this powerful and rapid stimulant will usually prevent epileptic seizures when inhaled immediately premonitions of the fit are felt.

Dr. Robert Barnes, in his recent Lumleian lectures on convulsive diseases of women, does not support the doctrine advanced in this paper, but teaches that in the pregnant state there is what he calls "exalted central nervous erethism," "exalted nervous irritability," "excessive centric irritability" &c., but often gives the causes of this "irritability," "erethism," "excitability," in such terms as this: "some alteration of the blood," "lowered or impoverished condition of the blood," indeed he gives "lowered or impoverished condition of the blood" as one of "the two great factors in the production of these diseases." The other "great factor" he names "exalted nervous irritability under the stimulus of the reproductive function." He has only to go a step further, and that a very short one—to say that the great factor "lowered or impoverished condition of the blood," is the cause of the other "great factor," "exalted nervous irritability," and he is on our side.

Dr. Moreland states, that acute anæmia marked by the occurrence of convulsions and coma, leaves the brain anæmic.



Dr. Loomis recently read a paper before the N. Y. A. M., on acute uremia, in which he strongly advocates the hypodermic use of morphia for the convulsion, reporting several cases immediately relieved by the morphine.

The most severe local spasms that I ever witnessed, occurred in 1871, in the right lower extremity of a young married lady suffering from spinal anæmia, with atrophy of the limb, which had existed (the atrophy) since a fall in childhood. These spasms were almost sure to occur with the catamenia, and were always immediately relieved by hypodermic of morphia. My theory is that the part of the cord supplying nerves to the atrophied limb, was specially anæmic, badly nourished. The menstrual flow occurring quite profusely in a feeble, anæmic woman, suddenly drained the cord—the point of local malnutrition specially feeling the loss. Nature attempted to restore the blood to the part by throwing the limb into convulsion. (The spasms were tonic). I assisted nature with the morphine to produce congestion in the part at fault. As soon as this was accomplished the spasms ceased. Now what is the first effect of opium on the system? Dr. Crump decided from experiments in 1793, that any one might determine for himself by counting his own pulse under a dose of opium, that in its first operation it is a stimulant, at least to the circulation. Dr. Wood, our own great therapist and pharmacologist says: "The operation of opium upon the nervous centers I maintain to be essentially stimulant." "When a part is stimulated it receives an additional supply of blood, and the supply increases with the stimulation. Now the first effect of the blood entering a part is to supply the means for an increase of its healthy function; a large supply interferes with the due action of the part, through the excitement may still continue, a still further quantity overwhelms it and impairs or suspends altogether the exercise of its functions."

The anæmia may be so excessive as that a proper supply of blood may not be sufficient to enable the part to renew its functions.

The convulsions may be so violent or frequent as to produce such sudden and excessive congestion as to "interfere with the due action of the part," "overwhelm it," "impair or suspend al-

together the exercise of its functions," as Wood says. In this way convulsion may cripple or kill. Here is presented the indication, in some rare cases, for bleeding, to *prevent* undue congestion, to *prevent* overwhelming nerve centers, to *prevent* apoplexy—not to prevent or to cure the convulsion.

Dr. Loomis is right in using morphia to produce immediate congestion of brain and cord. Others are right in using chloral for the same purpose. Our old-time friends are occasionally right in bleeding their patients with convulsions—not to stop the convulsion, but to stop its "running riot" to destruction. But they bleed to *relieve* undue congestion, not to *prevent* it—bleed on the theory that the congestion is the cause of the convulsion, when, according to the theory presented in this paper, the convulsion is the cause of the congestion.

I have in mind Mrs. R., a large, fleshy woman of 270 pounds, whom I have attended in ante-partum convulsions near the close of two parturitions. First, in Dec., 1871, she had three convulsions previous to my arrival, and one, terribly severe and long continued, after I entered the house before anything was done. The treatment at this time was all suggested by an older medical friend who accompanied me. Chloroform was given at once, during administration of which the fit ceased. When it was over she was bled freely, and given chloral gr. xv. every 15 minutes till asleep. She had no more convulsions. The chloral was continued for several days, till after still-born child was delivered in the natural way. Our ancient friends may well say, that, in this case, the bleeding and chloroform are as like to have been the saving means as the chloral. But in the last attack, Sept. 1873, I arrived sooner. I found her on the floor, just recovering consciousness from her first convulsion. Tongue was bitten and she was otherwise bruised by the fall. I commenced at once to give her large doses of chloral before removing her from the floor, repeating the chloral every ten minutes till she was asleep. This was the only treatment. *She had no more convulsions.* After three days, the fœtus, being dead, was delivered artificially.

Prof. Lusk says in a recent clinical lecture on puerperal convulsions, referring to bleeding: "Its virtue lies, it is to be remem-

bered, purely in the fact that in the face of an immediate threatening danger, a little time may be gained in its employment." He states in this lecture that Traube and Rösenstein believe puerperal convulsions to be due to anæmia of the brain, although for himself he thinks that "probably we are nearest the truth, when we adopt the view that causes of puerperal convulsions are multiform."

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ART. II.—*Abstract of the Proceedings of the Buffalo Medical Association at the Meeting held February 2d, 1875.* Reported by W. W. MINER, M. D., Secretary pro tem.

The President, Dr. JAMES P. WHITE, called the meeting to order. The members present were Drs. J. F. Miner, White, Potter, Harding, Fowler, Boysen and Miner. Dr. W. W. Miner, was chosen Secretary pro tem.

Dr. P. W. Van Poyma, was elected a member of the Association. The report of committee on the matter of providing for the warming, lighting and janitor's care of the room, was presented and laid on the table.

The President then called on the members for voluntary contributions.

Dr. J. F. MINER, remarked that a subject of great general and public interest, at present, is that of the prevalence of epidemic disease. It is now three years since there prevailed here to a great extent, Cerebro-Spinal Meningitis. No other such fearful epidemic as this was, has visited us; none so terrible, so fatal in effects. It lasted a few months and passed away. Its nature, presence here and disappearance is still an unexplained mystery. About two years since there occurred an epidemic among horses; scarcely a horse escaped the disease; a similar disease, later and in milder degree, affected men to a certain extent. After prevailing here a short time, it having swept through the entire country, disappeared in a manner as mysterious as was its coming. This year and for some time past Scarlet Fever has been epidemic in this city; has been severe in character. The various points having reference to the disease have been discussed in the papers, by all denominations of physicians and by the community, still we are as much in the

dark as ever concerning the origin and character of the epidemic; no new facts have been established; we know of nothing that will prevent the extension of the disease or shorten its course where it has begun. We know that mild cases generally continue thus to their termination, and that those cases which are fatal give indication of this character at the commencement of the disease. A very capable physician who has had a wide experience here during this scarlet fever epidemic, says, that one out of five of his cases has been fatal. His treatment I have no doubt has been as judicious, discriminating and appropriate as that of any practitioner in the city. He shows a degree of frankness and an adherence to truth that I admire, since there are so many who would not acknowledge the facts thus unreservedly. My own experience has been more limited, and most of the cases I have been called to I visited in consultation with others and for the reason that they were going to end fatally. The statistics of the Health Physician show that the disease has prevailed to a great extent and very fatally. It would be very satisfactory if we could trace the causes of this epidemic to sewers, drains, cellars and low places, but it has occurred in the high parts of the city. Those of us who have practiced in the country, know that the disease prevails upon the tops of the highest hills. Its period of incubation is not definite. Other diseases whose infectious character we are sure of have a fixed period, as measles, small pox, syphilis, etc. The public examination into the character of this disease has determined upon no really preventive means or method; in fact the course of the disease is not influenced by remedies except as small pox, typhoid fever, etc., are.

The question has come to me this evening from the parents of a child sick with scarlet fever:—"Is it any safe-guard to send the other children into the country?" I think it well to take all practicable means for preventing the spread of the disease. Friends will feel better if they protect themselves as much as they can, and if fatal results occur they have less misgivings. I advised separation in this case. Do not feel that it will ensure those thus isolated from the disease; very frequently several children of a family escape, though others with them go through the course of the dis-

ease. Possibly others are more satisfied than myself on this question of prevention and origin.

Dr. T. F. BOYSEN said he had just read in the German of Ziemssen's Cyclopædia of Practice, Dr. Thomas' article on Scarlet Fever, whose opinion there expressed was that the disease is always communicated from one to another, and that it did not arise spontaneously or sporadically, though the patient may appear to have been entirely isolated from infection. He believes in the (leib contagium) germ theory, says there is a distinct microscopical germ peculiar to the disease, that the single germs or cells are found joined together, forming chains of cells. He presents cases illustrating the transfer of the germs in clothing, and says it is carried in milk and in other ways.

Dr. POTTER remarked that however uncertain other points connected with the subject may be, he thought that the matter of the disease being a blood poison was settled, and that it was capable of being communicated not only by the inoculation of blood, but by means of other secretions. We cannot always explain the means of infection in particular instances, but it is not infrequent for the disease to affect all the children of a family, and the fact that sometimes it does not, does not argue against its contagiousness. Circumstances may render one at times susceptible to infection when at other times this susceptibility does not exist. The infection theory furnishes very satisfactory explanation in general for the spread of the disease.

Dr. MINER—I would not deny the infection theory. Most all authors sustain it. There must, however, be a reason why our children this year have scarlet fever outside of infection. Should grant the infection theory but it does not explain the several years' absence of the disease which sometimes occurs. The theory of infection is not sufficient, there are other and general reasons why it prevails now; is then again several years absent; is at times mild in character, then fatal. This variation exists not only in one locality, but through the country and everywhere. Further, we may safely predict that scarlet fever will again disappear from our city, while all the local imperfect hygienic influences are as operative as now, and while the conditions of infection are unchanged, so

that whatever may be the influence of infection in extending the disease, it certainly is not the sole cause of its prevalence.

Dr. LUCIEN HOWE wished to remark not so much upon the origin of scarlet fever as upon some of its sequelæ. Dr. E. H. Clark, of Boston, has advocated the importance of proper treatment of the affections of the ear which follow this disease. Dr. Roosa, of New York, also says that many cases come to him showing the unhappy results which sometimes follow inattention by the physician to the ear troubles connected with scarlet fever. These sequelæ usually take the form of an acute suppuration of the external or middle ear. The former is comparatively harmless. It is readily recognized by the swelling, deep seated pain and tenderness of the external canal with the abundant and often watery secretion. The best treatment for this is a douche of warm water, or mild astringent solutions. The latter condition is dangerous as resulting frequently in permanent deafness. The inflammation reaching the middle ear from the throat through the eustachian tube gives rise to pain, but no tenderness; a small amount of thick pus is secreted, while the membrana tympani is swollen, and without the bright reflex. For treatment the warm douche may be used or leeches applied to the tragus, which is much the most suitable place for their application generally in affections of the ear; if closure of the eustachian tube has occurred, pus is confined in a closed cavity, and the surgical indication is plainly to give it vent. Puncture of the membrana tympani was formerly a very much opposed proceeding; it is the proper treatment of these cases. A knife-shaped probe, designed for the purpose, may be used, or in its absence, puncture may be made with a large needle. If the natural process of evacuation, by ulceration and perforation of the membrana, occurs, it leaves a ragged opening which is not apt to close again, and a condition of deafness which is but poorly remedied by an artificial tympanum. If this bursting does not occur the pus hardens in the middle ear and greatly obstructs the action of the chain of bones. In short, deafness is the natural result of these conditions.

Dr. HARDING remarked that he has treated more cases during the last month than previously, and had been less fortunate than

the physician quoted. In a family which he cared for, the first one affected by scarlet fever died thirty-six hours after attack, another in three days, another in thirty-three hours, and one in another family occupying the same house, an adult, died after two weeks illness. He had used sulpho-carbolate of soda in this affection, and found in one instance it reduced the pulse twenty beats, twelve hours after commencing its use.

Dr. WHITE said that this subject had engaged attention considerably and to an unusual extent of late. He had watched epidemics for the last forty years, and did not regard this epidemic as much more fatal than others. His personal experience during this epidemic had been limited, though he had visited in consultation a considerable number of cases that were of fatal character, should not have been called to these except for their serious nature. Desired to say that he had not considered this epidemic more malignant in character than some former ones had been. In one of these epidemics he recalled instances where all the children of a family, and even all the family had been swept away by the disease. He considered escape from an epidemic with a fatality of fifty per cent fortunate, if the type of the disease was really the malignant one.

Scarlet fever prevails endemically as does measles and other like diseases. It is a communicable disease, and those who are exposed constantly to it in the nursery are much more likely to have it than those not thus exposed to scarlatinal emanations. It is not as communicable as are some other infectious diseases, and the period during which a patient is capable of transmitting the disease to others is of uncertain duration. It is much safer to say that the disease is in some way communicable from one affected by it to another, from the sick to the well, than to simply say that we are ignorant of its causes and of its method of extension. The prognosis in this disease depends very much upon the character presented in its inception. Cases are frequently hopeless from the beginning just as they often are in cholera, puerperal fever, etc. I would not say that it is not more subject to control than might be inferred from the remarks made to-night. Where do these epidemics of scarlet fever come from? They come from where

cholera comes, from defective drains, sewers, undrained cellars, hot, crowded apartments, fomites, etc. I would not say that these alone are sufficient to give rise to the disease, but these conditions render persons more susceptible to infection by the disease than they would otherwise be. In my own experience both as attending and consulting physician I have found these cases oftener where the hygienic conditions were favorable to disease or were such as to render a susceptibility thereto. Again, conditions favorable to disease may sometimes exist where the location of a dwelling, its construction and appurtenances are supposed to be faultless, and these conditions are found only after disease itself has instigated careful searching out of hidden causes. I am of the opinion that defective hygienic conditions determine the prevalence of this epidemic to a certain extent, and think that in the quarters of the city where the conditions are more favorable to health there has been very slight fatality from the disease. I would therefore urge the importance of proper sanitary regulations or of hygienic measures in preventing the extension and severity of the disease.

After some farther discussion as to the prevalence of the disease in particular localities and its severity there, participated in by Drs. Potter, Miner and White, it was voted that the subject of scarlet fever be resumed at a special meeting appointed for one week thereafter.

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*Special Meeting Thursday Evening, February 9th, 1875. Reported by E. N. BRUSH, M. D., Secretary, pro tem.*

Dr. JAMES P. WHITE, President, in the chair. Members present Drs. White, Rochester, J. Cronyn, Wyckoff, Shaw, Gay, O'Brien, W. W. Miner, Harrington, Chace, Greene, Samo, Fowler, Lynde, Little and E. N. Brush; by invitation Dr. Elliott, E. B. Potter and W. Cronyn U. S. N.

On motion of Dr. Wyckoff, Dr. E. N. Brush was elected Secretary pro tem.

Dr. WHITE announced the object of the meeting, and referred to the prevalent excitement concerning Scarlet Fever. He was sorry that a more general invitation had not been extended to the mem-



bers, but hoped that those present would discuss the subject freely. He said that physicians owed a duty to the public in an emergency like this; that they were expected to furnish advice for the prevention as well as the cure of disease, and the community have a right to look to this association for guidance in this as well as all similar emergencies. The questions to be considered are: Is the disease prevailing as an epidemic? Is it unusually malignant in character? How is it propagated? Is it communicable? and what means should be taken to prevent its spread?

This association is called upon to define the hygienic and sanitary measures to be pursued in procuring its arrest. We will be asked, shall the patients be isolated, shall children from families in which the disease is present be kept out of the streets and schools, how long before it is safe for our children to return to school? We are here also to consider in a general way what is the efficacy of remedies in the disease. What course of treatment in this epidemic has been attended with success. All these points should be discussed in a dispassionate manner and care be taken that differences of opinion are not allowed to seem greater than they really are. In regard to the care of the patient during convalescence something should be said, as often disastrous consequences ensue from undue and ill-advised treatment.

Dr. ROCHESTER remarked that there were many theories as to the source of scarlatina, but he was never satisfied that they were more than theories. An attempt has been made in England and in other countries to ascribe its prevalence to certain conditions of moisture, he did not believe that it arose *de novo* from these causes, but that it was materially influenced by them; its origin as the origin of measles and small pox is unknown. We only know that it is a disease of youth, exceptionally attacking adults. He believed strongly in the doctrine of susceptibility, also believed and did not hesitate to express the opinion that it was communicable, that it could be carried by clothing, skin, etc., from one person to another, but that it required long continuation in the room to be able to carry the poison. As an example he mentioned a case showing that it could be carried by a nurse. A lady acquaintance of Mrs. Dr. Hunt, had been in Mendon, Ont., county, nursing a

case of scarlatina, she came to Buffalo to rest, at a time during which there was not known to be a case of scarlatina in the city.

This lady wore in Mendon, a woolen dress, which upon leaving the place she packed in her trunk where it remained until she reached Prof. Hunt's, when she again wore it daily. A short time after entering Prof. Hunt's family his daughter was taken sick with scarlatina and died, not another case occurring in the vicinity nor in the city as far as known.

The tenacity with which the poison clings to clothing, articles of furniture, etc., is remarkable. Children in the family where it is present, often escape, but it is due to lack of exposure, want of susceptibility or other accidental cause. As to public schools, inquiry will show that they are the means of propogating the disease to a remarkable degree. The schools are crowded and badly ventilated, and are frequented by children in whose families scarlatina is present. We had often known of instances where children were sent to school from such families after he had forbidden it.

Therapeutically, common sense and good judgment were the best guides. One child may require quinine, iron, ammonia, etc., another local treatment, and a third simply a saline cathartic and Dovers powder. A daily change of bed clothing and the rainment of the patient should be insisted on, a plentiful supply of fresh air to the sick room should also be provided for.

The use of baths and the employment of other agents to reduce the fever were also essential in some cases.

All other children should be rigorously excluded from the sick room, the patient should remain isolated until desquamation had ceased. The speaker did not believe that enough was known concerning disinfectants to allow us to arrive at any definite conclusions regarding their action, cleanliness and fresh air seem to be the best disinfectants. The period of contagion was uncertain, but he believed that the child could impart the disease at any time during its course. The appearance of the sequelæ should be watched as the worst features were liable to follow the mildest cases. Nephritic disease often was an attempt on the part of the system to throw off the poison which had not been properly eliminated by the natural course of the disease.

Diphtheritic complications are always serious, they seem to find in this condition a suitable soil upon which to work. He did not, however, believe in the identity of the two. Had lost two children in a family who had previously passed safely through scarlatina. Did not believe that the present epidemic was more serious than some which had visited the city in former years, thought that it was more prevalent but not unusually fatal. In 1854 an epidemic occurred in this city in which he saw a large number of cases with the late Drs. Wilcox and Mackey. It occurred in summer and was very fatal, but not of the sudden malignant character which has marked the recent cases. It occurred on the flats.

Dr. GREENE asked as to the length of time occupied by the former epidemic, the present one had extended over nearly fifteen months.

Dr. ROCHESTER replied that the present one was unusually long continued. As to the period of incubation he did not think that there was any fixed time, certainly nothing could be definitely stated.

Dr. WYCKOFF inquired concerning the supposed prophylactic powers of belladonna.

Dr. ROCHESTER replied that he did not believe there was any prophylactic. Influenced by a statement in the earlier edition of Watson's practice he had tested the virtues of belladonna, and for a time thought that it possessed some prophylactic virtues, but he soon found that it did no good. He recited some notable instances in which it had been tested and proved of no avail. Would attend to the clothing, diet and cleanliness of children, but knew of no drug which could be called in any manner a prophylactic.

Dr. WHITE called attention to the fact that in latter editions of his work, Dr. Watson denied the efficacy of belladonna as a prophylactic. He called upon Dr. Greene to recite his experience in his section of the city.

Dr. GREENE said that living in a lower section of the city, and practicing on what are called the flats to a considerable degree, he had observed the disease in a very malignant character in the past fifteen months. It had in several instances, which he related, carried away whole families of children. He had observed from

November 1, 1873 to November 1, 1874, 159 cases of which he had a few statistics. Deaths 27. Ratio of deaths 1 in  $5\frac{3}{4}$ . Died of throat affections, 11; of brain affections, 14; of renal, 2; renal disease manifested itself in seventeen cases. Had observed the disease in ten adults. The oldest patient was fifty, the youngest three months. One woman had scarlatina during confinement, and two children had a second attack. Sequelæ were observed in thirty cases, ten were complicated by diphtheria.

Treatment was based upon general principles; the vapourer was employed in throat affections, using lime water with very pleasant effects. The highest temperature observed was  $170^{\circ}$ , the thermometer being employed in a large number of cases.

Dr. WHITE referred to the occurrence of cholera in 1832 and 34; as cholera subsided in 1832, scarlatina appeared and was not absent in the interim between 1832 and 34. The disease prevailed to a large extent between Black Rock and Lower Black Rock, and in some cases assumed a malignant type.

Dr. CROXYN had seen many cases, several in its most malignant type. In regard to the general features of this epidemic he thought it pursued the course of this disease in former years, at one time very malignant, at another very mild. Brettonneau formed the opinion during one epidemic that it was not a fatal disease, but upon observing another epidemic a few years afterward was forced to change his opinion.

In 1801-2-3-4 and 5 Ireland was visited especially by a very severe epidemic, robbing almost every household of some of its children. The present epidemic is very prevalent, occurring in Italy, where it is said to have originated some hundred years ago. In London, Dublin, etc. Agreed with Dr. R. as to the general characteristics of this epidemic as far as he had seen it.

Dr. Clifford Albutt had recently written an article on causes of death in first few days, these he enumerated as four hyperpyrexia, specific poisoning, extreme malignancy, and syncope and asthenia.

In hyper-pyrexia Dr. Albutt used baths, commencing at about the normal temperature and gradually reducing the temperature to about  $70^{\circ}$ . In a recent case he had put this in practice, the tem-

perature reached  $113^{\circ}$ , and so violent was the fever that desquamation had twice occurred. He used wet sheet pack. Was very much pleased with result of the treatment. In regard to contagion did not see why there was any difference of opinion. It was undoubtedly a fomite matter which could be conveyed in atmosphere and clothing. In the last few weeks he had noticed a case in which a doctor in Lambeth received a newspaper from Glasgow, announcing the death of his brother's child, in a few days he was taken sick with scarlet fever, and in a short time received a letter from his brother saying that his child had died of scarlatina. Did not believe that there was any definite period of incubation; related several cases of the direct contagion of disease, one in which it occurred during the period of desquamation in the child who conveyed the disease. Therapeutically, he employed the sulphides, in throat complications chlorate of potassa and iron, tonics, etc., in other conditions. Related a recent instance of the trial of belladonna as a prophylactic, in which it had failed—in a naval institute.

Dr. HARRINGTON asked as to giving ice and cold drinks. Dr. C. replied that when the temperature was high he allowed their use, when normal he gave warm drinks when desired.

Dr. GAY was called upon, but being obliged to leave was unable to make any extended remarks, would desire a continuance of the discussion at an adjourned meeting.

Dr. CRONYN spoke as to the relation of scarlet fever, erysipelas and puerperal fever, and said that it was very desirable that the parturient woman should be excluded as far as possible from the danger of contagion.

Dr. ROCHESTER moved that Drs. Elliott, W. C. Cronyn and E. B. Potter, who were present by invitation, be invited to participate. Carried.

Dr. WYCKOFF'S experience had been some what similar to that of the speakers who had preceded him. Had seen some mild cases and some very malignant. Believed that scarlatina was contagious, also that it originated *de novo*, and cited some instances in which no exposure could be traced in any way. Was governed more by general condition of patient than by any other thing in treatment.

Had seen some cases in which diphtheretic complications occurred, in these he had employed iodine in a vaporized form. Had no faith in preventive influence of belladonna, although he knew that there were still some who believed in its efficacy, and had recently seen it again advanced by physicians of some note.

Dr. HARRINGTON asked if scarlatina had been observed in nursing children.

Dr. WYCKOFF replied in the affirmative, and that he had seen nursing children take it first in family, which was contrary to former experience.

Dr. SHAW could date back thirty-three years when an extensive epidemic occurred in Chautauqua county, although he had in the course of his practice seen a large number of cases—could add nothing new.

Dr. LYNDE—Had seen several epidemics. The mode of origin and communication was wholly inexplicable. In Springville, Erie county, he had observed a very severe epidemic. He read a brief resumé of his views.

Dr. HARRINGTON said Aitken affirmed that the disease was three times as fatal in the city as in the country, and in certain localities of his practice he had observed this to be the case; he had observed many more fatal cases in crowded neighborhoods. Had seen one case where a female was attacked in a few days after confinement; had used ice in many cases with very pleasant results to his patients.

Dr. ELLIOTT said that he agreed with the former speakers.

Dr. WHITE called upon the Ex-Health Physician, Dr. O'Brien, and the present incumbent, Dr. Chace, for remarks.

Dr. O'BRIEN could offer nothing in addition to what had been said concerning the character of the disease. The mortality last year was about 630. In December it was 66, in January about 60.

The disease was not confined to this locality alone, but was prevalent in Syracuse, Rochester, Lockport and the surrounding towns in this vicinity. The spread of the disease was aided by those in whose families it was present. Thought that more stringent measures should be employed to prevent communication between the sick and the well.

Keepers of stores and other places liable to be frequented by children, should be compelled to close their places of business when connected with their dwelling on the appearance of scarlatina. The regulations in regard to funerals should be as stringent as in small pox.

Dr. CHACE stated that the Board of Health had been backward in making any regulations from the fact that they lacked a unanimous expression of the profession. He would like very much to have a definite statement by this Association.

Dr. WHITE remarked that he was pleased to observe the entire unanimity existing in the expression of the views of the Association, and would offer the following proposition as expressing in a condensed form the opinion of the members: 1. The terms scarlet fever and scarlatina are synonymous, and are applied to one and the same disease.

2. Scarlet fever is prevailing in the city at present as an epidemic, but it is not unprecedented in severity.

3. It is communicable and can be carried in clothing.

4. Under such circumstances in all individuals who are made susceptible by the epidemic influence, it is developed by individual contact, although occasionally it may arise *de novo*.

5. Patients should be isolated from the commencement of the attack until the full period of desquamation is passed. The period of incubation is not well settled.

6. Hygienic care in the sick room is of great importance, including ventilation, cleanliness of person and clothing, good food, etc.

7. The secretions of the body should be immediately disinfected.

8. After the termination of a case the room which the patient has occupied should be thoroughly disinfected, ventilated and cleaned.

9. The use of belladonna or other so called preventative medication, is of no value. Keeping the individual in a condition conducive to perfect health is the best means of preventing or mitigating the disease. Impure air, uncleanly and crowded apartments, are liable to add to its severity.

10. Treatment is to be pursued upon general principles. Each individual case is to be treated as the symptoms present themselves. So-called specifics are wholly valueless.

11. It seldom attacks the same person the second time.

12. Great care should be exercised in avoiding undue exposure for sometime subsequent to convalescence, as troublesome and often dangerous sequelæ are apt to follow.

On motion of Dr. SAMO, seconded by Dr. WYCKOFF, this summary was unanimously adopted, and the Secretary instructed to prepare copies for the public press.

The propositions for membership of Drs. Willoughby and Bielby were received, and, under the rules, were laid over for one month.

On motion, the Society adjourned.

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ART. III.—*Clinical Remarks upon Surgical Cases occurring in the Buffalo Hospital of the Sisters of Charity.* By Prof. Julius F. Miner, M. D. Reported by W. W. MINER, M. D.

CASE XVI.—*Angular Curvature.*—The diseased condition which is the origin of the deformity noticeable in the back of this child, is known as angular curve or Pott's disease of the spine. The deformity is in the upper part of the dorsal region, and is unfavorably located as far as treatment is concerned. It cannot be perfectly restored, and you should not be persuaded otherwise. Writers on this subject have claimed more than facts will warrant. Apparatus has been recommended, which is constructed with a hinge, placed opposite the angle of the spine, and the design of it is to force a restoration of the vertebræ to their normal position,—the obliteration of the angular deformity. It attempts too much. The deformity is not capable of being perfectly removed, if any essential change has taken place in the vertebral substance. There is here also a degree of paralysis of the lower extremities; it has been noticeable for a month or two. Such condition is quite a frequent accompaniment in the course of the disease. It was formerly supposed that this paralysis arises from pressure upon the spinal cord by the displaced vertebræ. It is now known that it is due to an inflammatory condition of the cord, or of its membranes, rather than to direct pressure upon the nerve substance. It generally disappears in due time, and that while the curve has



been in no degree restored, and it rarely leaves any permanent ill effects. I had a patient with disease of the spine at the General Hospital some time ago, who was paralyzed for a whole year, but is now actively employed in a grocery store in this city.

An abscess is sometimes formed in connection with the diseased structures, and the pus formed may burrow in various directions, depending upon the location of the spinal disease and the anatomical character of the adjacent soft parts. It accordingly may find escape in the lumbar or cervical regions, or may follow the psoas muscles and open externally at a point quite remote from the main source of trouble. The generally entertained opinion of physicians is that spinal disease is of scrofulous or tuberculous origin. This opinion has long been held, and is not questioned by the majority of practitioners. The patients may present a large, tumid abdomen, pale face, thin muscles, anemic condition, and later, may have cough and consumption, but it seems to me that the tuberculous disease that may develop is not the primal source of the disease of the spine. If this is of itself tuberculous in character, one would expect that death would sooner or later be the result of spinal disease. I have for ten or fifteen years watched these cases to see if they were fatal, and have not found the first instance of this kind that would confirm the theory of tubercular origin. I am of the opinion that the disease is not tubercular or scrofulous in character, but that it is of the ordinary character presented by disease of joints and bones.

Though not susceptible of perfect restoration, the cases are greatly amenable to treatment. Local support is required, to relieve pressure and steady the natural movements; it will prevent farther progress of the deformity. Physicians all over the country are prescribing cod liver oil, iodide of potassium, etc., for this affection, and think that they are then doing well enough. These are good remedies to be sure, but they are not curative of the real trouble. It is doing next to nothing to give these patients medicines alone and tell them to take their chances. Care in treatment, local support, recumbency, rest, cod liver oil, iodides, tonic remedies, out door air, and all that the patient can eat, are necessary in the treatment of this disease. Any good physician can

order or contrive appliances that will generally mitigate and relieve the case he may have. The idea is to relieve the pressure that naturally comes upon the structures which have become involved in disease, and are no longer fit for their natural use.

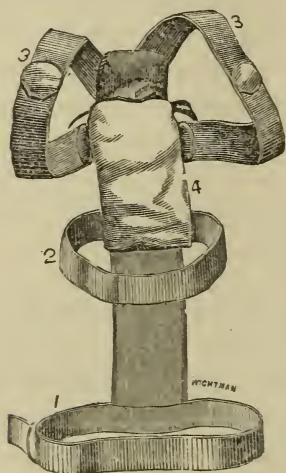


Figure 1. Apparatus of ordinary construction used for Pott's disease affecting the dorsal or lumbar region of the spinal column.



Figure 2. Disease of the cervical portion of the spinal column with apparatus applied for its treatment.

An apparatus such as I show you, of firm material with a padded covering is made, having a stiff back, moulded to the peculiar shape of the spine, in the case for which it is intended, provided at its lower part with pelvic band that may be approximated closely to the pelvis and thus form a basis of support, while by means of arm pieces of elastic material projecting in like manner above, support may be given the shoulders or head, which will very greatly remove the weight of the upper portion of the body from the opposed surfaces of diseased vertebræ.

This relief of weight and pressure is a very valuable remedial agent, will generally prevent progress of disease and deformity, and greatly relieve the patient. We need not say much about bringing the parts back to their natural position and removing the deformity; it is quackery, I think, to talk thus and propagate such views. Many things have been written that I do not believe were done, or at least results are frequently to be inferred from

published writings that it is impossible to obtain. If, as I have said, ulceration or absorption of bone has taken place, deformity is permanent. Possibly, deformity from disease of the intervertebral cartilages may be overcome.

You can put your patients in bed for a time, thus relieving the pressure upon diseased surfaces and affording you an opportunity to obtain suitable apparatus, which allows the patient to be about and obtain out door exercise. An appliance obtained from an ordinary unskilled instrument maker has been used in this case, and as in general, the instrument thus obtained is of no use whatever. An intelligent understanding of the principles to be carried out in the use of the external appliances, and an adaptation of them to the case in hand, is thoroughly essential to success in treatment.

The friends of this child have been told by the physician, who has had her in charge, that her paralysis is permanent—that the child will never walk. The fact is, however, that while active progress of the disease is taking place, while acute symptoms are present, the paralysis occurs, and afterwards it disappears. Very rarely is the paralysis permanent. The deformity is not capable of being effaced, but may be arrested in its progress, and circumstances being favorable, much may be expected from natural processes of repair. No injury that would account for the occurrence of disease in the present case is known of, though such cause is to be sought for by physicians, and is often overlooked by persons having children in charge. Injury of this kind is oftener recognized where the patients are more advanced in years and are in the habit of looking after themselves.

Those who are thus brought to you unable to walk, and supposed to be near death from scrofulous or tuberculous disease, will often after a while walk, grow sound in health, and in advanced years be active and efficient in the ordinary affairs of life.

## MISCELLANEOUS.

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The Therapeutic Value of Iodide of Potassium.

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As I have for several years paid considerable attention to the action of iodide of potassium, I venture to offer the following remarks as supplementary to Mr. Spurgin's article in the *Journal* of September 5th, 1874. This medicine has been accredited with many modes of action: thus, in struma as an alterative, in asthma as a sedative, and in diphtheria as an antidote. To all these titles it may have a claim which different observers may think fairly borne out; but certainly the one distinct and indisputable action of iodide of potassium which I have noticed, is that of *stimulating the mucus membranes*; thereby influencing their action and promoting their secretions. Thus, as the results of its use, there are pain and sense of fulness across the eyes; increased secretion from the nares, mouth, fauces, and bronchi, leucorrhœa and menorrhagia are greatly aggravated; and in persons very susceptible of its influence, diarrhœa is induced, not so much of cathartic as of a dysenteric kind; that is, rather an increase of mucus with tenesmus than of serum with catharsis.

In a person suffering from an attack of chronic winter cough, the first symptoms are great difficulty in breathing, amounting to a sense of suffocation: hard, dry, racking cough, which the patient says he cannot subdue; while he expresses a belief that relief would be obtained if something could be brought up. The suffocation complained of has been attributed to a swollen state of the air-passages, obstructing the respiration; but there is a fair probability that the dry congested condition of the membrane is unfavorable to the interchange of gases requisite for blood aeration, and the situation of the patient such that, however he may fill his lungs, his sufferings remains unrelieved. Whatever the actual state of matters at this point, certain it is, that as soon as expectoration sets in, the breathing is improved; and, although the disease has by no means gone, the patient is so far better. Many hours of severe suffering may be obviated by taking advantage of the power of iodide of potassium to restore and promote the secretion of the bronchial membranes, thereby greatly relieving the congested blood-vessels, producing comparative tranquility of breathing, and getting the patient over the first stage of the disease much sooner than he otherwise would. This, however, is possibly not its only value. For, here again, however opinions may differ as to the cause of the emphysema, which from an early period exists in these cases, no one can have witnessed the severe and straining cough at the onset of the attack, without feeling that it is at least possible for either dilatations of the air-cells or rupture of the tissue of the lung to take place—complications much less likely to occur, so far as the

cough is concerned, when the sputum has been rendered easier of expectoration, and the irritability of the congested membranes removed by free secretion. It is further to be remarked that the action of the iodide of potassium changes the purulent character of the sputa in chronic bronchitis to a much healthier appearance. From this view of its operation, it follows as a matter of course, that when free secretion of mucus has set in the medicine should be used with caution or altogether abandoned; and, therefore, when in the treatment of bronchitis—capillary or chronic—moist *râles* are fairly established, the further management of the case should be on the principle of preventing a too abundant secretion, at the same time employing such means as may assist expectoration and maintain the strength.

In asthma, iodide of potassium is recognized as a valuable medicine. Here the explanation of its action generally given, is that of a sedative relieving bronchial spasm; evidence of the presence of spasm being found in the wheezing and whistling sounds heard in auscultation. Either of these sounds, however, fairly suggests the question, how far a fit of asthma is dependent on, or, at all events, greatly aggravated by, an abnormally dry condition of the mucous membranes, acting as in the diseases already mentioned, which is relieved by the iodide restoring the secretion.

In diphtheria, iodide of potassium is looked upon by many practitioners as the best remedy we possess. Here its alterative and sedative actions are laid aside, and we have it doing duty as an antidote to the diphtheric poison; although, so far as can be seen, it exercises no new influence. In this disease, while there is free secretion from the nares, the breathing and cough sounds are usually not very alarming, nor is respiration greatly impeded. It is not till the nares become dry—and doubtless the pharyngeal, laryngeal, and tracheal secretions diminish—that the formation of false membrane proceeds with fatal rapidity; hence, it does not seem too much to assume, so long as an iodide can keep up these secretions in such profusion as to prevent them from remaining on the parts sufficiently long to undergo membranous change, so long will its action be beneficial. The idea of an antidote might be more satisfactory; but it cannot be substantiated; nor does this view of its action afford any indication as to what extent the medicine should be given: whereas, by paying attention to the degree of influence exerted upon the mucous secretions, the dose and frequency of administration may fairly be ascertained; if not, indeed, the knowledge acquired as to whether or not it is doing any good.

Without at present entering into a consideration of the influence of iodide of potassium on digestion and assimilation—the real sources of its so-called alterative power—I may state as my conviction, that in all the various manifestations of struma, etc., where this medicine is of service it acts, so far as the iodide is concerned, in stimulating the mucous membrane of the stomach and duode-

num—possibly, by sympathetic action, the liver and pancreas also—to increase secretion, whilst its alkaline base tends to promote the digestion of fat and starch.

For the dose no absolute rule can be laid down, because, in few respects, indeed, do constitutions and temperaments differ more than in the relative irritability of the mucous membranes, and, consequently, the power of iodine to influence their action. Persons of the bilious temperament usually resist its power to a wonderful degree, whilst in those of the lymphatic, sanguineous, and above all, the nervous, a few doses of two grains each will often suffice to cause coryza, ptyalism, pharyngeal irritation, and cough. In such diseases as diphtheria, the object should be to produce its influence as rapidly as possible, whilst in others, as struma, small doses long continued are preferable.—JAMES LAWRIE, M. D., Glasgow.—*The British Medical Journal*.—*New Orleans Medical and Surgical Journal*.

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## Editorial.

### Meeting of the Alumni Association of the Buffalo Medical College.

The Association of the Alumni and officers of the Medical Department of the University of Buffalo, held its inaugural meeting at the Buffalo Medical College, Tuesday, February 23d. As most of our readers are aware an organization has been in existence ever since 1871, but it has not until the present time been deemed advisable to call a meeting of the Alumni. Within the past few months a committee having the matter in charge have procured articles of incorporation, and prepared a constitution for the adoption by the Association.

The meeting on the twenty-third was called to order by the Vice-President, under the old organization, Dr. W. W. Miner, who read the Certificate of Incorporation, which defines the object of the Association, etc., and names Drs. J. P. White, M. G. Potter, C. C. Wyckoff, D. E. Chace and Julius F. Miner, trustees for the first year.

This certificate was adopted as were also the constitution and by-laws which were read at the same time.

The following is a list of those who were present and became members of the organization:

W. Ring, J. E. King, 1847; C. C. Wyckoff, W. B. Gould, H. Hoyt, B. K. Stoddard, A. G. Ellinwood, 1848; F. F. Hoyer, 1849; W. W. Jones, L. G. Hall, John Root, 1850; J. C. Elliott, T. D. Strong, 1851; G. W. Whitney, 1852; C. L. Dayton, 1853; M. Baker, 1854; Geo. W. Barr, 1856; Henry Nichell, 1857; Thos Cushing, A. F. D. Jansen, 1858; W. H. Mason, W. W. Potter, 1859; W. Delos Hunt, C. H. Richmond, J. W. Robinson, 1860; T. M. Johnson, 1861; Edward Little, James S. Smith, 1862; S. W. Wetmore, 1863; J. M. Brown, P. A. Balcom, 1864; J. K. Griffin, Henry Lapp, John

H. Pickett, D. D. Loop, I. J. Whitney, A. H. Smith, 1865; M. B. Shaw, A. D. Ingham, W. C. Phelps, 1866; E. C. W. O'Brien, Wm. Martin, M. G. Potter, H. G. Hopkins, 1867; J. M. McWarph, H. B. Hall, D. E. Chace, F. E. Bliss, 1868; Geo. W. Pattison, R. A. Patchin, E. G. Harding, F. A. Jones, M. B. Searls, 1869; H. B. Kibbler, R. Y. Charles, G. A. Wallace, W. O. Huggins, W. J. Cronyn, 1870; A. H. Briggs, W. W. Miner, 1871; F. E. L. Brecht, W. C. Raymond, 1872; D. C. Hunter, F. E. Dewey, D. H. Bailey, W. H. Slacer, A. T. Livingston, 1873; T. H. Boysen, J. A. Love, E. N. Brush, W. J. Howe, P. H. Quick, E. S. Weet, J. A. Pettitt, 1874.

After the adoption of the constitution a committee of three were appointed who named the following officers for the ensuing year, who were unanimously elected:

For President—W. W. Jones; 1st Vice President—A. G. Ellinwood; 2d Vice President—M. Baker; 3d Vice President—W. W. Miner; 4th Vice President—H. D. Vogsburg; 5th Vice President—J. B. Samo; Secretary—Wm. C. Phelps.

Executive Committee—The President, the Dean, ex-officio, E. N. Brush, A. H. Briggs, R. A. Patchin.

The retiring President, Dr. T. D. Strong, of Westfield, then delivered an address to the Association. He referred briefly to the organization of the Association, and congratulated the College that her sons had publicly recognized her claims, and had organized for the purpose of aiding her efforts to bestow good, sound professional education. He spoke of the stand which the College had taken toward the advancement of medical education, and said that she looked to the Alumni to support her in the effort. Referring to the efforts which had recently been made to insure the better qualification of students about entering the study of medicine; he said that the Colleges could not be expected to turn out graduates of a high order unless the material furnished was such as would admit it.

The address contained several other points of interest which we cannot at this time mention. At the conclusion of the President's address, the Association adjourned to assemble in the evening at St. James Hall to participate in the commencement exercises, and listen to the Alumni address by Dr. W. W. Potter, of the class of "59."

The inaugural meeting of the Association was very happily closed by a banquet at the Tift House following the exercises at the Hall. The large dinning hall was filled by the officers, Alumni and invited guests of the College, and for a time medical topics were forgotten in the discussion of the contents of the tables. Upon the removal of the cloth, toasts were in order, and were severally announced by the President. With the exception of being somewhat lengthy, the responses were all appropriate, and frequently elicited marks of approval.

At a late hour the banquet closed and with it the first regular meeting of the Alumni. May many more as pleasant follow.

Lack of time and space prevents us from referring to several features of the organization which are worthy of attention, and to which a few remarks will be directed in a future number.

AMERICAN MEDICAL ASSOCIATION.—The next meeting of the American Medical Association will be held at Louisville, Ky., commencing Tuesday, May 4, 1875. At its annual meeting in January last, the Erie County Medical Society failed to elect delegates to the convention. We notice in the list of delegates from the State Society the names of Drs. J. P. White, T. F. Rochester, C. C. Wyckoff, and J. F. Miner of this city.—DELEGATE TO THE VERMONT STATE MEDICAL SOCIETY Dr. J. C. Greene of this city, was elected a delegate to the Vermont Medical Society, at the last meeting of the State Society.—SCARLATINA. From what we can learn in conversation with physicians, scarlet fever, which has prevailed so extensively in this city, is on the decrease.—ALCHEMY IMPROVED. A writer in the *Ohio Medical and Surgical Reporter* (Homeopathic) says that the alchemic system of medicine has reached "its greatest perfection in the therapeutic principles of Homeopathy."—A BEE STORY. We are informed by good authority that an apparently intelligent person in this city lately procured twelve bees and, after macerating them in hot water, drank the fluid as medicine, as the desired result was not obtained it is said to have been for the reason that the bees were not *alive* when the hot water was poured on them. Here seems to be a chance for Mr. Bergh, a little good common sense may not come amiss either.—APPOINTMENTS. Dr. J. H. Green, of the class of "75," has received the appointment of Senior Resident Physician at the Rochester City Hospital, and Dr. Chas. Cary, of the same class, has been appointed Assistant Physician. Dr. Bernard Bartow has been reappointed Resident Physician to the Buffalo General Hospital.—SMALL POX IN MONTREAL. From the *Canada Medical and Surgical Journal* we learn that during the past year there have been 981 deaths from small pox in Montreal. Of these, 827 were among the French-Canadians, and may be looked upon as the direct result of the teachings of a large number of French-Canadian physicians who are opposed to vaccination. The authorities are however not entirely excusable as we understand that no suitable regulations are enforced to insure the isolation of cases of the disease.—CHANGE IN THE MEDICAL BOARD OF BELLEVUE HOSPITAL. The New York City Board of Commissioners of Public Charities and Corrections have passed a resolution reinstating those members of the medical and surgical staff who lost their positions in 1874. The resolution takes effect March 15th, after which date the Medical Board will consist of twenty-four members. At the same time resolutions were passed creating a department in the hospital for diseases of women, and one for orthopædic surgery and diseases of children.—ENGRAVINGS OF DISTINGUISHED PHYSICIANS. Owing to the difficulty experienced in getting the work properly



done, the editor of the *Richmond and Louisville Medical Journal* has abandoned his idea of presenting a portrait of some distinguished physician to his subscribers with each number of the Journal. In place of this he has decided to present a large engraving representing Harvey explaining the circulation of the blood.—PERSONAL. Dr. J. P. White, of this city, leaves town in a few days for a trip to California and the Pacific coast. He expects to be accompanied by a party of medical friends from the eastern part of the State, and to be absent about two months. We wish them a pleasant trip and a safe return.

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### OBITUARY.

DR. CHARLES B. COVENTRY, of Utica, N. Y., Emeritus Professor of Physiology and Medical Jurisprudence in the Buffalo Medical College, died at his residence in the latter part of February. Dr. Coventry was born in Deerfield, N. Y., in April, 1801, and was therefore, at the time of his death nearly 74 years of age. He graduated as Doctor of Medicine in 1825, at the College of Physicians and Surgeons of Western New York, then situated at Fairfield, N. Y. He at once entered upon the practice of his profession in company with his father, Dr. Alexander Coventry. During the course of his life he held many honorable positions, and made several contributions of value to the literature of medicine. In 1828 he was appointed Lecturer on *Materia Medica* in the Berkshire Medical College, which position he resigned at the end of three years. In 1839 he assumed the chair of *Materia Medica* and Obstetrics in the Geneva Medical College, afterwards changing to that of Obstetrics and Medical Jurisprudence. In 1840 he was called to the position in the Buffalo Medical College, which he has held ever since, though of late only as Emeritus Professor.

At a meeting of the Faculty of the Medical Department of the University of Buffalo, held March 2d, 1875, the following resolutions were passed on the announcement of the death of Prof. Chas. B. Coventry, of Utica, N. Y.

*Resolved*, That we hear with great regret of the death of our former colleague, who was associated with us at the founding of the Medical Department of the University of Buffalo, and for several succeeding years;

That we desire to give our testimony to his conscientious discharge of his duties as a teacher, and to his thorough kindness, amiability, and uprightness of character, which through all our intercourse endeared him personally to each one of us.

To his relatives and friends we offer our sincere sympathy in their great affliction.

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### Books Reviewed.

*Croup in its Relations to Tracheotomy.* By J. Solis Cohen, M. D., etc. Philadelphia: Lindsay & Blakiston, 1874.

This monograph forms a valuable contribution to the subject of croup, and more especially is it valuable from the fact that it discusses the subject of

tracheotomy in its relation to the various forms of the disease. The author arrives at the following conclusions :

1. That there are no insuperable contra-indications to tracheotomy in croup.

2. That the administration of an anæsthetic for the purpose of controlling the child's movements is admissible in performing the operation; but that it should be used with great caution.

3. That a careful dissection should be made down to the wind-pipe and hemorrhage be arrested before incising it, whenever there is at all time to do so.

4. That the incision should be made into the trachea as near the cricoid cartilage as possible, to avoid excessive hemorrhage, and subsequent accidents which might occasion emphysema.

5. That a dilator should be used, or a piece of the trachea be excised, whenever any difficulty is encountered in introducing the tube.

6. That the tube should be dispensed with as soon as possible; or altogether if the case will admit of it.

7. That assiduous attention should be bestowed upon the after treatment, especially that of the wound; and a skilled attendant should be within a moment's call for the first twenty-four or forty-eight hours immediately following the operation.

Dr. Cohen's labor in collecting the large number of statistics which this work contains and his conscientious review of the whole subject will be appreciated by every member of the profession who is fortunate enough to possess a copy of the book.

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*Erysipelas and Child-bed Fever.* By Thomas C. Minor, M. D. Cincinnati: Robert Clarke & Co., 1874.

The object of this essay is to grove the relation between erysipelas and child-bed fever. The essay was published first in the *Cincinnati Lancet and Observer*, running through several numbers, and in this form attracted considerable attention. The author announces himself as a firm believer in the doctrine that erysipelas and child-bed fever are dependent on a common poison, and brings forward a large number of statistics and facts to support his belief. The course of the two diseases, in Cincinnati and other localities, is traced with considerable minuteness, and their intimate relation or dependence shown in several illustrative instances. Aside from the fact that a large number of valuable statistics are brought together in its pages, the monograph will repay careful reading, and will suggest to many minds several topics for consideration.

*Surgical Emergencies: Together with the Emergencies attendant on Parturition and the Treatment of Poisoning.* By William P. Swain, F. R. C. S. With eighty-two illustrations. Philadelphia: Lindsay & Blakiston, 1874.

This little book is a compilation from the best surgical authorities of the best methods of procedure in the ordinary surgical emergencies. It treats of injuries of the head, eye, mouth and adjacent parts, the abdominal thoracic, and pelvic regions, and of the extremities. A chapter each is devoted to the subject of parturition, poisoning and antiseptic treatment; the latter being an account of the method of Prof. Lister. The concluding chapter is upon apparatus and dressings, and gives a brief general account of what may be extemporized in emergencies.

As a whole the work is one of considerable value and will be found to be a convenient book of reference, as well as instructive for general reading.

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*Outlines of the Science and Practice of Medicine.* By William Aitken, M. D., F. R. S. London: Charles Griffin & Co. Philadelphia: J. B. Lippincott & Co., 1874. Buffalo: Martin Taylor.

Dr. Aitken is so well known through the medium of his work—*The Science and Practice of Medicine*—that anything from his pen will naturally be expected to be of a high order. In this work he has not attempted to give to the student a hand-book to prepare him for examinations, etc., but has, on the contrary, placed before him the outlines of the various subjects which he will be expected to pursue in order to obtain a knowledge of the Science and Practice of Medicine.

The work is divided into three parts which consider: I. Topics relative to Pathology; II. Methodical nosology, systematic medicine or the distinctions and definitions, the nomenclature and classification of diseases; III. The nature of diseases, special pathology and therapeutics.

Chapter II. of Part I. is especially valuable, and should commend itself to the attention of all students as well as to many practitioners; it relates to the methodical examination of patients and recording medical cases. Students are expected to know something about this important subject, and we are pleased to see it introduced into a book intended especially for them.

The methodical arrangement of the book is admirable, and it seems in every particular to carry out the import of its name—the “*Outlines of the Science and Practice of Medicine.*” It contains all that the student needs in a work of its character, omitting all that he is expected to learn from more pretentious treatises.

*Pulmonary Tuberculosis: Its Pathology, Nature, Symptoms, Diagnosis, Prognosis, Causes, Hygiene, and Medical Treatment.* By Addison P. Dutcher, M. D. Philadelphia: J. B. Lippincott & Co., 1875. Buffalo: Martin Taylor.

So much interest is attached to the subject of pulmonary tuberculosis that any contribution to the literature of the subject is eagerly scanned to see if anything new or important has been contributed to the subject. The reader who looks through Dr. Dutcher's work with this idea, will, we fear, be disappointed.

The author follows the generally accepted views with relation to the causation and pathology of the disease, and with but slight exceptions his treatment is that usually pursued by the profession. He places great reliance upon the red border of the gums, both a diagnostic and prognostic sign. Alcohol is entirely and severely condemned in treatment, it being considered either as an invention of the devil, or the prescription of a medical man who is himself addicted to its use.

As a general resume of the subject, the work possesses some value, and were many sentimental passages, which seem entirely out of place in a scientific work, left out, it would be of more value to the professional reader, who does not care to mix up sentiment and science, poetry and pathology.

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### Books and Pamphlets Received.

*Cyclopædia of the Practice of Medicine.* Edited by Dr. H. von Ziemssen. Vol. II. *Acute Infectious Diseases.* American translation edited by Albert H. Buck, M. D. New York: Wm. Wood & Co., 1875.

*Lectures on Diseases of the Respiratory Organs, Heart and Kidneys.* By Alfred L. Loomis, M. D., Prof. of Pathology, etc., Med. Dept. University of New York. New York: Wm. Wood & Co., 1875. Buffalo: H. H. Otis.

*Syphilitic Lesions of the Osseous System in Infants and Young Children.* By B. W. Taylor, M. D. New York: Wm. Wood & Co., 1875. Buffalo: H. H. Otis.

*On Functional Derangements of the Liver.* Being the Croonian Lectures delivered at the Royal College of Physicians in March, 1874. By Charles Murchison, M. D., LL. D., F. R. S. New York: Wm. Wood & Co., 1875. Buffalo: H. H. Otis.

BUFFALO

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No. 9.

Original Communications.

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ART. I.—*Clinical Remarks upon Surgical Cases occurring in the Buffalo Hospital of the Sisters of Charity.* By Prof. Julius F. Miner, M. D. Reported by W. W. MINER, M. D.

CASE XVII.—*Monstrosity by Inclusion. Successful Excision.*  
Myrtie M.—, four years of age, living in Genesee county, has since her birth, had in the region of her sacrum and nates, a large pendulous tumour, which entirely obliterates the cleft naturally separating the nates, and appears as a single protuberance of large size, depending from a firm attachment to the spinal column. It is about ten inches in diameter laterally, flattened from before backwards, and measuring in an antero-posterior direction about eight inches, while it depends several inches below the level of the perineum. Notwithstanding its great size, the child is able to sit, and can run about, though there is a bending forwards of the body in standing or walking, compensatory for the extra weight carried behind. At birth, the tumor was about the size of a pint measure, it was then punctured, at the earnest solicitation of friends, and about one teacupful of clear serum flowed; collapse of the cyst following. The point of puncture has never entirely closed, and the secretion which still escapes from it, is getting to be objectionable by its presence and bad odor. The tumor has increased in size relatively with the growth of the child, though with the

advance in years, the inconvenience of the growth is attaining greater importance. The parents are anxious to have the deformity removed if possible, and are willing to risk considerable in order to rid their child of this obnoxious and harassing appendage.

The case is a rare one, and in examining it at my office, just before coming here, it presented quite a doubtful character. My first impression was that it was a hydro-rachitic cyst, having had at one time, if not at present, connection with the spinal canal through the aperture of a bifid spine. The fact that the child is now in perfect health, was not disturbed by evacuation of the fluid contents of the cyst at birth, and is not now affected by manipulation and careless treatment of the protuberance, seemed to cast doubt on the supposition of its having connection with the spinal cord. It is regular in outline, distinctly circumscribed, except in the region of the sacrum and coccyx, where its attachment seems close and firm. It is of firm consistence, certain portions of it, however, feel harder than others, as if it were multilocular or indistinctly lobulated. Drs. Rochester, Boardman, and others who are interested in examining it, while regarding it of doubtful character, do not feel that the indications are such as to forbid using the knife and finding out what the practicable treatment of the case may be.

Chloroform having been administered, a cautious dissection and partial enucleation of the growth from the overlying integument is made; the line of the two incisions being curved outwards on either side of the median line enclosing an oval piece of integument. Separation without appreciable hemorrhage was thus effected of the tumor from its surroundings laterally, but firm attachment existed adjacent to the sacrum, also to the rectum, in all four or five inches in length, and an inch and a half in breadth. The coccyx could not be felt or found. The walls of the rectum were not separated, by any appreciable interval, from the parietal wall of the growth. Very careful dissection, with the finger in the rectum as a guide, effected at length, separation here. The principal and supporting part of the pedicle was of doubtful character, appearing very firm, fibrous or fibro-areolar in structure. Incision of this was finally made, when it appeared that there was

no canal existing between the growth and the spinal cord. The vascular connections were not of great size, two ligatures only being used.

It was then found that there was an entire absence of the coccyx in the child. The sacrum also was greatly deficient, though it was such as served to complete the pelvic arch and furnish a basis of support and connection with the spine. The operation occupied considerable time, and made quite a demand upon the little patient's powers temporarily.

The accompanying cut, photographed on wood and engraved, is a faithful representation of the external appearance of the appendage before removal.

The weight of the tumor removed was four and one half pounds. It was of spheroidal form, cystic in external appearance. Examination of the growth, with the aid of a knife, was made. It was found that the growth had been enclosed in the integument of the back and nates much as the ovum is enclosed in the uterus. Its external covering was more or less closely attached to the integument of the child, still had been separated from it by enucleation and dissection. Beneath this outer covering of the tumor, there was a space corresponding to an amniotic cavity, and in which, there was a cheesy substance resembling the vernix caseosa. On the surface of the enclosed part, were two protuberances, one-fourth of an inch in diameter, and suggesting by their appearance and relative position, the idea of two nipples. Further incision into the body of the growth,



Fig. Monstrosity by Inclusion. Tumor of the Back successfully removed from a child four years of age.

revealed its generally adipose and fibro-cellular character; one portion of about three ounces weight, was of dark color, gelatin-

ous consistence, and had some resemblance to liver structure or to a softened coagulum of blood. An ounce or two of clay-colored and firm substance was considered to be meconium. In the harder, nodular portions of the growth, were found the last phalanx of a finger, perfect in its exterior of nail and integument, and with rudimentary phalanx of bone; also the articulated metacarpal and phalangeal bones of another finger, without proper integument. Further dissection revealed one of the pelvic bones, the left innominate, and articulated with it, the upper third of the corresponding femur. Likewise, also, there were the articulated bones of a right leg and foot, with half the corresponding femur: the two former were greatly distorted, turned outwards as in club-foot. The bones of the fifth toe were absent, the others, however, were complete and furnished with nails and phalangeal integument. The innominate bone was of the size of that in the fœtus at the fourth month, while the tibia and fibula, and bones of the foot, which were most fully developed, were those of near the full term of fœtal growth. The length of the tibia is four and one-half inches.

The child rallied without delay, and completely, so that it appeared on the day following the operation to have been very little disturbed generally by it. On the fourth day of her stay in the hospital, an eruption appeared on the child which presented the appearance markedly of scarlet fever. She had a mild condition of fever the fifth day, which perceptibly declined the next day. Beside desquamation no other symptoms of scarlatina were manifested, so that its mildness caused doubt in some as to its scarlatinal character. The silk sutures were removed one week after the operation, union by first intention having occurred in the greater part of the wound. On the tenth day the child was taken home, being as near well as the time would allow, was able to stand on her feet, walk a little, and was feeling in great joy at sight of its father and the prospect of going home.

The growth was excised on the seventeenth of February. We learn from the parents that at the middle of March the child was running about, its recovery being well established.

CASE XVIII.—*Vesical Calculus and Operation.*—Samuel R.—, aged twelve years, has since infancy suffered from urinary disorder.



This has become so serious as to forbid his longer continuance at school, where enjoying special indulgences, he has until late been busied. He has incontinence of urine in notable degree, tenderness and pain in the hypogastric region, also that peculiar feeling of irritation in the extremity of the penis, which is characteristic of vesical calculus. His general health, however, seems not impaired, in fact, he is in a very good condition of flesh and vigor. He has just come in here, and we will examine him with a sound, to find if possible the cause of his troubles.

Partial anæsthesia was induced and examination made by experienced observers, but no evidence of calculus obtained at this time. The boy was given anodyne and diuretic medicine which afforded him much relief: meanwhile his urine was examined, and found in no way abnormal, except it contained mucus to a notable extent, a few blood corpuscles and abundant phosphates. A silver catheter was used when difficulties were particularly troublesome, and in this way impact with the calculus was rather accidentally obtained. The impact obtainable was of but the slightest degree of force, though positive in character. It was obtainable only in a very limited area in front and above the vesical neck.

The operation for removal of the calculus was performed on the twenty-third of February, in presence of the students, the Curators of the College, many of the Alumni and others who were in attendance at the exercises of Commencement. The remarks were much as follows:

Those of you who make examination of this boy, will agree with me doubtless as to the positive indication now obtained of the presence of stone in the bladder. Only a small amount of water can be injected into the bladder, and this causes such powerful contraction that we gain no information by this means. The calculus seems to be located in the anterior part of the bladder, and is more or less fixed in its position, so that no proper idea of its size can be formed. It seems as if it were nearly encysted in the walls of the bladder, and may not properly be subject to removal. Still the fellow is altogether disabled by his trouble, which unrelieved must result disastrously, and as I have had most happy results in the dilatation of the the neck of the bladder, I do not think in

this case, that satisfactory exploration of the bladder with the finger, is unwarranted, even though removal of the calculus may not be accomplished.

The method of operation proposed, is opening down upon the membranous portion of the urethra, and the making in it of a slit suitable for the introduction of a probe into the bladder by the side of the director, with which instruments and the finger, dilatation of the neck of the bladder is then to be undertaken, without making any farther incision than that just mentioned. In this way the neck of the bladder in a young patient may be made to dilate to a remarkable degree. A grooved staff having been introduced, incision was made into the membranous portion of the urethra. The perineal arteries flowed freely when severed, but soon ceased this of themselves. Having introduced a probe by the side of the director, I can as you notice, gradually enter my finger as a wedge between these instruments into the bladder, and am now able to sweep it around to some extent within. Sufficient dilation has been made to allow the introduction of forceps suitable for seizure of the stone.

With cautious manipulation, it was found that the blades of the forceps, having been opened in contact with the stone, could be sufficiently insinuated between the closely encircling walls and the sides of the stone, as to allow dilatation of the capsular constriction by further opening of the forceps, and at length, the proper seizure of the stone, which was then found to be of great size.

By a gradual process of dilatation and delivery as in instrumental obstetrics, the canal of egress was made to allow the passage of the calculus as held in the grasp of the lithotomy forceps. Several minutes were occupied in the delivery of the stone, and though a great amount of dilatation was necessary, still only very cautious efforts of extraction were made. Happy delivery of the stone was at length effected, when it was found to have been very favorably grasped in its transverse diameter.

The calculus measures two and one-eighth inches in length, one and one-half in breadth, and one and one-eighth in thickness, and is of a flattened ovoidal shape. Prof. Geo. Hadley accurately reports the weight of it to be seven hundred and six grains or 45.75 grammes. Its specific gravity has been found to be nearly

155. It is of a moderately smooth exterior and presents many characteristics of a uric acid calculus, which is generally looked for in persons thus young in years.

The boy was in no way whatever disturbed by the operation. He remained in bed until his urine was discharged naturally, and the perineal wound closed. At first he had trouble in controlling his bladder; gradually gained power over the sphincter vesicæ, so that by careful attention to natural requirements he was able to retain and expel his urine in a complete manner. He left the Hospital on the last of March.

This case is a very remarkable one: very rarely at least is it paralleled. That recovery not alone, but absence of all general symptoms of after disturbance, should result after removal of a vesical calculus of the aforesaid dimensions, where dilatation of the neck of the bladder was made, sufficient to allow the passage of a stone and forceps measuring four and one-half inches in circumference, would seem scarcely possible to those who have not had personal observation of the same. Dolbeau, after numerous and careful experiments, has placed the limit of practicable dilatation of the prostatic urethra at thirteen sixteenths of an inch. Besides rupture, authors regard paralysis as forbidding dilatation beyond these narrow limits.

Since the above was in print, on the 24th of April, we found the boy at work in a brewery, and learn from himself and friends that he has complete control of his bladder and has such freedom from troubles as he has never before known. He has not wet his bed for two weeks, seldom rises during the night, and not more than once, to pass water; urine clear; a slight feeling of irritation sometimes felt in the bladder just after its evacuation seems the only indication left of his former troubles.

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ART. II.—*Abstract of the Proceedings of the Buffalo Medical Association, March 2d, 1875.* Reported by E. N. BRUSH, M. D., Secretary pro tem.

The President, Dr. JAMES P. WHITE, in the chair.

Members present: Drs. White, Rochester, Gould, J. F. Miner, Fowler, W. W. Miner, Wetmore, Potter, Brecht, Briggs, Walsh and Brush.

On motion, Dr. E. N. BRUSH was elected Secretary pro tem.

The minutes of the previous meeting were read and approved.

The applications for membership of Drs. Willoughby and Bielby were taken from the table, and they were elected members on compliance with the by-laws. The application of Dr. Lucien Howe was received, and under the rules laid upon the table for one month.

On motion of Dr. FOWLER, Dr. Dorr was invited to participate in the meetings until he could become a member.

Dr. J. F. MINER presented the picture of a little girl who had been sent to him from Darien for an operation. The child was four years of age, and had a tumor situated at the lower end of the spinal column, which was at first thought to be spina bifida, but finally the conclusion was arrived at that it was fibro-cystic in character, and its removal decided upon. The operation was made at the Sisters Hospital, February 17th, and he presented for inspection the bones of a human lower extremity which were taken from the tumor after its removal.\*

Dr. ROCHESTER thought that Dr. Miner had not done himself justice in his report of the case. He gave the patient a very thorough and careful examination, and throughout the operation was very careful as to where he cut, especially was this noticeable when the rectum was exposed, Dr. Miner being very careful in dissecting the tumor from its walls.

Dr. WHITE remarked that the whole subject of embryology was full of interest. He remarked that monstrosities were of two kinds, by exclusion and inclusion. Each ovum has its separate sac, but it occasionally occurs that they are included in one. In the development of the foetus as the anterior or posterior arches become fully developed, and unite one or the other occasionally includes the whole or a portion of another foetus which may be within the uterine cavity; or two germs may become welded, as it were, together as was illustrated by a monstrosity in Italy. It had two heads and the upper extremities to correspond, but terminated in two feet only, to these children were given the names of Rita and Christina, and they seemed to have an independent exist-

\*See page 321 of this number of Journal, Clinical Remarks, Case XVII.

ence, for instance one would sleep while the other was awake, or one cry while the other laughed. If one foot was tickled the corresponding child would laugh while the other would not appear to notice it. Inclusion is sometimes partial, at others entire. A case is recorded in the *Gentlemen's Magazine* of 1813 or 1814, in which a boy had a cyst depending from his perineum nearly to his toes, which contained the remains of another foetus. Velpeau mentions a case in which there were depending from the abdomen of a boy the lower portion of a foetus from the umbilical region down. Others are related where the head protruded. Ambrose Pare and others mention cases of this kind. Pare also mentions a man aged forty, who exhibited himself in Paris, who had hanging from his abdomen a foetus perfectly developed from the shoulders down. A Chinese boy, A-Ki, was once exhibited in France, having a similar condition of things. Several of these cases are well authenticated, others are to be received with some allowance.

The remarkable feature of this case was that while the foot and leg was well developed, the pelvic bone, which was the only portion present of the opposite side, was very deficient in size.

Dr. MINER made a few remarks concerning tumors containing what were apparently foetal remains, and spoke of the distinctions which should be made between tumors of this kind and Dermoid Cysts, such as were sometimes found in the ovary, testicle and other localities. He mentioned in brief a case of Dermoid Cyst of the ovary which he had removed.\*

He remarked that he wished to present a brief account of an operation which he had performed at the Sisters Hospital on Tuesday the 23d of February.† The patient, a boy, twelve years old, had suffered from infancy with urinary difficulties, and presented many of the symptoms of calculus. Careful and repeated examination at last revealed the presence of stone, and an operation was decided upon. The method chosen in this instance was one which he had previously used on young patients, namely the median or what is now known as Allarton's operation, from an English surgeon, who had brought it into more general notice. Gouley, Little and Markoe had brought it into notice in this country.

\*Buffalo Med. and Surg. Journal, Vol. XII, No. 5, p. 164, Ovariectomy by Enucleation.

† See page 324 of this number of Journal, Clinical Remarks, Case XVIII.

He spoke of it as being an illustration of the enormous extent to which the neck of the bladder and urethra is capable of dilatation. The stone which weighed 706 grains and measured  $2\frac{1}{8}$  in. in length,  $1\frac{1}{2}$  in. in breadth, and  $1\frac{1}{8}$  in. in thickness, was removed in fifteen minutes, which was perhaps a little too rapid, although no accident happened, it is better to make the dilatation a little slower. As the stone lay in the forceps it measured  $1\frac{5}{8}$  inches in one diameter (over the forceps) by  $1\frac{1}{8}$  inches between the blades.

Dr. WETMORE asked if Dolbeau had not first recommended the vertical incision.

Dr. MINER replied that Dolbeau had made some modification of the operation, one of which was the employment of a branched dilator by which the limit of dilation is fixed.

Dr. WHITE spoke of the extent to which the female urethra could be dilated. He had removed in this way a stone from the female bladder larger than the one exhibited, and others, but of a smaller size. He did not doubt but that this operation was possible in young males, but thought that in adult life when the prostate was enlarged and indurated it would be impossible.

Dr. MINER replied that in England it had been abandoned in the adult, lithotomy or the lateral operation being preferable.

Dr. ROCHESTER said that he had seen many operations for stone; and was present at this one. He wished to bear testimony to the ease and facility with which it was made. It was somewhat of a surprise to him that so large a stone could be extracted with no more cutting than was here employed.

PREVAILING DISEASES.—The general opinion seemed to be that there was less scarlet fever than there had been. Some erysipelas was reported. After a short discussion upon the contagious properties of certain diseases, the meeting was declared adjourned.

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ART III.—*Camp Diarrhœa and Dysentery* By T. M. JOHNSON, M. D. Read before the Buffalo Medical Association, January 5, 1875.

*Mr. President and Gentlemen of the Association.*—It may perhaps seem at first glance that the subject of camp diarrhœa and

dysentery would be chiefly interesting to medical men connected with military service.

But the general prevalence of diarrhœa and dysentery to a greater or less degree throughout our whole country, and their sameness in causation, course, pathology and treatment, whether seen in military or civil practice, render them of interest to every practitioner of medicine. We speak of two diseases conjointly, because their causation, course and pathology, especially in their chronic form, are so similar, and because they so frequently prevail together. In many instances, indeed, it is difficult to decide, during the progress of the case, whether we have a case of chronic dysentery or one of those cases of chronic diarrhœa that so closely resemble it.

They have always been severe scourges of all wars of which we have any medical history. During our late war of the rebellion they constituted on the average more than one-fourth of all the cases of disease reported. The annual number of cases reported, alike in the Union and Confederate armies, was greater than three-fourths the mean strength of those armies, and with a mortality second only to camp fever. The ratio of cases was seven hundred and sixty-five per one thousand the first year, and eight hundred and fifty-two per thousand the second year. The mortality being at the rate of twelve and one-third per one thousand. In searching out the causes of these diseases their geography is of interest and shows that they are endemic in all parts of the United States. Their causes exist to a greater or less degree in all localities, some districts being only slightly subject to their development, while others develop them in greater number, severity and fatality.

Forry, in discussing the mortality of the U. S. army twenty-five years ago, showed that the proportion of deaths to cases of these diseases, at the posts in the northern division of the States, was one in six hundred and sixty-five; while in the southern division it was one in one hundred and forty-one, thus showing the mortality about four and a half times as great in the southern division as in the northern. These facts repeat themselves in the history of the great war of the rebellion. During the year 1863 the ratio per thousand of mean strength dying of these diseases was, in the

Atlantic or Eastern region, 8.80, in the Central region, which takes in the Mississippi Valley, 23.49, and in the Pacific region only, 80.

These contrasts prove conclusively that independently of causes incident to camp life there are certain climatic or geographic causes which largely influence the frequency and fatality of these diseases. Marsh miasma and the causes which produce intermittent fever greatly augment cases and mortality. In the marshy districts of the western and southwestern States the cases are more numerous and fatal than in the less malarial districts of the Atlantic and Pacific regions. The troops operating in the west were in the main as well clothed, fed and cared for as were the troops of the east, and their vastly greater mortality is attributable almost entirely to climatic or geographic causes. A further and more definite illustration of this may be found in the reports of the Military General Hospitals for the year 1863. During that year the proportion of deaths to cases was, in the hospitals of the New England States, one in forty-nine. In those of New York City and State, and of Newark, N. J., one in nineteen. In those of Pennsylvania and Delaware, one in fifteen. In those in and about Washington and Baltimore, one in eleven. In those along the coast of the Carolinas, one in seven. At Nashville and Memphis, one in five. At New Orleans and Baton Rouge, La., one in four. The highest rate of mortality, however, was not at a point the furthest south, but at Cairo, Illinois, situated on a peninsula formed by the junction of the Mississippi and Ohio rivers, where most intense malarial influences prevail. The most prominent of the special causes which tend to the production of these diseases are, defective diet, exposure to rapid radiation of animal heat, scurvy, crowd-poisoning, depressing mental emotions, the depressing and relaxing influence of other diseases, and last, though not least, *previous attacks*. Unlike camp fever and many other diseases, these fluxes have a strong tendency to repeat themselves. For a long time after the apparent cure of a chronic diarrhœa, it is easily and frequently brought on again by improper diet, undue exposure or fatigue.

Veteranship is no protection against it, and statistics of both



Union and Confederate medical departments show that the longer a soldier is exposed to the vicissitudes of camp life the more likely is he to suffer from these diseases. Crowd-poison, filth and insufficiency of food existed in so small a degree in the Union armies as to be of no value as furnishing facts for scientific deductions. Unfortunately, however, the terrible statistics of the Confederate prison, particularly that at Andersonville, Ga., show that the number of cases and mortality were greatly augmented by these causes.

From a report made by Dr. Joseph Jones, C. S. A., to the Confederate Surgeon General, we learn that, during the six months from March to August, inclusive, in 1864, there occurred 4529 deaths from diarrhœa and dysentery among less than 40,000 Federal prisoners confined there. And we are given to understand from the same source that later in the same year the mortality was greatly increased. This terrible mortality was largely due to the three causes above mentioned. Statistics, however, from all field, hospital and prison reports combined, fail to give the true mortality from these diseases, for thousands affected with them were discharged or sent home on furlough from each of these three above sources, who found relief, in many instances, a welcome relief in death. Those thousands, of course, do not appear in reports or statistics.

These fluxes are oftentimes, in the outset, caused by overrepletion, or by food or drink that is unwholesome. They are also frequently preceded by constipation, and are ushered in by frequent painless dejections from the bowels accompanied with some anorexia and a slight malaise. The tongue is more or less furred, with often foul breath, and in some cases nausea, with or without vomiting. As the disease progresses the dejections become more frequent and are preceded by and accompanied with griping pains, which cease after the stool, and return again at longer or shorter intervals. In many cases there is a marked periodicity in these particulars, the after part of the day and fore part of the night being passed in comparative quiet until near daylight, when the griping stools recur and follow each other with frequency until about mid-day, when they again subside or come on much less frequently. This periodicity does not, how-

ever, present the peculiarities nor partake of the nature of an intermittent, nor is it curable by quinine. The discharges by stool, while they are always fluid and vitiated, exhibit considerable variety in appearance. In the same patient they vary from hour to hour; sometimes being like pea soup, again like soap suds, and again containing undigested food, and exhibiting many shades of color, black and tar-like in appearance, green and gelatinous, and brown and fecal. In severe, long continued cases, they contain shreds of exuviae, bloody mucous, and muco-purulent matter. During this time the constitutional symptoms have become of the gravest character. The patient has become more and more emaciated and debilitated, his skin has assumed a dirty, sallow hue, and a harsh, dry feel. The palm of his hands are hot and dry, the countenance is anxious. The mind is irritable, and the patient peevish, taciturn or morose. The tongue is red and dry, the pulse is small, feeble and quick. The eyes and cheek bones are prominent. Dirty, brown patches makes their appearance upon the surface, and the skin emits a sickly, offensive odor, while emaciation is going on rapidly. In some cases there is febrile action, but not well marked, and at the last well marked hectic. In many, long continued cases, there is œdema of the face, abdomen or limbs, or all of these. Many of the more prolonged cases continue for weeks or months and finally die from exhaustion. The pathology in all the various chronic forms of these fluxes is essentially the same, differing only in degree as found in the various stages of the disease. There are preserved in the Medical Museum, at Washington, more than two hundred specimens of sections of intestine illustrative of the pathology of diarrhœa and dysentery. The subjects from which they were taken had generally died of other diseases or gunshot wounds. These specimens are divided into five different groups. The first group contains examples of follicular ulceration of the colon, presenting all the transition forms of simple enlargement of the solitary follicles, the rupture of the same, and the formation of small, "punched out" ulcers. The colon is generally more or less thickened, the thickening sometimes amounting to a quarter of an inch. In a few cases in which the solitary follicles were simply enlarged, without ulcerations, the

intestine was seldom thickened, was usually normal in color, but was sometimes slate or ash-colored, and sometimes presented congested patches. Sometimes the enlarged solitary follicles and the glands of Lieberkuhn were the seat of pigment deposits. In the more serious cases of diarrhœa the colon was more or less thickened, and presented the punched out ulcers which had originated in the enlarged solitary follicles. At this stage of the disease the colon was seldom normal in color. Sometimes it was red, reddish-brown or reddish-black. At other times greenish, slate or ash-color. The ulcers sometimes contained mucous and sometimes pus. The small intestine was seldom involved in this class of cases. The second group contains specimens illustrating cases in which the follicular ulcers have extended until, in some instances, a large part of the mucous membrane of the colon is destroyed. The follicular ulcers extend by burrowing in the sub-mucous connective tissue, and in this way frequently connect with each other. The mucous layer is frequently undermined by this burrowing process and perishes by sloughing. The second group of cases seem to be only a more advanced stage of the disease shown in the first. The third group of cases present more or less ulceration of bowel similar to those seen in the first and second, but in addition, the diseased surface is more or less coated with a greenish-yellow exudation similar to that observed in the air passages in diphtheria. This condition is seen in acute cases of dysentery, supervening upon chronic cases of diarrhœa of long standing. The fourth group includes those cases in which the *small*, as well as the large intestine is involved. Many of these are cases in which there has been complications of camp fever with diarrhœa, and the lesions of the small intestine are similar to those of the former disease. Besides these cases, however, there are several specimens in which, from the character of the lesion, it must be inferred that the affection of the small intestine is an extension of the disease upward from the colon. In such cases the ileum is thickened, the thickening being greater near the ileocœcal valve, and it presents ulcers similar to those of the colon, that appear to have arisen from the solitary follicles, and not from Peyer's glands.

The fifth group is composed of specimens illustrating tubercu-

lar ulceration of the bowels. The ulcers occur more frequently in the small intestine. Both small and large intestine, however, are often affected. This class of patients have tubercles in the lungs. Besides the peculiar tubercular ulcers of this class, the ulcers described in the four other groups appear in conjunction with them, so that they are like the other cases with the tubercular ulcer added.

It will be seen by the above illustrations that the seat of the initiation and inflammation is in the first place in the mucous coat, most frequently of the colon, less frequently of the small intestine, and that the point of origin of the ulcer is in the solitary glands of this region. These ulcers are also sometimes attended by metastatic abscess of the liver, and often by diphtheritic exudation in the mouth and air passages.

The treatment of the acute form of these diseases, which came I think to be almost universally adopted, was to give in the outset liberally of cathartic medicine. Sulphate of magnesia was I think the favorite; the favorite form and dose being an ounce of the saturated solution to which was added five to ten drops of aromatic sulphuric acid. Castor oil alone, or combined with tincture opii, was perhaps second in popularity. Whether the case had been preceded by constipation or not, experience proved that it was the best and most speedy method of cure, to free the bowels from all irritant, relieve the portal circulation and prepare the way for the successful administration of opiates, either alone, or combined with astringents.

Many cases, a large majority, indeed, were cured in this way. Many other cases, however, progressed, became follicular, then ulcerative and passed through the stages above described. It is in this latter class of cases that the medical man and the patient is tried to the uttermost of his skill, patience and perseverance. The treatment of these cases in the field and in western and southern hospitals owes its want of success largely to the fact, that the patients were continually exposed to the exciting causes of the disease.

Removal to northern hospitals, thus securing change of air and surroundings, proper diet and a sparing and judicious use of

medicine, saved thousands of lives. The value of medicine in the treatment of these diseases was, by a large number of medical officers of limited experience, over-estimated. Many patients in the field, and probably in some of the hospitals, had run the rounds of opium astringents, mercurials, bismuth, strychnia, back to opium, which was the great alleviator of their distress, but could not cure. The experience of our late war has proven to the medical profession, that the diseases under consideration are best treated by furnishing the patient with warmth, pure air and pure water; cleanliness of person, a proper and nutritious diet, pleasant surroundings, not placing too much reliance upon medicine.

The diet best adapted to these cases consists in fresh eggs, custards, milk, chickens, roast beef, roast or boiled lamb, beef soup and fresh fish. Fresh tomatoes, onions and lettuce, starchy preparations of all kinds, except a small amount of good bread, should be disallowed.

Alcoholic stimulants are in many, nearly all bad cases, of much value, undoubtedly many lives have been saved by a proper administration of these stimulants.

Brandy, whiskey or Hungarian wine should be given when so powerful a stimulant is required. I believe the latter, when well borne, the best of the three. Claret wine is a favorite at the south, and is an excellent mild stimulant, and very applicable in the convalescing stage of the diseases.

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## MISCELLANEOUS.

### Note on Salicylic Acid.

BY EDWARD R. SQUIBB, M. D. OF BROOKLYN, N. Y.

This substance, long known as a rare and curious chemical derived from the vegetable kingdom, has lately been brought into prominent notice, chiefly in Germany, from its relations to those changes which are commonly known and best understood as fermentations, to which class or kind of changes so many diseases and pathological conditions are now pretty well known to belong.

The writer knows far too little of the subject and its relations to attempt an accurate or exhaustive paper upon it, and the object of this note is simply to call attention to it, that it may be read up in the current literature—to give a brief outline of its bibliography, that reference may be made in regard to its history—and to offer some thoughts in regard to its sphere in medicine.

Salicin is a glucoside or neutral vegetable principle discovered by Leroux\* in 1830, in the bark of some species of willow, *Salix*, whence its name. It was afterward found in various species of poplar†, and in other trees and plants. Salicin was chiefly investigated by Piria‡ who gave an elaborate account of its derivatives, and among these, of salicylic acid. Early in its history the acid was prepared by Læwig and Weidmann§ from the flowers of *Spiræa ulmaria*; and later, a research by Prof. Procter|| of Philadelphia, showed that our oil of wintergreen, *Gaultheria procumbens*, was really a salicylic ether; and from this source salicylic acid was obtained by Cahours\*\*. Gerhardt††, Ettling‡‡ and others contributed to the researches by which the properties and reactions of salicylic acid were accurately determined and its composition fixed; but as yet it was but a chemical curiosity whose potential possibilities were quite unknown. It still belonged to that class of substances which had simply consumed a large amount of patient labor, and in relation to which the rigid utilitarian asked Michael Farrady "What is the use of such things?" and received for reply the answer, "What is the use of a baby?"

The physiological and pathological effects of salicin, though imperfectly investigated, seems to have gradually and slowly directed attention to those of its derivatives, and occasional paragraphs have appeared in current scientific literature, from time to time, upon salicylic acid for some years past. But only within a year or two—and the writer regrets that he does not know by whom first—German writers have alluded to its peculiar and powerful effects as an antiferment and antiseptic. As its peculiar powers were recognized, and its importance became possible and probable, the sources from which it had been obtained as a chemical curiosity became impracticable, in consequence of the small quantity which could be obtained from them, and the great cost in material and labor.

The next step in the progress of salicylic acid toward practical utility affords an excellent illustration of the progress in chemical knowledge made of late years.

The modern chemist seems to know, within certain limits, the combinations of the elements in organic substances very much as he knows the axes of crystals, and hence deduces their planes of cleavage. That is, he knows how they will split up under given

\* Journ. de Chim. Med. T. 6, F. 341. † Braconnot, Ann. Chim. Phys. T. 44, F. 296. ‡ Compt. Rend. T. 6, F. 388; Ann. Pharm. T. 30, F. 165.

§ Jour. pr. Chem; Bd. 19, S. 236. || Amer. Jour. Pharm., v. 14, p. 211. \*\* Compt. Rend. T. 16, F. 863. †† N. Ann. Chim. Phys., T. 7, F. 217. ‡‡ Ann. Pharm. T. 53, F. 77.

conditions, and what new arrangements of their elements are possible or even practicable. And farther, he knows, by pure reasoning upon facts, what new elements to introduce between the molecules of one combination to split it up by a new set of affinities into new combinations never before seen or reached, and which would have remained long unknown under the mere empirical researches of the older chemistry. The peculiar properties and reactions of salicylic acid as an antiferment producing a demand for it, the German chemists, Kolbe\* and Lautemann, sought for an organic compound which from its elementary composition might be split or dissociated into the desired new compound, salicylic acid. This substance, whose molecule might be broken up, they found in Phenol, or the so-called Carbohc Acid, and it is a very curious circumstance—purely accidental, so far as this writer knows—that a substance of well and long established character as an antiferment should have offered to these chemists a molecular constitution so well adapted to be broken up into a still more powerful antiferment; for there is no relation whatever, either in composition, or chemical, or physical properties between carbohc acid and salicylic acid, except in their effects as antiferments, and the two may, so far as present knowledge extends, accomplish these effects by similar or by altogether different reactions. The agent which the German chemists selected to resolve the molecules of Phenol into other molecules, one of which should be salicylic acid, was carbonic acid carbonic anhydride, as it is called in the new chemistry. Thus, from the action of carbonic acid on carbohc acid, salicylic acid is produced; a process which is about as far from the original willow tree as a source of the acid as can well be imagined, and yet a process which is as much the result of human knowledge based upon human research as that by which LeVerrier and Adams discovered the planet Neptune. It appears that where Phenol or Cresol, and perhaps others of this class of phenols, are combined with an alkali metal, such as sodium or potassium, thus forming phenol-sodium (often called phenate of soda) for example, and well dried carbonic anhydride is passed through the dry powder of phenol-sodium heated to  $100^{\circ}$  to  $250^{\circ}$  C. =  $212^{\circ}$  to  $482^{\circ}$  F., the reaction occurs which produces salicylate of sodium and other compounds. The salicylate of sodium thus formed is dissolved in water and decomposed by hydrochloric acid, which, uniting with the sodium by superior affinity, sets free the salicylic acid in the form of crystals. These crystals are washed and re-crystallized from a hot solution, and when dried, form a crystalline powder of a light brown color, somewhat resembling in color the powder of pale cinchona bark. This is unbleached salicylic acid and is probably pure enough for almost all, if not for all, the purposes to

\* Archiv. der Pharmacie (3) v. 5. p. 445, from Jour. fur Practische Chemie. Bd. 10, S. 89, and quoted in Ding. Polyt. Journ. Bd. 214, S. 132, and in Pharm. Jour. and Trans. of London, Third Series, No. 231.

which the acid is at present applied to practical uses. The small proportion of coloring matter which it contains in this condition is held by it with great tenacity, and the further processes by which it may be obtained of various shades up to whiteness are so difficult, troublesome and expensive that they more than double the cost of production. This bleaching may be accomplished in various ways to a certain extent; but to get the acid quite white, Kolbe recommends that it be converted into an ether, and this ether be again decomposed. In the writer's practice no good plan of decolorizing has as yet been reached, and as the decolorizing has not yet been shown to be necessary or very useful, no great attention has yet been given to it. The acid imported from Germany at very high prices is occasionally quite white; but most of that sold at the more moderate prices of two or three dollars per ounce is of various degrees of whiteness, up to a very light cream color with a reddish tinge. These varying shades of color seem to show that bleaching processes, more or less effective, have been used with all the acid yet imported into this country; while, so far as known, none has been made here until the writer undertook it. Hence, the entirely natural or entirely unbleached acid has not, so far as known, been yet used to any considerable extent; and it is a mere reasoning process, based upon the quantity and qualities of the coloring matter in the well made unbleached acid, by which it is inferred that for most if not for all of its present uses, this is as good as the more or less bleached product. If the well made unbleached acid be found to subserve all the useful purposes to which the substance may be applicable, as is confidently expected by the writer; and if the substance should, even in moderate degree, realize the expectations of its importance in the arts and in medicine, as indicated by the European authorities, the process of Kolbe will make it practically attainable in the necessary quantities at a far lower cost; whilst without some such process it would be of very limited use to mankind, whatever might be its powers. Whether bleached or unbleached, the acid is in minute broken acicular crystals which give it the appearance of a granular powder, soft and smooth under the pestle or knife, but somewhat rough or resinous when rubbed between the fingers. This powder is odorless and nearly tasteless. It has, however, a sweetish and astringent after-taste with slight acidity in the fauces, but none in the mouth; and though tasteless, it leaves a disposition or inclination to expectorate, which continues for some time.

It is practically insoluble in cold water, but is very soluble in hot water; and the water of a hot solution retains when cold, in proportion to its coldness, from about one part in two hundred and fifty to one part in five hundred of the solution. The presence of various neutral salts in small proportion in the water render it far more soluble. Up to this time phosphate of sodium



seems to have been chiefly used in Germany\* to render it more soluble in water for medicinal purposes, and it is said that three parts of phosphate of sodium will render one part of the acid easily soluble in fifty parts of water. It is much more soluble in alcohol and ether than in water. It melts at about  $125^{\circ}$  C. =  $257^{\circ}$  F†. In common with other similar acids it forms salts with the principal bases, but these seem thus far to be difficult to make, and their effects have not been investigated.

It is used for medical and surgical purposes either dry or in solution. When used dry it is sprinkled on wounds, ulcers, or dressings in the form of very fine powder, in very small quantities, either simply powdered or mixed in various proportions with some diluent, such as starch. When used in simple solution, either for spraying surfaces or for washes or gargles, it is used in tepid solution of about one part to three hundred parts of water. Where stronger solutions are required for washes, gargles, or to moisten dressings, one part of the acid and three parts of phosphate of sodium to fifty parts of water have been used. When applied to wounds, it appears immediately in the urine‡.

Its alleged advantages over all other antiseptics are: First, that it is far more powerful and effective in similar quantities; and, secondly, that it is, in all quantities necessary for complete effectiveness, entirely devoid of irritant action upon the living tissues. It is not caustic nor corrosive in any quantity, and never produces inflammation. In large quantities it may be irritant and painful, but yet rarely surpasses a stimulant effect, while it appears to be quite neutral in the very small quantities which are yet thoroughly effective. Thirdly, it is said to reach and prevent processes of decomposition which are beyond the reach of all other antiseptics or antiferments. These processes are of two kinds, namely: vital, or those in which living organisms have an important part, such as that produced by yeast and many of those which occur in putrefaction; and chemical, or those which occur independent of vitality, as the production of volatile oils in mustard and bitter almonds, the effect of diastase, etc. Now, while carbolic acid and other antiferments are azymotic, or completely arrest or prevent fermentations of the first kind, they are powerless with the chemical processes. Salicylic acid is said to be more effective with the vital ferments, and equally effective with the chemical. Fourthly, in quantities said to be thoroughly effective, it is entirely odorless and tasteless and harmless, whilst it has no poisoning effect in any reasonable quantity.

It prevents or arrests the souring of worts, washes and beers of the brewers, and prevents or arrests the putrefactive agencies which are so troublesome and destructive to the glue manufacturers; and these and similar trades have thus far seemed to be its

\* Thiersch. Pharm. Centralhalle, Oct. 22, Nov. 5. † Watts' Chem Dictionary, Art: "Salicylic Acid." ‡ Thiersch, as above cited.

principal consumers. Separate portions of fresh milk set aside to become sour, one to which 0.04 per cent. of salicylic acid was added soured thirty-six hours later than the other. Urine thus protected was on the third day still clear and free from ammoniacal odor.

Varying proportions of the acid added to accurately measured separate portions of sweet milk, and these carefully observed afterward until they sour—or, by the use of meat juice instead of milk, observed closely for signs of putrefaction—would offer good indications of the quantities required to arrest these varieties of fermentation.

Professor Thiersch, of Leipsic\*, used it upon contused and incised wounds, and in operations, with excellent general results, destroying the fetid odor of cancerous surfaces and pyæmic ulcerations. To such uses this writer would add the suggestion that for washing out the cavities of the abdomen and chest after those operations which tend so strongly to septicæmia, solutions of salicylic acid would seem to offer very great advantages, should it prove to be as bland and unirritating as it is stated to be, and yet so effective.

Most of these statements are summed up from the periodical literature of continental Europe during the past six months, little having appeared upon the subject in Great Britain, or in this country, and nothing having been done with it, so far as known, in either country.

In occasional paragraphs and allusions benzoic acid has been coupled with salicylic acid, as being only second to it in effectiveness as an antiferment, and with similar advantages.

These statements are collated and condensed here as being well worth attention in themselves and in their relations to the phenomena of septic poisoning as already known. But they have a new significance, or at least suggest to this writer a new train of thought, when viewed in connection with some researches now in progress and but just appearing in the periodical literature.

Experiments† were made upon animals by the injection of measured quantities of septic blood. The blood of a healthy animal was allowed to become putrid. Increasing doses of this were injected into healthy animals until the amount necessary to cause death was ascertained. This quantity proved to be large, the animals recovering from all the small doses. Blood from the animal whose death was caused by injections of putrid blood was injected in increasing doses into healthy animals until the fatal dose was reached, and this dose was found to be smaller than that which killed the first animal. The blood of the second dead animal was used on healthy subjects in the same way as that of the first, and proved fatal in still smaller quantity. The experiments were con-

\* Pharm. Centralhalle, Nos. 44 and 45, 1874.

† Bergman, Panum, Davaine, Vulpian and Bouley—the latter researches in *Bulletins de l'Acad. de Med.* 1872, 1873, and Davaine, translated by Mary C. Putnam, M. D., in *Archives of Scientific and Practical Medicine*, by C. E. Brown-Sequard and E. C. Seguin, No. 5, p. 649.

tinued upon the same plan until finally a point was reached when a very minute portion—a fraction of a drop, perhaps—from the last animal proved fatal to the next, with more violent toxic symptoms and a shorter course. The important indications of this series of experiments is, of course, the rapid accumulation of potency in septic poisoning. And the question put by this indication is not only as to how this potency accumulates, but also how to prevent and arrest it. Metro-peritonitis and common pyæmia would doubtless, unobstructed, accumulate potency in the same way without visible inoculation, and often do continue and accumulate even against the vigorous application of the best means of prevention yet known. No hypothesis can be constructed that will embrace the phenomena of septic poisoning, as they are now rapidly being investigated without including zymotic diseases and the cachexiæ, and none will account for the phenomena already observed without bringing it within the sphere of what is called, in some of its degrees or phases, fermentation. Hence, if the medical art is to keep pace with the progress of the physical sciences, physicians can not afford to pass by such articles as salicylic and benzoic acids when offered by chemistry, without investigating their effects upon disease, even though not one out of ten should repay the labor of investigation; for it is certainly in this direction of research that medicine must look with greatest hope of success to control those abnormal vital processes which so far may be modified but not stopped. For example: Suppose a primary syphilitic or cancerous sore, or a diphtheritic patch, or even a cachectic pulmonary infarction, while these are merely the localized phenomena of an external inoculation, or of an internal taint,—they must all be considered to partake of the nature of a fermentation, and by some such process invade the whole organism. Then suppose an antiferment which, when applied to any surface, not covered by an impervious cuticle, very soon appears, unchanged, first in the blood and then in the secretions and excretions—the manifest logical antagonism of such substance to the diseased conditions become too important to be neglected, and the counsels of wisdom demand that its claims to such antagonism be disproved before it be dismissed. The question as to what may become of the cancer-cell, or of the less tangible precedent cause of it, or of the bacteria, or the precedent conditions which increase their fertility, under the well directed influence of this class of agents, is, perhaps, the most important one in all medical science. And just in proportion as accurate research develops agents of greater and greater power, will be the prospect of better success in treatment.

The phenols, especially the so-called carbolic and cresylic acids (Phenol and Cresol), were and must always remain to be most important additions to this class of agents, surpassing in power all that had been previously tried. And if now salicylic acid shall prove more potent than the phenols, the farther gain will be very

great, and the researches upon it will again lead up toward future discoveries of still greater power.—*Read before the Medical Society of the State of New York.*

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### Case of Femoral Aneurism treated first by Compression and subsequently by Ligation of the External Iliac Artery.

By C. C. F. GAY, M. D., Surgeon Buffalo General Hospital. Reported by BERNARD BARTOW, M. D., Resident Physician.

Richard H., æt. 36, applied to be admitted to the Buffalo General Hospital March 24th, 1874, having a pulsating tumour on the inner side of the left thigh, four inches below Poupart's ligament. It was about double the size of an adult fist, painful, burning in character, with shooting pains extending down the limb. The pulsation could be discerned by the eye, and when the hand was applied, showed its expansive nature, peculiar to aneurism, seeming uniform throughout, except at one point upon the inner and lower aspect of the tumour about opposite the mouth of the sac—where its fluid contents could be felt—the pulsation was strongest. A distinct thrill could be felt at the upper portion of the tumour, and extending upwards two inches, in a line corresponding with the course of the femoral artery. The ear or stethoscope placed upon the tumour showed the presence of a "bruit," most distinctly heard at the upper margin, and varying in intensity with the position of the limb; being loudest when the whole limb was raised to an angle of forty-five degrees. The diagnosis was plainly aneurism of the superficial femoral artery, and the mouth of the sac was not more than one inch below the origin of the deep femoral branch. The patient had been engaged making steam boilers, and was employed to hold an iron bar—the "miser"—against which the boiler bolts were flattened by hammering. To hold the bar more securely, he had frequently rested one end of it against his thigh, where the aneurism now is, which had received the shock of the hammer. It was evidently of traumatic origin.

His attention was directed to his disease in October of last year, by experiencing sudden lancinating pain in the part; two or three weeks after, he noticed a small tumour, the size of a hazel-nut, in the same place. It was not painful at that time, and gave him no uneasiness until he noticed that it was increasing in size, and becoming painful proportionately. He continued to work notwithstanding the continued enlargement and increase of pain, until entering the hospital—a period of five months.

The condition of the patient was precarious, and not such as to bear a severe operation, being exhausted by pain and sleeplessness.

Operative procedures were deferred until his strength could be recruited, which took about ten days to accomplish. The tumour was meanwhile securely held by imbricated strips of adhesive plaster; absolute rest being enjoined upon the patient.

Ligature of the common femoral, or of the external iliac arteries, were the only operative sources from which to choose; the former was discarded from the liability to secondary hemorrhage.

Before taking this grave step it was thought expedient to employ the treatment by compression, it having been shown that where occlusion of the sac does not follow its use, it causes but little additional disturbance, is without danger, and enhances the probability of recovery from ligation by enlarging the collateral circulation, before the old circulation is shut off, lessening thereby the danger of gangrene.

Digital compression was, accordingly, begun April 4th, and was continued for thirty-one of the following forty-eight hours: seventeen hours being consumed by the patient in sleep, at intervals of from one to six hours. The pain was subdued by hypodermic injections of morphia, gr.  $\frac{1}{4}$  to  $\frac{1}{8}$ , every three or four hours.

The degree of pressure was not such as to completely prevent circulation through the sac, a small amount being allowed to enter, which was regulated by the force of the pulsation and "bruit." These could be made to cease by making the requisite pressure.

The first effect was to render the whole limb livid; it became perceptibly cooler than the sound one. Patient complained of coldness, numbness, and tingling of the limb, with shooting pains extending from the point of pressure down to the ankle—due probably to pressure upon some branches of the anterior crural nerve. At the end of eight hours the colour and warmth returned; the pulsation of any of the arteries below the tumour could not be felt, whereas they were perceptible before the pressure was begun; the tumour had increased in firmness, and the removal of the pressure showed considerable diminution of the force of the pulsation and "bruit."

The following morning, sixteen hours from commencement, the pulsation had diminished to an extent that the patient was free from pain when not under the influence of pressure, which had not been so at any time since his admission notwithstanding the free use of anodynes, nor did he complain of the pulsation giving rise to pain at any time during his subsequent treatment. At the expiration of forty-eight hours the whole limb had become quite œdematous, especially around and below the lower part of the tumour, giving it the appearance of having become diffused.

There was constantly present a tingling and burning sensation, which began at the toes and extended to the groin, and would be aggravated when the foot was touched in any of the manipulations. The tumour had become quite dense; the pulsation and

bruit were reduced nearly to one-half their former intensity, and in some places could not be felt or heard where they previously existed. At this point digital compression was abandoned from scarcity of assistants; instrumental compression being substituted. The apparatus used was constructed upon the principle of a lever of the first kind; the fulcrum resting upon the artery and forming the compressor.

With the pad in position and the power applied, no movement on the part of the patient could displace it; remaining fixed until the power was relaxed. The irritation of the pad was less than that caused by the frequent changing of the thumbs of the assistants while making digital compression—causing after a time the excoriation of the skin. This was continued for periods of six hours, alternating with six hours' intermission for seven days, causing the pulsation and bruit to become reduced to one-fourth of their greatest intensity. The circulation as before was not completely shut off from the sac.

The area of surface to which pressure could be applied was one inch in breadth by two and one-half inches long, which was insufficient to allow of a requisite amount of rest to the parts in the intervals. The space had become very irritable and inflamed at the end of this time, and it was necessary to suspend pressure for two days, the effect of which was to lose nearly one-half of the advantage gained, which appeared very promising at the time of the discontinuance.

Pressure was resumed at the same point, but could not be made to the same degree from tenderness of the integument, and was only sufficient to prevent a complete relapse.

Pressure was now removed to the external iliac artery where it crosses the pectineal eminence. It required, however, a greater amount of power to produce the same effect, increasing thereby the danger of sloughing.

The principle kept in view thus far had been to retard the current through the sac, that the deposition of laminae of coagulum might take place gradually. This failing to occlude the sac, after having been fairly tried, and it now being evident that pressure could be maintained but for a short time, it was decided to try the effect of *stopping* the circulation through the aneurism. The increased pressure caused severe pain, and required large doses of morphia to enable the patient to bear it, which he did for fifteen consecutive hours.

The œdema of the limb increased, and upon the removal of pressure the bruit could be heard faintly at the upper part of the tumour, nearly over the mouth of the sac; but pulsation was not apparent, the tumour being hard and elastic. At the expiration of the following twenty-four hours the pulsation returned, though pressure had been continued at intervals sixteen hours of this time. Forty-eight hours from the time when pulsation ceased,

pressure was abandoned from the irritability of the compressed surfaces. This is to be regretted, as more progress had been made during that time than in the eleven previous days.

As a last resort before operating, flexion of the thigh upon the abdomen was tried. This controlled the circulation completely, but it also had to be abandoned after six hours, the patient suffering more during this period than from any of the previous methods employed. These forms of treatment had been continued for twelve days, and during more than half of this time the arteries were undergoing compression.

The patient complained of no pain in the tumour or limb at this time, and his general condition was even improved. The measurement around the thigh over the site of the tumour was twenty-two inches, no diminution having followed the treatment. The amount of effusion around the lower part of the tumour increased out of all proportion to that in the remainder of the limb, and it was considered certain by some who examined it that the aneurism had become diffused. Nothing in the appearance of the patient occurred to indicate so grave an accident other than the enlargement, which subsequently disappeared, showing the circumscribed character of the tumour.

*April 14, 1874.* Dr. Gay, in the presence of a large number of medical gentlemen, ligated the external iliac artery. The "operation from below" (Cooper's) was the one chosen. When the peritoneum was reached it very much resembled the transversalis fascia, being thickened and opaline in colour, due to the pressure made upon the external iliac artery, giving rise to circumscribed inflammation at that point; owing to this abnormal appearance the peritoneum was wounded. The pulsation and bruit ceased immediately after the ligature was tightened.

The wound was closed by a few interrupted sutures, none of which, however, included the peritoneum where it was wounded. Patient rallied well from the operation; felt a pricking or tingling sensation in his instep and ankle, extending to the knee; the limb did not change its colour, and only half a degree difference in temperature was shown by the thermometer in the popliteal spaces; no increase of the œdema followed; warmth was applied to the limb by means of bottles of hot water, which was grateful to the patient; the whole surface of the abdomen was covered with a poultice of hops; opium and stimulants being freely administered. No tympanitis or signs of general peritonitis followed; around the margins of the wound it was very tender, showing the existence of circumscribed inflammation. Primary union was obtained in the upper part of the wound; sutures were removed the fifth day; lower portion of wound gaped; the edges were approximated by flexing the thighs and raising the shoulders, which also allowed a more free escape of pus.

Two days after operation, the measurement around thigh, over

the tumour, was eighteen inches, being a reduction of four inches in circumference. No pulsation could be distinguished in any of the arteries of the limb. The pricking and burning sensations continued throughout the treatment, being at times actually painful. The ligature came away on the fourteenth day, after which the wound rapidly healed.

Five weeks after operation, patient was able to be out of doors, but was obliged to use crutches on account of a slough upon the the back of the heel, the size of a silver dollar, and another upon the great toe. The former penetrated to the bone, and it was, on this account, four months before he could walk without the assistance of crutches.

No signs of suppuration of the contents of the sac followed the ligation; the sac being of a firm, elastic consistence, and free from pain. The measurement of the thigh, at the site of tumour, further diminished to  $17\frac{1}{2}$  inches in circumference, being the least it reached; the thigh after this became more fleshy.

The tumour itself continued to be absorbed, so that its circumscribed form could be more distinctly defined. When patient left hospital, October 1, 1874, it was of the dimensions and shape of the umbrella portion of a moderate sized mushroom. It caused but slight enlargement at that part of thigh, and would not be noticed in a casual observation.

The cicatrix of the upper part of the wound, at which point the peritoneum was divided, appears weak. Patient wore a compress and bandage while in hospital, but was advised on going out to wear a truss, as a precautionary measure to prevent hernial protrusion. Some authors refer this sequel to not including the peritoneum in the sutures, which, as before mentioned, was not done in this case. Hernia followed from a similar cause, in an otherwise successful case, where the external iliac artery was tied by Mr. Kirby.\*

The results of this case show the beneficial influence of pressure, and furnish evidence of its value, and sufficient reason why it should be employed in all cases of aneurism when practicable. Had this aneurism been of smaller size compression would probably have superseded the necessity of ligating the artery; or, with an aneurism of the same size, and a greater area upon which to make a pressure, there is reason to believe that compression alone would be attended with success.

It corroborates the views of Holmes in regard to the influence of compression in more speedily promoting the new circulation.

The apparatus used in this case answers the purpose of the various and expensive contrivances used, and is within reach of any one of moderate mechanical ability.—*American Journal Medical Sciences*, January, 1875.

\* Manual of Operations of Surgery, by Joseph Bell, F. R. C. S.



## Report of a Case of Inversio-Uteri of Two Years' Standing, Reduced by Taxis; with Remarks.

BY B. F. DAWSON, M. D.

On the 6th of January last, Mrs. R. was sent to me by Dr. Jeffrey Bourke, of this city, with the view of confirming his diagnosis of her case, and for advice as to her treatment. The patient was a naturally strong woman, aged thirty-eight years, and the mother of five children. Her illness dated from the birth of her last child, two years ago, of which the following is the account, as given by herself and husband :

On February 5, 1873 (two years ago), she was taken in labor with her fifth child, which was born in four hours without assistance or trouble. In delivering the after-birth, however, her physician caused her considerable pain by pulling upon the cord, of which she complained, and when he persisted she cried out to him repeatedly to stop ; at the same time she was losing blood freely. She soon lost consciousness, and her husband and family thought her to be dying. For several days after she was so prostrated that she was not expected to recover, even by her physicians. She continued to lose blood freely, and a large mass or tumor protruded from the vulva, requiring repeated efforts at reduction. Her water, also, had to be drawn off for a couple of weeks. In about three weeks after the birth of her child she began to improve, losing less blood, and having less pain. In the mean time she had used vaginal washes and injections ordered by her physicians, and which seemed to control the bleeding considerably. This matter remained for about a year, with, however, a yellowish discharge throughout, and occasionally clots of blood. The protruding tumor also gave her considerable trouble, coming down repeatedly on the slightest effort, and requiring her to lie down and have it replaced by her husband. In February, 1874, a year after the birth of her child, the hæmorrhage returned with great severity, and continued without abatement until April, when it intermitted for a few days ; again recurring, however, profusely for several weeks. The patient in consequence became rapidly exhausted to such a degree as to be unable to raise her head off her pillow. Her physicians again attempted to control the hæmorrhage by injection and tamponing the vagina with cloths, but to no avail. Her condition continued thus until last November (1874), when she was seen by Dr. Jeffrey Bourke, of this city. After an examination of her, he expressed to her physicians his opinion that she was undoubtedly suffering from inversion ; and again in December he adhered to the same opinion, and advised a consultation with others for treatment. With this object he consulted me about her, and at my suggestion and advice she came to this city. From the time we saw her in November to the date of my first visit she continued to lose blood, but had gained some-

what in strength. As already stated, she was seen by me January 6, 1875, and on careful examination I found her suffering from complete *inversio-uteri*. The uterus occupied the entire vagina, was firm to the touch, bled readily, and was exceedingly sensitive. The ring formed by the vaginal portion of the cervix was thin, and did not constrict the tumor to any great degree. In all respects the case seemed one not likely to afford great trouble at reduction, and accordingly I felt safe in expressing my opinion to the patient and her husband that she could be cured if she would submit to treatment. The diagnosis and above opinions were concurred in by my friend Dr. Munde, who saw her at the same time with me. After some persuasion she consented to place herself under my treatment, notwithstanding her friends urged her strongly not to risk her life by an operation. The following day, at my request, my friend Prof. T. G. Thomas examined the case, and expressed the opinion that it was a case favorable to success in all respects, notwithstanding the existence of the inversion for so long a time as two years.

On January 13th, the patient being etherized, and having used hot vaginal injections for the previous week, I made my attempt. My efforts I had determined to confine wholly to taxis, one hand in the vagina embracing the tumor within the fingers, and thus forcing them up within the ring, dilating the latter and carrying the *cervix uteri* up, at the same time making counter-pressure through the abdominal walls, as a centre to press against as well as to guard against rupture of the vagina. In these efforts I was relieved when tired by Drs. Bourke and Henry Nicoll. After two and a half hours no success of any amount attended our efforts, and accordingly the patient was replaced in bed, it being decided best not to subject her too long to the influence of anæsthesia, or the uterus to prolonged manipulation.

On January 16th, three days after, I prepared for a second attempt, but, after manipulating for two hours, the uterus became œdematous, and, with the concurrence of Drs. Nicoll and J. C. Jay, Jr., it was deemed best to desist, and give the patient a few days' rest, and subject the parts to the influence of a constant use of hot vaginal douches. After both these attempts there was a slight elevation of temperature, some pain, very slight discharge, and no vomiting. By the use of quinine and morphia the fever and pain were controlled, and nourishing diet kept up the patient's strength.

On January 18th, I essayed a third attempt, but soon found it would be to my advantage, as well as to the patient's, to subject the uterus still longer to the action of hot water, as it was still coriaceous and doughy in feeling. A full week was given the patient, and on January 25th, efforts were again renewed, in like manner as before, excepting that I essayed the use of Dr. White's inversion repositor, but laid it aside for reasons to be hereafter

stated. From the outset it seemed that success would crown our efforts at last, as the ring was largely dilated and dilatable, the uterus soft and pliable, and the fundus, after a slight effort, could be carried up to the ring. Through the abdominal walls the enlarged ring was easily felt, and the finger could be forced into the depression of the inversion. Alternately relieving one another, after one hour and twenty minutes, the fundus was well up within the ring. I was on the point of again resting, when suddenly the left horn of the uterus yielded to the pressure of the thumb of my right hand. Following up this ground gained, I succeeded, in a few minutes, in completely replacing the inversion, and felt the uterus contract considerably upon my finger in its cavity. The patient being then examined by Drs. Nicoll and Bourke at my request, she was replaced in bed, hot cloths were applied over the abdomen, and, after her recovery out of the anæsthetic, quinine and morphia controlled the fever and pain. The patient made a quick recovery, returning home six days after the reduction, and, from a letter received on the 22d day of February, was improving in general health rapidly.

In the early history and general treatment of this case, there are many points which strike me as worthy of a few moments' consideration. In the first place, it is almost conclusive, from the pain and hæmorrhage, that the inversion was produced by traction exerted upon the umbilical cord and placenta, when the uterus had not, and was not contracting, as it should have done after the expulsion of the child. Had the uterus thus contracted, prolonged and firm traction on the cord could not have been made, for that proper behavior of the uterus necessarily casts off the placenta. Her attendant, therefore, should have recognized, from this very retention of the placenta, that the uterus did not contract sufficiently to cast it off, and, in place of giving his attention to the placenta, he should have given it to the uterus. If the invaluable practice of having the uterus followed up by the hand had been resorted to, which was evidently not the case, it would either have stimulated the uterus to do its duty, or have shown, by its not contracting, the necessity of making it do so for no other reason than doing what misdirected efforts endeavored to accomplish. Again, had her attendant followed up the uterus during the delivery of the placenta, in the manner mentioned, he could not have failed to recognize that the organ was not contracting, but becoming inverted, and he thus would have been made aware of the danger of his procedure. Further, the character and continuance of the flooding should have told him at once that he had a non-contracted uterus; and had he then used his most ready means of ascertaining the cause of the hæmorrhage—the use of his two hands externally and internally—he would have recognized, from the absence of a uterus beneath his hand on the abdomen, and the tumor in the vagina, that the

uterus was inverted. The non-observance of the ordinary precautions in a simple case of labor was undoubtedly, in this case, the cause of this patient's life being endangered by hæmorrhage, and of her suffering, during two years, from an inverted uterus.

In regard to the treatment, and its results, there are several points that seem to me to admit of a few moment's consideration. The old method of traxis certainly in this case succeeded admirably, the constricted cervix yielding gradually to the wedging effect of the fingers and the pressure of the body of the uterus. That the fingers possess a very limited power of expansion when confined thus in the vagina, I admit; but, in my opinion, this is compensated for, in a great degree, by the wedging of the uterine body between the fingers, by the upward force exerted on the palm of the hand by the arm-power of the operator. It is by this force, in my opinion, that the constricting cervical ring can be dilated sufficiently to admit of reduction of the uterine neck, and, in the case reported, I am confident that the ring was thus only dilated; as already stated, the dilating force of my fingers, *per se*, being exceedingly limited. Another point, of which slight mention is made in our leading text-books, but which in my hands worked admirably, and to which I attribute chiefly my success, is the constant use of the hot vaginal douche, preceding and succeeding each effort at reduction. The advantage of thus using hot water is self-evident, it acting in the same manner as when used in cases of rigid os, by relaxing and softening the muscular fibres of the cervix. But it was especially after efforts at reduction that it seemed to accomplish the most good, both in removing the consequent tumefaction of the uterine body, following the severe and protracted handling, as well as subduing irritation of the organ and its appendages, and thus diminishing the dangers of inflammation. Certainly, from what I saw of its effects in Mrs. R.'s case, it appears to me to afford aid of the greatest value in cases of inversion.

In conclusion, I desire to state that I essayed Courty's method of gaining a point of resistance by introducing the index and middle fingers up the rectum, but found that in such a cramped position no resistance of value could be obtained. I also gave the instrument known as White's repositor a trial, but laid it aside in a few moments, as I found it impossible to exert the pressure in the line of the uterine axis, the instrument carrying the uteri toward the promontory of the sacrum. In justice to Prof. White, I must state here that this was owing to a faulty construction of the instrument, its shaft being too straight, and its rubber cups too yielding.

Finally, I desire to express my indebtedness for invaluable assistance to my friends Drs. H. D. Nicoll, J. C. Jay, Jr., and Jeffrey Bourke, to them certainly belongs a large share of the success attending my efforts.—*New York Medical Journal*.

## Resection of a portion of the Continuity of the Ulna and Radius for the Correction of Deformity from Ununited Colles's Fracture.

Dr. William A. Byrd, of Quincy, Illinois, describes (*Richmond and Louisville Med. Journal*, Oct., 1874), the following interesting case which resembles in many respects one lately reported by Mr. Annandale (see *Monthly Abstract of Medical Sciences* for March, 1875, page 127).

In the summer of 1873, Dr. Byrd was consulted by a clerk, aged 41, as regards the advisability of an attempt to correct a deformity of the left arm. On examination of the limb there was found an ununited Colles's fracture of the left radius. The ulna passed up alongside of the hand until the lower end of it was somewhat beyond the junction of the fifth metacarpal bone and the carpus, and curved at a point opposite the fracture in the radius, the concavity looking toward the radius. The hand was smaller than its fellow, with palm cupped and the fingers partially flexed, with an inability to close them completely or with any degree of force. When he would pronate or supinate the hand, it would describe an arc of the circumference of a cone, the apex of which would be the lower end of the ulna—a very uncouth motion, indeed.

With the belief that he could remedy the defect to a great extent, Dr. Byrd determined to operate on Nov. 1. He made an incision through the skin over the inner side of the ulna, commencing an inch above the styloid process, and continued up the arm for about three inches. The superficial fascia lying at the bottom of the wound, was then very carefully divided over a grooved director. The muscles were pressed apart, so as to expose the bones. The periosteum was divided for an inch and a half, and separated from the whole circumference of the bone; a chain-saw was then passed around the bone at the lower angle of the wound, and the bone quickly divided. The lower end of the upper piece of the ulna was then raised on a spatula, and an inch of it sawed off. An incision two inches long was then made over the point of fracture of the radius, on the outer side of the arm, down to the bone, the ligamentous union between the fragments was broken up with some difficulty. An effort was then made to bring the ends of the fragments through the wound at the radial side, but failing in this, they were forced out through the wound on the ulnar side, and their ends trimmed with a pair of bone nippers. A hole one-sixteenth of an inch in diameter was then drilled from the outer surface of the upper and lower portions of the ulna, commencing one-fourth of an inch from the point of section, and passing diagonally towards the free ends into the medullary cavity. A well annealed iron wire was then passed through the holes

and the ends of the wire twisted together, so as to bring the ends of the bones nicely into apposition; the wire was then cut off, leaving a short piece of the twist, which was bent down parallel with the shaft of the bone to prevent irritation of the soft parts.

The ends of the radius being in apposition were left without further interference. The wounds were closed with interrupted sutures and a straight splint applied to the arm anteriorly.

Nov. 20. Radial wound healed; ulnar wound healed throughout the greater portion of its extent. An abscess had formed on the palmar aspect of the arm at a point midway between the incisions. When opened, a considerable amount of pus was discharged. This continued to discharge until Feb. 7, 1874, when probing it Dr. Byrd discovered a foreign substance at the bottom of the sinus. Enlarging the opening, he was enabled to extract the wire with two bits of bone that had been included in it in tying the two pieces of ulna together. At this time the ulna had slipped up so as to occupy an almost normal position with the carpus, and the radius had united at the point of fracture; the ulna was still ununited. There was also a small opening at the ulna wound, through which water would pass when injected into the opening on the front of the arm. After this, these openings rapidly healed, and the ulna firmly united. He had some degree of pronation and supination, with good use of the wrist. The fingers became more flexible and the hand less cupped and deformed.—*Monthly Abstract Medical Sciences.*

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## Editorial.

We have received the following from the Secretary of the American Medical Association to which we would direct the attention of our readers:

AMERICAN MEDICAL ASSOCIATION.—The Twenty-sixth Annual Session will be held in the city of Louisville, Ky., on Tuesday, May 4, 1875, at 11 A. M.

“The delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District Medical Societies as are recognized by representation in their respective State Societies, and from the Medical Department of the Army and Navy of the United States.”

“Each State, County and District Medical Society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number; provided, however, that the number of delegates for any particular State, territory, county, city, or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association.”

"The Chairmen of the several sections shall prepare and read in the general session of the Association, papers on the advances and discoveries of the past year in the branches of science included in their respective sections. \* \* \*"—By-Laws, Article 2, Section 4.

The following amendments to the Plan of Organization are to be acted upon :

By Dr. H. B. Baker, Michigan—"The officers of the several Sections shall be nominated by the Section in and for which said officers are to serve"

By Dr. Adams Jewett, Ohio—"The permanent members shall consist of all those who have served in the capacity of delegate, and of such other members as shall have received the appointment by unanimous vote, and of all others who, being members in good standing of any State or local Medical Society entitled to representation in this Body, shall, after being vouched for by at least three members, be elected to membership by a vote of three-fourths of the delegates in attendance, and shall continue such so long as they remain in good standing in the Body of which they were members when elected to membership in this Association, and comply with the requirements of its by-laws."

Secretaries of all State Medical Societies that have adopted the Code of Ethics are respectfully requested to forward to the undersigned a complete list of officers, with their post-office addresses, of those County and District Medical Societies entitled to representation in their respective bodies. This is the only guide for the Committee of Arrangements in determining as to the reception of delegates. It will also enable the Permanent Secretary to present a correct report of Medical organizations in fellowship with the Association.

W. B. ATKINSON, M. D., Permanent Secretary.

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### Medical Literature

All of our well known medical publishers are more or less busy in the production of medical works of one kind or another. As many of our readers do not have ready access to their catalogues we will give a brief list of some of the more important works about to be published. Lindsay & Blakiston, of Philadelphia, are preparing in connection with the Messrs Churchill of London, among others, the following: *Clinical Studies*, by Sir John Rose Cormack. *The Microscope in Medicine*, (4th Ed.,) by Lionel S. Beal, M. B. *Experimental investigations in the action of Medicine*, by T. Lauder Brunton, M. D. *Diseases of the Throat and Nose*, by Morell Mackenzie. *A Practical Treatise on Diseases of the Eye*, by Haynes Walton, and *The Surgery of the Female Pelvic Organs*, by Henry Savage, M. D.

Messrs Wm. Wood & Co., of New York, are busy at work on Ziemssen's *Cyclopædia*, the third Volume of which is announced for May. They also announce for October a translation of Uhle & Wagner's *Manual of General Pathology*. They have in preparation other works, the titles of which are not yet announced. Henry C. Lea, of Philadelphia, will shortly publish *A Manual*

of Diet in Health and Disease, and a third edition of Taylor on Poisons in Relation to Medical Jurisprudence and Medicine.

Messrs. Putnam's Sons, of New York, are issuing a Series of American Clinical Lectures, which we have noticed previously. Three of the series have been published, they are by Prof's Sayer, Jacobi and Flint. Those already published are ably prepared and are presented in a neat and convenient pamphlet form, we wish Dr. Seguin and the publishers success in their enterprise.

Appleton & Co. have in press Acne; Its Pathology, Etiology, Prognosis and Treatment by L. D. Bulkley, M. D., of New York, also a Treatise on Therapeutics, by Roberts Bartholow, M. D., of Cincinnati, other works of interest will shortly be published by them.

The appearance of the second portion of the Medical and Surgical History of the War is looked for with interest, and we learn from the last report of the Surgeon General that seven hundred pages have been printed and that nearly all the plates are prepared.

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## OBITUARY.

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Died, April 13, 1875, at his residence, Versailles, Cattaraugus Co., N. Y., Rev. Asher Wright. To those who were unacquainted with Rev. Mr. Wright and his years of faithful self-sacrifice and toil, this brief notice would have but little import; to others it will bring the intelligence that a respected and revered friend has gone to his rest after forty years of labor among the Indians as Pastor and Physician. Mr. Wright was born in September, 1803, and received, we believe, a collegiate education. After preparing himself for the ministry, he resolved to devote his life to the work of christianizing the Indians. He came to the Buffalo Creek Reservation in 1830, and commenced his labors among the remnants of the tribes forming the Six Nations. When, in 1845, the Indians removed to the Cattaraugus Reservation he went with them, and has since remained there a beloved and honored counselor and friend. Mr. Wright not only ministered to the spiritual wants of his charge, but he also made himself familiar with the science of medicine, and was thus enabled to minister to their physical infirmities. We do not know that he ever took a degree in medicine, but we have ever known him as a faithful, conscientious and intelligent physician—one who was ever anxious to do the best that he could for the people of his charge.

Among the Indians he was universally respected and loved, and they will long mourn his departure. We can pronounce no higher eulogy than to say that in all respects, as Pastor, Physician or Friend, he was a thoroughly good man.

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**HIGH TEMPERATURE.** A report was recently presented to the Clinical Society of London, of a case in which an extraordinarily high temperature was developed. The patient, a young lady, was thrown from a horse and sustained very severe injuries, during the subsequent illness the temperature reached at one



time 122°, and for two weeks was never below 108°. The patient recovered. The observations were confirmed by different physicians, and the employment of a number of thermometers.—NEW MEDICAL SOCIETY IN BUFFALO. We understand that a meeting of Physicians has been called for the purpose of forming a new Medical Society in this city, to be termed we believe, A Clinical Society. We wish the projectors all success.—A STEP IN THE RIGHT DIRECTION. The authorities of the Medical School of Harvard College announce that on and after September 1877 all students seeking admission to the Medical School must present a degree in Letters, or Science, from a recognized College or Scientific School, or pass an examination in, 1. Latin. The translation of easy Latin prose. French or German will be accepted as a substitute. 2. Physics. Candidates will be expected to show such a knowledge of this subject as may be obtained from Balfour Stewart's Elementary work on Physics.—SALICYLIC ACID sells in New York at eighty cents per ounce.—NEW YORK ACADEMY OF MEDICINE. The amount paid toward the building fund of the New York Academy of Medicine has reached \$32,500. With but few exceptions the money has been paid by members of the Academy.—HOLLOWAY'S ASYLUM. The following inscription is proposed by *Punch* for the front of the idiot asylum, founded by Mr. Holloway, whose fortune was made by the sale of Patent Medicines:

"How oft is fate so just: see wealth restored,

Back to the simple source, from whence it poured."

CAUSE OF INVERTED NIPPLES. A writer in the *Medical Investigator*, (Homœopathic), recommends *Apis* for inverted nipples. The explanation of the action of the remedy is that it has great power over ovarian difficulties, and that the patient is hysterical and "shrinks when the baby touches the nipple, or at the thought of its doing so, and thus by the *jumping of the ovary* the nipple is drawn in." If that explanation can be beaten we should be glad to hear of it.—CHINCO-QUININE. The reliability of this drug being questioned. Messrs. Clapp & Co. have procured the following analyses:

*Chemical Laboratory of University of Pennsylvania.*

WEST PHILADELPHIA, JANUARY 29, 1875.

MESSRS. BILLINGS, CLAPP & Co.

Gentlemen—I have received by express a package marked, "sealed by S. P. Sharples, January 22, 1875," and containing a bottle of Cincho-Quinine, with the label of James R. Nichols & Co., Chemists, Boston, which I have tested, and have found it to contain *quinine*, *quinidine*, *cinchonine* and *cinchonidine*.

Yours Respectfully,

F. A. GENTH,  
Professor of Chemistry and Mineralogy.

*Laboratory of the University of Chicago.*

CHICAGO, FEBRUARY 1, 1875.

I hereby certify that I have made a chemical examination of the contents of a bottle of Cincho-Quinine, and by direction I made a qualitative examination for *quinine*, *quinidine* and *cinchonine*, and hereby certify that I found these alkaloids in Cincho-Quinine.

C. GILBERT WHEELER,  
Professor of Chemistry

## Books Reviewed.

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*Compendium of Children's Diseases: A Hand-book for Practitioners and Students.* By Dr. Johann Steiner. Translated from the Second German Edition by Lawson Fair, F. R. C. S.

The author informs us that it has been his object to make the work "a trustworthy guide to the student as well as the practitioner." The book opens with an account of the methods to be employed in examining a child. The various steps to be pursued are described briefly, but, nevertheless, in such a manner that they do not fail to make an impression.

Chapter Second is devoted to a consideration of diseases of the nervous system, both acquired and congenital, and forms a very interesting portion of the work. The following eight chapters treat of the ordinary diseases of infancy and childhood. We are forced to admire the general style of the author; he evidently knew what he had to say, and when he had said it. Nothing that is at all superfluous is found in the book, and nothing seems to be omitted which one would expect to find in a work of this character—one that is intended as a compendium simply.

As an appendix, the book contains Rules for the management of Infants, issued by the Staff of the Birmingham Hospital for Sick Children, which are of much value and are alone worth the price of the book.

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*Cyclopædia of the Practice of Medicine.* Edited by Dr. H. von Ziemssen. Vol. II. Acute Infectious Diseases. American Translation Edited by Albert H. Buck, M. D., New York. New York: Wm. Wood & Co., 1875.

The promise given in the first volume of this work is fully sustained by the value of the second, which is a continuation of the subject considered in the first. The topics considered by Prof. Thomas are Varicella, Measles, Rubeola, and Scarlet Fever. These are ably treated; of Scarlet Fever he says that isolation should be strictly practiced, and goes so far as to suggest that the authorities should see that this is enforced. Beyond isolation of the sick he does not consider any other prophylactic measures of any value; in this he takes pains to include a denunciation of Belladonna. He calls the symptomatic treatment the only rational one, and impresses upon his reader the importance of closely watching every feature of the disease. He announces his conviction of the value of bathing, and recommends the baths of Ziemssen during the high fever incident to the early stages of the attack.

Small Pox receives an able consideration from the pen of Dr. Curschmann. The history and various stages of the disease are well described. The treatment advised is one which will meet with the approval of all. As prophylactic meas-

ures complete isolation, as far as possible, of the infected, vaccination and re-vaccination are the only means recommended, of course the destruction or complete disinfection of all articles used around the patient should be insured.

In Erysipelas Dr. Zuelzer recommends the employment of the expectant treatment, a stimulating course being pursued in cachectic patients, or those suffering from other serious diseases. In serious forms, with high fever, the mineral acids in conjunction with from three to five grains of quinine several times a day are employed. Local treatment he does not seem to attach much importance to; cold baths, however, he says, may be sometimes employed with benefit. Miliary Fever, Dengue, Influenza and Hay Fever constitute the remaining portions written by Dr. Zuelzer.

Malarial Diseases receive full consideration from Prof. Hertz, and the volume closes with an article upon Cerebro-Spinal Meningitis by Prof. von Ziemssen. This the author considers that he is sustained by facts in ranking with infectious diseases. Under the head of Pathological Anatomy he says that the lesions observable are quite constant. The most important changes are found almost without exception at every autopsy. In the only *post-mortem* out of some fifty cases which we had the opportunity of seeing in the course of a few months, no pathological changes could be found, and in none of the cases was there any evidence that would lead to an idea of their infectious origin. The general description of the disease is good. The measures recommended for treatment are not new, but will be seen to be all that can be advised in our present knowledge of the etiology of Cerebro-Spinal Meningitis.

As a whole, the volume will form a valuable portion of the work when completed. Vol. III., which will be published shortly, will be upon Chronic Infectious Diseases.

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*The Diseases of the Stomach.* Being the Third Edition of the Diagnosis and Treatment of the Varieties of Dyspepsia. Revised and Enlarged. By Wilson Fox, M. D., F. R. C. P., F. R. S. Philadelphia: Henry C. Lea, 1875. Buffalo: T. Butler & Son.

Since the publication of the two former editions of the work on Dyspepsia the author has enlarged his plan by the addition of articles on Ulcer and Cancer of the Stomach, and a consideration of various symptoms by which derangements of the stomach were revealed. Under the present form it may, therefore, be considered as a special work upon diseases of the stomach; as such it will be found to be possessed of considerable value.

The contents are divided into two parts, first: Symptomatology of the Stomach; second: Special Diseases. Under the first section are considered the appearance of the tongue, derangement of appetite, thirst, flatulence, vomiting and indigestion. Under Special Diseases the author groups atonic dyspepsia, neuroses, acute and chronic catarrh, ulcer, cancer, hemorrhage, hypertrophy, stricture

of the cardiac orifice, obstruction of the pylorus, dilatation, softening, rupture and tubercle.

From the foregoing it will be seen that the work is quite comprehensive. The various topics embraced are all well considered, and as a book of reference or for study it will be found to be of much value.

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*Dental Pathology and Surgery.* By S. James A. Salter, M. B., F. R. S. New York: Wm. Wood & Co., 1875. Buffalo: H. H. Otis.

The author has gathered in this work many of his former essays, and has arranged them under suitable heads. The book may be considered, therefore, as the out-growth of the experience of twenty-three years practice in this special branch of surgery. The volume is composed of twenty-eight chapters, the first two of which are devoted to the general anatomy of the teeth and their various functions. The succeeding chapters treat of supernumary teeth, deficiencies, irregularities, secondary dentine, congenital defects, mechanical injuries, cavities, diseases of the teeth and associate parts, etc. The whole subject is admirably treated; and the work will prove valuable to general practitioners, as they are often called upon to express opinions in which a knowledge of the contents of this work would be of material benefit. The chapters upon the extraction of teeth are especially valuable in this respect, as it is an operation which physicians residing at a distance from a dentist are often called upon to perform. The author has most certainly succeeded in placing the results of his extended experience before the profession in a most servicable form.

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### Books and Pamphlets Received.

A Manual of Diet in Health and Disease. By Thomas King Chambers, M. D., Oxon., F. R. C. P., London. Philadelphia: Henry C. Lea, 1875. Buffalo: T. Butler & Son.

A Series of American Clinical Lectures. Edited by E. C. Seguin, M. D. Vol. I. No. III. Pneumo-Thorax. By Austin Flint, Sr., M. D. New York: G. P. Putnam's Sons, 1875.

The History of the Philadelphia School of Anatomy and its relations to Medical Teaching. A Lecture delivered March 1, 1875, at its dissolution. By W. W. Keen, M. D., Lect. on Anatomy and Operative Surgery. Philadelphia: J. B. Lippincott & Co., 1875. Buffalo: T. Butler & Son.

Reports of the Trustees and Superintendent of the Butler Hospital for the Insane, Providence, R. I.

Proceedings of the Royal Society, London. Vol. XXII. Nos. 148-155; Vol. XXIII. No. 156.

BUFFALO

Medical and Surgical Journal.

VOL XIV.

MAY, 1875.

No. 10.

Original Communications.

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ART. I.—*The True Uterine Mucous Membrane, its Structure, Function and Morbid States.* By E. N. CHAPMAN, M. D., late Professor of Obstetrics, etc., L. I. College Hospital.

To arrive at a just appreciation of the diverse states of the true uterine mucous membrane in health and disease, it is necessary to study these from a physiological, a histological, and a clinical standpoint. By this precaution against illusions, the view presented by one will correct the others, and the conclusion formed from all be a near approximation to the truth, the nearest possible to an observer, dealing with vital, ever-shifting phenomena. To assume at the start that all mucous membranes have a like structure, perform a like office, and suffer like morbid changes, and then, on the basis of such data, to settle the whole matter in dispute by logical inferences, can but lead to grave errors, so grave as to block all real progress, and render treatment inefficient, if not detrimental. True, the gastric, rectal, vesical, vaginal, cervical and corporeal mucous membranes have a general resemblance, a common ground-work, and yet each has a special structure, function, and pathology—a something over and above what belongs to its fellows—which is not to be appreciated fully except by the light shed upon them by clinical facts. That there is a radical difference is obvious to the least critical observer, but in

what this difference consists, it is scarcely possible, with all the helps afforded to medicine by modern science, to decide. The microscope, though it reveals the myriad little workers that build up and take down this living fabric, yet fails to wrest the secret from unwilling nature. The rectum cannot fill the place of the stomach, the vagina of the bladder, or the cervix of the corpus uteri, nor can the normal or morbid states of one part be predicated from those of an other. Each has an individuality even where the likeness is nearly complete, as in the case of the vagina and rectum, but in the case of the corporeal mucous membranes, the theatre of such unique evolutions at puberty and the menopause, and during menstruation and utero-gestation, this individuality is striking and unmistakable. Because the exudation of coagulable lymph and the formation of a false membrane may, as a result of inflammation, take place in the trachea, it does not follow, as first taught by William Hunter, 1774, that the decidua vera must be a like process. Nevertheless this doctrine, so contrary to all known vital phenomena, held sway until called in question by Sharpey, 1837. Following him, E. H. Weber, Coste, Goodsir, Robin, et al., have conclusively demonstrated that the decidua is nothing more or less than the hypertrophied and transformed mucous membrane, which, on the uterus being freed of its burden, either timely or untimely, degenerates, breaks down, and comes away in the lochial discharge. The underlying muscular walls being thus denuded, it is, according to Kolliker and Simpson, from six to ten weeks before the new membrane is fully formed. The death of the old and the birth of the new, is so unlike any thing else met with in the animal economy, unless it be the restoration of lost parts in the lower orders, as to show beyond question that here is a tissue *sui generis*, one demanding for its elucidation special study.

The membrane, thrown off in a certain species of dysmenorrhœa, has, until a recent date, been regarded as effused and organized coagulable lymph, but whether the decidua of a blighted ovum or the product of disease, simply was undetermined. "It is composed of plastic lymph (such as we see secreted by the mucous membrane of the trachea in croup) thrown off by the

lining membrane of the uterus, and taking generally the form of the cavity of that organ, although it may be discharged in shreds.”—Churchill. “Fibrin is poured out on the internal surface of the cavity of the uterus, and assumes a membranous texture, as we find occurring in other hollow organs lined with a mucous membrane, as, for instance, in the intestines in diarrhœa tubularis, and in the trachea and air-tubes.”—Montgomery. “That this membrane is produced by a similar state of inflammatory action to that which some times occurs in other mucous surfaces and give rise to a similar exudation, is most probable notwithstanding the absence of general inflammatory phenomena, and the neuralgic character of the pain.”—Copland.

The earliest description of this membrane was given by Morgagni, 1723, who thus describes it as net with in the case of a “noble matron” that had “pains like those of childbirth.” “In almost the middle of the menstrual flux, a membranous body, as it appeared, was discharged from the uterus, and that in such a form, and such a magnitude, as perfectly corresponded to the triangular form of the uterus, being moderately convex externally; on which surface it was unequal and not without many filaments that seemed to have been broken off from the parts to which they had adhered, but internally hollow; on which surface it was smooth and moist, as if from an aqueous humour which it had before contained, but had discharged at its own exit by an ample opening, which was at one of its angles that had been really opened by rupture.” The menstrual decidua, as it has been named by Virchow, is thus represented by Denman, 1794: “Several years ago I requested the favor of Dr. Bailey to examine some portions of this membrane, and he agreed with me in thinking it an organized membrane similar in structure to the decidua.” Arriving at the conclusion that this substance is not always “a consequence of early conception;” he states “that the uterus has, occasionally or constantly, in some women, the property of forming it, at or in the interval between the periods of the menstrual discharge.” In 1821, John Powers used these significant words: “In women placed out of all improper suspicions, where the local actions of the uterine system are carried to a greater than cus-

tomary height, the actions of the uterus preparatory to the reception of the ovum extend to an actual production of the deciduous secretion, so that the menstrual discharge becomes a *bona fide* discharge of decidua membrane." \*

In April, 1846, Oldham writes, "How is this membrane produced? It is generally thought to be lymph, but if some good specimens are carefully examined they will be found to possess the same structural elements as the uterine decidua, \* \* \* they are full of little holes with epithelial scales, which I cannot doubt are openings and epithelium of the follicles of the uterine glands."

In September, 1846, Simpson showed conclusively that the dysmenorrhœal membrane is composed of the same anatomical elements as the decidua vera, and formed by a similar physiological process. He states: "The proper mucous tissue of the uterus itself may within the compass of a menstrual period, form, enlarge, separate, and again be reproduced; and further, that all this may occur and continue regularly for a succession of months, or, as some times happens, for a succession of years. Essentially, the normal action of the uterus or ovaries giving rise to the formation of the dysmenorrhœal membrane, is not a state identical with inflammation, but a state identical with the condition of these organs after impregnation and during the earlier weeks of pregnancy." The truth of the above doctrine that was soon after verified by Hanfield Jones, Lebert, Raciborski, Virchow, Kolliker, Scanzoni and others, is now settled as far as any physiological fact can be. Scanzoni says: "A minute examination of these membranes, which we have made at various times, in concert with Kolliker, has convinced us that they are nothing else than the hypertrophied mucous membrane peeled off from the internal surface of the uterus. The formation of these membranes, the histological texture of which offers a great analogy with the decidua which is formed after conception, is occasioned without doubt by a considerable and often repeated hyperæmia of the walls of the uterus, which is followed by an excess in the development of the mucous membrane."

The decidua vera and the dysmenorrhœal membrane being thus



conclusively proven to be the true uterine mucous membrane, hypertrophied and exfoliated, it becomes a question of interest and importance, what changes, if any, take place in it, as a result of the menstrual act under other conditions.

The corporeal mucous membrane is as unlike either the cervical or the fallopian as it is any other found in the body. It terminates abruptly at the inner os uteri, and the uterine orifices of the fallopian tubes, and alone takes an active part in the evolutions of menstruation and pregnancy. It has no submucous or interstitial areolar tissue, "but only a small quantity of spindle-shaped fibroplastic fibres, scattered between the tubules."—Dalton. Its "basement layer is that connective tissue which is seen throughout the female genital organs, containing undeveloped nuclei and fibre-cells, but no elastic elements."—Kolliker. "Besides utricular glands, capillary vessels and epithelium, it is formed of free elementary corpuscles or nuclei, contractile fibre cells and amorphous connective tissue."—Farre. The utricular glands compose the bulk of the membrane, and taking a tortuous, spirial course open on the free surface of the mucosa. Slender capillaries pass up from the muscular tissue along the sides of the glands and surround their mouths with a net work of vessels. Ciliated epithelium covers the mucosa and lines the glands which "in their normal condition contain no morphological particles; but their epithelium is very easily detached, and may appear as a whitish-gray secretion filling them."—Kolliker. The mucosa, ordinarily "white or reddish-white," presents at the periods "a phlogosed and turgescient appearance," and in certain subjects "a more or less violet-hue." "The vascular apparatus of the womb is coincidently developed, and injected in an extraordinary manner; that of the mucous membrane especially, forms at the surface of the membrane beneath the delicate layer of epithelium with which it is invested, an elegant net work with irregularly lozenge-shaped meshes, each of which incloses the orifice of one of the innumerable glandular tubes of which it almost wholly consists "Upon inspecting the extraordinary thickness of this membrane, one might be led to suppose it the seat of a true pathological hypertrophy, or other alterations, were it not that repeated experience,

corroborated by an examination of the parts, in women dying of accidents at the commencement of pregnancy, afforded us the undeniable proofs of its being a normal condition of things.”—Coste. (Meigs’ *Obstetrics* 5th Ed.) These histological changes, as above represented, are confirmed by Kundrat, (*Med. Jahr.* Vol. 11, 1873, and *Med. Times and Gazette*, July 26, 1873,) who has made an extended series of microscopical examinations of the corporeal mucous membrane before, during, and after menstruation, and in the interval, but the order of these changes is so reversed, and the relation of one to another so disturbed as to throw more than doubt on the ovular theory and the inferences drawn therefrom. According to Kundrat, the vascularity and swelling of the mucosa attain their height “several days” preceding the flow, by which means the uterus is prepared a certain time in advance of the rupture of the Graafian vesicle for the reception of the ovum. This not being fertilized, the mucosa which is thick and loose from the elongation and dilatation of its glands, and growth of its inter-glandular matrix, suffers fatty degeneration of its more superficial layers. This retrograde process, homologous to that occurring at the termination of pregnancy, causes the flow, by the capillary vessels and cells of the stroma being involved as well as the epithelium. The anatomical sequence is “swelling of the mucosa, fatty change in cells and vessels, vascular rupture and hemorrhage.” The flow being over, it is a short time—a day or two—before the mucosa has returned to a state of rest. The type of the impregnated uterus is seen in the active uterus when the mucosa is swollen and menstruation has not yet commenced.

The ovum being fertilized the mucosa enters on a higher stage of development that it may elaborate the pabulum for the plant-like growth which, by tiny roots, is to draw its sustenance from the albuminoid secretion of the uterine glands.

Dr. John Williams, Assistant Obstretic Physician to University College Hospital, London, presented at a recent meeting of the Royal Society of London, a series of observations made on the uteri of nine women who had died in different stages of the monthly period. In two of the uteri the menstrual flow had

almost ceased, and the mucous membrane was wanting in the bodies of the organs. The muscular fibre-cells were more or less exposed in the cavity, and the meshes formed by their bundles contained glands and groups of round cells.

In one uterus menstruation had ceased three days before death, and the muscular fibres were not exposed in the cavity of the organ, but imposed upon them was a layer of tissue composed of fusiform and round cells. This tissue contained glands. The muscular tissue near the internal orifice was devoid of glands, but nearer the fundus it contained numerous glands.

In one uterus, in which the catamenial flow had ceased probably about a fortnight before death, the layer of superficial tissue was thicker than in the last; and near the internal orifice there was a marked and abrupt distinction between it and the subjacent muscular tissue.

In one uterus the flow had ceased three weeks before death, and the superficial layer was still thicker; and the distinction between it and the subjacent muscular layer was well marked, except at the fundus. The uterine glands were tubular, and arranged in some parts obliquely, in others perpendicularly to the surface. They were lined by columnar ciliated epithelium.

In two uteri menstruation was imminent, but the flow had not begun. In these the mucous membrane of the body of the uterus was fully developed, and had begun to undergo fatty degeneration. There was a marked distinction between it and the muscular tissue throughout the uterine cavity; it was highly congested.

In one uterus the menstrual flow had taken place for one day, and in another for two or three days before death. In these there was extravasation of blood into the mucous membrane, and the latter had in part been disintegrated and removed.

Menstruation appears essentially to consist, not in a congestion or a species of erection, but in growth and rapid decay of the mucous membrane. The menstrual discharge consists chiefly of blood and of the débris of the mucous membrane of the body of the uterus. The source of the hemorrhage is the vessels of the uterus. The mucous membrane having undergone fatty degeneration, blood becomes extravasated into its substance; then the

membrane undergoes rapid disintegration, and is entirely carried away with the menstrual discharge. A new mucous membrane is then developed by proliferation of the inner layer of the uterine wall, the muscular tissue producing fusiform cells, and the groups of round cells enclosed in the meshes of the muscular bundles producing the columnar epithelium of the glands.—*Obstetrical Journal of Great Britain*, August, 1874.

It thus appears that a nest is being prepared in the uterus for the reception of the egg before it leaves the ovary, and that, on the failure of conception, a new one replaced the old, month after month, and year after year, until the vitality of the genitalia is expended, and the menstrual involution terminates in the climacteric. Hence the activity of the arteries, the fullness of the erectile vessels, and growth of the mucosa, being the preliminary stage to an actual incubation, are collectively embraced in the term menstrual nidus which the writer is wont to use as better representing than any other the sum of the phenomena presented. If vitality be imparted to the ovum, the stimulus to a higher development will exist, but if not the same metamorphosis will take place as after labor and abortion. Each monthly discharge is a sign of a "balked or disappointed pregnancy" the condition of the uterus on the appearance of the ovum, whether impregnated or not, being identical.

The nature of the menstrual decidua may be further studied by observing the more remarkable transformations of the mucous membrane during pregnancy. The facts, though wrongly interpreted, are well described by William Hunter, in his great work, *The Anatomical Description of the Human Gravid Uterus and its Contents*, published in 1794. "This membrane (the decidua) is an efflorescence of the internal coat of the uterus itself, and is, therefore, shed as often as a woman bears a child or suffers a miscarriage. It is of considerable thickness, and one stratum of it is always left upon the uterus after delivery, most of which dissolves and comes away with the lochia." At about the sixth week of pregnancy "the decidua is observed to be readily separable into irregular portions or fragments, with clear interspaces—very much, in fact, like a web or network—founded by the superposition of

several layers of a cribriform membrane one upon another"—Priestley.

The decidua reflexa is formed, according to the view of William Hunter, by the ovum as it enters the uterus thrusting a portion of the decidua vera before it, and of Sharpey and Coste by the decidua vera at the place of lodgement of the ovum growing up around it like granulations around an issue pea. This process, however, which is strictly vital and has nothing akin to mechanical force or inflammatory action is better represented by Farre who claims that the ovum "drops into one of the orifices leading to the utricular follicles, and in growing there draws around it the already formed but soft and spongy decidua constituting the walls of the cavity;" or by Weber who asserts that, on the ovum reaching the uterine cavity, the decidua reflexa is first formed by the development of a superficial layer of the mucous membrane, and then the decidua vera by a like change in a deeper layer. These two layers remain united at the point destined to be the site of the placenta.

It seems evident, therefore, that preceding the rupture of the Graafian vesicle the most superficial layer of the mucosa will be in a state of preparation to become either the decidua reflexa or the decidua menstrualis, according as conception shall or shall not occur, but that the deeper layers will only be transformed into the decidua vera by the stimulus of the growing embryo. This impulse being present, the entire mucous membrane is converted into laminae which on the absorption of the nutritive fluid thrown out in their interstices and the fitness of the placenta to begin its office, are blended into one.

At the fourth or fifth month, according to Kilian, Robin, Farre and others, "a more or less soft pulpy substance which has the same anatomical composition as the decidua" is formed on the inner face of the uterus. This substance is not discharged during labor, but becoming "the seat of the reparatory process" assumes in from twenty to thirty days the character of a mucous membrane. Beneath the decidua are "found small and regular epithelial particles, not mature at the time of delivery, but embryonic in character, and probably the progeny of the original mucous

membrane. The epithelial cells forming the mucous membrane of the uterus at the time of conception, were, no doubt, transformed into the fibro-cellular structure of the decidua, and hence the reproduction from the basement membrane, during the latter half of pregnancy, of these cell-particles which were intended to replace the original mucous membrane"—Priestley.

From the foregoing anatomical data it is apparent that the physiological evolutions attendant upon menstruation and conception are one and the same, the superficial layer or layers of the mucosa growing, degenerating and falling whilst the separative process is going on beneath; and that in the one case or the other an interval elapses before the parts return to their original condition, this interval being after menstruation from two to three, but after delivery from sixty to seventy days. The only real difference is this; the changes are on a smaller scale in the non-pregnant than in the pregnant uterus. So, likewise there is in each the same excitement of the arteries, repletion of the erectile vessels, and irritability of the nerves of the uterus, ovaries and vagina, save that conception intensifies and perpetuates the vital activity begun by menstruation.

The life-force lying dormant in the basement membrane is the cell-particles, cell-bodies, germ-cells or embryonic-cells. These imbedded in a matrix constitute the formation matter, the protoplasm, the living protein of which so much of late has been written by Schultze, Brucke, Kuhne, Haeckel, Huxley and others. First the wall and second the nucleus of the cell being eliminated as accessory and unimportant, there was nothing left but its contents—carbon, hydrogen, oxygen and nitrogen variously combined—which by virtue of its molecular forces constitute, it is claimed, "the physical basis or matter of life." Whether cell-growth or molecular force is the prime factor in the initiative phenomena which are ranked as vital, it is quite certain that nowhere in the human organism is the "living cell-body, or elementary organism" so abundant, so unstable, so sensitive to stimuli, so prone to start upon and run through its brief existence as that forming the matrix of the true uterine mucous membrane. A normal menstruation signalizes the destruction of the superficial cells and

capillaries only, but a profuse menstruation indicates that the deeper tissue and the larger capillaries are involved. As the hæmorrhage in menstruation and abortion springs from the same source and arises from the same fatty change, it follows as a matter of course that a metrorrhagia or a menorrhagia, attended with a like profuse, clotted flow must be due to a like destruction of the mucous membrane. So, likewise, in each must there be a like activity of the arteries, repletion of the veins and irritability of the nerves of the uterus and ovaries. In a word the pathological is a "counterfeit presentment" of the physiological, the one being as it were the reflected image of the other. In metrorrhagia the mucous membrane is not fully reformed so that the blood flows in fitful, copious gushes from the open mouths of the uterine vessels. In menorrhagia the mucous membrane grows too rapidly, degenerates too profoundly, falls too quickly, so that the flux is premature, excessive and prolonged. In both as after an abortion, the uterus does not involute but remains large, vascular and spongy, an abnormal state strictly analogous to the normal.

The epithelial cells of the mucosa growing and dying periodically from normal stimuli, and, from abnormal, the deeper tissues and even the entire membrane being hypertrophied and disintegrated, there can be no chronic endometritis, fungosities, or other inflammatory change, inasmuch as, should the circulation be much increased, the diseased structure, together with its morbid products would be thrown off at the next monthly period. This decadence which has been compared to "moulting" by Muller and "pregnancy on a small scale" by Virchow, lays bare the underlying muscular walls more completely and thoroughly than is possible by an escharotic or the curette, the necessity for which under such circumstances it is difficult to divine. The assumption of a chronic metritis, united with the endometritis does not help the matter as now the exuviation would be even more complete than before, and leave nothing to burn off or scrape away except the bare muscular walls and the gaping mouths of the bleeding vessels. The utricular glands are, by the menstrual nidus, prepared to secrete an albuminoid product for the nourishment of the ovum, should, perchance it be vitalized; but, on this purpose

of Nature being thwarted, their epithelial cells suffer fatty degeneration with the tissues which they cover, and appear in the discharge as muco-purulent matter. This process, which in any other mucous membrane would be morbid were its tissues thus affected, is, in the uterine, the condition of prime health, and no more calls for the intervention of the utero-surgeon than the like process occurring at the premature expulsion of the fœtus.

The proliferation, or diffuse growth of connective tissue that is stated by microscopists to take place in both the mucous membrane and muscular walls of the uterus, whenever these are morbidly developed, has been claimed to be proof positive of inflammation. This word, proliferation, is made to do yeoman's service in the cause, bearing aloft the banner of the phlogistic pathologists and leading on the heroic band of operators who follow closely on their heels; and yet the tissue in the uterus called connective is peculiar to this organ and unlike that met with in other portions of the body—as much so as the menstrual congestion is unlike a pulmonary or a hepatic. This dissimilarity, broadly indicated by Dalton, Kolliker and Farre, as hitherto seen, is generally admitted by other microscopists. The growth of this singular, unique tissue, which in morbid hypertrophic conditions of the uterus is asserted to be in excess of and in disproportion to the other elements is shown by Kundrat to occur, normally, in the corporeal mucous membrane each month as a preliminary and a preparatory step to the menstrual act. The observations of this writer, extending over a series of cases and prosecuted under every varied condition merit the highest consideration inasmuch as they were made from an anatomical standpoint, and not disturbed by theoretical prepossessions. They throw more than doubt on the doctrine that uterine hyperplasia is due to either inflammation or ordinary congestion, and bring out into a clearer light the real significance of proliferation. Previously, it had been stated by Kolliker that on conception taking place, "the vessels of the mucous membrane are seen to be more dilated, and we may observe an abundant new formation of connective tissue in its parenchyma, while considerable enlargement of the tubular glands has also taken place." Thus here as else-



where in the genital system the abnormal is related to the normal, the one being only a perversion of the other.

Moreover, the corporeal mucous membrane is not only unlike the others, the rectal, vesical and vaginal or even the cervical and fallopian, but is equally unlike itself at the several stadia in the life of the female. The first is the fœtal stage when the uterus advances to a certain point and there rests during childhood, the second the adolescent when, according to Arnold and Klob, it again goes forward for four, five or six years until the goal of womanhood is reached, and the third the climacteric when having finished the race it retraces its steps and yields its life at the point whence it started. Besides, at the reproductive age there are other stadia more notable still, the advance of the periods and the retrogression of the menstrual involution, and the advance of pregnancy and the retrogression of the puerperal involution.

In a state of rest the walls of the uterus are by their contractility placed in such close opposition that there is no vacant space in its body or at the os internum. The influx of blood into the venous canals relaxes its muscular fibres and makes room for the swollen mucosa at the periods and the growing embryo during pregnancy, so that in each case a cavity is formed by the vital expansion of the uterus itself and not by the dilatation of an internal force. In the normal state therefore, there can be no obstruction notwithstanding the existence of a shut cavity, and in the abnormal such obstruction when present must, almost always, be sought in defective or excessive nervous and vascular excitement of the uterus that retards, checks, or prevents the due maturation and dehiscence of the mucous membrane. This fault, and not stricture and pent up blood, is at the bottom of most cases of scanty, delayed, and absent menstruation, and the symptoms arising therefrom, and is only to be remedied by placing the forces of Nature under favorable conditions.

The vitality of the genitalia beginning and ending with the reproductive age, when the irritation of nerve-fibres, the repletion of erectile vessels, the growth of mucous tissue and the rupture of Graafian follicles occur periodically, womb disease will not, since its remote causation is always a disturbance of this function,

be met with before puberty or after the menopause. The same may be said of all morbid growths, benign or malignant, which invariably originate in the period of vital activity, though undetected until later in life.

The histology, physiology and pathology of the membrane lining the inner face of the body of the womb being, by the concurrent testimony of the most reliable observers, thus definitely settled, it behooves the wise practitioner to see to it that his treatment rests on this solid foundation and not on unsubstantial theory. Analogy, induction, and reasoning have not, and never will solve the mysteries of life, nor add anything of value to the common stock of medical knowledge. Of enthusiastic, imaginative men, men of shining parts, medicine has, in times past, had enough. To-day the profession is not overproud of their record, nor is the world overmuch in their debt, notwithstanding they, in their generation, occupied the chief places and were regarded as oracles. This remark, sweeping as it may seem, applies to such as Benjamin Rush, whose bold hypothesis were, by their general acceptance the first quarter of the present century, of infinite injury to medical science and the human family. Would it not have been far better had he been content with empirical facts, like the great modern clinical teachers, Trousseau and Niemeyer, and held the higher exercise of his reason in reserve for metaphysical subjects? As it is, many an ignorant quack has by dealing with facts alone, though blindly, left more behind him of advantage to science, and of benefit to the race than this once famous professor. This doctrine that menstruation, pregnancy and parturition were different grades of inflammation sounds singularly enough to modern ears. One cannot but wonder where he found the materials to build such an airy castle, and yet this doctrine is not a whit more irrational than those now promulgated from high places in regard to the pathology of uterine disease.

It being taken as a starting point that the genital like other organs must, sooner or later, become inflamed when long the center of irritation, the symptoms and signs of disease are so distorted as to support foregone conclusions. All ill success demanded new theories and new expedients, the seat of this inflammation has

from time to time, been shifted from the cervix to the ovaries, from the ovaries to the corpus uteri, and from the corpus uteri to the mucous membrane; so that now, by a blending of these several morbid states into one, the cavity of the uterus is thought to be lined by a pyogenic membrane, surrounded by indurated walls, and obstructed by a contracted outlet, like the cavity of a deep seated abscess. These premises being granted as beyond question, it stands to reason, so the argument runs, that this long, narrow tract must, in the first place, be opened by dilatation or incision, if the real seat of the disease be reached, and that this bleeding, suppurating fungous surface must, in the second, be condensed by astringents, revolutionized by alteratives, or destroyed by escharotics, if the proper treatment be instituted. Thus, in spite of the flood of light thrown of late years upon the structure and function of the genital organs of the female, this class of gynæcologists still grope on in the old paths, either shutting their eyes to the new and better way which the microscope has opened up before them, or, at the best, blending the errors of the past with the discoveries of the present in a strange jumble which is neither one thing nor another. This veneration for old theories after their complete refutation is quite inexplicable. Hodge maintains that womb-disease is wholly due either to irritation or sedation of the genital nerves, a revival of the "irritable uterus" of Gooch, and yet admits the possibility of endometritis as an exceptional disease. In the uterine structures other than the mucous, he claims, that the nerve-disturbance never induces a state of the vascular system more serious than an ordinary hyperæmia. Klob and Atthill discard the inflammatory and neuralgic doctrines, and fix upon congestion a fulness of the blood-vessels such as is observed in other organs, as the real pathological condition, and yet, without offering any reason whatever, simply assert that there is such a disease as endometritis. The former says: "If, therefore, we are constrained to consider the process producing the menstrual decidua as an excess of menstrual phenomena, especially in the mucous membrane of the uterus, it follows, that those pathologists were not far from the truth, who described such cases as endometritis." The latter begs the question in these few words: "This

dysmenorrhœal membrane is probably an exfoliation from the mucous membrane which lines the cavity of the uterus, and is most likely the result of chronic inflammation."

In 1867 Hewitt enters into a long argument to prove that inflammatory nature of uterine disease and in regard to membranous dysmenorrhœa remarks. "There is no doubt whatever that the membrane discharged in these cases is really the uterine mucous membrane, hypertrophied probably in consequence of an excessive nutritive activity in its tissues, to which without impropriety the term endo-metritis may be applied."

In 1872, however, he discards inflammation and adopts flexion as the cause of all benign, uterine disorders. This bending at the site of the os internum, as he now thinks, induces irritation by pressure on the nerves, congestion by obstructing the veins, stricture by narrowing the cervical canal, and prolapsus by increasing the weight of the uterus. He more than doubts the presence of endometritis in any case, asserts: "That this disordered state of the lining of the body of the uterus is the result of retention of natural secretions, and the irritation proceeding therefrom" and endorses the opinion of Hausmann: "That these perfect casts are really early abortions." In both editions, the second and the third, of his work abundant clinical evidence is adduced to establish either proposition.

Thomas\* and Barnes adopting inflammation as the ultimate pathological state in the diverse manifestations of uterine disorders fail to see anything significant in the histological discoveries of recent times. Thomas wholly ignoring their importance says of membranous dysmenorrhœa: "We know very little with reference to etiology, course, or treatment. Our want of precise knowledge depends upon the fact that the true pathology of the condition is not settled." Barnes though conceding the importance of these discoveries maintained that the falling of the membrane is a mere epiphenomenon in the course of endometritis. Excluding the cases due to an early abortion he asserts that "Dysmenorrhœa

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\*The views of Prof. Thomas, as published in 1869, have since by the singular mutations to which the doctrines of gynecologists seen very prone, undergone essential modification. He now considers the argument about inflammation and congestion a matter of words and favors the mechanical pathology as promulgated by Hewitt and others of that school.

membranacea may be classed under the inflammatory kinds" and again: "The presence of inflammation as a necessary element has been doubted. But there can be no doubt as to the general presence of congestion or hyperplasia."

From the above extracts, which fairly represent the opinions entertained by specialists at the present time whether they adopt irritability, displacement, congestion (ordinary), or inflammation, as the prime factor in womb-disease, it is apparent that the old doctrine in regard to the morbid states of the corporeal mucous membrane, still holds sway, practice lagging behind science and following a theory dating back to the Father of medicine. Surely, physical facts proven beyond a doubt by many histologists of the highest eminence, ought to outweigh all hypothetical assumptions, however venerable from their great antiquity or dominant from their general acceptance, and practice and science to meet in accord and together unravel the tangled threads of disease. Otherwise, medicine can never make any real advance nor be anything but a paltry art, weak, uncertain and blown about by every "wind of doctrine."

It is taken as a self evident proposition at the outset that the true uterine mucous membrane is, in structure and morbid proclivities like all others lining open cavities of the body. This much being granted, it follows by the inductive method of reasoning that this membrane will be liable to the same congestive and inflammatory conditions as its fellows, will normally secrete mucus and abnormally pus, and will at times, particularly in chronic cases, require direct medication. Now, as the cervical canal has at two points an hour-glass contraction, simple physical laws will be reason enough for dilatation or incision, the only question being the choice of means. A free passage being made and the seat of the disease reached, what forbids a complete and permanent cure? Such being the argument, one would expect, seeing that specialists have so little regard for the teachings of microscopical anatomy when it chances to impugn their doctrines, that they must be so fortified by unanimity of opinion and uniformity of success as to warrant them in taking their stand on clinical facts alone. Unfortunately there seem to be no general principles, no common

practice, and no satisfactory results. The utero-surgeons are driven hither and thither on an era of unrest. They are ever making trial of this or that expedient and ever racking their brains to discover something more heroic and more radical which will obviate the faults of previous operations. At last, the cavity of the uterus being laid open, and its lining membrane rasped or burned away, there is no greater novelty in reserve, unless it be the amputation of the accessible portion of the offending organ.

Here and there, however, gynæcologists of the highest eminence, who with tent, knife, and escharotic have followed this practice from its inception through all its various phases, are beginning to record their disappointment in no equivocal words.

In an address before the British Medical Association, 1873. J. Braxton Hicks says: "These researches (in regard to the uterine nerves) point out to us that we cannot ignore in our clinical pathology—indeed that we must give a prominent place to—the nerve-element. May I be permitted to make the remark that this very free blending of nerves with the other tissues has not received—at least judging from the writings of authors—that general consideration which, it deserves? Blood-vessels and exudations, mechanical pressure and obstructions are freely mentioned; and instruments are used as if the uterus were a simple elastic tissue to be dilated by main force like a piece of india rubber."

In speaking of "cutting instruments and tents used in dividing or dilating the supposed obstructing part or stricture" in dysmenorrhœal cases, Mathews Duncan writes in the *Edinburg Medical Journal*, May 1872: "Their use has been most unsatisfactory. So much has this been the case that, in common with those friends on whose experience and judgment I have most reliance, I have been reluctantly forced in the meantime to discontinue the use of a most promising remedy in a most painful disorder."

In a paper read before the Medical Library and Journal Association, June 5th, 1874, Thomas Addis Emmet makes certain statements, starting and significant, seeing that he, in conjunction with Sims, has for some twenty years held the position of surgeon in chief to the Woman's Hospital of the State of New York. "In years past I have honestly overcome all obstructions, and by the

aid of the knife I have opened up the uterine canal to such an extent that it was impossible for any mechanical obstacle to exist; and I did not cure my patients." "I have never seen a case permanently benefited by the operation, except in rare instances, where pregnancy fortunately took place during a slight remission of symptoms, due to the revulsive action attending the process of reparation. I can, moreover, state that I have never known the malpractice of any other surgical procedure followed at times by such evil consequences." "The various devices for forcing the uterus into an upright position to a point which the organ likely never occupied when in a healthy state, are faulty in theory and wrong in practice \* \* \* \* I deprecate even more the intra-uterine stem-pessary, for, had this instrument been the device of the Evil One himself, its use could not be productive of more danger." "Rare indeed is the necessity for applying, within the uterine canal, caustics, the cantery, or the strong mineral acids. It is true that these remedies act promptly, as far as to heal an erosion and to check all uterine discharge. But we cannot restore the patient to health by so far changing the character of the mucous membrane as to leave it a mere cicatricial surface." Regarding congestion (ordinary) as the "primary condition" in uterine disease he says: "We may look in vain, *post mortem*, for any evidence of a previously—existing endometritis, so called, and ulceration of the cervix as it is termed. As to the treatment of this congestion he has found that "in the simple remedy, hot water vaginal injections, we possess the most valuable means of relief when properly administered."

If the case stand thus with the utero-surgeons, even when judgment is rendered by themselves, it will require no other evidence to convince other members of the profession that, by a resort to knives, dilators, cauterants, and the like, a very grave mistake has been committed. The fact is, the benign diseases of the uterus are, or at least ought to be, the province of the physician alone, who, if he avail himself fully of the resources of his art, will seldom, perhaps never, need the services of the surgeon, and will more certainly restore the genital, than other organs, to a state of functional integrity.

To do this, the attendant should, instead of going counter to, act in concert with the physiological laws presiding over menstruation and pregnancy, and the menstrual and puerperal involutions; should, instead of wasting time on the effects, attack the hidden causes of disease; and should, instead of destroying, restore the original condition, and with it the normal function of each part.

Proceeding on this basis, and adopting the empirical plan, the writer, as published more than two years since in his work on the Diseases and Displacements of the Uterus and recently in articles contributed to Medical Journals, arrived at certain noteworthy conclusions, which, singularly in accord with the most recent discoveries in hysterology, may be summarized under the following heads:

- 1st. The menstruant female is alone liable to womb disease.
- 2d. The uterus, ovaries, and vagina are erectile organs.
- 3d. Menstruation and pregnancy are each a state of erection.
- 4th. Involution is the subsidence of this unique vital activity and a return to a state of rest.
- 5th. Womb disease is due to a faulty involution, a continuance of the nerve stimulus and blood supply in the interval.
- 6th. The peculiar congestion attendant upon menstruation and pregnancy and that upon benign disease of the uterus are homologous.
- 7th. Congestion and inflammation as observed in other organs is foreign to the genital.
- 8th. The corporeal mucous membrane grows, degenerates, and falls proportionately with the volume and activity of the underlying circulation.
- 9th. This membrane regains its normal condition with the uterine walls whence it derives its nervous and vascular supply.
- 10th. The sympathetic nerve which is distributed as liberally to the uterus and ovaries as to any of the abdominal viscera is the prime factor in menstruation, pregnancy and womb-disease.
- 11th. The symptoms of inflammation and stricture, together with all others, disappear spontaneously upon the repletion of the veins and the irritability of the nerves being reduced to the normal standard.



12th. Involution, menstrual and puerperal, being attained by a hæmorrhagic flow, the proper time of treatment is sufficiently indicated.

13th. Art should imitate Nature and follow the lead of physiological laws.

14th. The loss of blood when just enough to relieve the tension of the uterine vascular canals and promote the retraction of the uterine muscular fibres is the remedy par excellence.

15th. The result is almost always fortunate and never disastrous.

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ART II—*Is Phthisis Hereditary?* A paper read before the Medical Association of Central New York, by WM. A. BENNETT, M. D., of Syracuse. Published by request of the Association.

Mr. President and Gentlemen of the Association :

But few years have elapsed, since the profession were unanimous in the affirmation of this question. It has to them an established fact, the result of observation, the ripe experience of the past, the absolute demonstration of dissection. But lately, some have questioned its truth affirming that at the most, a mere aptitude to contract the disease from external influences is all that is ever handed down from consumptive parent to child. Now it might not be of much practical moment to distinguish between direct hereditary transmission, organic or otherwise, and a promeness, bias, or liability, so powerful that its subject would be about as liable to it as if it were hereditary; if the latter were the fact and if it did not so alter and belittle the real state of the case, as to induce thoughtlessness and consequent carelessness in the unfortunate descendants of the consumptive and also in us all who are all deeply interested in their welfare.

It seems to me as clear that certain descendants of Phthisical, Scrofulous and Syphilitic parents, when the whole system, blood and solids, is thus affected, derive these diseases from their ancestors, as that they are themselves thus derived. Why should not bad health as well as good be transmitted to children, weak as well as strong constitution, and if this is so which we all admit,

why do we make any doubt of the particular kind of diseases thus handed down. Indeed does it not seem the natural inference that like should produce like in this case as in others. In regard to contagious diseases we know this rule obtains, that small pox gives small pox and measles produce measles—And we naturally expect this in hereditary as in contagious maladies, and that scrofula, phthisis and syphilis shall descend to the offspring and not some other diseases.

We may here very properly notice that everything in the germ and its derivation favors the idea of heredity. It is a secretion from the blood of each parent, and thus their entire and exact product. It is blood of their blood and bone of their bone in embryo, possessing their bodily, dynamical, chemical, vital and mental forces and characteristics. Here body and mind, material element and immaterial force, good or evil disposition, strong or weak emotion, firm or infirm constitution, clear or cloudy intellect all mingle and find expression in after growth and development. This germ is the common receptacle and centre of the parental condition at the time its dual parts were formed and elaborated, and is in just such state as we might reasonably have expected to enable it to receive and return such condition. Hence it will reflect the parents more or less accurately, body and mind; and hence the bad health and wrong mental and moral qualities of ancestors shall pollute and curse their unhappy descendants, while their good health and pure strong minds shall transmit these desirable qualities to their fortunate offspring.

But let us come to facts in regard to this question for fortunately there are facts which bear directly upon it. Many consumptive women become pregnant in the active and later stages of this disease, either from choice as hoping to thereby to arrest or impede its progress, or from necessity by unsought intercourse with their husbands. For my personal satisfaction I examined two dead fœtuses of a hereditarily consumptive mother, in the last stage of the disorder at both conceptions, the one about six months after becoming pregnant, the other at nearly full term. Both lungs of the last were full of rounded miliary granulations, or unquestioned tubercles. The upper half of the right lung in the first case had

many of the same character, some of them quite large and a few semi transparent. In both these cases there could be no doubt of the nature of the disease since there was its undoubted product. Now what else beside Phthisis killed these blighted offspring of a diseased mother, consumptively diseased from her mother's womb? They had never lived a separate existence, never breathed bad air, or been subjected to outside depressing influences. And I should here state that the mother was herself a good liver who loved and had as much of plain nutritious well cooked food as was best for her health and comfort; I think her own life was prolonged several years by this judicious course. Can any known case of cause and effect be plainer than that these diseased beings derived their disorder from her and did not have a mere leaning or bias towards it.

One fact justly applied is better than a thousand Hypotheses. Any comments on those cases can only weaken and dilute the evidence to one absolute and irrefragible, and I leave them to stand in all their native strength and power.

Sir Charles Scudamore speaks of a four months old child whose lungs he examined after its death of Phthisis, with extreme emaciation the mother being in the last stage of tuberculosis. He says "I never witnessed so extensive and remarkable a display of tubercles both granular and of a larger size, the former semi transparent and the latter gray in color. The lungs on each side upper and lower lobes, the liver, spleen, peritoneum and mesentary were universally studded with tubercles." Can any proof be more positive and convincing than this, showing as it does not only the direct descent of the disease from the actively diseased mother, but also its general nature by the extent of its deposits evidently laid down from the blood which must have been full of tubercles, or their elements being in this case as in so many others, a river of death to those through whom it flowed. In the begetting was the germ consumptive and thus originally diseased was continually kept in the line of its origin by its after support, until from the consumptive general state at inception it went on to have extensive and large localizations of tubercles, those terrible effects of a terrible disease. It is true, the child had lived and breathed, and perhaps nursed for four months after birth, but shall we therefore infer

that its death was caused by phthisis from outside causes, or rather that the dying mother both in its origin and after life gave it her disorder. The latter is, it seems to me, the natural conclusion, and when the whole case is considered, too plain for argument. Like the mother was the child and was so because she directly made it such. In the embryotic secretion from her blood in the elements of that blood afterward filling and permeating every part of its being was transmitted that awful malady, which was a part of itself and an important and radical portion during its little hour of life.

Dr. C. I. B. Williams, of England, is a well known authority in consumption. He has personally examined and prescribed for from 25 to 30 thousand cases of the disease, and has analyzed and published the results so far as known of one thousand cases. In acuteness of perception, soundness of judgment and strength, and justness of reasoning he has no superior. He lays down the doctrine that Phthisis is hereditary, without one if or but, and sustains it by an array of facts perfectly overwhelming. The physicians of the greatest consumptive Hospital in the world that at Brompton, England, also agree with him upon this point, so that authority has settled the question so far as it can settle anything. In this instance it seems to me its decisions are abundantly sustained by the facts of the case.

A second proof of the hereditary nature of consumption is found in those cases where a consumptive parent dies having had consumptive children and the survivor healthy from birth marries again and with one also healthy and they have healthy children. Though I have never seen but two or three undoubted instances of this kind yet, even these were of great weight, since such marriages are infrequent and one positive proof is worth a host of negatives.

But thirdly, there is to me another and stronger evidence than the last, because I have seen so much more of it, to-wit: the successive deaths of whole families of children of consumptive parentage. I adduce a single example of this kind, similar to several others, occurring in an eastern state. The father was originally healthy and though he died of consumption at the age of sixty years, he was unwell only a few years before his decease. In fact

I thought he contracted the disorder from his family especially his wife, both of whose parents had died of this disease, and she herself was never free from it so far as I could learn; though she lived a few years after the birth of her youngest child, finally dying, aged about fifty, of consumption.

The children, six in number and all boys, deceased at ages varying from eighteen to about thirty, the last born dying youngest. All these unfortunates, except the very last, were born and lived for a number of years apparently in pretty fair health. But about the beginning of first manhood they began to droop and though some of them with great care and precaution lived a number of years, after this they all finally went the same way. This family was an intelligent and prudent one, of every external advantage for long life and good health. Their situation was healthful and pleasant; they were much in the open air and of good living and habits. Everything external was favorable to health and longevity, but the one inherent thing overbalanced all else, and hurried them all to premature graves. The fact that they were born consumptive was the sole reason of their early deaths. Many thus born are much aided by treatment, many cases of the disease arising *de novo* are often comparatively cured, but if both parents are actively diseased or even one at the time of the begetting, the chances are greatly against the progeny.

The last proof of the direct transmissibility of phthisis which I shall adduce is the analogous one of its descent in this way among animals. Thus a phthisical ram gave it to fifteen or twenty of his descendants. A Scotch bull also thus affected his calves, and guinea pigs inoculated with tubercle, produced tuberculous progeny. It is true that this method of proof is not conclusive since animals probably have different diseases from us, and are perhaps differently affected by the same, yet on the whole this fact is an important one in this case, since they do have the same disease, which in its symptoms, and pathology especially, is about the same as with us, and most likely obeys the same law of propagation.

On the whole the reasons for believing phthisis hereditary seem to me to be greatly preponderant, and I might therefore stop here but as some objections have been urged by some eminent members

of the profession we will pay our respects to these, and see if they are sufficiently strong to overthrow the commonly received opinion.

And just here let us admire the ingenuity of these objectors. They are all of them forced to admit that somehow the children of consumptive parents are more prone to that affection than others not thus circumstanced. But they say that parents do not transmit its organic predisposition, but do hand down an organization more prone to it when acted on by external causes. Now in some of the cases we have examined there were no external causes, and in the others these were favorable to health and yet their subjects died of phthisis, showing that the sole cause of such demise came directly from the parents. But take their view; what makes those organizations more liable to this affection than others, why do they upon the application of the same outside causes, which produce other diseases in others, have consumption? A bias indeed; a proneness certainly. But is it, or can it be anything else except the parental disease, inherent in the germ which after being latent for some time springs up under the influence of unhealthy exciting causes, nay sometimes against favorable circumstances?

But they tell us that all who have phthisis do not derive it from their parents and that therefore none of them do. Really this is a logical inference. Again they tell us a child may be so original as not to resemble either of his parents, true, but almost all children do and many of them very closely. A single and singular exception no more destroys a rule in this than in other cases. We cannot say because some children differ from their parents that such is the common fact since observation and reason at once prove the contrary. Is every act of coition successful even and yet this is the only way of successful propagation of the race. Do all syphilitics, after the primary stage, and when it is in the blood, transmit their terrible state to all their offspring, and yet do they not sometimes do this. And if, when such is the fact, you say these offspring have syphilis derived from their ancestors, I admit it and claim that true phthisis is often given in the same way. I have no statistics upon this common point in these two diseases, but I venture the assertion that actively diseased consumptive parents as often impart their disease, as any form of syphilis after the primary

imparts itself. I have had demonstrative evidence that scarlatina is both, contagious and self-originating in several most convincing instances. Does the fact that it arises of itself deny the equally patent one of its contagion; do not different roads lead to the same place, different causes produce the same results? Because phthisis is self-originated more often is it not therefore transmitted at all? If everything is not accomplished by a powerful agent does it not therefore do anything. Such assumptions would set at naught all causes and effects and change universal order into universal chaos.

But why is it necessary that disease if it descends at all shall go organically? If it is the same in the very young child or fœtus as in the parent it certainly goes into the germ by direct paternal action. Is phthisis organic at all? If anybody will tell what it is he will earn and receive the gratitude of his kind. I know not, and for the present purpose I care not, what it is. But it is the same in the child as in the parent. Are the life and instinct of the child organic and do they not descend from ancestors? Is not the young mentality conferred at the same time the bodily germ is created? And may not disease be like those transmitted to offspring even if it be not organically derived? It is not an organ, certainly though it is in them, as well as the life and the mind. There are a good many things intangible and yet we feel their effects. Many things are mysterious in their mode of action and in themselves. What do we know of immateriality or its union with matter, but that there is such a union and relation as best serves the ends of both we make no question. When we have proved that phthisis is organic, then we shall be called to admit its organic descent and not before. I do not say that it is organic, or not organic, but that as we have no proof of the former we have no right to assume that it must descend in that way. Whether it goes in the germ or blood or milk of ancestors, it is hereditary all the same, directly derived from them and I know of no reason why it should necessarily be organic in either case, though to be sure the two latter modes of transmission if they were admitted, might form that idea. But strength and force are carried along even by these and so may disease itself be. At any rate the disorder comes directly to the child

from the parent in either instance, would not come if the parent had it not, and is the same in both.

But a good many children of consumptive parents or rather of one consumptive parent, for I have never known a healthy child where both were actively diseased, do not have Phthisis at all. Perhaps seventy-five per cent. of such children are free from its influence. And why, if the disorder is not generated or continued in these, is it generated and continued in any? Simply because facts with their natural inferences prove the reverse. Do twenty-five per cent. of all the children not born of phthisical ancestors have the disorder? Not by any means, but only about six per cent. or one-fourth of this proportion. This is of itself an argument in favor of its hereditary transmission and to be set aside needs a very strong array indeed of counter facts. But the question seems why do not all have it, and we reply this may be the correct answer: It is an admitted fact that one parent commonly influences the child more than the other, and that there is often a great preponderance in this respect. The difference in the power of giving anything else probably extends to the propagation of disease in the common germ. If the consumptive influence is weak in the one parent and the healthy one strong in the other, and especially if the healthy one be that of the mother, what prevents the stronger from overcoming the weaker in this case as in others and thus the germ itself be left healthy. Bad causes outside operate unfavorably, good ones favorably. One or the other predominating, and this rule, it seems to me, is especially operative here, when the condition of the whole germ and of all its parts would appear particularly favorable to such result. Hence the slightly consumptive germ of the one parent may be permeated with the strongly healthy one of the other, and thus finally become healthy, or its diseased state be completely overcome, even as weak protoplasm is rendered strong and available for healthy growth by proper and strengthening influences, or as any poison is neutralized and made harmless by the proper antidotes.

Let us now glance at what has been said. Phthisis is hereditary because it kills the foetus in utero, and the young child in the arms of its mother when both or even one of the parents are consump-



tive at the time of their begetting. Because when a consumptive parent married to a healthy one, and having had consumptive children, dies, and the survivor marries again, this time with a healthy person, the offspring of this second union are healthy. Because whole and parts of families with phthisical parents, one or both die and commonly early of the same disorder. Because one-fourth of the children of consumptive progenitors die of phthisis. The objection that people contract it *de novo* and therefore none have it hereditarily is absurd.

When it can be shown that any and every known hereditary or even contagious disease *must always* be given to *every one* exposed to its influence it will be time to admit that phthisis must always be hereditarily transmitted. Nor is it necessary that the derivation from ancestors should be organic, but only that the same disorder is derived. Bodily elements and organs are necessary to our being but so enforces and life-immateriality as well as materiality is a part of us, and is as surely transmitted by the parent as the bodily elements. Let it first be shown that phthisis is itself organic before it is assumed that it must organically descend. If we have proved that whatever it is, it is hereditarily transmitted, our object is accomplished.

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## MEDICAL NOTES.

ART. I.—*Notes on Obstetrics and Gynecology.* By E. N. BRUSH, M. D.

1. On the Postural Treatment of Prolapsus of the Funis Umbilicalis. By JOHN BRUNTON, M. D., etc. (*Obstet. Journal Great Britain and Ireland*, April, 1875.)

2. On Puerperal Fever. The Gulstonian Lectures before the Royal College of Physicians, London. By R. J. LEE, M. D., F. R. C. P. (*The London Lancet*, April, 1875; *The Doctor*, May, 1, 1875.)

3. Contributions to Obstetrics. By THEOPHILUS PARVIN, M. D. (*American Practitioner*, March, 1875.)

4. Rupture of the Perinæum. With a description of a new operation. By D. WARREN BRICKELL, M. D. (*American Journal of Medical Sciences*, April, 1875.)

1. The reasons which the author gives for the production of this paper are four. (1) Because of the high infant mortality which is

met with in prolapse of the funis, notwithstanding the ordinary treatment. (2) Because the means now employed are comparatively unknown to those daily employed in the practice of midwifery. (3) Because in most of the manuals and standard works on Obstetrics the subject of postural treatment is not mentioned, or at least, only in a cursory manner. (4) Because of the success which has attended the postural treatment of prolapse of the funis.

Mention is made of the almost invariable fatal termination, to the infant, in cases in which prolapse is allowed to continue till the delivery of the child. The cases in which the life of the child is saved, being in women who have large pelves, and easily dilatable parts, and in whom the delivery is very rapid.

The predisposing causes of prolapse are enumerated as:—1. An excessive amount of liquor amnii. 2. The same cause and a small child. 3. A wide pelvis. 4. A wide pelvis and a small child, or the presence of twins. 5. Malposition of the fœtus. 6. Deficient action of the lower segment of the uterus. 7. A narrow pelvic brim. 8. Position of the placenta near the os. 9. Length of the cord, if very long. 10. Dropsy, and therefore weight of the cord.

The exciting causes are:—1. Sudden gush of the liquor amnii when rising to the erect position. 2. Early rupture of the membrane when the child is small, premature or malpresenting.

The author does not attempt a full discussion of the subject of prolapse of the funis, but reviews the various methods which have been suggested for its correction. The earliest mention which is made of the postural treatment is by Prof. Alex. Hamilton, of Edinburgh, who advises reduction of the cord by placing the woman in the proper position; but he fails to mention the exact position. Drs. Hardy and McClintock approach the present method nearly, when they advise that the woman should be placed on her side opposite to that on which the cord protrudes. It remained, however, for Prof. Thomas, of New York, to suggest the true position. Upon investigating the subject, he comes to two conclusions. 1. That the cause of the persistence of this accident (whatever may at first have produced it) reduce themselves to two—the slippery nature of the displaced part, and the inclined plane offered it by the uterus by which to roll out of its cavity. 2. That the only rational mode of treatment would be inverting this plane and thus turning to our advantage not only it, but the lubricity of the cord, which ordinarily constitutes the main barrier to success. He says:—“This, I found, could be readily accomplished by *placing the woman on her knees, with the head down upon the bed*, in the posture assumed by eastern nations in worship.

Dr. Brunton adds, that when this position cannot be readily assumed, recourse can be had to a modification of the position ad-

vised by Drs. Hardy and McClintock, viz., by placing her on the side opposite the prolapse, and elevating the pelvis on pillows.

Ten cases are cited in conclusion, in which the cord was reduced after the manner recommended by Prof. Thomas. In eight, the children were saved, in one, the cord was pulseless before reduction, and in one a diseased placenta was present of sufficient extent to account for the death of the child.

At the conclusion of the paper, a hint is thrown out that by the employment of this position, pressure of the uterus on kidneys and renal vessels may be relieved, and uremic convulsions avoided.

2. The subject of Puerperal Fever seems just at this time to be attracting considerable attention from English obstetricians. Dr. Lee took it for his subject in the Gulstonian Lectures, and in the Obstetrical Society quite an animated discussion was had upon the same topic. In Dr. Lee's lecture no new ideas are advanced, but the lecturer has contented himself with tracing in detail the progress of the present views through the various stages of development.

The debate at the Obstetrical Society was opened by Mr. Spencer Wells. In his remarks he classed puerperal fever with septicæmia and pyæmia, and stated his belief to be that by proper precautions lying-in hospitals may be rid of puerperal fever just as general hospitals have been rid of pyæmia. In this view he was supported by others present, especially Dr. Leishman, who said that he renounced the opinion which he once held and had arrived at the conclusion, that puerperal fever was generally of pyæmic and septicæmic character.

3. Dr. Parvin's paper consists of a report of two cases of retroflexion of the pregnant uterus, one of placenta prævia, and one each of ruptured perinæum and of uterine inversion. In the first cases of retroflexion he first saw the patient on account of leucorrhœa, pelvic pain and rectal tenesmus. The lady had been an invalid ever since the birth of her first child, about two years previous, and at the time of consultation had not menstruated for six weeks. Manipulation was resorted to several times, and the horse-shoe pessary was also employed to restore the displacement, but without success. The uterine sound was introduced twice. In six weeks from the first consultation and a month after the last introduction of the sound the patient aborted. This result the Doctor does not think is to be regretted, as he regards it impossible to restore the uterus to its normal position. Case second was similar to the other as regards symptoms. The uterus could be readily restored by the introduction of two fingers in the rectum and one in the vagina upon the anterior portion of the cervix. The treatment employed was the frequent evacuation of the bladder, the assumption of the knee-elbow and the use of Hodge's pessary. In two months the retroflexion was gone and the uterine globe could be plainly felt in the hypogastric region.

In the case of placenta prævia, he was called to the patient on account of hemorrhage at the seventh month of pregnancy. This was restrained by the employment of the tampon, but recurred occasionally during the next two weeks, when an alarming hemorrhage took place. At this he determined to induce premature labor. Dilatation was effected with Molesworth's dilators to about two inches in diameter, the finger was then passed up between the placenta and the uterus and the membranes ruptured. In two hours and a half the head was well down in the pelvis and delivery was accomplished with the forceps. The mother and child have done well. Dr. Parvin believes that the rule asserted by Prof. Thomas is the better one to follow, "that in every case of declared placenta prævia, premature delivery should be induced," rather than the one of Leishman, to endeavor to avert premature delivery as long as possible.

In the case of ruptured perinæum the rupture extended through the perinæum and involved the recto-vaginal wall for two and one-half inches. The operation was immediate and consisted in drawing the recto-vaginal rent together by two silver sutures, and the perinæum by the same number. In eight days the sutures were removed with the restoration perfect.

The case of inversion of the uterus was one of over a year's duration. The first attempt at reduction was of two hour's duration and consisted of different modes of taxis, but little progress was made, and an attempt was made to retain it by pressing the concave end of a stethoscope against the fundus, retaining it by a T bandage. This had to be removed in twenty-four hours on account of the pain it produced. At the expiration of a week an attempt was made to employ an apparatus to make continuous elastic pressure, but this also had to be discontinued in forty-eight hours. One month after the first attempt another effort was made by manipulation, and the employment of Prof. White's uterine repositor. This attempt was followed by success in two hours and a half after the induction of anæsthesia. The patient recovered entirely. The operator seems highly pleased with Prof. White's repositor, and expresses his preference for it over the various modes of taxis.

4. Prof. Brickell reviews the various methods of operation at present pursued for ruptured perinæum, and cites his objections to them. With the plain interrupted suture he contends that the force of apposition is antero-posterior, and that consequently the areas of denuded surface are corrugated and thus diminished, and that if union takes place it is not to the extent of surface prepared by the knife. The union which takes place is not the deep approximation of the parts, restoring the wedge-shaped perinæum, but simply the formation of an abrupt wall which serves only to close the gaping orifice. The cutting through of the wire on the posterior portion of the wound is also urged against this operation.

The same law applies in regard to clamps or quills, these, he says, are insufficient to hold a surface of from one to two inches in diameter, in apposition; and with the added danger of interrupted circulation from too firm pressure, he regards this method with less favor than the simple suture.

Admitting these defects the desideratum is a lateral force which shall approximate the denuded surfaces without antero-posterior force exerted on the tissues. In order to produce this he has invented an instrument which is described. The operation is made the same as ordinarily, and the sutures introduced as for the interrupted suture. The instrument which he now employs consists of nickel plated "stays." These are of about the diameter of a large surgeon's needle, and vary in length from  $\frac{3}{4}$  to  $2\frac{1}{4}$  inches, each extremity terminating in a fork, one of which is movable. After the introduction of the sutures one of these stays, a little longer than the antero-posterior depth of the surfaces, is introduced between the lips of the wound, and the extremity holding the movable fork fixed against that portion of the suture which shows itself in the vagina, the free ends of the sutures are then twisted over the external fork until the parts are adapted, and so on till all the sutures are thus secured. It will now be seen that the antero-posterior pressure is made upon the stay, and hence all corrugation prevented while the lateral power approximates the surfaces smoothly. In removing the sutures, after cutting them, the movable fork is held in the vagina with a pair of forceps and the stay pulled straight out, the movable fork is then brought out through the vulval orifice. No fistula has thus far resulted from the employment of these stays. The paper concludes with a report of four cases in which this instrument was employed with a favorable result, and a postscript gives a report of a like result in a fifth. In the fourth and fifth cases cat-gut sutures were employed, of which the author speaks highly.

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## Editorial.

### The American Medical Association and Medical Education.

From what we can learn from those who were present, and from the reports which have reached us, we are inclined to the opinion that the meeting at Louisville was a successful one. The address by the President and by the Chairmen of the different sections were of a high order, and as a whole, will meet with general approbation. Dr. Bowling in his address referred to the much vexed question of medical education, and the preliminary examination of young men intending to study medicine. He said:—If this body has not of itself accomplished all its friends hoped for in the beginning, in elevatin ;

the standard of medical education, they must be satisfied to know that that standard, notwithstanding, has been regularly going up, fully abreast with the progress of our new country in every other department of human learning and in all the arts and appliances of a rapidly developing civilization. The spring can only well up the waters sent to it, purifying them in the process, and the sea is but the representative of many waters. The schools must take such material as they can get and make the most of it; and the American Medical Association as in the past, so now and hereafter, is obliged to consist of such representative medical men as the schools send it. In order to make the material sent to the schools of a better order he made the following proposition:—"Let it be solemnly resolved by this meeting that it shall be regarded as derogatory to the character of any physician, in any part of the United States, to take under his charge as a student of medicine any one who cannot exhibit evidence of having taken a degree in a regularly chartered college or a certificate of qualifications necessary to become a student of medicine, from a board of examiners appointed for the purpose by the American Medical Association." It appears to us that this is somewhat out side of the prerogatives of the Association, all that it can do is to urge upon State Societies the importance of this step and to show them the advisability of following the example set by the New York State Medical Society and some others. The importance of this step is evident to all, but its details should be faithfully and carefully carried out, it will not do to appoint a board which will give a young man a certificate of proper qualifications as a student of medicine, merely because he evinced a willingness to come before the board, without asking him a question. A preliminary examination will deter no young man who is in earnest from entering the ranks of the medical profession, and all others had far better remain outside. Whether it be called a burst of centennial patriotism or a blindness to the faults of the American "*system*" of medical education, we are forced to say; that in our country and under our system, imperfect as it is, there are constantly springing up men, who, for real worth and solid information, we will willingly compare with many European physicians who have a line of initials following their names, which nearly includes the alphabet.

In contrast with the remarks of Dr. Bowling was the address of Dr. Edgar before the Association of Medical Editors, at the Galt House, on Monday evening. He took for his subject, medical advertising. In the course of his remarks he made extended allusion to Medical Education, referring to the final rather than to the preliminary examination. He spoke of the ease in which medical schools are organized, and their employment as advertising mediums for the members of the faculty, deploring the fact that so many schools made it so easy to obtain a degree.

The remedy which Dr. Edgar proposes is a good one and one which we are heartily in favor of, if it can be properly accomplished, it is the establish-

ment of State Boards of Medical Examiners, a diploma from which shall be necessary for the practice of medicine. But there stands in the way of the accomplishment of this greatly desired reform many obstacles, among which however we are not so willing as Dr. Edgar, to class those connected with the schools except it be those established for private and unworthy motives, the result of petty professional jealousies and rivalries. The conditions of society and government are widely different here from those in Europe. There no school or "pathy" is recognized, but all alike are required to pass the same examination. In this country where freedom of thought and action is universal, a different state of things exists and the Homeopath and Eclectic *et id omne genus* would naturally object to appearing before a board composed of regular physicians and *vice versa*. For these and other objections however there is a remedy which will doubtless present itself in time, but the time does not seem to have arrived. The people as well as the profession, must be convinced of the advisability of such a move, and must learn the difference between a true doctor and a mere pretender. Until the good time shall come, that long desired millenium of the medical profession when peace and harmony shall reign in its ranks, when the people shall cease to put their trust in magnetic healers and clairvoyant charlatans, the advice which we have to offer is summed up in the few words which one older and more experienced in the various phases of medical education, gave as his advice. "*Let every physician cease to watch his neighbor and concern himself about the affairs of others, and turning his glance inward, study his own defects and seek by study and observation to make himself the best informed physician in his city or state or country.*" And in fact herein lies the solution of the whole matter. The advancement of medical education in America lies not in Associations but in individuals, not in resolutions and preambles, but in the determination of individual members to be more worthy of the high office of physicians. When each individual member of the profession realizes this, the remedy will be natural and easy.

We are sorry to say it, but truth compels the admission, that the standard of education is not the only one which needs elevating. The moral element, the *esprit de corps* needs purifying. Petty jealousies and discords in professional ranks are of deplorable frequency, and the knowledge of their occurrence often leads young men of refined and educated tastes to hesitate upon entering a profession with such a record. Nor is this all, nor is it the most deplorable feature of the case. Physicians are found who will openly resort to the tricks of the imposter and charlatan, who are versed in intrigue and trickery, and who stoop to acts from which one who made but few pretensions to honesty would shrink. Unfortunate in early training some go through life unable to appreciate the motives of those infinitely above them; they impute their actions to motives as low as their own. While they are justly condemned pity should be felt toward them that they should thus be the un-

fortunate victims of circumstances. Warped and twisted by early misdirection they never see the beauty which is all around them. While this is often the case the sad truth remains that some, few let us hope, enter upon a dishonest course from deliberate choice, dead weights which drag down and defile the noble profession under whose cloak they seek to hide. We have drawn the picture in black color, but we have not done so from choice, but rather in sorrow. Its contemplation is so painful that we would gladly forget its existence.

E. B.

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### The Buffalo General Hospital.

The annual report of this institution for the year 1874 is before us, and its contents demand our attention. The Trustees in their report pay a deserved tribute to the Ladies' Hospital Association, and express the wish that the plan of uniting the Executive Committee of the Ladies' Hospital Association and their Board may be continued in operation. The efforts of the ladies have been quite successful in relieving the Trustees of a large share of the direct care of the Hospital, and through their efficient aid a considerable amount of the necessary funds of the institution have been raised.

Considerable interest has been manifested in procuring a permanent endowment, and we understand that the move has met with considerable encouragement. There is now belonging to this fund paid in the sum of \$26,000, of this \$5,000 was contributed by a charitable lady for the endowment of free beds. There are also bequests amounting to \$16,000 not yet paid in.

The report of the Ladies' Hospital Association gives some idea of the work which they undertake, but can convey no correct idea of its magnitude to those unacquainted with the details. A considerable sum of money is contributed by the various churches, but there probably remains a number who never contribute from lack of opportunity, to meet this we think that the plan which has been put in operation in Boston of having one Sunday of the year designated as Hospital Sunday, on which day a general collection could be taken up in all the churches, might be made to work. This plan we suggested in August last, but do not know that its merits have been canvassed by the Ladies' Association.

The report of the Superintendent conveys some interesting intelligence concerning the expenses and general conduct of the Hospital. It closes with a tribute to the faithful attendance of the Resident Physician, who, we can say from personal knowledge has proved himself commendably attentive to his duties.

Medically the report does not contain any information, but we may hope for an improvement in this direction as the Hospital grows. The situation of the Hospital is an excellent one, and the building is very well adapted to its purposes. The wards are high and airy and the hygienic conditions good.



## Erie County Medical Society and Preliminary Education.

Below we present our readers with a letter taking exception to some of the statements in a communication to the *Medical Record* of May 22d.

The charges against the member of the Society mentioned in that letter, were preferred, as many of our readers are aware, against the Senior Editor of this JOURNAL, such being the case we have thus far refrained from saying any thing in regard to the matter, and our correspondent has presented our views so fully that we have nothing to add. The remarks which we have already made under the head of "The American Medical Association and Medical Education," will sufficiently explain our views upon the general subject. We are, however, surprised that the correspondent of the *Record* should allow the impression to be made that the charges preferred at the January meeting resulted in anything like a resolution of censure, partaking as he says, of a character of "*diplomatic indefiniteness.*" He must have known that they were wholly dismissed, the simple addition to the resolution being that the Society committed itself to the advisability of preliminary examination of medical students. We shall welcome the time when the qualifications suitable to the commencement of the study of medicine shall be definitely settled and some plan established of determining those qualifications. It seems to us that in their determination the moral as well as the mental qualifications should have some weight.

The preliminary examination should be undertaken by the Colleges, and we are glad to see indications of a move in that direction, when such a step is taken and the system firmly established, we may look for a real advance in the standard of medical education.

E. B.

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*To the Editor of Buffalo Medical and Surgical Journal.*

DEAR SIR:—In the *Medical Record* of May 22d, which reached me this morning, I find some statements in regard to the Erie County Medical Society and Preliminary Education which seem to demand a little attention. In the outset do not understand me to convey the idea by any portion of this letter that preliminary education of medical students should not be insisted upon, on the contrary, I am heartily in favor of the most thorough preliminary education, and am willing to lend my aid to any move which shall strive to bring about this desired reform. The correspondent of the *Record* says that for four years there has been a systematic and sustained effort in the Erie County Medical Society to faithfully execute the by-laws in regard to this matter, and further states that the move which finally aroused the Society was taken at the annual meeting in January last. This move was the preferment of charges against "a prominent member of our Faculty and Society," for "knowing repeated and willful" violation of the by-laws in admitting students to his office without the required certificate of preliminary

examination. To the members of the Erie County Medical Society who were present at the January meeting the facts are doubtless sufficiently fresh not to demand a repetition here, suffice it to say, that the prominent member aforesaid was wholly exonerated from each and every charge, by the adoption of a resolution, which, however, was not of that *indefinite* character that the correspondent of the *Record* would have us believe, neither was it in *any sense*, indefinite or otherwise, a resolution of censure.

In common with other members of the Society the question suggested itself to me, why did the primary board select only one, or the one whom they did, against whom to prefer charges. They must certainly have known that there were students of medicine in the offices of many other members of the Erie County Medical Society who had never presented themselves to the Board for examination, and it seems to me that one-half the labor expended in the unsuccessful endeavor to secure affidavits, etc., might have proven such to be the fact. Of the motive of these charges, however, I have nothing to say. The member against whom they were preferred has seen fit to let the matter drop, and I do not propose to again open the case.

One single statement in the letter demands further notice and I have done. The correspondent carries the idea that students who have commenced the study of medicine without preliminary examination have done so in an illegal way, and that diplomas granted to them have been granted *contrary to law*, and do not entitle the holders to all the rights and privileges of the practice of medicine. I have yet to learn that the *law* has anything to do with the preliminary education of medical students. The requirement is one made of their preceptors and does not in any way effect them, moreover it is simply a requirement of medical societies, and the law, as I read it, does not give these societies any power to regulate the practice of medicine. If a young man sees fit to graduate without a preliminary examination, his diploma confers upon him *all the rights and privileges* that it ever did.

Nothing is ever gained in any cause by misrepresentation. The resolution as it is, is sufficiently binding and definite in its requirements, but if the chairman of the Primary Board attempts to add a legal force *which it does not possess*, he will convey the idea that he is striving to defend a cause which can not stand on its own merits.

A MEMBER OF THE ERIE COUNTY MEDICAL SOCIETY.

May 24, 1875.

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**Sugar Coated Pills.**

At a late meeting of the Pharmaceutical Society of Philadelphia, Dr. Miller spoke strongly against the purchase of cheap sugar coated quinia pills. There in the market forty-five thousand such pills which do not contain a trace of quinia. They were made from muriate of cinchonia, furnished by a New York house as sulphate of quinia to some of the makers of sugar coated pills.—*New York Evening Post*, May 14.

When the plan of sugar coating pills was first brought to the notice of the profession it was very generally commended, and the Hieroglyphics S. C. became a usual addition to every prescription in which medicines were prescribed in the pilular form. The elegant appearance of these pills with their glossy saccharine coating so effectually concealing the taste and even smell of nauseous and repulsive remedies seemed to leave nothing to be desired, and their popularity was such that the plan was adopted by nostrum venders and Homeopathsists, and almost every variety of drug from Cod Liver Oil to Dovers Powder was offered in this form to the regular profession, and readily swallowed by the public.

The preparation of sugar coated pills soon became a special branch of Pharmacy, and large fortunes were embarked in the business.

The usual competition in prices soon resulted, and the business which had at the first yielded large profits was done on very small margins.

Unprincipled parties were not slow to discover, however that to increase profits and reduce prices it was only necessary to use cheap drugs, or to substitute for the more expensive chemicals, those of a similar nature but cheaper, while the finished pellet with its white and glossy covering concealed all defects and *sold well* to these sharp buyers who are always on the lookout for *bargains*. The consequence has been that the market has been flooded with sugar coated pills which, as many physicians have found to their sorrow, have either been almost inert, or as in the case of cathartics have operated with a severity which is easily accounted for, if for a prescription for pil. coloc. comp. the unsuspecting patient has received a compound of cape aloes and croton oil; or if, as noted in the extract from a New York paper, with which we have prefaced these remarks, pills of cinchonine are labled sulphate of quinine and dispensed as such to the malaria stricken patient, is it surprising that we frequently do not get the results expected from sugar coated quinine pills. Again, it is the custom of some makers to mix the sugar used in the coating of pills with a large proportion of Terra Alba, and in many cases even where there is no fraudulent substitution or inert drugs, the pills are in this preparation subjected to so great a heat that they become hard as adamant, and absolutely insoluble in the alimentary canal.

From such experiences many physicians have entirely discarded the use of sugar coated pills, but at the same time it is undeniable that if *reliable* and soluble pills can be obtained, the sugar covered form, is for very many nauseous medicine decidedly preferable to any other.

We fully believe that all of these essentials are fulfilled in the pills prepared by some of the reliable manufacturers, and physicians in order to obtain the desired results in prescribing medicines in this form should see to it that their prescriptions are dispensed by druggists wholly above suspicion

POSTPONED.—The time of meeting of the Ohio State Medical Society has been changed from the second to the third Tuesday in June. The meeting will be held at Put-in-Bay, Tuesday, June 15th, 1875.——ZIEMSSSEN'S CYCLOPÆDIA.—Messrs. Wm. Wood & Co., the publishers of this work wish us to announce that it will not be sold in *separate volumes*, but only in complete sets. Those wishing the work are therefore cautioned against purchasing any odd volumes which may be offered for sale.——ENTERPRISING.—The American Medical Weekly, of Louisville, Dr. E. S. Gaillard, Editor, had a complete report of the proceedings of the American Medical Association in its issue of May 8th. Our thanks are due the Editor for an advance proof sheet.——MERCURY IN SYPHILIS.—From the *Doctor* we learn that Dr. Drysdale who was at one time an active opponent of the use of mercury in syphilis has changed his views, and now believes that in many cases it may be used with benefit.——THE ASSOCIATION OF AMERICAN MEDICAL EDITORS at its annual meeting in Louisville, selected the following officers: President, Dr. Bell of the *Sanitarian*; Vice President, Dr. Wood, Jr., of the *Philadelphia Medical Times*; Secretary, Dr. F. C. Davis, of the *Chicago Medical Times*;—Dr. D. W. CHEEVER has been appointed Professor of Clinical Surgery at Harvard Medical College.——ERIE COUNTY MEDICAL SOCIETY.—The Semi-Annual Meeting of the Erie County Medical Society will be held Tuesday, June 8th, in the Medical College. Matters of importance are expected to come before the Society.

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### Books and Pamphlets Received.

Sex in Industry: A Plea for the Working-Girl. By Azel Ames, Jr., M. D. Boston: Jas. R. Osgood & Co., 1875. Buffalo: Martin Taylor.

What Young People Should Know. The Reproductive Function in Man and the Lower Animals. By Burt G. Wilder, M. D. Boston: Estes & Lauriat, 1875. Buffalo: H. H. Otis.

A series of American Clinical Lectures. Edited by E. C. Seguin, M. D., Vol. I, No. IV. Rest in the Treatment of Nervous Disease. By S. Wier Mitchell, M. D. New York: G. P. Putnam's Sons. Buffalo: Martin Taylor.

Annual Report of the Buffalo General Hospital for the year 1874.

An Address on the Climatology of Florida. By A. S. Baldwin, M. D. The President's Address before the Medical Association of the State of Florida.

Annual Report of the Managers of the State Lunatic Asylum, Utica, New York, for 1874.

Ninty-Second Annual Catalogue of the Medical School of Harvard University for 1874-75.

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Original Communications.

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ART. I.—*Ovariotomy by Enucleation. What it is, and how to do it.*

By JULIUS F. MINER, M. D., Professor of Special Surgery in Buffalo Medical College.

It is now about six years since I first announced to the profession that the Ovarian Tumor could be removed by Enucleation, and invited my professional friends to make trial of the proposed plan, describing as well as I could what I had done, and the conclusions I had formed. The idea that a tumor having such large arterial supply could be removed without clamp, ligature or cautery, though at first startling, was very readily accepted, and both in this country and in Europe, successful trial has led many of the most distinguished operators to not only make trial of it, but to speak of it in high terms of commendation, until now it is one of the established and acknowledged methods of operation. By the numerous reports and papers upon the subject, I discover that the exact manner of enucleation is not yet distinctly understood, some have spoken of *clamp* after enucleation, others have spoken of *cutting*, the very thing it is designed to avoid. Others still have limited the detachment of the pedicle to two or three inches above its base, thus showing me that I have never been fully understood in the method of removing ovarian tumors by enucleation, a plan which my experience convinces me, if properly understood and

executed, possesses advantages over all others and is of almost universal application. It is well known that the ovarian tumor is surrounded by a peritoneal covering, that the pedicle, proper, usually divides into three or four parts passing up over the walls of the tumor in bands of variable width containing vessels often of large size, which with connective tissue, make a band which passes over the walls of the cyst, gradually diminishing in thickness and in the size of the vessels it contains, until finally it is lost in a simple thickened part of peritoneal covering. The peritoneal covering is not closely attached to the cyst, but separates readily the same that the peritoneum separates elsewhere in the pelvic cavity, being immediately lined by the sub-serous cellular tissue, thus no vessels of any considerable size enter the cyst. This cyst separates from its attachments with remarkable readiness, so much so that in several instances it is reported to have escaped the grasp of the operator and fallen spontaneously from the pedicle; Providence, or accident plainly indicating the natural and proper method of removal. The capillary vessels thus broken do not bleed, the band contracts and corrugates the larger trunks, while the broken off capillary vessels thus separated ooze only a little for a minute or two, a dry napkin applied for a short time is all that is required. The fear of hemorrhage is wholly unfounded, and I now say without hesitation that the danger of bleeding after this mode of procedure is vastly less than the danger of slipping of clamp or ligature in the former methods, when the vessels are divided in their trunks. Here they are separated only in their extreme branches and cannot bleed, do not give troublesome hemorrhage; it is rare that any vessels are torn large enough to be seen as vessels or points of hemorrhage, and torsion is all that can be required in almost any case. If care is taken not to wound the vessels with either trocar, knife or scissors, there will be no hemorrhage. The tumor being thus removed the operation is completed. There is no clamp to be used, there is nothing to clamp, the pedicle is not to be treated, it requires no attention except careful manipulation and resting back in its original place as near as possible, if the usual conditions are present no drainage is necessary, the incision may be closed as perfectly as possible. These bands are to be grasped where they commence

to diverge with the hand and raised from the cyst, tracing out the band to its termination often nearly around to the opposite side. The idea is not that the cyst is to be separated from a capsular investment, as some tumors are enucleated. It is only to be separated from its vascular supply which is contained in these bands. Any other attachments are to be separated in the usual manner. Care is necessary not to wound or divide the vessels in their trunks, and although the attachment will sometimes be found very strong at points, it can be forced off, or even with care a small piece of



The above cut hastily drawn by a physician, who has assisted me in operating several times, will give a very fair idea of the procedure. The fingers of the operator are represented beneath a vascular portion of the pedicle, separating it from the walls of the tumor. This separation is to be carefully made until the vessels are traced to their termination. To make the illustration plainer, the tumor is represented as raised from the abdominal cavity. Of course where extensive adhesions are present this is impossible, and the risks of removal are very great. Formerly these cases were abandoned. The adhesions are to be separated and the process continued to the pedicle.

the cyst may be left attached to the pedicle, and no harm can result from it, it has vascular supply, and is living tissue, like all the rest of the pedicle which is left. Nothing remains to suppurate, become encysted or to be absorbed or otherwise provided for.

Again this plan may be tried first and no harm result from it. If for any reason it should be deemed impracticable, a clamp, the most unsurgical appliance in the world, can be equally well applied. The pedicle can subsequently be burned or tied with ligature equally well as if enucleation had not been tried, for I am going to say that few rules in surgery but have exceptions, and though I believe all ovarian tumors can be, and should be removed by this simple method, supplemented by torsion or silver ligature to small vessels which bleed, when necessary, still I desire to provide for all possible contingencies, and give the operator the assurance that he can try enucleation, and being dissatisfied with it he is yet at liberty to adopt any other plan he may prefer, so that while everything may be gained, nothing can be lost.

There is no reason for pointing out the advantages of the plan. Those who have studied the history of ovariectomy and are familiar with the difficulties and objections which may fairly be urged against all former methods of procedure, will at once apprehend that if enucleation is successful he has no pedicle keeping open the lower angle of the incision, or dragging open the parts; no unfavorable adhesions of the pedicle, no wires to be discharged by suppuration, no crusts of burned tissue to be provided for. The abdominal cavity has been opened and the diseased part removed. All that is left is capable of life. It has been supposed that enucleation was designed to apply to cases of extensive adhesions or short pedicle, where no other plan could be adopted, thus lessening the number of incompleting operations. Most clearly it is capable of this, but instead of its being reserved as a *dernier ressort* it is to be chosen first, and the case regarded as most favorable when it can be successfully accomplished. My surgical friends who have seen the operation unite in regarding it as the most natural surgical procedure possible. To see it is to be convinced of its entire feasibility and safety, while its advantages are too apparent to require a moments consideration.



Since writing the above, two cases, illustrating every point connected with *Enucleation*, have fallen under notice.

Prof. James P. White operated by enucleation in Oneida county, and desires me to say, he has now adopted the method in four cases, and thinks "this method to be *chosen first*, and if vessels bleed, or any conditions are found, making it necessity to employ former methods, to do so after trial of enucleation." Wednesday, June 23, I had also opportunity to satisfactorily demonstrate every position taken in this paper, to nearly the entire profession of Buffalo, by an operation upon a private patient, Mrs. Cobb, from Penn., removing by the above method an ovarian cyst of great size, without any vessel requiring even torsion, and without any hæmorrhage at all. It was one of those cases formerly abandoned by surgeons as immovable, on account of adhesions, being closely adherent to the walls of the abdomen on all sides. After cutting down upon the cyst proper, it was easily pulled out of its bed; no pedicle being found which would make it impossible to remove it by any of the former methods. Mrs. Cobb died the third day in convulsions.

But enucleation is not for these desperate cases *alone*; it is applicable to all cases, and as Dr. White fairly states, is to be chosen first, other plans adopted, after trial of this.

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ART. II. *Tracheotomy in Croup—Successful Result in a Case where Diagnosis was Unmistakable.* By W. C. PHELPS, M. D.

Successful tracheotomy in a case where the membranous character of the disease is demonstrated by ejection of a false membrane is of interest to all physicians since the fatality attending tracheotomy in croup has led many experienced and observing physicians to believe that though the successful cases of tracheotomy were sufficiently common, yet that the success was due to the fact that the membranous character was wanting, and that the cases would have recovered without tracheotomy, in other words, that tracheotomy would not of itself prove fatal, or greatly endanger life—would not prevent natural recovery. The following

case has some important bearing upon all the points connected with tracheotomy in croup, and is reported because it so forcibly demonstrates, the now very generally accepted idea that *tracheotomy is proper to be recommended in membranous croup when it becomes evident that recovery is highly improbable without it*. Authors properly caution against too long delay and most certainly there is great danger from delay. Positive diagnosis is not always obtainable, and the careful physician watches the condition and progress of the case, thus requiring often valuable time. It is far better to operate upon a case which might possibly recover without it, than to delay operation until death is inevitable in cases certainly fatal unless operated upon. The facts of the following case are sufficiently suggestive to the experienced, thoughtful physician and need little comment:

On the morning of May 10th, I was called in the absence of Dr. M. G. Potter, the attending physician, to the Buffalo Orphan Asylum, to see S. C., aged six years, who had been taken sick during the preceding night, and the symptoms present being different from those of spasmodic croup, awakened in the mind of the experienced matron, Mrs. McPherson, a suspicion that the child had membranous croup. I will state in this connection that four weeks before this a bright little girl of the same age, and of a good constitution, had died of membranous croup after an illness of three days duration, and from the beginning of March to the present time, June 15th, there have been about twenty cases of spasmodic croup. It is very unusual in the history of the institution that there should be such a large number of cases of disease of any form, as during the ten years intervening between 1864 and 1874, there was but very little sickness and only one death. A thorough cleaning of the house and premises has been ordered, with a view to the prevention of this epidemic of croup.

I found the patient with a pulse of 120, temperature 102° F., tongue with a white cream-like coating, respiration 30 per minute, absence of voice, considerable difficulty in breathing, and the characteristic cough of croup, percussion over the chest normal, but auscultation showed sonorus and sibilant rales over both lungs. Inspection of the throat showed a general congestion of the

pharynx, but without much swelling, and the absence of any deposit. The diagnosis was membranous croup, and the following prescription made :

℞ Calomel grs vii.	}	Ft Pulv. No. xv.
Pulv. James, grs. vii.		
Pulv. Dovers, grs. xv., M.		

Give one powder every fourth hour; also two grains of quinine every second hour. The temperature of the room to be kept at 75° F., and the air moistened by water vaporized. Inhalations of steam from hot water poured on unslacked lime were given every second hour; the bowels kept open, warm applications to the throat, and an emetic of ipecacuanha night and morning during the first two days of treatment. On the afternoon of the 12th inst., the third day of treatment, I called Drs. Miner and Rochester in consultation. At this time the condition of the patient was as follows: Pulse 120, tongue thickly coated, and somewhat dry, considerable difficulty in breathing, the condition of the throat unchanged. The nurse informed us that at times the child would be taken with what she called sinking spells, and that at such times the pulse would become weak and very frequent with increased embarrassment of respiration. The treatment above detailed was continued with the addition of stimulants, with the understanding that if the breathing became more difficult, tracheotomy would be indicated.

On the morning of the next day, the 13th inst., the patient was every way worse; the nurses reported that they had been unable to give either medicine or nourishment by the mouth since 12 o'clock midnight, and had ceased attempting to give anything, thinking it better to let the child die as easily as possible. While I was examining into his condition he was suddenly taken with a severe paroxysm of choking, which was somewhat relieved by the coughing up of a false membrane, about two inches in length, a complete cylinder, shaped to the interior of the trachea below the larynx.

Our diagnosis was now confirmed, but the respiration was still very difficult, more difficult in fact than before the expulsion of the membranous cast, and at the request of the father of the

child and the matron of the asylum, I made preparations for the performance of tracheotomy, Drs. Miner and Rochester again very kindly met me in consultation, and the propriety of the operation was concurred in. At my request Dr. Miner proceeded to operate. Drs. W. W. Miner, Brush and Barnes assisting; the anesthetic being administered by Dr. Rochester. The operation was successfully made in the usual manner, below the isthmus of the thyroid gland, and after a large amount of mucous was expelled through the opening, a curved double tube was passed into the trachea and secured by tapes. The patient now breathed very freely through the tube, the external opening of which was covered with gauze, and after the effect of the anesthetic had passed off, was removed from the operating table to his bed. From this time forward in the treatment of the case, all medicines were withheld, excepting a Dover's powder at night, and the diet consisted exclusively of milk. The inner tube was removed and cleaned frequently on account of the large quantity of mucous which was present in the lungs and coughed out through it. The general condition of the child began at once to improve, and on the eighth day the tube was removed from the trachea, the opening being left open to close by granulation. On the fourteenth day after the operation the wound in the trachea was closed, so that respiration was naturally and easily performed, and the voice sounds were perfect. The patient was discharged cured.

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ART. III. *Syphilitic Hydrosarcocele*. By B. J. PRESTON, Rochester, New York.

Among the various forms manifested by syphilitic disease that of Syphilitic Hydrosarcocele is not without considerable interest. It is the object of this paper to relate briefly, the history of an interesting case of this form of syphilis. According to established authority this variety of disease usually attacks the individual after the development of the tertiary form as recognized by excavating ulcerations of the mouth and throat, iritis nodes, etc.

The subject of these remarks, a young man, aged 27 years, applied to me for treatment for a painful swelling affecting his left

tibia, which I found upon examination to be in a red, swollen and very painful condition, so much so as to interfere with his ordinary business that of market gardener, and it was upon this account that he was led to seek medical advice. Upon close inquiry I ascertained that he had some four years before contracted a chancre on the penis for which he had been treated, and was, as he supposed, cured.

Believing this to be a true tertiary node, I prescribed a poultice to be applied to the swelling until the inflammatory symptoms had subsided, afterwards local applications of tincture iodine, alternating the iodine and poultices as the circumstances seemed to require. I ordered internally five grain doses of iodide of potassa three times a day combined with vegetable tonics.

Improvement followed rapidly, and although the pain and other inflammatory symptoms soon disappeared he, according to my advice, continued to take the iodide of potassa for about eighteen months, suspended only for intervals of a few weeks.

During the early stage of this treatment he complained of a slight inflammatory symptoms in his left testicle which I directed to be suspended in a suspensory bandage, and heard no more of it until December, 1872.

The patient then complained of his tongue which was nearly perforated by an excavating ulcer nearly two inches in length and very painful. Frequently repeated applications of a strong solution of nitrate of silver put a stop to the destructive process, and the ulcer was healed in a few weeks. It was about this time that he again called my attention to his testicle which, upon a re-examination, I found to present the appearance of an ordinary Hydrocele, and in the course of three or four weeks I operated for the palliative treatment, and drew off about fourteen ounces of a transparent yellowish fluid. After the operation I observed a considerable hardness and some enlargement of the testicle itself, expecting, however, to see him again in a few days I paid but little attention to it. The next interview I had with my patient was about four weeks afterwards when I tapped his scrotum a second time. There was discharged but little fluid, not more than three ounces, and with but small decrease in the size of the tumor.

But upon a third operation the amount of fluid obtained was equal to that at first drawn off. Now for the first time I was able to ascertain the true character of the tumor which, upon deep pressure, seemed to be hard and irregular, there being three distinct nodules. In view of this, and of the previous history of the case, I deemed it necessary that there should be more thorough surgical interference, and therefore called upon Dr. B. L. Hovey, who coincided with me in the opinion that the removal of the organ was necessary. Accordingly on June 7th, 1873, Dr. Hovey, assisted by Dr. C. S. Starr and myself, removed the affected organ.

The weight of the tumor was seventeen ounces. It was ovoid in shape, and smooth and regular on its surface.

Upon laying it open with the scalpel we discovered three distinct sacs containing serum of a slightly yellowish color. The largest of these contained about six ounces of the fluid; the next smaller, three ounces, while the smallest contained only about one ounce.

Within the centre of the substance of the testicle itself there was found a deposit of yellow granular matter about the size of a large robin's egg, together with small points of like deposit at the outer edge of the testicle.

A point of interest in the operation is treatment of the cord which was all included in the ligature and without any unpleasant results, such as might be feared from pressure on the spermatic nerve.

This corroborating the experience of Dr. Erichsen may serve as an encouragement to those who have read the cautions and dread the results described in the surgical work of Dr. Syme.

The case progressed favorably. There was but slight constitutional disturbance, the wound suppurating freely, granulation soon filling up the incision.

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## Correspondence.

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Through the kindness of Prof. White, we are placed in possession of the following letter, which gives the history of three interesting cases of *inversio uteri*. The means proposed for the cure

of Case I. were intelligently conceived, and as far as the timid husband would permit, well carried out; we only regret that the efforts could not have been continued to a successful termination, which, we have no doubt, would have been the case had not the husband interfered. Case II. is remarkable from the long continuation of the inversion; we have no recollection of any case having been reported of that duration; the nearest approach to it being a case of twenty-two years duration, reduced by Prof. White,\* and one of twenty-six years, referred to by Dr. Evory Kennedy, in the transactions of the Dublin Obstetrical Society,† which had been allowed to go unreduced. It is to be regretted, that the advice of the ignorant quack, who was the cause of the inversion in Case III., induced the patient to forego any attempt at reduction. We have been very much interested in the report, and have no doubt but that our readers will also. [ED.]

Prof. JAMES P. WHITE, M. D., Buffalo, N. Y.

*Dear Sir*:—Since exciting your curiosity in regard to my observations of cases of *inversio uteri*, I have been sick of pneumonia, and am not now able to leave the house, which will account for the delay of this communication. My cases are now only interesting to the pathologist, and historian; and illustrative of the many vexations incident to our profession.

I shall relate them in the chronological order in which they came to my knowledge, to-wit:

CASE I. In April, 1861, I was called to see, in this City, Mrs. C., æt. 31 years, German; wife of a Gardener, fairly intelligent; had borne one child, in the State of Ohio, a daughter, about 11 years previously. She informed me that her *Accoucheur* gave her great pain in removing the “after-birth,” and, that she had never since been free from an unnatural body in the vagina; nor from profuse vaginal fluxes.

At each menstrual epoch, the hæmorrhage was profuse and frequently alarming. Herself and husband, both, had correct ideas of the condition, but only asked and expected a local styptic.

She was anæmic—“waxy”—and slightly anasarctic, appetite good, and digestion without pain. Her strength was sufficient to attend to part of her household duties. This had not been true until within the last few years.

Examination in every method thought of, or recorded, was perfectly practicable; presented every sign and symptom, of inverted uterus; and I will not consume time in reporting details.

\* Buffalo Medical and Surgical Journal, August, 1872. Case No. X.

† Obstetrical Journal Great Britain and Ireland, vol. I., No. 5, page 341.

Of course strong encouragement was given to the sufferer and her husband. Your case, as reported in "*Buffalo Med. Journal*," and the case of Dr. Tyler Smith were cited; and a day set for the attempt.

The husband objected, positively, to the presence of more than one Professional and two female attendants. On the appointed day, assisted by the late Dr. Henry B. Moore, formerly of Manlius, N. Y., whose experience and professional ability left nothing to be desired, we made an attempt at reduction. Anæsthæsia was readily induced by inhalation of chloroform and manipulation commenced; when the husband became alarmed, without any reason that we, or the non-professional attendants could discover, and we were compelled to desist; having already made a perceptible indentation in the fundus with my thumb.

Recovery from anæsthæsia was prompt and complete, slight hæmorrhage had been started, but immediately ceased; and, on the succeeding day our patient complained of no result from the effort. The husband seemed ashamed of his needless alarm, and was ready to appoint another day for the operation. Upon that day with the same professional aid; armed with both Ether Sulph. and Chloroform; and with a firm copper rod about fifteen inches long, terminating at one end in a ball of about one inch diameter, and at the other in a hollow tube of about one half inch diameter, which was firmly plugged with wool—sponge projecting in a cone beyond the rim of the cylinder, we commenced under favorable auspices to administer ether, hoping that the husband would have less fears of its effect, but, in this we were mistaken, for he was sooner scared than before, and peremptorily ordered us "stop; you are killing her." My disgust was supreme, and I would never have tried again, unless the husband would *leave*—and *stay* out of the house; but my friend Dr. Moore visited the family several times; and by arguments—reading to them your report, etc.; and ridiculing the husband's timidity, in which he was joined by the patient, brought them to the resolution to have a *thorough* trial made, and of course I yielded to his judgment inspired by confidence in the sufficiency of art.

Waiting for expiration of a menstrual period we assembled armed as before, and with some *etceteras*. May 7th, 1861. Everything went smoothly for about 30 minutes, when the husband's courage again collapsed. Dr. Moore, with one hand upon the abdomen had taken hold of the repositor whilst my hand was resting, preparatory to as vigorous action as the yielding sensations led us to expect would soon be warrantable.

The women, full of confidence, tried in vain to encourage, and to shame him; and all of us appealed to his sympathy for his long-suffering wife; but only temporarily succeeded, and at the end of fifty-five minutes from the introduction of the vaginal hand, the howls, threats, and frenzy of the coward were irresistible. The



fundus was well depressed, the patulous *os* could be felt by Dr. M. through the abdominal wall, and success seemed too near for us to be foiled.

No untoward symptom arose, and the patient expressed deep regret at her husband's "faint heart." In April, 1862, I went into Military service; and on my return in April, 1865, I learned that she had died in the summer of 1864, having lived over fourteen years with the *inversio uteri*.

CASE II. In the winter of 1863-4, while quartered with my brigade near Culpepper C. H., Va., the superintendent of poor for that county invited another surgeon and myself to see some interesting cases in his institution.

One of them was a white woman of feeble intellect, but by no means an idiot, about fifty-five years of age, four and a half feet in height, square built, but now slightly "Grecian," and waddling in gait, leucophlegmatic, but capable of doing considerable light work, whose uterus had been inverted for over thirty years. The accident occurred, she said, "right away after the baby was born." The superintendent had known her for several years, and stated that previous to the menopause she had been extremely feeble and anæmic; having constant fluxes, either muco-purulent or sanguineous; that the uterus was sometimes very much larger than at others; but had always protruded more or less external to the vulva.

We found the uterus completely inverted, and pendent external to the nymphæ, but with its *os* and the vaginal reflex grasped by the labia majora. Its everted surface was perfectly dry, resembling the cuticle on the back of the hand of old women, or somewhat like cicatricial tissue. Since about her forty-eighth year, the uterus had not changed very much from its present size, to wit; length, two and three-quarter inches; lateral diameter at the cornui, one and three-quarter inches; lateral diameter at the cervix, one and one-quarter inches; anterior-posterior at the fundus, one and one-quarter inches; anterior-posterior at the cervix, three-quarter inch.

We could pull the organ downwards, so that the point of an index finger could carry the vaginal wall, either before or behind, into the upward looking *os*; and could feel the ovaries on either side protruding above.

Micturition and defecation were normally performed. She said, "the itching and straining used to be drefful; but I doesn't mind it now."

CASE III. August 6th, 1869, was called to see Mrs. V., æt. twenty-six years—American—wife of a "well-to-do" farmer.

She was believed to have some malignant disease of the genital organs, from which she had suffered since the birth of a child, about two years previous.

Herself and husband declared, that her attendant, (an irregular practitioner,) had used great violence in removing the secundines; and, that she had suffered almost constant hæmorrhage since. A great variety of irregular and domestic styptic prescriptions had been used, with but little apparent effect.

She was extremely exsanguined, and somewhat anasarcaous. Pulse 142—respiration not rapid—digestion impaired, as usual in anæmia.

There was no difficulty in passing a very large cylindrical speculum; nor in introducing two fingers high into the rectum. The one exposed the intra-uterine surface, now external, the distinct form of the fundus, cornui, and fallopian orifices. The other, by tilting the body of the womb toward the bladder with my left hand, enabled me to feel the depression of the *os* through the intestinal wall.

Such was the extreme relaxation of the sphincters, that digital exploration was unobstructed and nearly painless. I explained, and exhibited the condition to the husband, and to two or three female friends, dressed the everted membrane with a weak solution of *sulph. zinci*, prescribed energetic tonics, and left with a promise that on my visit, two days after, a decision should be made as to time, etc., of an operation.

On account of illness, I could not keep my appointment, but learned that hæmorrhage and most of the leucorrhœa had been stopped by the applications, (or by exhaustion,) and that the patient felt very much better; also, that I was to await a further call. The impertinent quack who had done the mischief, still had the confidence of the woman's relatives; and, had assured them that such an accident as I had represented "could not occur," that any interference with her condition in her weak state, would be suddenly fatal, etc., etc.

The husband had good sense in all things, but the "ruling of his own house"; and the patient had surrendered to despondency, had arranged her affairs for death, and patiently awaited for its relief.

August 29th, twenty-three days after my first visit, I was called again. Found the patient sinking, but still urged an effort to rescue her from certain death, to no avail. She died four days after with asthænia.

Hoping that these pages may prove of some interest to one who has done so much for this unfortunate class of sufferers; and, vouching for the correctness of every essential statement which may tend to make up the history and pathology of the accident, I place at them your service with the highest sentiments of regard.

J. H. BEECH, M. D.

January 27th, 1875.

Coldwater, Mich.

## MISCELLANEOUS.

## Meeting of the Ohio State Medical Society.

The annual meeting of the Ohio State Medical Society was held at Put-in-Bay, Tuesday, Wednesday and Thursday, June 15, 16 and 17, Dr. W. W. Jones, of Toledo, presiding.

We make the following extracts from his address:

GENTLEMEN:—The position with which you have honored me, brings with it cares and duties, and is entered upon with distrust in my ability to meet the expectation which the station involves. I embrace the trust with greater satisfaction, because it has been bestowed by the profession of a State which has always been foremost in earnest endeavors to contribute to the advancement of medical science.

We are engaged in a struggle to assist nature in overcoming the evils, which disobedience of the organic laws impose upon mankind. Our measure of success depends upon the knowledge we possess regarding her processes, and the resources with which we are supplied.

Unlike the professions of Law and Divinity, the former of which deals with the rights and wrongs of the individual, and the latter with his duties towards his fellow and his Creator, axioms which imply a degree of knowledge only attained at the age of mental accountability, ours ministers to the earliest manifestations of his organization, and is the Alpha and Omega to which mankind look with imploring eyes when sickness or death invade the habitation of the soul.

Medicine does not claim to be an exact science, for the reason that it involves facts and problems which lie beyond the field of observation. The long history of medicine is fruitful in attestation of its struggles with the unknown, showing that errors which have gained favor in one age have been overturned by the next.

While progress in medicine must be slow from the very nature of things, we are assured that the present age is witnessing a more substantial and rapid progress than those which have preceded it. The general use of the microscope, ophthalmoscope, stethoscope, laryngoscope, speculum, aspirator, and the many other valuable means almost unknown to a former generations, have wonderfully increased our power for observing and recording facts, and made the verification of those facts of easy demonstration the world over. Thanks to the "republic of letters," no national boundaries or tariffs impose barriers upon the free interchange of thought, opinion and discovery.

With these preliminary remarks, I propose to call your attention to some of the means within the control of this society for promoting progress in our art.

That such has been accomplished by this society during the twenty-nine years of its existence, is well known to the older members of the profession, who remember what was the state of medical and surgical practice before its organization. While we have been greatly aided by the National and other State organizations, and perhaps, more than all, by the general progress of the profession, and that of the collateral sciences, this society has of itself contributed its full share towards elevating and maintaining progress in medicine.

**MEDICAL EDUCATION.**—The elevation of the standard for the Doctorate is one of those vexed problems which require the harmonious and united efforts of the profession, organized as we may be, to work out to a satisfactory conclusion. The subject of medical education, although dilated upon at every annual meeting of this and other medical associations, has not been exhausted, and must continue to engage the thoughtful attention of the profession, until settled upon some satisfactory basis. The difficulty arises, not so much from diversity of sentiment as from a division of interest. So long as there are young men and women striving to enter the profession, and assume its responsible duties, whether qualified or not, they will possibly find a way; but it will depend upon ourselves whether the ignorant and unworthy among them shall be admitted to our membership. In the language of our code of ethics, "a physician ought to be imbued with the greatness of his mission, and the responsibilities he habitually incurs in its discharge." Hood has beautifully expressed this sentiment in his structures upon the Hahnemanic Vagaries:

"Above all price of wealth  
The Body's jewel—not for minds profane,  
Or hands, to tamper with in practice vain—  
Like to a woman's virtue is man's health,  
A Heavenly gift within a holy shrine!  
To be approached and touched with serious fear,  
By hands made pure, and hearts of faith severe,  
Ev'n as the Priesthood of the One Divine."

Reform in medical education must commence with ourselves as well as the schools. No practitioner who regards his professional character and standing, should ever permit his name to be used as a preceptor unless he devotes sufficient time to the daily examination of his student upon the subject matter of his reading, as will satisfy himself that the student thoroughly understands it. It is only by such a course that the preceptor can ascertain the necessary capacity of his student. While a knowledge of Latin and Greek may be conceded as profitable and beneficial, yet it cannot be regarded as so essential that the student should be a classical

scholar, as that he should have the mental ability necessary to grasp and comprehend the difficult problems involved in the science and practice of medicine. If we bring this question home, and understand our own professional reputation is to be reflected to a great extent in our students, we would hesitate in undertaking a task which would be liable to bring discredit upon ourselves. So far as my own observation extends, very few of us have the time to devote to the proper teaching of the student which is necessary to enable him to do us credit; the consequence is, that he plods along as best he can, and the preceptor is hardly aware how ignorant or unqualified the student may be when he enters the profession. Were the practice of receiving students wholly ignored by the active practitioner, and the business left to such experts as could find the time, and had the other qualifications necessary to do the student justice, an enormous stride would be made in establishing the basis of medical education; and the incompetent student would be weeded out before a sufficient growth had been attained by him in medical science, to enable him to enter the schools. If every member of this society were to adhere strictly to these rules, large numbers of those who now apply to us to enter the profession would be rejected at the threshold, and the complaints against the schools for turning out poorly qualified graduates would cease. I am aware that this reform involves a herculean effort on the part of the profession, both here and elsewhere; but I believe that it is an effort which is demanded for the best interest of the public, and will be sustained by the wise and prudent among the profession.

The tendency toward specialism in practice was referred to, to some extent, and the desire to engage in special practice without a general knowledge of medicine condemned.

The desirability of forming auxillary societies, county and district, was urged upon the members of the society.

In relation to sanitary regulations he spoke as follows:

How to lessen sickness and death is a question which may well invite our closest attention. English statisticians estimate that each death in the census has been preceded by six hundred and thirty-six days of sickness during the whole life of the individual. The census statistics show that 500,000 deaths occur annually in the United States, and in our own State they may be computed at about 30,000. Applying the English estimate, we have the enormous number of 19,080,000 days of sickness for the people of the State each year.

The statesman or legislator who views these facts in their relation to the economies of labor, will not fail to see that the industrial population constitute about one-third of the whole number; and that there must be a positive loss of \$20,000,000 annually by loss of time, and expenses incurred, in consequence of such sickness, among that class alone. While the arbitrary condition of

society makes it certain that the sick and enfeebled must be supported by the healthy.

The lessening of sickness and mortality depends very greatly upon our knowledge of the causes of disease, the investigation of which is one of great labor, and skill, and many of these causes are of so subtle a nature as to elude the vigilance of any single individual, or community; and, if the people of the State (who are to be benefited) would practically reap the advantage to be gained by such knowledge, they must supply the central force, or bureau of health, with which we may co-operate.

It is not arrogance on our part to say that the world is indebted to our profession for the little of sanitary knowledge now known, and which is steadily increasing the average duration of human life, and lessening the number of days of sickness. Unaided by the discoveries in medical science, and their application to the wants of man in this new country, the West would have been this day undeveloped, instead of containing, as it does, a dense and cultured population.

Were our profession to give up the task of sanitary enlightenment, where is the world to get it? Certainly not from the various *isms* and *pathies* in medicine, whose brief lifetime hardly suffices to make a generation, in the ages since medicine has had a written history.

In this age and country, when enjoyment may be said to have a money value, the people are not slow to forward objects which will promote that enjoyment and culture; and they appreciate health, whether considered in its pecuniary or philanthropic aspects, I regard it as one of the best means of discouraging quackery, to teach the people sanitary knowledge, as by this means they will be better able to distinguish the true from the false system of medicine, and *expose* the pretender to knowledge not possessed. There would be some propriety in referring the subject matter of the different *isms* and *pathies* to a committee to be reported on annually, by which means some benefit would accrue to our people in giving them lessons upon this branch of sanitary science, were it not proved during the long history of medicine that each false system soon gives way to another equally absurd.

While our Christian civilization has greatly improved, and benefited the race morally and intellectually, it has utterly failed to eradicate many of the evils of our social system. Living, as we do, in the same atmosphere of the whole people, and observing the evidences which daily present themselves only to the physicians, we can speak with more assurance of the prevalence of those evils which are known only to a few, besides the individual himself, but which afflict a greater number than the public know of, or are willing to admit. Whether scrofula, struma, tuberculosis, and some other forms of disease are the offspring of syphilis is not yet determined, but enough is established to prove the wide-spread and

detrimental influence which this disease has upon the race. Every physician knows that a large per centage of the mortality of infantile and adult life, is due to the indirect influences of this destroying agent, which is probably greater than that from any one of the epidemic diseases which have been called "the scourges of mankind," and yet its name scarcely appears in the records of mortuary reports.

I am aware that there is great prejudice on the part of the community (and particularly of the religious portion of it,) to the discussion of this subject, and all attempts on the part of municipalities, in this country, to exercise police supervision against the spread of this disease, has met with opposition from those who assume to be teachers in morals. The very able report upon this subject to the American Medical Association, by Dr. Gross, of Philadelphia, takes strong ground in favor of the enactment of laws looking to its suppression. I think the same views are entertained by most of those who are familiar with the havoc and suffering inflicted upon the human race in consequence of this evil, and it would seem that no false modesty, nor deference to the prejudices of others, should lead us to ignore the subject, or prevent us from freely imparting that information which will contribute to the advantage of society. Our Legislators and Boards of Health provide summary means for the abatement of nuisances detrimental to the life and health of the people. The evil goes beyond the individual or community in which it exists, and contaminates the vital blood for unborn generations. No position is so high as to be exempt from its unseen influences, and no people of the habitable globe but have felt its destroying blight.

Ancient Greece, the home and birth place of Philosophy and Letters, was so fettered by her religious prejudices, that she prevented the study of anatomy, because it desecrated the dead. We should allow no similar reverence for a sentiment to interfere with efforts for saving the world from so destructive an evil.

The want of properly instructed nurses is universally felt, and it is to be hoped that some plan may be devised by which their proper training may become general, and not confined to the larger cities, where hospital facilities exist. We all know how much depends upon the skill and care of those having charge of the sick in the absence of the physician; and that our efforts in behalf of our patients are often neutralized by the want of intelligent nursing. It would seem to me from my observation, that this deficiency is so wide-spread, and the demand so urgent, as to warrant the establishment of training schools in every populous county of the State.

In conclusion, let us not forget that we are celebrating our 30th anniversary upon one of the most beautiful islands of Lake Erie, where but little more than sixty years ago, the great American commander beheld from the placid bay in front of us, the British

ships with which he hastened to engage in deadly strife. Our great State was then comparatively a wilderness, with here and there a hardy settlement of pioneers, determined to hew out a civilization for their descendants, in spite of opposing obstacles. Could the immortal Perry now behold the transformation which has been effected in a single lifetime, he would say that those pioneers had not lived in vain. Adopting the talismanic words of the dying Lawrence, he inscribed them upon his banner. So let us, relying in full faith upon earnest endeavor to achieve progress in medicine, cheer each other onward with his motto, "DON'T GIVE UP THE SHIP."

The officers of the two nations who have lost their lives in that battle here quietly sleep together in peace, with their resting place hallowed as the scene of one of the world's great naval contests for the maintenance of a principle which equally benefits the vanquished and the victor. What a more fitting place than this for promoting the homogeneity of the medical profession of a continent?

Away from the excitements of the busy city, fanned by the breezes of the great lakes, and surrounded by their health-giving waters, all can forget for a brief period the cares which suffering humanity impose, and gain new strength as we tread the pleasant groves of this favorite watering place, while we draw from that fountain of wisdom and experience, THE PROFESSION OF THE STATE."

The meeting of the society was an interesting one, and several valuable papers were read which called forth instructive discussions.

The officers elected for the following year are: President, Dr. E. Williams, Cincinnati; Vice-Presidents, Dr. W. S. Searf, Bellefontaine; Dr. A. H. Agard, Sandusky; Dr. S. S. Thorn, Toledo; Dr. J. L. Beach, West Jefferson; Secretary, Dr. J. W. Haddock, Cincinnati; Treasurer, Dr. S. S. Gray, Piqua.

The Society meets at the same place the third Tuesday in June, 1876.

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## The Relation of the Profession to the Secular Press and the Rostrum.

Read before the Central Illinois Medical Association, by Thomas D. Washburn, M. D., Hillsborough, Ill.

Our worthy President has assigned me the duty of preparing a paper on "The relation of the profession to the secular press and the rostrum;" a topic involving very little anatomy, though I propose to unearth a skeleton, and as I proceed to discuss the pathology, which naturally antedates most skeletons, I may at-



tempt to apply some therapeutics, which involves more or less a knowledge of physiology.

I am conscious that I have a delicate task, for it is a question only recently sprung, is liable to much misconstruction. To many minds a new idea is as dangerous as nitroglycerine, and any reconstruction or meddling with well-established usages is a perilous as the restored pillory in "My Novel," of Bulwer Lytton. But, gentlemen, the men who do not think and cannot see how the past can be improved, and believe that progress is an enemy, unworthy our confidence or examination, are not fit to practice medicine, and should make no pretensions to science. So far as the various branches which make up the science of medicine are concerned, you readily admit an immense progress, you seek for the highest culture, you consult the most advanced scholarship, the best authorities. But when you are asked to modify a rule of action, a custom of half a century; when the experience of two generations presses upon you, and the altered circumstances of all your surroundings invite a change; when the social, political, and religious life has assumed a dozen different phases, adapting itself to the peculiar forces and national condition and demands of the times, does it become us to doze on in our Rip Van Winkle sleep and ignore the light of the nineteenth century? It is astonishing with what ease we wrap the mantle of self-complacency around us, and fondly believe that we are the only true medical light of the world; that medical wisdom cannot be generated outside of the regular profession; that it is conceived, gestated, and brought forth only in the legitimate medical fold. Why, the greatest advances we have made, the most famous epochs in our history, as a profession, have been when some Parthian arrow has been shot from an enemy, when some grand broadside has been given us from a school of quacks or band of charlatans.

That despised, ignorant, and pugnacious Thompson, years ago, with a single idea and formula, untenable at that, viz.: that "Heat is life, cold is death," threw a bomb-shell into our camp that unhinged and disjointed the whole theory and practice of the day; sent calomel and the lancet to the rear, and changed the whole medical front. An exclusive botanic practice arose on the debris, and lives in varied forms to-day, eclecticism being one of its most promising children. It largely modified regular practice, and we are almost unconscious how much good we owe to its venom and acrimony; this blustering storm, which came down so suddenly on our old craft, made us throw overboard some antiquated notions and old rubbish, retrim the ship, mend the sails, and study more carefully the winds and currents in which we were moving. Hardly a score of years elapsed before another medical formula struck us like an iceberg in a summer fog, "Similia, similibus," a more monstrous absurdity than the other, but it taught us, oh, how much! Many who hear me to-day will testify that in their

pupilage they were taught to believe disease to be an entity, and that *medication* alone could exorcise it. We never thought of asking how this or that disease would result if let alone; it was the medicine that restored and saved. True we had some vague notions about the *vis medicatrix naturee*, but, as a whole, nature got little credit for her labor; associated with this "*similia*" came the *infinitesimal*; that was a revelation; logic, data, philosophy could not reach it; common sense could not bang its brains out and fail to strike it; it was beyond the reach of analysis; chemistry it had none; its particles were so comminuted that nothing but the eye of imagination could appreciate them.

We could make some stagger at *mesmerism*; the snapping doctor *did* something, he put the air in motion; we could conceive of a *faith* cure; even the *royal* touch for scrofula could be guessed at, but an *infinitesimal* was too much for us. The vulgar mind could realise a sensible effect in lobelia or cayenne; but *similia similibus* in infinitesimal doses, with all its foreign pretension, vast erudition and decillionth accuracy, captivated the wise, the great and good; its air of mysticism, its beautiful attenuation, its mysterious potency, baffled the power of all ordinary ratiocination, and thousands were overpowered by its imposing claims and vast nothingness. But it taught the profession that very much we had attributed to medication was not entitled to any such agency; the largest number of diseases were self-limited, and little or no medication was better than much.

Among the elements of varied success which have developed and maintained these two schools has been the secular press. Both appealed to the prejudices and weakness or ignorance of the popular mind; the one putting up a man of straw, mineral medicine and the bloody lancet, the other the harmlessness and ease of its administration. So far as my observation extends, no editor appeals to reason, philosophy, or common sense in support of either.

No challenge is ever made through the press to honestly discuss the merits of either. Why then is this secular press partial to these *false* system? For the obvious reason they fill their pockets. The advertisements of irregular medicine, its puffs and locals are among the principal sources of wealth which sustain them. A man is not going to abuse another who feeds his children, and puts silk dresses on his wife, and supplies him with fast horses. The most reputable and disreputable papers in the city, as well as rural districts, teem with this class of advertisements, the religious press not excepted. \* \* \* \* \*

But let us look into the philosophy of this matter. Says a distinguished divine, "I now declare that I consider the newspaper to be the grand agency by which the gospel is to be preached, ignorance cast out, oppression dethroned, crime extirpated, the world raised, heaven rejoiced and God glorified." If such are the

views of the Rev. Talmage in regard to the influence of the press on the moral and religious character of the nation and the world, how much more appropriate when applied to the *medical* sentiment, which is more exclusively educated by the false teachings of the press!

There is no denying that the press is an immense power in the land; its influence on the public mind cannot be estimated; it enters the palace and hovel alike; the little child as well as the aged sire drink at its fountain; baited with the minutest portion of truth to cover the ugly hook of medical error, the insinuating style of these pretenders is bound to wrap the reason and taste of the public; false doctrine so constantly reiterated, with all the blandishments of culture and genius, will deceive the very elect.

(Distinguished names have been blotted from our roll of honor by the brilliant success which charlatanism occasionally achieves.)

The school boy gets the annual almanac in twenty varied forms; fun and anecdote on one side, marvelous cures and marvelous medicines on the other; the farmer runs over his weekly with the aches and pains of protracted labor still on him, and listens to the syren song of rheumatism cured in twenty minutes; neuralgia annihilated in forty seconds, "to be found at any drug store." The merchant at the close of business, or after his comfortable dinner, seizes his *daily* and next the markets he finds Dr. Pelham's cure for sick headache, colic, gravel, and liver complaint, with the most imposing testimonials, and so on *ad infinitum*. Will any one tell me that the public are not consciously and unconsciously educated to a variety of false medical belief? These thousand and one avenues which open from early dawn to dewy eve in every daily, weekly, and not a few of our monthlies, are sweeping away the grand old landmarks and filling their places with doubt, error and fanaticism. The rostrum fortunately is safe from much mischief in this direction. There is no law forbidding us to let our light shine on the *rostrum*, and where no law is there is no sin. Science and reason are too large an element on the rostrum for it to be often prostituted to base pretention and imposture; the district lyceum and the popular lecturer must minister to our good sense or to empty seats; sophistry and delusion here can be throttled before they get to be respectable snakes; not so with the newspaper; it comes with the breath of the scourge and carbolic acid wont neutralize it.

I have spoken of the press with its swollen stream of contaminated and worthless medical literature, as exhibited in the daily and weekly throughout our land. One word as to the quacks and ignoramuses who practice in almost every hamlet and afflict every community; as a class they excel in electioneering; they are always before the people; seldom before their books; they know every man, woman and child that crosses their pathway. Talk about *blarney*; Pat and Biddy are at a discount; they are emi-

nently road sweepers; they know every man's farm and circumstances, his nativity, religion and politics, when and to whom married, his horses, mules and cattle, can call by name his very dogs; constant contact with men gives them much apparent ability and they have an influence which may well be respected; cordial, caressing, conversative, seldom radical even in medicine, never positive and declaratory except they know well the individual or the crowd, they often become an oracle to the credulous and simple.

Such is the element we as a profession have to meet. Their influence is as pervading as the miasm of an Indian jungle. The frothy gossip which exhales from these medical vampires is as pestilent and contagious as the cholera or yellow fever. They are conspicuous; like small tradesmen they show all they have and exhibit their wares to the best advantage. They are perennial, the regulars occasional; they are persistent, the regulars spasmodic; they blow a steady breeze, the regulars gusts; they use *common* names and try to make themselves understood by simple illustration; they call stomach *stomach*, not the gastric viscus; salt *salt*, not chloride of sodium. Their intimate relation to the masses, their appeals to prejudice, their misrepresentation of facts, produce results and warp the judgment of many honest minds. What is the remedy? Shall they be fought with their own weapons? Partially, yes; largely, no; what resource have we? The attainments and general culture which are conceded us should not be so very modestly concealed as our ethics seem to imply and many of our members so rigidly observe; our personal and general influence should be more sensibly felt on all the medical questions of the day; but of all our resources none is more legitimate than the proper use of the secular press. What is the press? The reflection of the best thought, the practical wisdom, the grand results of the age. The ablest statesmen and divines, the philosophers and most advanced scientists, and the highest business interests of the land and the age cluster round the press. The world seeks light; the American mind, active, dashing, pushing, reports, interviews, telegraphs, and turns creation upside down for news.

Next to air, water and sunlight, the newspaper is essential to the existence of our people. Government, commerce, education, religion, science, agriculture, mechanics, art, and every industry of the land, breathe, live and glow in the secular press. But we, a fraction of humanity, represented by sixty-one colleges, seventy-two journals, some twenty thousand practitioners, and twenty millions or more of patrons, dare not lisp a syllable outside of *hygiene*, lest some venerable *Gusticutus* or sharp *Rusticus* pounce on our temerity, cry halt! and threaten us with instant and eternal exclusion from all that is reputable, regular and infallible in medicine. It does seem to me about time to put off our swaddling

clothes and put on the habiliments of men. This never going into water until you have learned to swim may be good advice to children, but it is hardly the stuff for grown people.

The thirty-nine articles doubtless were good when they were born, but don't you think the *nine* could be dropped to advantage?

Don't you believe the Westminster Catechism could be slightly altered and not shock the Christian intelligence of the day? No one excels me in true reverence for the past. I am no revolutionist, anarchist, or idle agitator, but I think the time has come to forsake false gods. Those who choose to worship medieval fancies and blindly bow the knee to moss-covered Diana's, should have the privilege, whether social, political, medical or religious; but with all the light of the present age it seems possible that even the medical ethics, habits and precedents of the past generation might be modified, and possibly better adapted to the wants and necessities of the hour. I may be mistaken. I have ceased to worship *age* for its intrinsic excellence; *distance* never presents those rose-colored hues that make vice virtue, or deformity perfection. I am not for mixing homœopathy, eclecticism, or any other absurd and visionary dogmas with regular practice, but I am in favor of informing the public what regular medicine is, and giving them a better opportunity to judge correctly the merits, to separate the wheat from the chaff and stand out more boldly in defence of our doctrines and our rights; to challenge discussion on the merits of our position; to make ourselves aggressive as well as defensive; to shape and mould and vitalize public medical opinion rather than see it submerged by error and fraud.

It is proper and right that custom and usage should be formulated, and general principles laid down for corporate action and ordinary emergencies; but in this age of development, change and progress, we cannot expect any formula to outlive its usefulness; after the chicken is hatched what is the use of the shell? We concede that we have learned much from our opponents; they have indirectly been the cause of great advancement; we are actually better for their criticism and censure; but they hold that remedies are *personal* property, and any combination entitles them to secrecy, private use and a *patent*, which must not be infringed; we hold the opposite, that every remedy is *public* property, and boldly publish the same to the world. They seize the very article we have announced, trump up a fancy name, and impose it on a credulous public as a wonder, a panacea, a life restorer, and with letters-patent or otherwise, reap vast sums of money from their ready dupes. Which course is the more humane? Which course should the public approve? Which course should a discriminating, honorable and appreciative press sanction?

An ignoble deception is sent broadcast over the land, through the press, for pay. That is the motive power which afflicts the secular press. The knaves reap a rich harvest and divide with the

press The people are misled by the press and the whole practice of medicine brought into disgrace. We cannot afford to pay for chasing up the false statements and impositions, consequently our corrections are declined. A *v* or an *x* will open their columns to the next impostor, and so the public are educated and a premium placed on deception, fraud and ignorance, and a low, false, cheap system of practice begotten by this popular mis-education.

We have men abundantly qualified to announce these facts and show up the true position of the profession, either in our dailies, weeklies or monthlies, but the precedent that the true physician should not publish anything in regard to his calling, except in the legitimate medical journal, has existed so long that it would be rash and perilous for a reputable M. D. to attempt to contend for his rights, or define his position, in the secular press or *monthly*.

Our code of ethics is as faultless as any document of its age; it is largely what the profession need, but somehow false views, and inferences, and practices, have been drawn from it; we shall soon be, if not already, in the dilemma of our good presbyterian brethren, having a *formula* but differing essentially in *reality*; it certainly is eminently proper that *each* generation should leave its impress on it, lest they be misunderstood. I presume it has not escaped your notice that there has been a certain restlessness about this matter existing among prominent members of the profession, and for a year or more agitating the journals, even the staid and respectable *Boston Medical and Surgical Journal* has been somewhat exercised, the New York and Philadelphia journals receiving some gentle reprimands for their fast proclivities; quite a variance has been manifested as to the *amount* of popular medical instruction the people should receive; some were for homœopathic, others heroic doses of this pabulum. My opinion is that our ethics are misconstrued; that they give more latitude than most of the profession have been inclined to take. It says, under "Duties of the profession to the public," art. 1st, paragraph 1, "As good citizens, it is the duty of physicians to be ever vigilant for the *welfare* of the community, and bear their part in sustaining its institutions (newspapers) and burdens."

"They should also be ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, &c.,—in regard to measures for the prevention of epidemic or contagious disease."

(4) "It is the duty of physicians who are frequent witnesses of the enormities committed by quackery, and the injury to health, and even destruction of life, caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of the artful empirics and impostors."

If here is not a *carte blanche* for any attack we may choose to make through the press, rostrum, or otherwise, on the multitudin-

ous forms of medical deviltry which afflict the community, then the English language is out of joint. As *good citizens* we are called upon to be "*vigilant for the welfare of the community.*" Are you vigilant when you let false views and false practice, and imposing medical rascality and pretension come in like a flood and undermine and subvert the truth? When you see men clinging to foolish and baseless dogmas, and trusting life itself to consummate ignorance and unskilled and reckless presumption? We are verily guilty in neglecting to sound the alarm and awaken public sentiment to the audacious practices and destructive forces which are operating on society for want of information and enlightenment; both in regard to diseased conditions and the proper means of cure.

The public ought to know on sight a quack as well as they know a blackleg or a preacher; how can one drop down into a community and remain twelve months and not be detected is a mystery to me; a man that uses his tongue or his pen should be found out by that time. One thing we do know, that where you find a healthy itinerant it is presumptive evidence that he is no earthly account, and unable to make an honest living at home.

To return to the press: the question remains, how can it best subserve the interests of legitimate medicine? Not certainly by confining ourselves to the medical journals and making them the medium of our efforts to reach the popular mind; not solely by improving ourselves and rendering the profession *worthy* of all confidence; not by inveigling against all species of quackery; (for they might charge us with being interested witnesses); not by abusing the press and denouncing them as selfish and indifferent to the public weal; but by cool, dispassionate logic, a simple presentation of facts in the utmost fairness, selecting well-chosen abuses, follies and false notions, seizing the vulnerable points of error and placing them in popular form before the people; giving instruction in hygiene, the abuse of remedies, and all the shades which quackery assumes, regular or irregular; for we cannot ignore the fact that the members of the profession too often give occasion to just criticism and reproach. The address of the late presiding officer of the N. H. State Medical Society was mainly aimed at these, and our own personal knowledge is not exempt from much that is reprehensible, unworthy, and wrong, in this direction; impressing patients with the idea that they are worse than they are, thus substituting fear and anxiety in place of hope and cheerfulness; depreciating and undermining a brother practitioner by statements and insinuations that have but a modicum of truth; an imposing array of successful cases and profuse assertions of wonderful ability; approaching men and invalids without invitation and *volunteering* advice or medicine; slipping up on the blind side of a man's political, religious, or sectional bias, and soliciting favor; all these are a shame and disgrace and proper

subjects of newspaper criticism; but we have a still further mission to perform. It is our business to *create* a medical sentiment, to put the people in possession of right doctrine, to educate and develop, not only in hygiene and physiology, but give them general principles in practice and therapeutics. It certainly is better they should learn from *us* than by the ignorant or designing pretender and demagogue.

Dr. Logan, President of the National Medical Association ('73) says the "only channels" by which the people can be reached are the "*newspaper* and lecture room;" "this is our work for the future, to educate the people." The President of the Ohio State Medical Society, the same year, advises the daily paper to employ an eminent medical writer to occupy a column, and expresses the opinion it would do more good in educating a proper medical sentiment among the people than all the medical journals combined.

In a paper read a year ago last June, before the Montgomery County Medical Society, I used this language: "We number ten to one of our enemies, but they have captured the press, and by their persistent noise and bluster, confuse the public and paralyze the truth. We have county, district and State organizations, but we are hedged in by such an oppressive sense of our dignity, such solicitude for our position and ethics, such exclusiveness for our professional rights and decorum, that we have not given *legitimate* publicity to much of our labor and practice, thereby depriving ourselves of public sympathy and confidence.

"We can better shape public *medical* sentiment than lawyers can the *political*, or clergymen the *theological*, for we number more and have better access to the masses, and it is from sheer neglect we have allowed such a false state of things to exist; we have *slept* while the enemy has sowed tares." Again, an editorial in the *Boston Medical and Surgical Journal*, January, 1874, closes with these words: "Nothing is further from our wishes than that the profession should expose itself to defilement by contact with politics, but as guardians of the public health, as the judges on many points of mortality, physicians, as a class, have a right to a voice in the many matters. If we claim this consistently, moderately but persistently, it cannot be denied us. If we do not claim it we do not use all the means at our command for the benefit of society and the honor of the profession, and are false to the duty we owe both." Let me ask in all candor, would not the same facts and the same logic lead *us* to use the secular press to communicate our views and give instruction to the people?

As societies can we contribute to this end? Certainly we can; each local society could have papers written for this special purpose. Topics could be selected and a committee of one, two or three, appointed to prepare matter and give such facts as would enlighten the public mind, not only on hygiene, but much that pertains to the profession; their relations to each other, irregulars,



and the public. The same could be done by the district and State society, and the medical profession brought in closer harmony and sympathy with the people, and the best *local* and most popular dailies made the medium of such communications. Our best writers should be instructed to prepare more elaborate papers for the popular monthlies or reviews, and a safe, healthy, medical literature permeate the reading matter which has such ready access to all classes. If these views are utopian, pardon my temerity; if correct, accept and adopt them."—*Chicago Medical Examiner*, November, 1874.

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### A Case of Myelitis Ending in Recovery.\*

BY G. H. LYMAN, M. D., OF BOSTON.

The patient, Mrs. E. S. S., aged twenty-five years, was married at nineteen, and has had one child, now five years old; no other conception has occurred. Her parents are healthy. She had typhoid fever six years ago; she has been in good health since, though not as strong as before; her complexion is clear and healthy, her nutrition good.

On the 16th of December she had a severe attack of measles; the attendant cough was very urgent. The disease went through its usual stages without any other complication than the usual severity of the cough, which still remains troublesome. The bowels are constipated. There is slight febrile disturbance, and some pain on pressure over the lumbar vertebræ; there is no muscular twitching; the urine is normal. The patient reports that a week ago (January 1st) she found on awaking in the morning that there was numbness of both feet, with pricking sensations as though the "legs were asleep," though she could stand, and even walk with difficulty. In five or six days the numbness gradually extended to the hips, with manifest increase of loss in muscular power. Hot and cold applications to the spine cause no pain. She is unable to distinguish any difference between a piece of ice and hot water.

January 12th. In attempting to walk across the room the right leg was found to be completely paralyzed, the left nearly so; loss of sensation was nearly complete below the hips, and there was numbness on the right side of the chest.

January 16. Slight relaxation of vesical sphincter.

January 19. Both legs are completely paralyzed, the right more so than the left. If rubbed, forcibly extended, or placed in an uncomfortable position, they become rigid and painful, and spasmodic action is induced, more in the right than the left.

During the past week the spine, below the shoulder blades, has been sufficiently painful to wake her at night. The past two days

\*Read before the Suffolk District Medical Society.

the patient has had a decided feeling of stricture about the waist, as though laced too tight. The ominous affection of the vesical sphincter has disappeared. The patient is now unable to stand or walk, and is obliged to be lifted; with much effort she can turn over in bed, and when at rest suffers no pain. Slight headache occasionally, which the patient attributes to medicine. The cough has nearly gone; the appetite is good; the bowels require daily laxative. There is no affection of special senses. The catamenia are regular. Electricity causes imperfect muscular reaction in both extremities, most in the left. The patient was seen to-day by Dr. Ellis in consultation.

When first seen, on January 8th, a laxative pill of quinine, sulphate of iron, colchicum, and aloes was ordered. As the paralysis was not complete, and in the hope that it might be simple congestion of the cord, six leeches were applied to the lumbar region. There being no improvement, but a decided increase of the disease, this was followed in a day or two by ergot and bromide of potassium, a drachm of the former and half a drachm of the latter, three times daily, with good diet and enough morphine and camphor to insure quiet nights.

January 27. In addition to the above, strychnine, one thirtieth of a grain, with fifteen drops of dilute phosphoric acid, was given twice daily alternating with the ergot, one dose of the latter being omitted. She was also given lager beer and still more generous diet.

January 30th. There is some return of sensation, and ability to flex the foot upon the ankle.

Two weeks later (middle of February) the patient was able to rise slowly from her chair without assistance. Ergot and bromide were continued three times daily, the strychnine being omitted. Iodine was applied daily to the lumbar region. Slow but steady improvement continued until March 20th, when the patient was able to walk up and down stairs.

April 1st. The patient has recovered entirely both sensation and motion, with no more weakness than would naturally result from her long confinement. The ergot has been gradually reduced during the past fortnight, and cod-liver oil substituted.

April 3d. Ergot is omitted entirely; the oil is to be continued for a short time.

As recovery from myelitis is rare, it may perhaps be suggested that this was a case of reflex or neurolytic paralysis; but the completeness of the paralysis, the slight pain in the spine caused by pressure on the processes, the stricture about the waist, the pricking sensations, the anæsthesia so complete, and the total absence of gastric or urinary derangements, all point to inflammation of the substance of the cord, which fortunately had not progressed so far as to prove intractable to remedies — *Boston Medical and Surgical Journal*.

## A Case of Worms in the Urinary Bladder.

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Dr. Melvin Rhorer reports (*Am. Practitioner*, March, 1875), the following case which he was called to see in consultation: The patient, aged sixty-four years, was a farmer, who had for the past twelve months been affected with occasional interruptions to the flow of urine, which for the last three weeks had increased in severity, causing great pain in evacuating the bladder, and which now amounted to almost a total retention. His bladder was very much distended, he having passed no urine for forty-eight hours, except a constant dribbling of highly-colored urine, with an occasional drop or two of blood.

Dr. R. easily introduced a catheter and evacuated the bladder, finding in the vessel forty or fifty small red worms about half an inch in length, and having a number of legs arranged in two distinct rows from one extremity to another, and their bodies being encircled with numberless small cartilaginous rings. It was with some difficulty that he pressed a lancet through the body. In about two hours the patient, at his suggestion, forced a passage from his bladder, amounting to several ounces of urine, with about half a dozen more worms. No attempt was made to sound for stone, the diagnosis being too clear as to the cause of the trouble. We ordered spirits of turpentine internally, and the catheter to be employed daily. For the following ten days he passed from four to six worms every action; since which time he has voided urine without the use of the instrument, and the discharge of worms had ceased. He has no pain on micturition, and is free from his late trouble, except a sense of soreness over the hypogastric region.

[For references to similar cases the reader is referred to Gross *On the Urinary Organs*, and Roberts *On Urinary and Renal Diseases*, 2d ed., Phila., 1872, p. 590].—*Monthly Abstract Medical Sciences*.

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## The Sense of Taste.

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The precise physiology of the sense of taste is a subject to which a good deal of attention has been devoted, but there still remains some obscure points to be solved in connection with it. It is well known that a great number of the sensations commonly included under the name of taste are in reality appreciated by the olfactory nerve. This is the case with nearly if not quite all of the aromatic and odorous flavors, as is clearly seen in cases of anosmia; whilst sour, salt, and astringent tastes are due to impressions on the nerves of common sensation, and are probably the results of chemical action. But the appreciation of "sweet" and "bitter" tastes is a special function, located in certain limited areas of the tongue,

which are provided with special forms of papillæ, and to a small portion of the palate and fauces. Of these, the anterior portion of the tongue, close to the tip, and the posterior third of the dorsum are the most important, both possessing the power of discriminating sweet and bitter; but the anterior portion being apparently more sensitive to sweet, the posterior to bitter tastes. The latter area is supplied by the glosso-pharyngeal nerve, which appears to act as the taste nerve; but with regard to the former, which is supplied by the lingual branch of the fifth, some doubt exists. Dr. A. Davidson, of Liverpool, has recently drawn attention to the subject in a paper, "On the Sense of Taste, and its Relation to Facial Paralysis and Anæsthesia," in which he discusses the various views which have been advanced, and relates three cases bearing upon the question. The results of clinical observation and of physiological experiment appear to show conclusively that the sense of taste in the anterior area is dependent upon the integrity of the chorda tympani, since injury to the fifth nerve, above the junction of the latter with it, although accompanied by complete anæsthesia of the side of the face and tongue, does not necessarily affect the sense of taste; whilst on the other hand, when the chorda tympani is injured or cut, taste is lost without loss of sensation. According to some, who regard the chorda tympani as a purely motor nerve, this is due to the affection of the functions of the sub-maxillary gland, or to the loss of power of erection of the taste papillæ. Neither of these explanations, however, appear to be satisfactory, and the weight of evidence would seem to be in favor of the view that some of the fibres of the nerve are afferent. In one of Dr. Davidson's cases there was complete paralysis of the portio dura on the left side, of deep origin, accompanied by entire loss of taste in the corresponding half of the tongue in the anterior part. In another case there was right facial paralysis from disease of the internal ear, and loss of taste on the right side of the tongue. In the third case there was complete anæsthesia of the parts supplied by the fifth nerve on the right side, probably resulting from a fracture of the skull; but although there was complete loss of sensation on that side of the tongue, the sense of taste was for some time unaffected. Its subsequent impairment is ascribed by Dr. Davidson to the changes in the mucous membrane of the tongue consequent upon impaired innervation. This case may serve to explain some anomalous cases in which injury to the fifth was associated with impairment of taste. Dr. Davidson believes that the taste nerves pass by the chorda tympani to the facial and thence probably by the nerve of Wrisberg to the brain.—*Lancet*.—*American Medical Weekly*.

## Transfusion.

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Prof. Mosler, of Griefswald, has recently reported in the *Berliner Klinische Wochenschrift* (May 17) the details of a case in which a woman who had some hours lain pulseless and unconscious from intestinal hemorrhage due to typhoid fever was immediately and permanently revived by transfusion practiced into her radial artery. Defibrinated blood from a healthy man was used. This is said to be one out of four cases, and the second successful one, in which transfusion has been used in the hemorrhage for enteric fever. There is one point in the case to which we desire to call especial attention. Prof. Mosler performed the operation in the unusual way employed, avowedly to avoid the risk of distending and thereby paralyzing an excessively weak right ventricle. Several cases abroad have proved instantaneously fatal from cardiac paralysis, evidently simply the result of over-distention of a right heart already scarcely able to fulfil its duties. One of the most terrible dramatic scenes we ever saw owed its chief interest to the same misfortune. The patient, a little French boy, in a foreign clime, pale and waxy from advanced leucocythæmia, surrounded by doctors, sat up in bed with an expression of mortal terror as he watched the preparations for the operation; screaming when the trifling incision was made; outwardly calm, but panting, with nostrils distended, as the syringe was introduced into the canula. Suddenly, as the piston went up, a frightful deadly pallor, a look of mortal agony, a start and a cry, with upthrown arms, "Mon Dieu! je vais mourir!" a gasp, a shudder, a heavy fall back upon the pillows, and the life was ended.

In this case, at the autopsy, the cardiac walls were found to be thin, and the muscles degenerated, whilst a large pericardial effusion added to the heart's embarrassment. As there was no reason for suspecting any entrance of air into the veins, the death was evidently wrought out in the manner described.—*Philadelphia Medical Times, Editorial.*

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## On Fibroids of the Uterus: Intra-uterine Myomata.

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M. Stoltz, writing in the *Revue Medicale de l'Est*, February 1, 1875, says that pedicellated fibrous bodies, commonly known by the name of polypi, arise either from the cavity of the body or from the neck. The former are not properly pedicellated, but adhere to a more or less limited surface of the uterus; they are really sessile. They become pedicellated by the excessive uterine efforts at their expulsion. When in the vagina, they are not really

pedicellated. Should the part to which they are attached offer considerable resistance, the capsule may become elongated into a veritable pedicle. As a rule, the fibrous body draws down with it the portion of the uterine wall to which it is attached, causing an inversion of the uterine parietes, allowing thereby the polypus to project into the vagina. This fact should never be absent from the mind of the operator, whether the polypus be still within the uterine cavity or protruded into the vagina, or replaced into the uterus, or drawn down by the manipulator into the vagina. The first object is to make out whether the tumour is pedicellated or sessile; if the latter, the extent of the base. Should it prove to have a wide base, he strongly recommends making a couple of incisions into the capsule with a pair of curved scissors; the tumour then peels out of its capsule as the rind does from off an orange. He has done this operation many times with success; as a rule, it is the most expeditious and least dangerous method of dealing with these growths; but he admits exceptions. The wire *écraseur* he objects to, on account of the danger of cutting the uterus, which has been the case more than once in the hands of the most skilled operators. Professor Braun-Fernwalt, for the same reason advises the tumour to be cut in halves, or a piece cut out of it with the galvanic wire cautery. Other authors strongly recommend that the patient should not be anæsthetized before tightening the wire of the *écraseur*, as, from the uterine tissue being a sensitive structure, her sensations will be a fair guide as to whether the uterus has been impinged upon or not.—*Medical Abstract.*

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## Editorial.

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### The Medical Profession in California.

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The San Francisco *News Letter*, a weekly paper, began some months since to publish from week to week, a list of quacks, including with the most notorious charlatans a number of respectable practitioners.

The *Pacific Medical and Surgical Journal* has until the present time seen fit to say nothing about the subject, preferring to let the matter alone and watch developments. The recent action of the *London Lancet* and the *Boston Medical and Surgical Journal*, in giving credence to these stories, has, however, called forth a reply from the Editors. They boldly assert, that the *News Letter* published the list and statements for purely black-mailing purposes, and state that

several physicians, whose names were included in the list, had them removed by paying sums of money.

We are sorry that a professional journal would extend this slander without inquiring into the facts more particularly, but we have no doubt that the Editors of the *Lancet and Boston Medical Journal* will both hasten to make ample apology, on being informed of the untruthfulness of the charges to which they have given publicity.

The difficulty seems to have been increased by certain members of the medical profession, who, we are sorry to say, from selfish and malign motives, sought to aid the *News Letter* in slandering, and took the occasion to avenge themselves upon members of the profession who had incurred their enmity. It is a sad truth, that such men can be found in the ranks of what should be in every sense a learned and liberal profession, but if the San Francisco physicians can, by this trial, rid themselves of a few of them, they will be amply repaid for the slander which has been circulated against them. They have our sympathy and best wishes for a triumphant vindication of the right.

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CENTENNIAL NUMBER.—The *Boston Medical and Surgical Journal* for June 17th is a centennial number, and is devoted to historical matters of professional interests. The number is illustrated by a copper-plate portrait of Gen. Joseph Warren, M. D., and opens with a sonnet, by Dr. O. W. Holmes, which contains so many features of beauty that we produce it here :

JOSEPH WARREN.

Trained in the holy art whose lifted shield  
 Wards off the darts a never-slumbering foe,  
 By hearth and wayside lurking, waits to throw,  
 Oppression taught his helpful arm to wield  
 The slayer's weapon. On the murderous field,  
 The fiery bolt he challenged laid him low,  
 Seeking its noblest victim. Even so  
 The charter of a nation must be sealed !  
 The healer's brow the hero's honors crowned,  
 From lowliest duty called to loftiest deed ;  
 Living, the oak-leaf wreath his temples bound,  
 Dying, the conqueror's laurel was his meed,  
 Last on the broken rampart's turf to bleed,  
 Where freedom's victory in defeat was found.

Following are papers upon the medical profession of Massachusetts at the time of the Revolution, by Dr. George B. Loring ; on the Medical Department of the Continental Army, by Dr. J. M. Toner ; a translation of a Hessian surgeon's notes of his American experiences ; extracts from Gen. Warren's note-book ; reminiscences of a Tory surgeon's part in the battle of Bunker Hill ; and a letter from Charleston, S. C., on historical subjects. The number is a very interesting one, and especially is it so at this time, the centennial of the period it for the most part commemorates.—CHANGE OF DRESS.—The *Pacific Medical and Surgical*

*Journal* comes to us in a new dress at the commencement of Volume XVIII. This journal is among our most sprightly exchanges, and we congratulate it upon this evidence of prosperity.—ERRATA.—Dr. George E. Blackham, of Dunkirk, N. Y., writes us that his friend, Lieut. W. L. Carpenter, U. S. A., late of the Hayden Expedition, has called his attention to the substitution of the word *bi-sexual* for *uni-sexual* in his article upon *Trichina Spiralis*, in our February number. The error occurs upon page 247, fourteenth line from top. The context clearly shows that the mistake was merely a slip of the pen.—The publishers have called our attention to an error in Volume III. of Ziemssens Cyclopædia. On page 290, second text line from the bottom, the word “ounces” should read “drachms,” As the mistake might lead to serious consequences, Medical Journals are generally invited to notice it.—NEW JOURNAL.—Dr. Edward B. Stevens, late Editor of the *Cincinnati Lancet and Observer*, announces a new Medical Journal, the *Central New York Journal of Medicine and Surgery*. The first number will appear in July.—DEATH DURING THE ADMINISTRATION OF ETHER.—Dr. James Hardie, of Manchester, gives in the *British Medical Journal*, the particulars of fatal administration of ether. The patient was a boy aged sixteen, who was suffering from disease of the bones of the foot. On two previous occasions chloroform had been administered, with no unpleasant effects. Before the administration of ether, an ounce of brandy was given to the patient. After inhaling the ether for about four minutes, and upon the application of a fresh amount, the boy suddenly ceased to breathe, and all efforts at re-animation were fruitless.—THE PRESBYTERIAN HOSPITAL.—The trouble between the Lady Manager and certain members of the New York Presbyterian Hospital Staff, seems as far as ever from settlement, and some of our exchanges have contained articles against the connection of ladies with Hospital Management. We cannot agree with all that has been said in this respect, for we have seen most excellent results in the conduct of the affairs of the Buffalo General Hospital by the Ladies' Hospital Association. Both the Staff and Officers hold them in highest respect. They make it a point, however, not to interfere with the medical affairs in any way.—ITCHING OF THE BONES(?)—Dr. W. P. Armstrong (homoœpathic) advises *rhus tox.* for “itching of the bones.”—SUIT FOR DAMAGES.—From the *Medical and Surgical Reporter* we learn, that two physicians in Quincy, Ill., have been sued by a patient, upon whom they operated for Hernia. The declaration states, that the physicians “conducted themselves in an ignorant manner, by unnecessarily, wantonly, improperly and unskillfully performing a surgical operation on the body of the plaintiff, by cutting through the flesh of said plaintiff into the cavity and through the lower region of the abdomen, and in an unskillful manner the defendants took and removed from the cavity of the abdomen of the plaintiff *twenty-five feet of bowels*, by reason of which ignorance his recovery is greatly impeded.” We have not much respect for an attorney who would present, or a court which would entertain such a complaint.—FLORAL.—Among the most interesting non-professional periodicals which come



to this office, is the Floral Guide, of Mr. James Vick, of Rochester, N. Y. Mr. Vick is an old editor, and knows how to conduct a work of this kind. We are not versed in the culture of flowers, but those of our friends who are, always take great interest in Vick's Guide. Mr. Vick, by personal attention to his business, has built up a very extensive business in seeds and plants, and his goods may always be relied upon as first-class.

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## Books Reviewed.

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*The Histology and Histo-Chemistry of Man. A Treatise on the Elements of Composition and Structure of the Human Body.* By Heinrich Frey, Professor of Medicine in Zurich. Translated by Arthur E. J. Barker, M. D. New York: D. Appleton & Co., 1875. Buffalo: Herger & Ulbrich.

Prof. Frey is favorably known to English readers through the agency of his work on the Microscope and Microscopic Technology, and the admirers of that work will find the present one fully up to their expectations. The study of Histology is too much neglected in the medical curriculum of most of our schools, and but few physicians are prepared to read and appreciate the larger works of Stricker and Rindfleisch. To this class, therefore, the work of Dr. Frey will open a new field for study and research, one in which they will find much pleasure, under the author's direction. The minute anatomy and their chemistry, so far as demonstrated, together with the physiology of tissues, are treated by Dr. Frey in clear and concise terms. The subject matter is handled in an easy, familiar manner, which goes far toward detracting from the dryness which is often complained of in works of this character. The illustrations, which are numerous, are well selected, and seem to elucidate the text in a very acceptable manner. It is a work which ought to receive a large amount of study from American physicians.

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*Orthopædia; or a Practical Treatise on the Aberrations of the Human Form.* By James Knight, M. D. New York: G. P. Putnam's Sons.

Dr. Knight has presented this work to the profession as the result of his experience with a large class of cases of which it treats. As Surgeon to the New York Hospital for the Ruptured and Crippled, he has naturally had a large amount of practice in orthopædic surgery. The work is divided into twelve chapters, which consider in turn, defective physical formation, impairment of tissues

resulting in contortions, general remarks upon the treatment of talipes, infantile paralysis, electricity as a therapeutic agent in paralysis, contractions of the hands, fingers and toes, lateral curvature of the spine, torticollis, rachitis, hernia, procedentia uteri, ectropium vesicæ, relaxed abdomen, varicose veins, bursæ ganglion, pathological consideration of diseases of joints, diseases of bones, and tonics and their effects upon the system. It is rather difficult to reconcile the appearance of some of the topics named in a work upon orthopædia, but as the author has given them in the main a very intelligent consideration, we will not question the cause of their appearance.

The illustrations are in general good, though some seem to be roughly made. We have read with some care portions of the work upon the general treatment of deformities, and find that we coincide with what the author says in most instances. The author does not dwell with the force that he might upon the influence of uterine pressure, and deficient supply of amniotic fluid in the production of talipes. We have seen several cases where there seemed to be conclusive evidence that this was the sole cause of the deformity. To surgeons interested in this class of cases, the work will possess considerable interest.

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*Syphilitic Lesions of the Osseous System in Infants and Young Children.* By R. W. Taylor, M. D. New York: Wm. Wood & Co., 1875. Buffalo: H. H. Otis.

This work possesses the rare merit of being based almost wholly upon personal experience and investigation, and may be considered as representing alone the views of the author. Dr. Taylor tells us, that when his attention was first drawn to the lesions of syphilitic nature occurring in young children, he found that he was obliged to study the disease itself, as but few works mention it, and those only in a casual manner. In order to show the essential differences between scrofulous and rickety affections and those of a specific nature, the author was obliged to go into a close analysis of the cases, and in order to establish a new feature in diagnosis, he found it necessary to dwell to a considerable extent upon the separation of the epiphysis, which depends on syphilitic as contradistinguished from that which arises from simple causes. In this distinction the author has established a new point in diagnosis, and one which will affect a material and important difference in treatment. Within the last few years the opinion, that syphilitic lesions of the osseous system in young children were of rare occurrence, has been generally accepted, and even now the statements of earlier writers to this effect exercises a large influence upon a large number of practitioners. The writer in his introductory, gives a brief resumé of the scanty literature of the subject, and then commences at once upon the relation of personal cases. Those mentioned in this work are twelve in number, and form an interesting and well recorded series. Upon the facts elucidated in the study of

these cases the work is founded, aided by deductions drawn from cases reported by other writers, a recital of which follows those reported by the author.

The whole subject is carefully reviewed, and the work forms one of the very best additions that has recently been made to American Medical Literature. The author insists, and very justly too, that a careful distinction should be made between the osseous lesions arising in cachectic children, and those the result of syphilis, and cites several instances where cases have been reported as syphilitic, in which the history of syphilis was either entirely wanting, or very imperfectly made. The habit of jumping at conclusions is one which some able medical men have acquired, and from this course many mistakes in diagnosis have been made in these affections.

The treatment advised by the author is such as will meet with general approbation. The mixed treatment is employed in a large number of instances, that is, the combination of iodide of potassium and mercury in the same prescription. Good food, proper hygienic surroundings, cleanliness and tonics are matters which are to be insisted on as of the greatest importance.

The work is presented to the profession in an elegant form. Printed on thick tinted paper and handsomely bound, it is an ornament to any library, but its intrinsic value is of greater importance, and will be found of a high order.

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*Lectures on Diseases of the Respiratory Organs, Heart, Lungs and Kidneys.* By Alfred L. Loomis, M. D. New York: William Wood & Co., 1875. Buffalo: H. H. Otis.

Dr. Loomis is well known to physicians and medical students through his excellent lessons in physical diagnosis, and the many admirers of that work will look for something of a high order in the one under consideration. The lectures here presented were delivered to the class of 1874, in the Medical Department of the University of New York, and are published with but few alterations from the phonographic report of Dr. W. M. Carpenter.

The lectures are forty-four in number, and offer a concise review of the more important diseases of these parts.

We have not the time for the extended notice of the work which we should like to make, and can therefore notice but few points. Of the etiology of phthisis he gives under the head of general causes: First, Hereditary or acquired feebleness of condition; second, anti-hygienic influences; third, climate. Under that of local causes are enumerated: First, bronchitis, second, pneumonia and pleurisy, third, mechanical irritants.

Of the direct causative influence of hereditary predisposition, the lecturer has not any doubt, but does not state the case as strongly as some writers are prone to do. He takes the position that phthisis is not always transmitted from parent to offspring, but that a feebleness or vice of constitution is inherited, which renders the individual more liable to become phthisical under favoring circumstances.

Anti-hygienic influences doubtless produce a large increase in the number of phthisical patients, in fact it seems to us that they exercise a far more decided influence than climate. There can be no question but that the impure air and bad quantity and quality of food upon which many of the inhabitants of our cities live, exercises a great influence toward swelling the list.

The lectures are well arranged, and are in the main fully considered, they do not go into the disputed points of diagnostic and pathological questions for simply the reason that they are intended for the student who is not expected in his early studies to discuss these questions.

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*The Publications of the Cincinnati Case-Record Company.*

We have received from the Cincinnati Case-Record Company, copies of their physicians Office Case-Record, pocket case-record and medical chart. The case-records are, convenient arrangements for recording the history of the patient in brief and a copy of the prescription given. The pocket edition consists of a number of prescription blanks with "stubs" for copying the prescription, on the back of which is a space systematically arranged for recording the history, beside these the record contains a visiting list, calender, table of poisons and antidotes, cash records etc. The office record is a large edition of this intended simply for office or hospital use.

The medical charts are very admirable arranged blanks for recording the pulse, temperature, respiration, and condition of the various regions so that they can be read at a glance almost. On the reverse of the chart is a space arranged for the history of the patient and a diary of the case. These aids to recording accurately the observations of practice are well conceived and are presented in an admirable shape. With their aid physicians will have no excuse for not properly recording their observations.

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## Books and Pamphlets Received.

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Cyclopædia of the Practice of Medicine. Edited by Dr. H. Von Ziemssen, Vol. III, Chronic Infectious Diseases. American Translation. Edited by Albert H. Buck, M. D. New York: Wm. Wood & Co., 1875.

Transactions of the Ninth Annual Meeting of the Medical Association of Missouri, April 20th and 21st, 1875.

Medical Address. By Benjamin E. Cotling, A. M., M. D. Boston: David Clapp & Son, 1875.

Treatment of Uterine Displacements. By H. F. Campbell, M. D., Augusta, Ga. From Atlanta Medical and Surgical Journal.

A Case of Reflex Neuralgia, associated with Urethral Contractions. By F. N. Otis, M. D. From New York Medical Journal.

BUFFALO

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## Original Communications.

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ART. 1.—*Preventive Medicine.* An address delivered June 8th, 1875, before the Medical Society of Erie county. By CHARLES C. F. GAY, M. D., Buffalo, N. Y.

It was Headland, an English physician, who said that the object of the art of healing is to prevent man from dying before his time.

According to the Scriptures, the time for man to die, is when he has attained to the age of three score years and ten, but if perchance, by reason of strength he arrive in his earthly pilgrimage to four score years it is man's misfortune, since sorrow, with mental and physical infirmity, is indissolubly connected with that advanced period of life.

Two ways there are of preventing man from dying before his time. One way is to prevent illness. Another way is to cause the sick man to recover from an illness. Hence the division of medicine into *preventive medicine* and *curative medicine*. The former, much more neglected than the latter, is by far the more important of the two.

It is a trite but true saying, that an ounce of preventive is better than a pound of cure.

Natural history of disease has wrought a radical change in our *methodus medendi*. If the duration of disease hath a self-limita-

tion, if there be certain specific laws which must be obeyed in disease as well as in health, and if we come to learn by observation that any well defined disease tends to terminate in recovery after having run for ten, twenty or thirty days, the physician, having knowledge of these facts, will wisely abstain from attempts to cure since he can only hope to guide his patient or the disease of his patient like a skillful mariner his vessel, during a storm, on the summit of the waves, and bring it safely into port. Although little medicine may be required the services of the physician are just as requisite. Skill does not any more consist in a knowledge of what medicine to administer than in a knowledge of when to discontinue or withhold a medicine. A correct diagnosis, and a knowledge of the natural limitation of the disease being given, the remedy will suggest itself, and more often than otherwise it will be found that the true physician differs from the false in that, while the latter administers his thirtieth dilutions, the former will give nothing but advice. But it is not my purpose to occupy your time in discussing that branch of medicine denominated curative, rather let me direct attention to the more important branch denominated preventive medicine.

Preventive medicine is a term employed to denote compliance with the laws of hygiene, it includes, and indeed is nearly synonymous with the term hygiene. It embraces a knowledge of the causes of disease, it teaches how to avoid disease, and hence assumes the position that many diseases or their causes are preventable, and that by knowledge rightly applied they may be avoided.

It reasserts the doctrine, that the people perish from want of knowledge.

The child from want of knowledge thrusts its fingers into the flame. For want of knowledge the adult exposes himself to an atmosphere pregnant with mephitic gases, and violates in various ways the laws of his being, and attributes the necessary payment of the penalty to the mysterious ways of Providence.

“Natural calamities,” says Coleridge, “that do indeed spread devastation wide, (for instance the Marsh Fever,) are almost without exception voices of nature in her all-intelligible language—do this; or cease to do that.” “By the mere absence,” says the same writer,

“of one superstition and of the sloth engendered by it, the plague would cease to exist throughout Asia and Africa.”

There are still plague spots upon the earth, and if the plague is ever stopped pilgrimages to Mecca must cease.

In his great speech made at the alumni dinner last February, Dr. Moore said, if I rightly understood him, that no advance had been made in, or no new fact added to sanitary science for the past two thousand years.

This is a startling assertion, and as a general statement or proposition, may perhaps not be discredited. The learned doctor's mind was probably running back to an earlier period in the history of the world, at a time when Jewish laws were in vogue and before their decadence, when the Jewish government was indeed a government by Divine right, with a code of laws dictated by God.

The diminution of the death rate and the average present duration of human life, may be cited to disprove the non-advance of hygiene. According to the statistics of Dr. Jarvis, the length of life has increased from an average of thirty years under the Roman empire, and twenty-one in the sixteenth century to fifty years at the present time. The unselfish labors in the domain of hygiene and devotion of a profession to prevent what seemed only to be its province to remedy, has been its distinguishing characteristic and true glory, and for these labors it is entitled to the good opinion of the world.

Preventive medicine has not been successful in eradicating disease, nor can it hope to be, but in comparison with the other learned professions the glory of the medical profession cannot be dimmed or turned to shame, since it has done as much to eradicate disease as law has done to eradicate crime or theology sin.

Sacred and secular history have been carelessly read if the fact has escaped observation that sanitary laws were highly regarded more than three thousand years ago. Indeed, in the time of Moses and the Prophets, and in the days of the glory and renown of Greece and Rome, whilst under their highest state of cultivation in literature and the arts, sanitary laws were enacted, enforced and homage paid them by that ancient people and by those ancient nations.

The system of drainage and sewerage of Rome in her palmyest days, was equal to, if not superior to any system of more modern times. Yet, if it be true, as it seems to be conceded, that preventive medicine has not made that advance during the past centuries that human health and longevity demands—that the goddess of health has really aborted, and that the cause lies in the reason given by the distinguished doctor before alluded to, namely, that the laborer is worthy of his hire; then it behooves the State and National authorities to make liberal appropriations in behalf of the advance of preventive medicine to the end, that it may be pushed forward to its completest fruition, to discover if there be “no balm in Gilead, and to know the reason why the health of the daughter of my people, is not recovered.”

It would be idle to attempt to maintain the position that all diseases are preventable by the application of all the wisdom derived from a profound knowledge of the laws of hygiene. Disease would seem to be what I declared it in an address delivered many years since, before the Medical Association of this city, namely—the *normal* condition, while health is the *abnormal* condition of our race. It cannot be argued that the primeval curse has aught to do with this normal or abnormal condition of man. God not only created man in his own image, but for the good of man created He the vegetable and the mineral kingdoms, and giving to the lower order of animals, if not intelligence and reasoning faculties, at least instinct. God in the creation of the plants made them very beautiful and useful in their kind, giving to many of them medicinal properties peculiarly adapted to the ills to which “flesh is heir.” Medicinal plants are coeval and co-existent with man. It would appear that disease was fore-ordained, and medicines made to grow upon or in the earth in order to combat disease by their medicinal virtues. There are animals, that when sick, possess the instinct to chose the plant which is adapted to their cure. The cinchona tree grows most luxuriantly in those marshy districts of country, which give rise to malarial diseases, such as intermittent and remittent fever, so wise and thoughtful has been the Creator to provide for the necessities of all His creatures. We cannot hope to eradicate disease by our perfection of sanitary laws since disease



is the normal condition of our race, still disease or its causes may in a large measure be prevented, and will be prevented, the severity of disease mitigated and its duration abridged by just such methods as are now being put into requisition in this State, and in the United States, namely, the enlistment of the best medical talent of our country to the subject of hygiene. Preventive medicine is to become the all-engrossing subject, and a better understanding of the causes of disease is to be sought for. The intimate relation between causation and treatment, render it an imperative necessity to carry investigations further than they have been carried heretofore; indeed the intimate relationship subsisting between causation and therapeutics, is such that if we are able to have positive knowledge of the cause of any individual ailment, as for instance a remittent fever, we shall find that prolonged use of medicines will not be required, but instead of medication, removal of the patient from the cause is all that is necessary. If we cannot remove the cause which has produced an illness, and which most persistently in spite of remedies, prolongs an illness into days, weeks, or even months, recourse may be had to the other horn of the dilemma, and the patient removed away from the cause of illness to some locality where recovery will follow as a natural sequence without the aid of medicine, but with the aid of air that is salubrious and unimpregnated with malarial germs.

Our *Materia Medica* does not abound with prophylactics. Medicines are, in their nature for the most part curative agents, they are sought after for their curative and not for their prophylactic properties, still our works on *Materia Medica* furnish articles which enjoy a good reputation as preventive; thus, quinine is not only a curative agent but a preventive one as well. A suitable dose of this alkaloid will prevent the initial chill which precedes and ushers in the fever.

The efficacy of cinchona bark in preventing and curing disease, and the vast benefit it has conferred upon mankind has never yet been estimated. Had its discovery been made a quarter of a century earlier, or had James the VI of Scotland been born a quarter of a century later he would have accomplished an enduring work for the christian world, and would not have died prematurely of a

tertian ague. Cinchona bark early became popular in England, and its use advocated by the illustrious Sydenham, but too late to save the life of Cromwell, who died a few years before of an ague which it is said, the physicians could not cure. If it had been used a few years earlier the life of the Protector would have been saved and the history of England re-written. Such are examples of the influence of a single drug exerted upon the fate and fortune of nations and individuals.

Preventive medicine has not its highest sphere of usefulness as represented in the protective potency of drugs. It has a far wider range and broader scope than this. Man in his highest physiological state possesses an organic system so delicate as to be very sensitive and responsive to the influence of toxic elements when attacking either from within or without. Health and life are overwhelmed at once by the sudden onslaught of poisonous agencies. But man despite his delicate organization possesses wonderful tolerance against the gradual introduction of poisonous agents into the system. Habitual opium eaters will tolerate thirty grains of morphia daily; arsenic may be taken with impunity in doses that would otherwise excite vomiting or perchance destroy life, had not the system become gradually accustomed to its use. A bad atmosphere or mephitic gases will seem to be resisted for a time by the healthy, but like poisons taken into the stomach will *tell* upon the organism in time. The Nemesis of destruction will come and the penalty will sooner or later have to be provided for.

The writer has known a person to take six or eight different kinds of medicine daily, one of which was a mineral, certainly not of the highest "trituration," for the space of from four to six weeks, and is yet alive, indeed was not made sick, but was salivated. According to the medical gospel of those who are faithful to one idea, Russian baths or perpetual residence at Clifton, is all that is requisite and necessary, in order to eliminate from the system what has in this case been got into it.

Temperance and moderation in eating and drinking should be early considered in treating upon the subject of this paper. I state upon the authority of Dr. Brunck, of this city, that more people

are injured by intemperance in eating than by intemperance in drinking.

One need not become a glutton before he becomes a dyspeptic. One may become a dyspeptic by the moderate consumption of dainties, and the commingling of substances in the stomach, such as the culinary art furnishes. Eating at unseasonable hours is pernicious. Some persons, with a smattering of physiological knowledge, argue themselves into the belief, that their brains work more smoothly and easily by abstinence from eating until their mental labor is over for the day. This is one of the follies of a false philosophy and a "little learning." Men and women of sense ought to eat an early breakfast, and dine soon after midday, and then it would not make much difference whether or not they ate again until the next breakfast time, provided they do not impair their gastronomic powers by indulgence in eating late suppers. The laws of health are as surely violated in what we eat, as in what we drink. Immoderate use of rum, whiskey, tea, coffee, and beef are alike, in degree, injurious. I have known persons to be as immoderately addicted to, and nervously injured by the use of strong tea and tobacco, as I have known other persons to be addicted to, and injured by the use of alcoholic drinks.

One of the anomalies of our age and race, as well also, inconsistencies, is the habit of some, whose prejudices will only permit them to swallow a sugar-coated pellet, while they daily consume, on an average, from one to two ounces of tobacco.

Will not some goodly apostle of temperance just turn his attention for a season to intemperance in eating.

The larger field for the exercise of sanitary tactics is found in the surroundings of our abodes and their defective construction. Good air, water and ventilation are necessary to good health. Poor air, water and ventilation are furnished in abundance, and are causes of disease and death. Houses built with all the "modern improvements," not unfrequently become laboratories for the manufacture of impure air and poisonous gases. Modern improvements are very comfortable and agreeable in their way, but they do not tend to make healthy and vigorous men and women out of sickly and puny children. Children will continue to be sickly

until these so-called modern improvements are improved upon by careful revision.

Children reared under the advantages, or rather disadvantages, of modern architectural improvements, cannot hope to grow up to strength and vigor, but will remain feeble, like a house plant. It is pleasant to be born with a silver spoon in one's mouth, and to be reared in the lap of luxury and ease; it is pleasant also, and agreeable to witness marvels of neatness, tidiness and cleanliness, for they are akin to godliness, but it has often and truly been said, that dirt is not altogether unwholesome. Bringing a child up in the way he should go, according to the wishes and predilections of the parents, is not always the best way.

The greatest hindrance to success in life of many, who are to the manor born, arises from the follies, if not the vices, of those who have begotten them; by which a feeble race is perpetuated, and a strong one enfeebled.

The open fire-place or grate should never be neglected by any one, who builds a house. The air of an otherwise close room will become decarbonized and deodorized by the fire in the open grate, and by the interchange of currents of air, which the open grate causes.

In the olden times, before stoves and furnaces came in vogue, when the back-log was in position in the open fire-place, typhoid fever was a disease comparatively unknown.

Those were days when asthenic disease could not find lodgment in the human economy, because of the invigorating influence imparted by an atmosphere purified by fire.

The open grate, whether there be fire on the hearth or not, is one of the foremost agencies in facilitating convalescence of the sick, of preventing disease, of mitigating its severity, and of abridging its duration.

The healthful tendencies of the grate fire will measurably counteract and neutralize the unhealthful tendencies of the air furnace, while the latter will keep one warm, the former will keep one healthy, therefore the simultaneous employment of both is desirable whenever and wherever the furnace cannot be dispensed with.

“A city as an unwholesome fact” is the rather curious caption

of an able article written for and printed in the Sunday edition of the Courier of last February, the author of which is Joseph N. Larned, Esq., of this city. It considers the violence we do to nature when we build a city. I can only refer to it, hoping by thus calling attention to it, you may have opportunity of reading it. Its perusal would repay for any trouble in looking it up, since it is by far the ablest article that has yet been written and published upon the subject of which it treats.

The air of a city would be greatly improved, if ventilators, in the form of huge chimneys connecting with the sewers, were constructed at suitable distances from each other on a line with the principal sewers of the city. London, I am informed, has adopted this method of carrying off the surplus sewer gas.

Certainly, by the adoption of this plan, not so much gas would be able to escape through traps into dwellings, nor would the surrounding atmosphere become so impregnated with gas, since the tall sewer chimney would convey it away, and the gas, being of greater specific levity than the atmospheric air, would rise and remain above that which we inhale.

If there be any reason why corner houses are less healthful than those situated midway in the block from the cross streets, it is in the fact, that at each crossing there are one or two inlets to receive surplus water drained from the gutters, and an equal number of outlets for surplus sewer gas to escape from, into the surrounding atmosphere. These open sewers are of course trapped, and are supposed to be secure, but they are, in dry seasons especially, sending forth poisonous exhalations, affecting first those who live in juxtaposition to them. The city authorities ought to make an appropriation for the payment of the services of a competent sanitarian, to whom should be delegated power sufficient to enforce such sanitary conditions, in the construction of dwellings and sewers, as he, in his wisdom, should regard as requisite and necessary for the public good.

Dr. Fergus, (*British Medical Journal*), at a meeting of the Birmingham Sanitary Conference, related the results of experiments, as to the value of water-trapping as a means of preventing sewer gas from entering dwelling-houses. The principle object he

had in view, was to show that the few inches of water which, as a rule, are placed as a barrier between the sewers and the interior of houses, and which are dignified with the name of syphon-trap, afford, in reality, no protection against sewer poisoning.

Various gases were admitted without pressure into the tubes. The first experiment was carried out with ammonia, and it was found that in fifteen minutes, it had passed up the tube through the water, and had discharged the acid with which some litmus paper, suspended over the upper surface of the water, had been reddened. Very similar results were produced with other gases, quite irrespective of their being lighter or heavier than atmospheric air.

The results obtained by Dr. Fergus are interesting, as pointing out strongly, how misplaced is the confidence which the public have been led to repose in the traps with which nearly every house is provided, and how important it is, not only thoroughly to ventilate our house drains, but also to subject our soil pipes to periodical examination.

A disease, lately discussed abroad, and more recently in New York city, called pythogenic fever and pythogenic pneumonia, or sewer-gas fever and sewer-gas pneumonia, is a very protracted and fatal disease. It is not a new disease, but the discovery of the cause had not been made, I believe, until some time during the year 1873, or 1874. This is a disease that requires removal away from the exciting cause of it, provided the cause cannot be removed from the patient. This being conceded, how important it is to have early knowledge of the cause which has produced the malady, since safety of the patient entirely depends upon removal from it, and the necessity for much medication superceded.

Unless the ingathering of the multitude of children, who are victims of scarlet fever, be in accordance with, and part of, the Divine plan, by which sin in this world and punishment in the next are to be prevented, it is a consummation devoutly to be wished, that another Jenner may arise with his *preventive* method, that this fatal malady, which has been prowling about our city and country during the past two years, may as surely and effectually be prevented as is small-pox by vaccination.

Health gives strength to the individual, and imparts it to the state just in proportion to the degree and vigor of health. If we have a strong nation we must have strong men,—men of mental and men of physical strength,—and in order to be instrumental in rearing a stalwart race, our women must imitate the women of Sparta. Spartan women were educated to be mothers of a vigorous race.

Physical education of the citizen was the most remarkable feature of the legislation of Lycurgus; hence sanitary laws were encouraged and enforced upon the citizen.

The individual belonged to the state, was under the control of the state, and trained physically to become a hardy soldier. His discipline began at seven years of age, and marriage was allowed at the age of thirty years, when a new era and form of discipline began. We are not prepared to go as far as the Grecians in their desire to rear soldiers to strengthen the state, by allowing weak and feeble children to die because they weakened the nation, but we are willing that laws should be enacted to strengthen the constitution of children, such, for instance, as will prohibit unsuitable marital relations, the rental of untenable houses, the conversion of private into public, or boarding houses, without provision against a bad atmosphere, which an aggregation of individuals engenders; in a word, we are in favor of all laws which will promote health, as well as give protection to property.

Sanitary science in a three-fold way increases the wealth of a nation.

First, it strives to prevent disease; secondly, it abridges the duration of, and mitigates the severity of disease; and thirdly, it saves human life; and since labor has a pecuniary value, the wealth of the state is enhanced by the saving of labor to the state.

Inestimable wealth would accrue to a nation were the laws of hygiene rigidly enforced. The aid of municipal, state and national authorities should be invoked in behalf of the grand work which is now carried on by the voluntary and unpaid labor of those, who, if less unselfish and more avaricious, would never labor to prevent that which gives them bread, and which, if prevented, dries up the sources of revenue.

Congress, while fitting out various scientific explorations, might very properly make liberal appropriations in behalf of a science that aims at the prevention of the causes of disease and the preservation of health.

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ART. II.—*Blistering—Particularly in Reference to Children.* By E. T. DORLAND, M. D. Read before the Erie County Medical Society, January 12, 1875, and referred to the BUFFALO MEDICAL AND SURGICAL JOURNAL for publication.

Entertaining the opinion that blistering has fallen into too great disrepute, especially in reference to its application to children, and that this prejudice is in some measure owing to a lack of understanding of the peculiarities of operation, and of the manner of applying blisters to young subjects, I propose to consume a few moments of your time in presenting my ideas in regard to this important subject. No new light is expected to be thrown upon the subject of the indications for blistering, but a hope is entertained that a little may be done in this effort toward clearing away some of the objections to the use of blisters, so that this potent therapeutic agent may not be charged with more evil than properly belongs to it. We will first enquire into the peculiarities of the operation of blisters on children, and lastly we will consider the manner of applying the same.

The first peculiarity attending the operation of blisters on the young subject is that they produce their effect in a shorter time than in the adult—this is a fact well known. In this respect there is a striking difference between blisters and most other remedies. Emetics and cathartics, for example, do not appear to act with any more rapidity on the child than on the adult. This fact of the more prompt action of this class of agents upon the child, although a simple one, is nevertheless one of much importance. It has a practical bearing not merely upon the mode of conducting the process of blistering in young subjects, but also upon the use of it in their various diseases. The second peculiarity is that the local inflammation produced by a blister is greater in the young subject than in the adult. The reason of this is obvious; in infancy the



skin is more delicate in structure, has a greater vascularity and a higher degree of sensibility; all circumstances favoring the development of greater inflammation, the local impression accordingly made by a blister is not merely more rapid in the young subject but it is also more intense.

The third peculiarity is that in young subjects blisters are more apt to be followed by the injurious consequences of inflammation, such as ulceration, gangrene, and even death. These occurrences may and do take place also in the adult, but they are comparatively rare and only under very peculiar states of the system. In any child, however healthy, they may occur from the simple cause of the blister being left on too long; they are more likely to take place, however, in certain conditions of the system or of the skin itself; thus, for example, in cases where a child is greatly emaciated or the constitution broken down from various causes, the inflammation of a blister is apt to become unhealthy in its character and to be followed by injurious consequences; also when the skin is diseased unpleasant consequences are very apt to follow.

The fourth peculiarity is that the constitutional excitement produced by blisters is generally greater in young subjects than in adults—that this must necessarily be so is obvious. In all cases the general excitement must be in proportion to the degree of local irritation and the sensibility of the patient's system.

From the foregoing statements it is evident that blisters are much more powerful in their agency upon the young subject than upon the adult. They operate with more rapidity and cause a greater degree of local irritation and constitutional excitement. If such be case, it appears to me that some conclusions may be drawn of no inconsiderable practical importance. If blisters are more powerful in their action upon children than adults, then it would seem to follow that they may be rendered more efficient as a means of cure in their diseases, and such appears to me to be the fact. In all cases where their revulsive agency is required, and where they are properly applied, it has struck me that more decided benefit has resulted from their use in children than in adults, and that, too, under circumstances as nearly similar as they well could be. We all know that one of the greatest objections to a blister in the

adult, sometimes at least, is the length of time which it takes to produce its effects; in a child this is in a great measure obviated, and we have in a blister not merely a powerful but a comparatively speedy counter irritant.

The opposers of blistering will tell us that we first subdue the severity of the disease by other and appropriate remedies, and when it is upon its decline, when in all probability the unassisted powers of nature would successfully perform the remainder of the task, a blister is applied; the patient gets well notwithstanding the additional pain thus inflicted, and the fortunate results of the case, which is really to be attributed to the measures previously employed, is said to be owing to the good effects of counter irritation, etc. Now all this may, no doubt, be true in some cases, but that it is so generally can hardly be admitted. It should be recollected that in the treatment of local inflammation blisters are only auxiliary remedies of themselves, and alone capable of doing but little, perhaps, and yet when co-operating with other agents, such as blood-letting, etc., really powerful and valuable. Every one knows that there are periods and conditions in the career of inflammatory complaints when bleeding and other reducing remedies have been carried to their fullest extent deemed advisable, and yet sufficient disease may remain, if not to destroy life, yet to render convalescence tedious or to lay the foundation of subsequent chronic disease. It is just under this condition of things that blisters come in with great effect, and frequently break up completely the remaining vestiges of disease, and in this way I look upon them as remedies acting with more power and efficiency in children even than in adults. From the fact of blisters being such powerful agents, and especially from the fact of their being so liable to be followed by dangerous consequences, more caution is required in their use in children than in adults. Important and valuable as they are, and may be made if properly used, their indiscriminate application cannot be too much reprobated. Just in proportion to the good they are capable of accomplishing under proper circumstances, is the evil which results from them if heedlessly or injudiciously resorted to. This fact should never be lost sight of when we are contemplating the use of blisters, especially upon very young children.

Lastly, we come to consider the manner of blistering. The mode of conducting the process of blistering in a young subject is a matter of great nicety, and should call for the utmost care on the part of the practitioner. As one of the principal cause of gangrene is leaving the blister on too long, this is a point which should be especially attended to. The directions given by many writers in reference to this are very indefinite and discordant. By way of illustration, I will quote some of them. Dr. Armstrong says from twelve to sixteen hours is generally sufficient for the application of the blister in adults, and half that period in children. Dr. Williams says to avoid gangrene in children, it is advisable never to allow the blister to remain on more than six hours. Dr. Dewees states that in children the blister is frequently found to have performed its duty in eight hours, and very often in six. Neligan directs that as a general rule in infants and young children, blisters should only be left on until redness of the surface is produced, when the application of a warm poultice to the part will cause vesication. The foregoing is a sample of the discrepancy of opinion in relation to a most important point of practice. The fact is that no positive rule can be laid down in relation to the precise time that a blister should be left on a young child. From the original differences in the sensibility of the skin in children, the period must necessarily vary, and therefore the effect produced is the only correct guide as to time. For this purpose the plaster should be raised often, and the state of the skin observed, and as soon as the surface appears uniformly red the plaster should be removed and a poultice applied. In most cases this will be followed by suitable vesication, while any injurious consequences will be averted. It was not my intention in this paper to go into the minutiae of conducting the process of blistering, but there is a point or two more that I cannot help noticing. The first I will refer to is the habit I have observed with some of covering the blistering plaster with dry fly powder. Although intended to make the blister more potent, it frequently has a directly contrary effect, from the fact that the blister does not adhere so closely to the skin, Then, again, the dry powder is apt to adhere to the skin after the blister is removed, and in this way, in my opinion,

stranguary is more likely to be produced. With regard to the dressing of a blister, always a matter of importance to the young subject, and frequently so to the adult, I have for many years practiced and greatly admire the plan recommended many years ago by Dr. D. Maclagan, of Scotland, which, I think, holds out many advantages. It is as follows: After leaving the blister on for a suitable time apply a poultice of bread and milk for two hours; after discharging the serum apply a thick layer of soft cotton wadding, with the undressed or woolly side next the skin; if in the course of a few hours this should become soaked with the serous discharge from the blister, so much of the cotton may be removed as can be done without disturbing the loose epidermis beneath, and the whole again covered with a dry layer of cotton. This is all the dressing that is generally requisite. The cotton is allowed to stick to the skin of the blistered part, and when a fresh layer of epidermis is formed, which takes place very readily, the old epidermis and cotton come off together, leaving a smooth, whole surface below. The advantages of the above mode, according to Dr. Maclagan, are first, that it renders the blister much less painful and annoying to the patients than when unguents are used. The tenderness, in fact, is comparatively so trifling, and the protection by the cotton so good, he says, that I have been enabled, without annoyance to the patient, to percuss freely and apply the stethoscope firmly over blistered parts which had been dressed for the first time only an hour or two previously. Secondly, blisters heal much more readily dressed in this way; and lastly, it is much more agreeable to persons of cleanly habits than the dressings with cerates.

To obtain the good and avoid the evils of blisters, it is evident that a nicer discrimination of the conditions of the system is necessary in the use of this class of agents in children than in adults. Long experience has established the fact that it is only under certain states of the system that blisters can be used with any prospect of advantage. If this be so in the adult, it is doubly so in the young subject, and any mistake in this respect is much more likely to be followed by injurious consequences in the latter than in the former. Now, the conditions which influence the effects of these

agents are the state of the skin and the state of the nervous and vascular systems. With regard to the skin, it may be laid down as a general rule that when blisters are used as revulsives, the part to which they are applied should be as nearly as possible in a state of perfect health. With regard to the state of the system, this is even still more necessary to be enquired into; indeed, this all important if we hope to realize any of the expected benefits from these agents. Now, there are two states of the system almost equally unpropitious to their use, and these just the reverse of each other—the first is that in which high inflammatory excitement is present. That this is unfavorable to the beneficial operation of a blister as a revulsive is obvious, if we reflect for a moment upon the effects of this agent—these are local irritation and general excitement. Now, in all cases where an internal inflammation exists, the difficulty of resolving it by any means will be proportioned to the degree of general excitement accompanying it. If a blister be applied where this general excitement is already very great, one of the necessary consequences will be to augment this so greatly as to counteract in a greater or less degree, according to circumstances, the beneficial effects of the blister. Under this condition of things the internal inflammation will be aggravated instead of abated, in consequence of the increase of general excitement; hence the fact has been generally observed that if blisters are applied in the early periods of inflammatory complaints, or before suitable evacuations have been resorted to, they frequently do more harm than good—they merely add fuel to the fire. On the other hand, a state of great constitutional exhaustion and emaciation is also unfavorable to their operation; the reason here, however, is entirely different from that in the preceding case; the danger here is that from the impaired state of the vital energies the local inflammation of the blister may be followed by ulceration and gangrene. In the use of blisters, therefore, both these extremes should be carefully avoided. With regard to the condition most propitious, I think, to their use, it is that in which the general excitement is rather below than above the natural standard. When this is the case, there is less danger from any increase of excitement while the system is in the state most favorable to the

transfer of irritations from one part to another. Now, if all this is applicable to the adult, we can easily see how much more so it must be in the case of the sensitive infant. In the use of blisters in children, especial reference should be had to the peculiarities of their temperament and constitution. This is more important, perhaps, than may at first sight appear. Every practitioner must have observed the extreme suffering which adults sometimes undergo from the irritation of blisters; in nervous and irritable habits I have seen a state of things thus induced little short of phrensy. In children of nervous temperament all this is much more likely to happen, and accordingly greater caution should be exercised.

In conclusion, if the foregoing statements be founded in truth, they would seem at once to expose the impropriety of the practice of resorting to the use of blisters on every trifling occasion. It cannot be said of them in truth, if they do no good they do no harm. If used ignorantly and indiscreetly, they are capable of doing much harm, even irreparable damage; but if used understandingly, with due regard to the conditions hinted at in this article, may often be made valuable auxiliaries in arresting and eradicating disease.\*

\*The foregoing paper discusses one side of an interesting topic. The question of counter-irritation has received considerable attention in the pages of this JOURNAL, and the Senior Editor has in several instances contributed articles denying its value in the majority, if not in all cases. He has yet to be convinced of the value of blisters, or any of the so-called counter-irritants, and especially so in children.

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## MEDICAL NOTES.

ART. I.—*Notes on Obstetrics and Gynecology.* By E. N. BRUSH, M. D.

1. Three Cases of Successful Removal of Fibro-Cystic Tumors of the Uterus. By THOMAS KEITH, M. D., F.R.C.S. (*London Lancet*, July, 1875.)

2. A Novel Method of Treating the Vomiting of Pregnancy. By EDWARD COPEMAN, M. D., etc. (*British Medical Journal*, May 15th, 1875.) (*The Medical Record*, July 17, 1875.)

3. Quinia as a Stimulant to the Pregnant Uterus. By ALBERT H. SMITH, M. D. (*Obstet. Journal Gt. Britain and Ireland. Am. Supplement*, June, 1875.)

4. A Clinical Contribution to the Treatment of Tubal Pregnancy. By T. GAILLARD THOMAS, M. D. (*New York Medical Journal*, June, 1875.)

5. A Case of Hirsuties Gestationis. By CHARLES E. SLOCUM, M. D. (*Medical Record*, July 10, 1875.)

1. The three cases embodied in this report are the only ones in which Dr. Kieth has interfered with uterine tumors by abdominal section, and from his experience, he concludes that the operation is not one to be lightly undertaken.

Case I was operated upon under the impression that it was ovarian in character. The patient was an unmarried lady aged 52. The tumor was first discovered by the patient in Dec., 1872. It was then pronounced by Dr. Perry of Glasgow, a fibrous tumor of the uterus. The tumor rapidly enlarged and in six months from her first consultation with Dr. Perry, was distinctly cystic in character and reached above the umbilicus.

A cursory examination in October, 1874, convinced Dr. Kieth that it was ovarian in character, and on the 2d of November, the operation for its removal was undertaken.

Upon opening the abdominal cavity and tapping the cyst, the error in diagnosis was made manifest. The tumor together with the left ovary was removed, the stump being secured by a steel wire. Thirty-seven days after the operation the patient was discharged cured and returned to Glasgow.

The error in this case was not at all unexceptionable, but Dr. Kieth says that it is the first mistaken diagnosis he has made in one hundred and ninety-four cases.

Case II was also an unmarried woman 44 years of age. The operation was made in December last. The operation was in all respects like the first one. The stump was included in steel wire and left in the lower margin of the wound. In this case the adhesions were extensive, and were only broken up after considerable effort. Several bleeding points were left from which the hemorrhage was quite free. Drainage was kept up by a glass tube. In six weeks the patient was sent home well.

Case III. This case was one of rapid growth, accompanied by pain and profuse hemorrhage. The patient, aged forty, was sent to Dr. Kieth, from Londonderry.

The uterus and both ovaries, together with numerous cysts of the broad ligament were removed. This case had a profuse secon-

dary hemorrhage seven days after the operation, which was however promptly checked.

The advice which Dr. Kieth has hitherto given in the numerous cases of uterine tumors which have passed through his hands has been to let them alone.

He now expresses the hope that the time is not far distant when many of these unfortunate patients may look to surgery with as much hope of relief as those afflicted with ovarian disease now do.

2. The cases which Dr. Copeman has reported under this head are three in number. The first was six months advanced in pregnancy when she was seen by Dr. Copeman in consultation.

The vomiting was so excessive that fears were entertained for her safety. Dr. Copeman advised the induction of premature labor, to which the others were at first unwilling to agree, but finally consented. He at once dilated the os uteri with his finger so that the membranes could be felt. An attempt was then made to rupture them, but on account of their flaccid condition and the lack of a proper instrument it failed. In an hour the patient was seen again, and it was found that vomiting had not recurred. It was now decided to await developments. Nourishment was administered and the case watched. Vomiting did not again occur and the patient progressed favorably to the full term.

In the second case, one of two months standing, the physician had tried all the known remedies, but without success. Dr. Copeman was called, but remembering the first case, he dilated the os as much as he could with his finger, passing it all around and removing the puckering making its edge smooth. The patient vomited but once after the procedure, and at last accounts her confinement was shortly anticipated.

In the third case the patient had previously been confined nine times, and generally during the early months of pregnancy, and sometimes for several months, she had been troubled with vomiting. In this pregnancy the sickness had been most constant for three weeks. Nothing could be retained on the stomach and she was in a very weak condition. There was no dropsy, but considerable albumen, some pus, and casts were found in the urine. On examination the os was found puckered and dilatable. He dilated it at



once as in the other cases. In a few days the sickness had entirely passed off and she was able to retain food. In due course of time the patient was safely delivered and is doing well.

Dr. Copeman does not attempt an explanation of the *modus operandi* of these cases, but presents them for consideration.

3. Dr. Smith says: "Having for several years, and more carefully during the last few months, noticed the action of quinia during the various periods of pregnancy and parturition, and having been enabled to draw some practical conclusions of no little value to myself, I have thought that perhaps a brief statement of my results might be of interest."

He says that having had on several occasions patients under his care, suffering from malarial disorders who were at the time pregnant, he has administered quinia in doses varying from twelve to twenty grains in the twenty-four hours, without the slightest manifestation of disturbance of the uterus. In cases also in which accompanying the malarial disorder were pelvic distress, tenesmus and sacro-lumbar pains, the administration of large doses of quinia quieted them.

Of the effects of quinia upon the prematurely contracting uterus, the experience of the writer is too limited to allow him to speak with any definiteness. In five cases however, fifteen grains were administered to each after the process had advanced beyond arrest, but the effect upon the contractions or hemorrhage was wholly inert. These trials if conclusive would forbid placing quinia with ergot among the excito-motor stimulants with specific effect upon the uterine muscular fibre.

Of quinia as an aid to natural parturition from Dr. Smith's observations more may be expected. During the past few months he has been carefully watching its effects. He has made observations upon forty-two cases such as occurred in the ordinary run of practice. To each of these he administered as soon as actual labor pains commenced, fifteen grains of the sulphate of quinia, in one dose. In every case he observed within fifteen minutes a decided increase in the frequency of the pains, a rapid progress, and where no obstructions existed a speedy termination. The conclusions

which he arrives at in regard to the action of the drug in these cases are as follows:

It increases the activity of the normal uterine contractions; the pains becoming more frequent and more intense, the expulsive power being greater, while the yielding of the circular fibres of the os is more prompt; the contractions maintaining their proper intermittent character, the relaxation and rest in the interval being complete; showing in this respect an entirely different action from the continuous spasmodic contraction caused by ergot. The efficiency of the the contraction may be judged of from the fact, that, in the thirty-two cases having no obstruction, although many were primiparæ, and a larger than usual proportion occipito-posterior positions, the average duration of active labor after the quinia was administered was about one hour. In a considerable number of the cases included, I had in several previous labors required to use forceps to combat inertia in the second stage.

It promotes permanent tonic contraction of the uterus, after the expulsion of the placenta. Several of the patients had had flooding under my care previously, some of them habitually, and some stated they had always had a profuse and weakening flow in their other labors. In the whole forty-two I had not one case of flooding, and as a rule the uterus contracted firmly after the second stage was completed, and showed no tendency to relax afterward.

It diminishes the lochial discharge to a normal standard; many of the patients expressed surprise at the small amount of flow during the twenty-four hours following labor.

Its use is followed by less after-pains than usual in a majority of cases.

It reduces the frequency of the mother's pulse, and relieves the nervous demoralization so often seen in the first stage of labor.

Given during parturition, it never disturbs the brain or causes its usual unpleasant effects, even in patients who at other times are very susceptible to its influence. Although the dose has been uniformly fifteen grains, in only one case was the slightest sensation of cinchonism manifest, and that lasting only a moment, in a lady who knew what she had taken and was perhaps quite prepared to feel it.

Finally, I would sum up the conclusions I have adopted, perhaps hastily, though with a certain conviction of their correctness, viz.:

I. That quinia has no inherent property of stimulating the gravid uterus to contraction; being inert as to any effect upon the womb in a quiescent state, and having no decided action in accidental labors at any period of gestation.

II. That to its property as a general stimulant and promotor of vital energy and functional activity, and to that alone, is due its influence upon the uterus in normal parturition; producing then no action peculiar to itself, but merely increasing the power of the uterus to expel its contents by its own natural method, converting what is a defective or even pathological action into a simple physiological process.

III. That by availing ourselves of this power, we may, by administering full doses of the sulphate of quinia at the onset of labor, favor the rapid and safe termination of what might otherwise be a tedious and exhausting work.

4. Dr. Thomas, after a few introductory remarks, reports an interesting case of tubal pregnancy which has recently fallen under his observation, and in the treatment of which he met with gratifying success. The patient, a lady aged thirty-two, was a little over three months pregnant when first seen by Dr. Thomas. Up to three weeks previous to the time when first seen she had enjoyed excellent health. During the night of January 15th the patient, who had experienced slight uneasiness in this region previously, was awakened by a severe "cramp" in the left iliac fossa. This increased to become agonizing in character, and a physician was summoned. The attack was only relieved by the free use of morphia sub-cutaneously. Soreness continued in this region, and at the end of five days another attack similar to the first was experienced. After this the patient was at no time free from pain until seen by Dr. Thomas, on February 4th.

A physical examination revealed the following condition:

The uterus appeared somewhat enlarged to conjoined manipulation, measuring three and a half inches from the os externum to the fundus, was in the position of right oblique anteversion, and was not so movable as normal; the vagina was soft, elastic, and

enlarged as it is during pregnancy; to the left of the uterus I found, by vaginal touch, a tense, elastic cyst, which filled the whole iliac fossa, pressed the uterus to the right, and extended downward as low as a point a little below the os internum. Upon conjoined manipulation this cyst was found to be as large as the uterus in the third or third-and-a-half month of pregnancy. It was sensitive to the touch, slightly movable upon upward pressure, and, upon carefully practising *ballottement* upon it, I could feebly but distinctly get the evidence of a very light body which was thrown upward and fell upon the floor of the sac. No doubt existed in my mind as to the recognition of this fact, and it was only after its recognition that I ventured to probe and measure the uterine cavity. Upon it I based the diagnosis which I then made of left tubal pregnancy at the end of the third month of development.

On the 5th of February, one day after my visit, Dr. Marion Sims went out to see the patient; on the 6th Mr. C. called to request me to act as my judgment dictated in reference to the case; and on the 7th I performed the operation, which I now proceed to describe. On Sunday, the 7th, in company with Drs. J. E. Blake, J. B. Hunter, and S. Beach Jones, I went to Elizabeth, prepared to remove the fœtus by elytrotomy. The weather was intensely cold, the thermometer being at zero in Elizabeth. At the house of the patient we were met by Dr. Crane, Dr. Green being detained by a case of midwifery.

Before detailing the treatment of this case, I would remark that few cases of extra-uterine pregnancy have, during their early and progressive stages, been brought to a favorable conclusion by surgical means. For this there are four good reasons: 1. The doubt which usually attends diagnosis; 2. The danger of attending invasion of the peritonæum; 3. The dangers arising from septic absorption from retention of the fœtus or its envelopes; and, 4. The certainty of grave hæmorrhage from opening into the extraordinarily vascular nest in which the fœtus is contained. To meet the indications the following plans have been those generally adopted: 1. The operation of gastrotomy has been practised, that the fœtal mass might be removed like an ovarian tumor; 2. The

liquor amnii has been drawn off by a very delicate trocar, in order to diminish tension and check the growth of the cyst; 3. The fœtus has been killed *in situ* by the passage of strong currents of electricity, or the injection into the sac of strong narcotics, like atropia or morphia, with the hope that nature might, at a future time, cause its discharge, with the contents of the abscess which it usually creates.

The first procedure is attended by the dangers of peritonitis and hæmorrhage; and the second and third by those of hæmorrhage into the sac, septicæmia, and subsequent formation and discharge of an abscess located just under the peritonæum. By the process which I now proposed to adopt, I hoped to avoid the dangers of peritonitis by opening the fœtal sac by the vagina, passing up to it between the folds of the broad ligaments. Hæmorrhage, I thought, might be in great degree prevented by cutting into the sac by means of a knife rendered incandescent by a powerful current of electricity. And by complete removal of both fœtus and placenta, and thorough drainage of the sac by carbolized injections through a tube of glass or silver, kept in it, and discharging its contents by the vagina, I was sanguine of avoiding septicæmia.

I proceeded to adopt the plan from which I hoped for these results in the following manner: The patient having been etherized by Dr. Blake, was placed upon a table before a window admitting a strong light, in the left lateral position, and Sims's speculum introduced. Through this cyst to the left of the uterus could be distinctly palpated. Now, fixing a long-handled tenaculum in the cervix uteri, and another in the vagina near the left ilium, this part was by them put on a stretch so as to make that side of the canal a triangle, the base of which was over the cyst, and the apex at the vulva. Assistants held these tenacula during the operation. Taking the platinum knife of the galvano-caustic battery, which was brought to a white heat, I now passed it gently over the base of the triangle described as created in the vagina, carrying it from one tenaculum to the other. By repeating this the vaginal wall, over the lower segment of the cyst, was slowly cut through. In six minutes the cyst was opened by the incandescent knife, and a straw-colored, slightly-pinkish fluid was

thrown out with such force as to fly into my face and over my clothing.

Thus far no blood whatever had been lost. I now passed my index finger into the cyst, and felt a fœtus lying horizontally with the head toward the ilium, and the feet toward the uterus. Passing in the middle finger likewise, I caught the feet between the two, and, turning the fœtal body, drew them through the artificial os which I had created, and delivered the child from the vicarious uterus which it occupied. The steps of the procedure exactly resembled those adopted in ordinary podalic version. The fœtal body advanced steadily until the arms reached the opening; then arrest occurred until they were swept out. The head was then arrested, and I strove to liberate it by manipulation and traction. Failing in this, I applied a pair of long-handled placental forceps, and at once it was extracted. The cord was then cut, and I proceeded to deliver the placenta by gentle traction and detachment, as is done after ordinary labor. Thus far thirteen minutes had been consumed.

At this point, the first difficulty which had attended the operation showed itself. When I had separated a little over half of the placenta, a very severe hæmorrhage took place, and so much was the patient's condition depreciated by it in the two or three minutes of its duration, that I was unwilling to delay for the removal of more. Tearing the detached portion off, I passed a large gum-elastic catheter into the sac, and injected a solution of the persulphate of iron into it. This I was very sorry to be forced to do, but the hazard of delay was too great to allow of any other course. The flow of blood was instantly checked, but this was attained at the sacrifice of perfect drainage, and the leaving of the sac full of coagulated blood, and a portion of the placenta. Instead of inserting a drainage-tube, I was forced to substitute a long tent of carbolized cotton, saturated with a solution of persulphate of iron.

In twenty-eight minutes from the commencement of the operation the patient was put to bed, her head kept low, the foot of the bedstead elevated about six inches, ten drops of Magendie's solution of morphia injected subcutaneously, perfect quiet established, and a milk-diet ordered.

After this, all went well until the evening of the fourth day, when I withdrew the tent of cotton, and symptoms of septicæmia soon showed themselves. These yielded to constantly-repeated injections into the sac of carbolized water, at the end of a week. On the seventh day after the operation, slight hæmorrhage took place from the sac, but was without difficulty controlled by the addition of a small amount of solution of persulphate of iron to the carbolized water.

Six weeks after this operation, I examined by vaginal touch, and was surprised to find the opening made by the incandescient knife so completely closed that I found difficulty in ascertaining its exact location; and ten weeks after it, upon visiting Elizabeth to see another patient, I had the satisfaction of seeing Mrs. C. in her parlor receiving company.

The appreciation of the sign of *ballottement*, which greatly aided me in arriving at a positive diagnosis in this case, has served me an equally valuable purpose in two others. On no single sign, however, should undue reliance be placed. During the first sixteen years of my practice, I saw no case of extra-uterine pregnancy. At the end of that period, I saw four in one month. During the past seven years, I have met with nine. Three of these I saw after rupture of the sac, the patients being *in articulo mortis*; two were put beyond question by gradual discharge of fetal bones; in four cases I succeeded in making a diagnosis as positive as that which is detailed in this paper. In these, a certain conclusion was arrived at by coincidence of the following conditions: (a.) The existence of the gastric, mammary, and pelvic symptoms of pregnancy; (b.) An uterus smaller than should exist at the supposed period of gestation; (c.) A sensitive tumor to one side of or behind the uterus; and (d.) Pains extending from the pelvis down one thigh.

In three of these four cases I so distinctly obtained the sign of *ballottement* as to be willing to lay a good deal of stress upon it in arriving at a decision, and in all of them, having arrived at a conclusion with a good deal of positiveness, I did not hesitate to employ the uterine sound to assure myself of the position, capacity, and state of vacuity of the uterus.

5. The case of Hirsuties is only interesting on account of its rarity and as illustrating the fact that "associated with the pregnant state, and dependent upon its continuance, are numerous manifestations which have their seat in organs so remote that it is difficult, in many cases, to trace the sympathy which exists between them and the special organs of generation."

The patient has borne three children and had one abortion. A peculiarity of each gestation is the growth of a beard on the sides of the face and under the chin. The hairy growth has uniformly started at the commencement of pregnancy and continued until the uterus had resumed its unfecundated condition.

Attention is first called to the parts by a sense of heat and itching which shortly subsides and returns after accouchment and remains until the falling of the hair. The hair is thick-set, firm and soft in texture, straight, and lighter in color than the hair of the head. Its length at childbirth is from one to one and a half inches. Mrs. R. presents no other peculiarity during pregnancy than the hirsute condition, she uniformly has good health. The children present nothing peculiar in appearance.

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## MISCELLANEOUS.

### Precautions with regard to Puerperal Fever.

What, then, are the duties of the medical practitioner in whose practice a case of puerperal fever has occurred? He may change his clothes, he may take any number of baths, he may use all sorts of disinfectants, and still the fatal poison may hang about him, and he may be the bearer of it. Under these circumstances he should refrain from practicing midwifery for a season. It would be wantonly wicked in us were we to speak hesitatingly when such issues are at stake. The danger to the public arising from the non-observance of the precautions above named are incalculable, as we have seen in the outbreak in the neighborhood of the Wadsworth road and at Coventry, and whatever sacrifice the medical man may have to make in carrying out the precautions named, we unhesitatingly say he should make it. In the majority of cases, however, the sacrifice to be made would be light indeed. Three years ago an outbreak of puerperal fever took place in a provincial town of considerable size. On investigation it was found that all the cases had occurred in the practice of one sur-



geon and one midwife. The members of the profession located in the town met and requested the gentleman in question to refrain from practicing midwifery for one month, and at the same time agreed to attend his cases for him. The midwife was likewise requested not to attend cases for a similar period. This was agreed to, and no new cases occurred after that date. This illustrates well the line of conduct that should be adopted by the profession in any town where this terrible disease may happen to appear. The unfortunate practitioner in whose practice the case has occurred should bring it before the profession, and should cease from attending midwifery for a time. On the other hand, his professional brethren should help him through his difficulty, and make his loss as small as possible by attending his cases for him during the period of his abstention.—*London Lancet*, March, 1875.

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## Editorial.

### The Preliminary Education of Medical Students.

We clip from the *Buffalo Express* of July 19th, the following in reference to the preliminary qualifications of medical students :

**MEDICAL PROSCRIPTION**—If we may judge from the statements of one of their own guild, "The Lake Erie Medical Society" is disposed to "play it" with a pretty high hand. On the authority of one of the most prominent members of the Society, they propose who may and *may not study medicine* with any "regular" practitioner within their limits. The proposition was introduced at the meeting of the Society at Mayville last week and adopted ; it professed to have originated with the *State Medical Society*. If so, it is to be understood that the whole allopathic connection in this State propose to establish a sort of medical trades union and bar out apprentices, and to put a monopoly on medical knowledge. We are curious to know if such a proscription is sanctioned by the respectable and liberal gentlemen of that guild and we therefore forbear further comment, only presenting the statement on what we base our present comments :

*Medical Censors.*—The Lake Erie Medical Society met Tuesday at the Fox house in Mayville. \* \* \* \* Nothing occurred to mar the family gathering till Dr. Strong, of Westfield, offered a resolution to form a board of censors, their duty being to examine ever applicant for admission into any office in the limits of this Society to study medicine. The doctor stated the matter came to him as a request from the State Medical Society, the object being to raise the standard of the medical profession of the State. This worthy motive was ably urged in the affirmative by several of the members. The negative was taken by myself, and maintained that quackery flourished through ignorance among the people, and that to remove the evil the people must be better educated in the medical sciences, contending for its introduction into common schools, and that every avenue be opened to the people to acquire medical knowledge, that every doctor was in duty bound to instruct his patrons habitually, and further, to receive any and all students, male and female, that may apply at his office, that he may in his own good pleasure feel willing to instruct. That every college shall open its doors wide to all who may wish to attend, and that the graduating standard be placed as high as the country demands. That the resolution invaded the sacred rights of my own office, to which I could under no circumstances ever

consent. The resolution passed, and I first resigned the position of censor to which I had been elected, and then demanded that my name be stricken from the rolls of the Society. To all the members of the Society I have but the kindest feelings, but my manhood and sense of duty compelled me to this course. I now call upon the Society and all others to unite against this effort to place our medical schools at the mercy of rings and personal ambition.

G. W. WHITNEY, M. D.

Jamestown, July 13, 1875.

In times past the secular press have seemed to take particular pleasure in holding up to public gaze the lack of culture and intelligence which exists to a deplorable extent in the ranks of a so called learned profession, and we confess that we are surprised at the stand taken by the *Express* and its correspondent in this case.

The editor of the *Express* could not have taken much pains to enquire into the merits of the case or he would not have entitled the attempt to raise the standard of intelligence requisite to entrance upon the study of medicine, an act of *medical proscription*. The members of the medical profession do not seek to bar out any worthy applicant from their ranks, they welcome all who come with a worthy motive and an intelligence capable of appreciating the difficult and important problems which the calling presents. For such there is room and to spare, for all others the ranks are crowded, and each additional acquisition only serves as a dead weight which drags down the entire body and cause the term *medical education* to become a by-word and reproach among men.

The object of the resolution, which originated in the American Medical Association, and has since been adopted by the New York State Medical Society and several county and district medical associations, is to provide that those who are about to enter upon the study of medicine shall be required to present some evidence that they possess an amount of preliminary education which shall render them capable of understanding the study which they have undertaken.

In no country in the world is the standard of entrance so low as it is in America, and the remedy proposed is far beneath that required for entrance in any of the Continental schools.

Surely the editor of the *Express* would expect that a medical student would be required to know as much at least as an ordinary type-setter in the printing office of his paper. Dr. Whitney who objects so strongly against having his rights invaded would not, we hope, receive into his office as a student of medicine any one whose literary qualifications were below those demanded in the resolution introduced by Dr. Strong.

The doctor objects to having his rights usurped, he wishes to be his own judge of the qualifications of his student. If Dr. Whitney was alone concerned we might be inclined to allow his claim, as he would probably make a proper selection, but when so many different views are to be met some established standard and authority must be fixed, and as long as the colleges do not require an entrance examination the medical societies must see to it that the material sent them is of the right kind. In this the members of the profession seek to exercise no pro-

scription, they have learned by the experience of the past, many of them by a personal one, that a substantial preliminary education is a necessary foundation upon which to build the superstructure of medical learning. They ask therefore of the young men whom they are about to receive as students, both in justice to themselves and to their pupils, that they come to them suitably prepared to receive instruction.

The examination of young men commencing the study of medicine by the censors of the county society is one step in advance, and as such it should be greeted with joy; but it possesses many defects and disadvantages. Some of these time and experience will rectify. The only true solution of the problem remains however with our medical colleges. The time is coming, we hope, when they will take this matter in hand and require applicants for admission to their instruction to pass a suitable examination. This cannot yet be undertaken, for it requires concert of action on the part of all of the medical schools. Under our present system it will not do for our poorer and weaker schools to demand this, for their students would immediately flock to some school which had no such requirement. But we hope that the time is coming soon when all of our best schools will find it for their interest to undertake this step. When this is done the next step, namely the elevation of the standard for graduation will be natural and easy, for the greater intelligence of the candidates for graduation will cause this to be expected. Dr. Whitney's assertion that the people need educating in the medical sciences is a correct one, but his deduction that hence all who apply to a doctor for instruction should be received is not a natural one. We need to educate the people but it may be done as much by example as by precept. Until they learn to recognize a material difference between the votaries of medical science, and the charlatans who flaunt the high sounding titles and pretentious dogmas of quackery in their faces it will be a bootless task to attempt to instruct them in any of the principles of medical science. They certainly will have little respect for a science which will receive students direct from the plow or bench, *whose mental training, if any, is very deficient indeed, and after three years desultory and unintelligent reading, dub him a doctor and send him forth to practice upon mankind.* A diploma in any of the other learned professions means more than that the holder has gone through with a prescribed course of study in his profession, it means that he is possessed of a liberal education outside of the professional lines, and the holder is respected accordingly. In the medical profession it is far different, and yet no other calling makes greater demand upon the intelligence and mental training of its followers. It has been in time past the opprobrium of the American medical profession that its ranks were open to all comers, and those who at this time seek to take away the reproach should not be accused of proscription. Literary colleges demand a preliminary examination as a requisite to entrance, and the medical profession have a right, and should in justice to themselves and those who propose to enter the ranks, require that the student shall by previous mental training have fitted himself to under-

take in an intelligent manner the prescribed course of study. If the medical profession desire to be entitled to the term respectable and liberal, which the editor of the *Express* so kindly applies to them, they must make themselves worthy of it. It is only by showing the world that they are an educated and liberal body in every sense that they can gain respect, and it is only by starting right in the pursuit of their profession that they can attain the desired end. This being the case, the press and every member of the profession should aid in every way toward accomplishing an end so greatly to be desired. E

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### The Care of the Children.

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Now is the time of school vacations, when the children are let loose from the confines of school and school discipline, and allowed to enjoy an unrestricted amount of fresh air and out-door sport. The ruddy cheeks, bright eyes and rounded forms which will result will amply repay many a careful mamma for the additional care that will devolve upon her, "now that the children are out of school." The number of precious lives that are yearly sacrificed by the unwholesome confinement of schools is something frightful; and the anxious physician who is unable to persuade the parents, proud of their children's accomplishments, to take them away from school and study, will welcome the vacation as a needed adjuvant in relieving the flushed cheek and aching head—results of over study and *school air*. In a recent investigation of the Louisville, Ky., Board of Health, they discovered that the air space allowed for each scholar, in the best constructed school in the city, was less than one-seventh that required by the United States authorities for each soldier while in barracks. The greater discrepancy will be seen between these two instances when it is remembered that this amount is required by the government for brain and body-idle soldiers.

We recently asked a little girl who complained almost constantly of headache, the cause. Her reply showed a very intelligent appreciation of the situation; she said: "I have to stay in a hot school-room, and feel all the time as if I could not breathe. But, we asked, can you not get fresh air from the window? "Yes," she replied, "but then it blows from the top of the window right over our heads, and we all take cold." This school-room, the primary of one of our best schools, is crowded with children from five to ten years of age, heated by a large stove in winter, with no other means of ventilation than the windows; and in summer made dark and damp by a thick surrounding of shade trees and houses.

But the unsanitary management of our school-rooms is not the only baneful influence surrounding the health of our children. Bad air, unventilated and small sleeping apartments, poorly cooked and improper food, and injudicious but *fashionable* dress, all exercise a deleterious and frequently a lasting influence.

The wonder is not why so many children in our cities die, but how so many live at all, surrounded as they are.

The benefits of good country air and food cannot be obtained by all, but many of the evils of city life can in a measure be mitigated, a large number of them entirely done away with, and it is the duty of the physician to point out to parents and teachers the great injury which is being accomplished to the health of their young charges. The Germans apply the term *kinder-garten* to schools intended especially for young children. How different from the method pursued in a well-conducted garden is that undertaken in the care of children in our schools! Fresh air and sunlight are rigorously excluded, and the young plants are allowed to grow up pale and blighted, or die in the vain attempt to exist.

It is not alone the hygienic arrangement of the school-rooms which is to be criticised. The plan of crowding scholars to their utmost, which is pursued in many institutions, is eminently harmful. Courses of study are undertaken and completed in one-half the time which should be given to them, and in order to accomplish this result, the pupils are compelled to occupy the hours which should be given to rest and recreation, in study. The ambition to stand high on the roll of honor, or to gain the medal of merit, spurs the scholar on; but when the prize is won, can the cost in many instances be counted? The years of school life are the ones in which the body and mind are most susceptible to injurious treatment, and parents and teachers cannot be too careful not to work a lasting injury in their ambition to make bright scholars. It is not an unfrequent thing to see young ladies taking books home to study which must occupy all their spare time. Tired out with the confinement of school, and, in many instances, the injurious practice of being compelled to pass up and down long flights of stairs, they should not be allowed tasks which they cannot finish in school hours. Dr. Clarke has shown the great injury which is wrought to the health of young ladies by overwork in certain periods of girlhood, and we earnestly wish that our educators could be made to see the injury they are working by this system of overwork and over stimulation by prizes and medals. B.

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ILLINOIS STATE MEDICAL SOCIETY. Dr. Thomas D. Washburn, of Hillsboro, who has occasionally contributed articles to our pages, was elected president of this society at its last annual meeting in May. The honor is worthily bestowed.

—INTERCURRENT CEREBRAL MENINGITIS. Dr. Walter Hay describes in the *Chicago Medical Journal* for July, a case of cerebral meningitis occurring in connection with a case of measles which presented certain features which he does not find described by authors. Under appropriate treatment the case convalescent on the eighth day of the disease.—HONORS TO DR. TILT. Dr. Tilt's *Handbook of Uterine Therapeutics* and his work upon *Change of Life* have been translated into Italian. The Italian government have made him a Knight of the

Crown of Italy.—LIEBIG'S SUCCESSOR. The successor of this eminent teacher of chemistry in the University of Munich, is to be Prof. Baeyer of Strasburg.—THE BROMPTON CONSUMPTION HOSPITAL. By a recent bequest from a lady this famous hospital has been made the recipient of one half million dollars in gold. Its present income is nearly ninety thousand dollars. During the last year fifteen thousand five hundred patients were treated in the out-door department.—MEASLES IN FIJI ISLANDS. Since the annexation of these Islands to British domain the measles have been introduced and are nearly depopulating the islands. The epidemic rages with unusual virulence among the natives, eight to ten deaths occurring in a day. The families of the white residents have been attacked but not with more than the usual severity.—NEW MEDICO—LEGAL WORK. Dr. M. Gonzales Echeverria, late of New York, is soon to published in London a work on the medical and legal aspects of epilepsy.—HOSPITAL AT FLORENCE. In Florence where so much has been said against the vivisections of Prof. Schiff, there seems to be need of a reform in the conduct of the hospital. The odor is said to be perceptible to persons passing on the street, and by good authority it is said that the most severe operations are made without the use of anæsthetics.—RETIRED. Owing to ill health Dr. W. F. Jenks has been relieved from the editorship of the American supplement of the *Obstetrical Journal of Great Britain and Ireland*. He is succeeded by Dr. J. V. Ingham.

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### Books and Pamphlets Received.

Contributions to the Pathology and Therapeutics of Diphtheria. By A. Jacobi, M. D., etc. From the *Journal of Obstetrics* February, 1875.

Irodotomy and its Applicability to Certain Defects of the Eye. By A. W. Calhoun, M. D. From *Southern Medical Record*.

Analysis of One Thousand Cases of Skin Disease. With Remarks and Cases. By L. Duncan Buckley, M. D. From the *American Practitioner*, May 1875.

A Clinical Contribution to the Treatment of Tubal Pregnancy. By T. Gailard Thomas, M. D. From *N. Y. Med. Journal*, June, 1875.

Annual Announcement of the Detroit Medical College.

Circular and Catalogue of the Savannah Medical College.

Second Annual Announcement of the Hospital College of Medicine, Louisville, Ky.

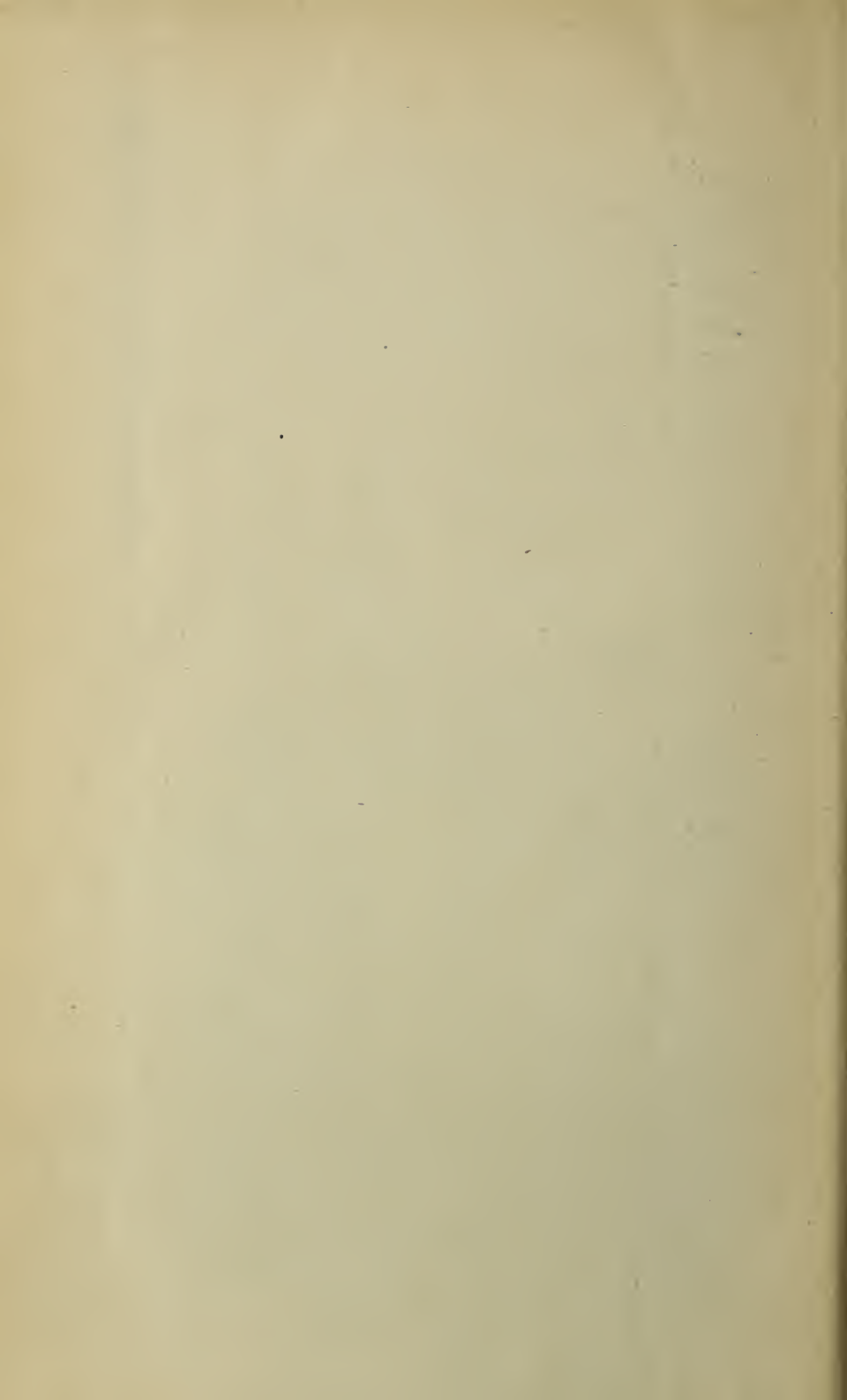
Annual Announcement of the Medical Department of the University of Buffalo.



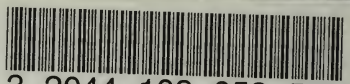












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