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TRI-STATE



MEDICAL JOURNAL.

EDITED AND PUBLISHED BY

JAMES MOORES BALL, M.D.,

Professor of Ophthalmology in the St. Louis College of Physicians and Surgeons,
and in the Woman's Medical College of St. Louis.

VOLUME II. (1895.)



ST. LOUIS, MO.:

3509 FRANKLIN AVENUE,

1895.

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Edited by JAMES MOORES BALL, M. D.,

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Vol. II.

KEOKUK, IOWA, JANUARY, 1895.

No. 1.

ORIGINAL ARTICLES.

WHAT IS INSANITY?*

An Introductory Lecture on Mental Diseases, Delivered in the Regular Course of the College of Physician and Surgeons, Keokuk, Iowa.

BY J. J. M. ANGEAR, A. M., M. D.,

Professor of Physiology, Nervous and Mental Diseases.

WHAT I have put upon the black-board† is for the purpose of saving time, but not to talk about. The first point I want to make is, that insanity is a department of medicine. It is that branch of medicine where the disease is physical, but the symptoms are psychical. I have called

*Stenographically reported for the Tri-State Medical Journal.

†ETIOLOGY OF INSANITY:—PREDISPOSING:—Heredity; sex (females); intemperance; epilepsy; marriage (consanguinity); syphilis; fever; accidents—blows, shock, wounds, sunstroke, cerebral hemorrhage; heart disease; tumors in the brain; starvation, rheumatism; chorea

EXCITING:—PHYSICAL:—Exhaustion from any cause; epilepsy; intemperance; pregnancy; child-bed; railway traveling; tuberculosis; cancer; uterine disease; Onanism; excess of venery. PSYCHICAL:—Mental over-work; education; disappointment; business worry; domestic troubles; unrequited love; stricken conscience; religious excitement; want; lack of sleep and rest.

your attention to the fact that the brain is material, and there is something back of it immaterial, and is made manifest through the brain. The man that is constantly weighing with balances, measuring with the graduate, and testing with reagents deals with nothing but matter and is disqualified from judging of things immaterial. I want to bring it before you as pointedly as I can that the diseased brain, or insanity, is the domain of medicine and not the domain of law. It is important for us to draw the distinction between law and medicine. This is our territory. But when we have decided that a patient is insane, we have decided that he is unfitted to care for himself, his family and estate, and may be dangerous to society. It is now the domain of law to take care of him and his estate. Here we have two distinct things; the line of demarcation must be made plain. It is our prerogative to determine a question of sanity or insanity as much as a case of measles, smallpox or typhoid fever. When we have diagnosed the case, then—and not till then—has the legal profession anything whatever to do with the case.

Nearly all quarrels in court between the doctors and the lawyers, and they have been numerous, have been over definition and classification. The quarrel has not been so much over the question, Is he sane or insane? but, What is insanity and how do we classify it? To exclude definition and classification of insanity from our courts is to have excluded nine-tenths of the quarrels.

Definition of insanity is an impossibility, and as Dickson says, we should not attempt it. Insanity is a general term, and not specific in its character. General terms cannot be made to cover specific cases. Let us look for a moment at medicine, and we find it divided into three departments: medicine; surgery; and obstetrics. Medicine: the cure of the disease—we practice medicine, but never did and never shall cure a patient; nature does the curing—we care for the patient. Here definition gives little idea because medicine is a generic term. Surgery: working with the hand—then a carpenter or a carpet layer is a surgeon according to that definition. Obstetrics: standing by or before—then every body that stands by or before is an obstetrician. The definition is not worth anything. Then why are we compelled to define insanity? “Dis,” not; “ease,” rest; not at rest, is a definition of “disease.” An individual has eaten too much watermelon and is not at ease; but that is not disease. A child has eaten too many cherries or pickles; it is not ease, but not disease. A patient in the third week of typhoid fever is the most contented person on this planet; there is no pain, no suffering, and all he wants is to be let alone; now what is your definition worth? In court the first thing the attorney will do is to

ask, "What is insanity?" Answer that it is a general term in medicine covering all diseases with psychical symptoms. Will the definition of "disease" give you any idea of typhoid fever or what a fracture is? Generic terms are not applicable to specific things. If we attempt to define insanity in a general way, it will not give you any idea of mania, dementia, or paranoia. We need a specific definition for every special case. And yet the attorney will insist upon a definition for insanity. Inform him our best authorities say it can't be done. The difficulty lies right here, that a generic term is applied to a condition in which a specific case cannot be placed. Plato defined man as a "biped without feathers." Bring in a plucked rooster.

In studying insanity we must study the individual, his environments, privileges and advantages. Talking Hebrew is no evidence of insanity; yet cases are on record where a patient hearing Hebrew in his youth, becomes insane and, forgetting his native tongue, talks Hebrew fluently. When Prof. Cleaver and I went to the continent, the first city we visited was Rotterdam. We went to the cathedral, and on both sides of the large doors found urinals in use. That was proper in Rotterdam. If some one did the same thing in Keokuk, he would be arrested. In some other cities I have seen a man leave his female companion to urinate at the curbstone. That was right there, but here is evidence of being drunk or insane. Let us take conditions of society; I have read of travellers in heathen lands captured by savages, their valises opened and the garments of civilization displayed. A savage donned a tall hat and not a rag more. You try it in Chicago and you will soon find you are insane. Another wore a cravat around the waist as his only raiment; that was appropriate there, but not here. These things in Africa are no evidence of insanity, but in America they would be. So it depends on circumstances. Let us consider matters of age. We are delighted to see the plays of children, as a child in a street-car putting on its mother's bonnet, upside down, the forepart behind, etc., repeatedly; because it is a child it is all right—no evidence of insanity. But suppose the mother had done that! A little boy slapped a little girl in a car, on the face, and then kissed her; these things in children are cunning, but not in an adult! "When I was a child I spake as a child, but when I became a man I put away childish things." We shall find many things that may be said by the uneducated and unrefined that are natural—no evidence whatever of anything wrong mentally. Some individuals throw in an oath before every adjective, and make no emphasis without a curse; that is natural to that individual. Then again another individual cannot talk without being obscene in anecdote; it is their natural mode of thought. But if

we are in the environment of a young lady, in refined surroundings, and she blurts out some oath or obscene speech, bringing out her animalities with every action, we have to deal with something different. Or if a man honest, modest and polished, tells you of a scheme to get a thousand dollars, or to blow open a safe, it shows his mind is not in its natural channel. Every thing must be taken into consideration; the thing itself is not evidence of insanity. A patient under chloroform may tell you a family secret—let it die with you—it is not insanity; it is simply calling the will from its legitimate post. A drunken man may have lost the will power that controls human thought and action; we say that is not insanity, but I want to say it is brief insanity. It is not so classified, because it is ephemeral. We meet with the ravings of disease—fever and talk that should be left unsaid—the perceptions perverted—the mother will not know her own son, or want to know of her husband why he is there, and orders him from the house; and when the doctor, the family physician, comes she will declare he is trying to poison her. But as soon as the fever abates the delirium disappears and she knows she was not herself. That is not insanity because it is ephemeral. These things we shall meet with, and must draw the line of distinction.

I want to call attention to the fact that we are all near the border line of insanity. Sometimes we go on the other side but no one dreams of it. Is there anybody who has not built air-castles? Let me tell you of some air-castles with which I have met. The other evening I met a doctor in a cool, pleasant place. He said: "I have spent many hours here this summer, and I have discovered great gold-mines and got out \$40,000 to \$50,000 per day, so that this summer I have accumulated a hundred millions of dollars; I have built some splendid hospitals and medical colleges where every professor has a splendid salary attached to his chair. Angear, have you ever done such things at that?" Why, lots of times. Suppose you were not able to command the will and say: "Begone, illegitimate thought." That individual would be going around drawing checks on this and that bank for thousands of dollars and be insane. If you have not built such air-castles you have built others; but you have been able to command legitimate thought and are sane. As another form of air-castles you may have made great inventions in mechanics, and have sold eggs before they were hatched.

The difference between sanity and insanity here is simply a matter of will power. The fever patient's condition was because a few more ounces of blood were going to the brain; let something occur to send more blood to your brain and you will become, in reality, a raving maniac. We have to

deal with thought and metaphysics; insanity is a disease of the brain with mental symptoms. Other diseases of the brain are physical in character and are revealed to the touch or to sound, but in psychical medicine these senses are useless to us. I want to leave the impression with you that it is the psychical with which we have to deal and to return—he who is doing nothing but weighing and measuring, and is never entering the metaphysical world, is unfitting himself for dealing with insanity. And another thought I want to emphasize, that all this is the domain of *medicine*.

ERGOT IN OBSTETRICS.

BY JAMES G. ROBINSON, M. D., Sedgwick, Kansas.

FOR several years after beginning practice I did not use ergot in my obstetric work. I had been taught to carry it for cases of post-partum hemorrhage only, and having none of these I had no use for it.

I had many cases of labor tedious for me and exhausting to my patient, and often I longed for some safe remedy to stimulate a lazy uterus.

Quinine and other tonics were of little or no avail.

About six years ago I had one of these tedious cases: A large, lax built multipara had been in labor sever hours, and the pains were less hard and frequent than some time before. The vaginal secretions were abundant, the vertex in normal position, and the os partially dilated. Everything seemed favorable for a speedy termination of labor, if the pains were only "right," but they were too feeble and far apart to do much good. Heretofore if hot drinks and the like did no good, I would try to get the woman to sleep, and generally find the pains came as desired, after a good nap.

But this time I gave a half teaspoonful of normal liquid of ergot, and to my glad surprise, in less than half an hour the pains increased in force and frequency, and the labor terminated in a very short time, without any bad effects from the ergot.

From that time I have made a study of ergot in obstetrics, and what follows is the result of more than five years' observation of its use in a large number of cases.

Ergot can be used to advantage in the large class of cases to which the one above described belongs. Namely, when the fetus is of natural size and in correct position. The pelvis of normal size, the os well dilated, the tissues soft and yielding and the secretions abundant. Yet the labor does not progress for want of efficient pains. Such cases are by no means infrequent, and occur most commonly in large multipara.

Ergot, properly administered, will soon overcome this difficulty and the labor will speedily terminate with satisfaction to all concerned.

At first I thought it necessary to have the os fully dilated before giving ergot. Now I do not hesitate to use it when the os is not dilated more than the size of a silver dollar, if otherwise the case indicates its use. If there were no dilation of the os and the pains were tedious I should quiet them by the proper drugs.

In giving ergot before the os is fully dilated, I should watch the effects closely and use small doses.

A rigid os generally depends on feeble and short pains, and producing normal pains is the surest way to relax and dilate the os. There is no danger of the os contracting about the child's neck or before the placenta is gotten away if ergot be given only as indicated, which is to the extent of producing natural pains, and when everything is normal save the pains and that depending on their lack of power and frequency.

Ergot, when demanded, in proper dose, will always produce normal and physiological pains. Tonic contraction of the uterus results only from excessive dosage of ergot or its use when the pains were already of normal force and regularity. This last named condition of the uterus is produced by a toxic and not a physiological dose.

If ergot is indicated at all, it is because the uterus is sluggish in action, and the circular fibers about the os partake of this lethargy. Then the continued pressure of the presenting part on the lower uterine segment causes a temporary paralysis of the os. As dilation takes place the circular fibers of the os lose their power of contracting until long after such time as the placenta should have been removed.

To summarize: There are a large number of cases of tardy labor where all the conditions of labor are favorable save those due to inefficient and infrequent pains. Ergot, properly administered, will correct this evil and produce a speedy delivery without any bad effects on mother or child.

A rigid, partially contracted os alone is not a contra-indication for ergot. In fact, when due to inefficient pains, it may be the remedy to use.

As for the ergot itself, it should be a good article. I prefer ergotole, prepared by Sharp & Dohme. Small or moderate doses only should be given in the cases alluded to above.

I give a quarter of a teaspoonful of the ergotole, or half to a whole teaspoonful of fluid extract.

I have observed effects from it in about fifteen minutes after its administration. And the effects last for half an hour or more, when the dose may have to be repeated.

THE TEACHING OF ANATOMY.

BY FRANK RING, M. D., St. Louis, Mo.

Professor of Anatomy in the St. Louis College of Physicians and Surgeons.

ANATOMY is not generally considered to be an interesting subject, or one easy to master, and often the student is overwhelmed by the magnitude of the task before him, and despairs of ever becoming familiar with its details. This feeling, though quite natural, is scarcely warranted, if one forms a proper estimate of the difficulties to be met with.

For, after all, anatomy should not prove to be more difficult to the medical student than the study of geography is to the school boy.

He has to learn all about the various countries of the world, their names, situation, boundaries and divisions, their mountains and valleys, the rivers running through them, together with their origin, size, branches, communications, and terminations.

In the same manner the student of anatomy is obliged to learn how the body is divided into regions and spaces, their names, situation, boundaries, and contents, the vessels and nerves met with in these spaces, together with their origin, size, branches, communications and terminations.

The particulars respecting the regions and spaces into which the human body is divided are among the things a student must know *by heart*, before presenting himself for an anatomical examination, should he wish to pass with credit.

Various aids are resorted to by teachers of anatomy, to facilitate the learner in his work. In a recent canvass of the methods in use, in the numerous medical colleges of this city, I found a veritable artist with colored chalk, who can readily and quickly represent on the black-board, any and every anatomical part about which he may undertake to lecture. He is a warm exponent of the value of the study of the development of the anatomy as a substantial assistance in the acquirement of anatomical knowledge. In another school I had occasion to notice a fine collection of charts, arranged on hinges, and hung in a convenient place for their suitable exhibition. In other places I found models of the different parts of the body, manikins, etc.

Speaking generally, so far as the professor of anatomy was concerned, I found the "quizz" absent. In referring to the schedules of the Bellevue College and the College of Physicians and Surgeons of New York City, I learn that "recitations" of anatomy are obligatory in those schools. If this rule is enforced it should result in substantial benefit.

During a visit to London, a few years since, I had occasion to attend what is called "Cook's School of Anatomy," the proprietor being Mr. Thomas Cook, F. R. C. S. Eng., an American who has conducted this "coaching" school for the preparation of candidates for the Royal College Degrees, for about twenty years. In this institution the method in vogue is daily "quizzes" over dissected parts, which are in abundant supply and carefully attended, so as to prevent damage to them, so that they may be continued in use as means to demonstrate points in anatomy. In the Museum of the Royal College of Surgeons, London, hundreds of beautiful dissections are displayed, and are much resorted to by the English students, as they are required to pass a very stringent examination before they are "qualified" to pass their anatomical examinations.

A knowledge of anatomy is deemed of such vital importance there that the examination questions of the Conjoined Board presents increased difficulties with each recurring "quarterly examination." I have met students who have admitted having failed as many as three and four times, and one student admitted his fifth failure in anatomy. As the examination fee, in each instance, amounts to ten guineas, it may be apprehended that in England a medical student's life is not a happy one.

It appears to me that it would be a desirable thing to offer inducements to students to make careful dissections, and to have these dissected parts so treated that they would be available for the use of future classes. It must be conceded that anatomy can be best learned and retained through the medium of dissections, in other words, that it may be learnt in the doing of it. Nothing can take the place of actual dissection, and there is no "royal road" to anatomical knowledge. To fix the points gleaned, a regular system of "quizzing" should be employed, and this will serve, partially, to overcome the natural proneness of human nature to laziness.

Recently, I read in a comic paper, a dialogue between two art students. The first student, who was busy with "Gray's Anatomy," said: "I wish I was a doctor." The other asked, "Why?" The answer was, "Because, then I wouldn't have to know any anatomy."

This morning I was told of a new rule emanating from the City Hospital, as a result of which the colleges here will obtain only such subjects as have been "post-mortemed." Is this a clever scheme to nip the budding crop of "belly surgeons?"

Dr. Louis Alexander Bull, of Buffalo, died of diphtheria, November 30, 1894, aged thirty-seven years. He was taken ill six days before his death. Dr. Bull was well known as a specialist in laryngology, having built up a successful practice in that branch of medicine.

**REPORT OF A CASE OF FIBROID TUMOR OF THE UTERUS
OBSTRUCTING LABOR—CESARIAN SECTION.**

BY DR. J. E. SUMMERS, JR., Omaha, Neb.

Professor of Surgery in Omaha Medical College.

READ BEFORE THE WESTERN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS AT DES MOINES, IOWA
DECEMBER 2, 1894.

EVERY solid tumor so blocking the pelvic outlet that delivery cannot take place, demands either Cesarian section or the Porro operation. If the tumor be movable, and can be pushed up out of the way, or, whatever its origin, if it can be removed prior to or in the early stage of labor, without interfering with the integrity of the uterus, delivery may be accomplished per vias naturalis.

With this simple statement of what I believe to be in accordance with the teachings of the day, I wish in as few words as possible, to report the following case in point, and to pass around for your inspection the uterus, with a fibroid tumor attached near the cervix, which I removed immediately after death, from the body of a woman upon whom I had performed Cesarian section.

Mrs. H., aged about 35 years, entered the Clarkson Hospital, Omaha, Nov. 17th, 1892. She was in the beginning of the eighth month of pregnancy, and in good health. The history of the case showed that there had been four previous pregnancies without the delivery of a living child. The last delivery occurring a little more than one year prior to my seeing the case, was terminated by craniotomy, because of a tumor blocking the pelvis, and the one preceding it had been by forceps, the tumor having been recognized at that time. In the others no tumor had been recognized. Upon examination a tumor, elastic, and thought by myself and consultants to have its origin in the right ovary or broad ligament, was found filling up the pelvis so that a natural delivery was out of the question—the possibility of the tumor being uterine was considered, but the physical signs seemed to negative such an opinion. I decided to open the abdomen, and if the growth was found removable without interfering with pregnancy, and the integrity of the uterus, to remove it; if not, to close the exploratory incision, wait until the end of gestation and then do a Cesarian section or the Porro operation.

Accordingly, on Nov. 19th, 1892, the abdomen was opened and the growth, as you will see by an examination of the specimen, found to be a sessile fibroid of the uterus, its base running down close to the cervix.

There was practically no manipulating of the uterus or tumor, and the incision was closed immediately, the exploration having required but a very few minutes.

On the next day, Nov. 20th, about noon labor pains commenced. I was surprised. As soon as practicable the patient was taken into the operating room and Cesarian section done. I found great difficulty in passing a rubber tube around the cervix, because of the tumor, and the hemorrhage was simply frightful, in fact I have never seen anything to equal it in persistency.

The placenta was immediately under my incision into the uterus, and had to be peeled off before I could reach the sac and rupture it.

Iodoform gauze packing was resorted to, and finally with success, and the operation completed in the usual manner. Because of the condition of shock, the patient was not removed from the operating table. All methods of restoration in such cases known to me, were employed, including the intra-venous injection of a sterilized saline solution, rectal injection of hot water, and whiskey, and the hypodermic use of digitalis and strychnine, but all were of no avail, and the woman died some seven hours after the operation. The baby lived six hours. Had not the exploratory incision been made the woman would, in all probability, have gone to term, or nearly so, and at least the life of the child saved by operation; but from a not inconsiderable experience in the examination of intra-abdominal growths, I do not now know how I could have avoided believing the tumor *not* to have been uterine, and my consultants, men in whose judgment I have confidence, agree with me in this. The simple exploration ought not to have brought on labor. Why it did I am at a loss to know, as I have had several experiences in abdominal work upon pregnant women, and only in one of my cases, in a woman three months pregnant, from whom I removed a large adherent ovarian tumor, which with fluid and sac weighed 75 lbs., did labor follow as the result of the operation.

In a similar case I would clamp off the broad ligaments before attempting to incise the uterus, and deliver the child. The ordinary Porro operation would not do with a tumor situated as this one, neither would the simpler operation of Tait,—simpler in description than execution—the tumor would prevent proper constriction of the pedicle, and the only way to control the hemorrhage would be primary removal of as much as possible of the blood supply. After the removal of the child some one of the modern methods of abdominal hysterectomy, preferably that employed by Price. I make this report with the hope that it may be of use, and perhaps bring about a happier termination to some poor unfortunate woman.

New Laboratory.—Denver will soon have a bacteriological laboratory under the control of the health department.

ABNORMAL TEMPERATURE.*

BY WM. CATTO, M. D., Decatur, Ill.

NOT infrequently the temperature in a given case, serves as an index to the gravity of the disease, and becomes an important factor in making a prognosis.

In most instances we expect a case to terminate fatally in which the thermometer registered a temperature of 107° , especially if it is continued for any length of time.

That this is not always a correct conclusion is proven by occasional reports of much higher temperature, and is further illustrated by the following instance, which occurred in my own practice in the course of an attack of appendicitis:

The patient was a lady aged forty-seven years, the mother of three children, the youngest thirteen years old. I was called to see her first in September, 1891, and found her suffering with her first attack of appendicitis, which was typical and severe, extending over a period of three weeks; the temperature at no time going above 105° F. She made a gradual though imperfect recovery, and from that time until the present has had neither solid nor semi-solid fecal evacuations.

A well defined tumor somewhat larger than a walnut, of irregular outline, could be felt in the right inguinal region.

Since then I have attended her through eight attacks, the one of which I desire to speak, occurring in July, 1893.

She became ill about the 9th of that month, and although the attack was severe, nothing unusual occurred until the 22d, upon which day I was called out of the city; her temperature in the morning being $103\frac{1}{2}$.

During my absence about 5 P.M. my colleague, Dr. H. C. Jones, was called to see her. He found her delirious, suffering great pain, and with a temperature of 110° , the limit of registration on his thermometer.

Thinking the instrument had become useless, he sent for a new one, which also failed to measure the temperature.

Upon my arrival home at 9 P.M. In response to a message from the doctor, I went to see the patient, when he gave me the temperature of which I have spoken. The patient was delirious and in great agony, pupils were contracted, face flushed, pulse 160 or more, and unsteady. I had with me a 5-inch "Neck's" thermometer, and upon taking her temperature in the axilla, found it to be above 112° .

Two-thirds of a grain of morphine by hypodermic injection and six grains of acetanlid were at once given, and at 11 P.M., two hours later,

*Read before the District Medical Society of Central Illinois, Oct. 30, 1894.

the temperature had fallen to 107° ; the patient resting easier, I went home. Not hearing that she had died, I visited her at 8 next morning and found her still delirious, but with a temperature of 106° , which by 4 P.M. rose to 109° . Next day, the 24th, the morning temperature was 108° , evening 109° ; 25th, morning temperature, $107\frac{1}{2}^{\circ}$, evening temperature, 107° ; 26th, morning temperature, 110° , evening, 106° ; 27th, morning, 104° ; evening, 106° ; 28th, morning, 101° , evening, 103° ; 29th, $98\frac{1}{2}^{\circ}$, evening, 100° ; after which it fell to normal, and remained so for four days, when it rose to 105° , and again fell and remained near the normal. She has had several subsequent attacks, in all of which the temperature has risen above 106° .

CASE OF MASTURBATION IN A FEMALE; OPERATION; RESULT.*

BY F. B. DORSEY, M. D., of Keokuk, Iowa.

Professor of Obstetrics and Gynecology in the College of Physicians and Surgeons, of Keokuk.

THE case I desire to report is that of a lady of more than ordinary intelligence, large of stature, 49 years of age, the mother of four children; one abortion at 37 years of age, third month; menstruation regular, except during pregnancies, up to 44 years of age, when it occurred at intervals of six weeks to six months. She enjoyed perfect health until about three years previous to the time I first saw her, of cheerful disposition and fond of society.

In the spring of 1891 she first noticed a feeling of weight in the pelvic region, which was accompanied by a slight leucorrhœa. These conditions gradually increased, when in the fall of 1893 they were accompanied by itching and rawness of vulva. During the winter of 1893 and 1894 she was unable to stand or walk without suffering with increased pain in the pelvic region, and intensification of itching and burning.

In March, 1894, there was a feeling, to her, as of something constantly falling out of the vagina, accompanied by the itching and burning, which was temporarily allayed by rubbing the pudendum with the hand and, in some degree, by moving over the chair when she sat.

There was an aversion to sexual intercourse from the beginning of abnormal sensations, and also a dislike for company. The rubbing of the vulva with the hands often produced orgasm.

For three months prior to the time she came under my observation she passed wakeful nights. Six weeks of this time her (itching and burning) desire to masturbate was constant except when under the influence of morphine. There was also increased pelvic pain, loss of appetite and flesh.

*Read before the Tri-State Medical Society, at Jacksonville, Ill., Oct. 2, 1894.

The worst feature in her case, to her friends, was her mental condition. She moaned almost continually; very restless, even when asleep, with constant psychical depression. When asked what was the matter, she would say: "I am lost, I am lost." (Christian experience. Melancholia).

Physical examination revealed the following conditions: The vulva being exposed, I found laceration of perineum down to sphincter ani, with consequent protrusion of anterior and posterior vaginal walls. The parts were inflamed and tender; profuse yellowish leucorrhœa. The clitoris was large, and examination caused erection of that organ and orgasm. Upon exploration of pelvic region; I found the uterus retroverted and prolapsed, but little enlarged and no tenderness. Both ovaries were very tender and enlarged. The Fallopian tubes could be distinctly outlined.

I proposed operation for the removal of both ovaries and restoration of lacerated perineum, which was readily consented to by the lady and her husband.

In the latter part of July, assisted by Drs. Payne and Ochiltree, I removed both ovaries and restored lacerated perineum, time occupied in performing both operations, 32 minutes. She rallied rapidly and had an uninterrupted recovery, as far as the operations were concerned. She became cheerful and desired the company of her friends, was quite talkative, a normal condition. There was no pain experienced after the two operations were performed. She slept without morphine, after the second night. This pleasant state of affairs continued uninterrupted until all dressings were removed, when the old desire to handle the privates returned. At this time all pelvic pain and discomfort were wanting.

Owing to the constant desire and practice of masturbation, 22 days after the double ovariectomy and perineorrhaphy, I removed the clitoris and minor labia. This operation was followed by the patient's return to a normal mental condition. During the time the dressings were in situ, there was positively no irritation of the parts concerned or desire to masturbate. After the dressings were removed and patient was up and about, there was a desire to return to her old practice of masturbation, but not so pronounced as before. The practice was not accompanied by the pleasurable effect as before, hence she has ceased to masturbate altogether. She sleeps and eats well, is gaining in flesh and rapidly returning to a normal condition, mentally and physically.

Banquet.—The Woman's Medical Club of Chicago, gave the first banquet of the season at the Auditorium Hotel, November 14th.

THE NEWER THERAPEUTICS; DOSIMETRIC AND SPECIFIC
MEDICINES.

BY W. G. BUCKLEY, M. D., of Philadelphia, Pa.

ASTHMA.—Recent and paroxysmal and not complicated, requires aconite (amorphous), lobelia, hydrocyanic acid medicinalis. Give one granule of the first two remedies named and one drop of the acid every two hours or oftener till better. Where the spasms affect the whole body more or less, with vomiting, give a granule of the arseniate of copper and one of the sulphate of strychnine every hour or two hours till relief is had. When the pulse is full and some bronchitis of an acute form exists, give always the aconite. But if the bronchitis be of a chronic nature, the lobelia, grindelia, antimon. arseniate with strychnine should be given.

In the nervous variety, with convulsive breathing, nausea and vomiting and much stringy mucous, cold sweat on the face, the veratrine with strychnine and hyoscyamine should be employed, one granule of each together, alternately with one of conitine and potassium bichromate.

In the cardiac form, digitaline, strychnine, and (aconine when the pulse is strong) cactenine if the pulse be only moderately strong, if very weak glonoin should be employed with strychnine. Give a granule of each of the selected ones every hour or two till relieved.

In the hysterical variety, give the granules of the valerianate zinc, assafetida, and hyoscyamine, one of each together every hour to three hours, also cannabine and macrotin in alternation with the three, the former when exaltation of spirits, loquacity and incoherent talk predominate, the latter when she thinks she will not recover.

The *paludal* variety is controlled by hydroferrocyanate of quinine, arseniate of quinine and strychnia sulph. Iodide of cinchonidia may be with advantage given in conjunction with the above, one of each together from two to four hours apart. Syphilitic infection and the scrofulous nature call for the latter. The gouty and rheumatic diathesis require arsenate of strychnine, colchicine and sulphur; in constipation the sulphur composition.

In all cases, to prevent a return of attacks, the usual dose of the seidlitz salt should be administered every morning fasting. The regimen should be that generally recommended for persons of weak digestion. The patient should eat sparingly. A milk and vegetable diet is probably the best for all. The Abbott Alkaloidal Company, of Ravenswood, Chicago, make a pepsin compound, *vegetable*, which is useful when, by accident, fermentation should take place from unwittingly taking an improper food. This company also make the granules I employ; they are economical, handy and thoroughly reliable; easy to take and readily dissolved in the juices of the stomach.*

*Extract from a forthcoming work by the writer.

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
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TRI-STATE MEDICAL JOURNAL

Vol. II

JANUARY, 1895

No. 1

Editor—JAMES MOORES BALL, M. D.

Associate—ELLET ORRIN SISSON, M. D.

TO CONTRIBUTORS:—All communications to THE TRI-STATE MEDICAL JOURNAL are received with the strict understanding that they are to be published in this journal alone. Papers for the Original Department should be in hand one month in advance. A liberal number of extra copies of the Journal, will be furnished authors if requested. Photo-engravings will be made to illustrate articles, if proper copy is furnished. Electrotypes of engravings will be furnished authors at cost when they wish to preserve them for future reproduction, provided a request is made for them on the back of the copy. Reprints are not furnished by the Editor, but can be obtained at reasonable rates from the company.

Address all communications, news of medical interest, subscriptions, books for review, etc., to the TRI-STATE MEDICAL JOURNAL C. O., Keokuk, Iowa.

EDITORIAL DEPARTMENT

LOOKING BACKWARD—AND FORWARD.

One year ago, contrary to the advice of medical friends, the TRI-STATE MEDICAL JOURNAL was established by its present editor. Many attempts in the line of medical journalism had been made in Iowa. Every attempt had ended in failure. Surely it was not an inviting field to view; nevertheless it was thought that the intelligent physicians of the great State of Iowa would appreciate a live, readable and well-printed medical magazine. Whether the TRI-STATE has come up to such a standard the writer will ask others to declare.

During the short period of its existence this journal has found friends and enemies—friends, in many states, among those who believe in scientific medicine, in higher medical education, and in a better and nobler profession; enemies among some few who are financially interested in some of the disreputable, low-grade medical schools with which this country is so abundantly provided. As in the past, such parties have been handled without gloves, so in the future the writer will ever be on the alert to expose hypocrisy, while championing the cause of higher medical education.

A word concerning the collaborators of the TRI-STATE: If the papers printed in this journal during 1894 were good, those to appear during 1895 will be better. Many eminent men in all states and some in the United Kingdom have promised to write for this magazine. Pleased with the success of the past year, the editor will endeavor to improve the TRI-STATE during 1895.

IOWA STATE MEDICAL SOCIETY.

In a circular just issued by the Secretary, Dr. J. W. Cokenower, of Des Moines, we find the following:

"Our Society has now a membership of a little over five hundred, which ought to be increased in the next few years to two thousand, as there are about twenty-five hundred doctors in the state who are eligible to membership; but whether or not our State Society reaches the membership and disseminated usefulness desired, depends upon the organization and interest manifested by its support. Heretofore, local societies of small membership labored under disadvantage in electing its delegates, as only one delegate could be elected for every five members in good standing, hence, took a long time for all to become members. However, the State Society wisely, we think, changed this, at its last annual meeting in Des Moines, so that local Societies can now send one delegate for every three members in good standing, providing the local secretary places on file with the State Society a report of its officers and members on or before March first of each year (See Revised Constitution and By-Laws, Art. 3, Sec. 2.) Our next meeting will be held in Creston on the third Wednesday in April, 1895, and we hope your Society will send its full number of delegates, and permanent members. The newly revised constitution and by-laws will be ready for distribution in February, when local societies can be supplied by notifying the State Secretary of the number of copies needed."

The TRI-STATE MEDICAL JOURNAL long ago contended that the Iowa State Medical Society does not represent the medical profession of the State. Developments at the last meeting regarding the profession in Des Moines were of such a startling and disgusting nature as to render the Society odious in the eyes of many of the members. We look for only a small attendance at the annual meeting in Creston. With a majority of the Polk County physicians daily violating the constitution of the Iowa State Medical Society, what claim has Des Moines upon each alternate meeting?

DEATH OF DR. BENJ. McCLUER.

This respected physician died at his home in Dubuque, Iowa, November 4th, 1894. Born in 1824, Dr. McCluer was graduated from the Medical Department of Harvard in 1852. He settled in Dubuque in 1856; served as surgeon of the Ninth Iowa Infantry for four years; was the First President of the re-organized Cedar Valley Medical Society, and held many other positions of honor. Dr. McCluer belonged to that older school of physicians, only too few in number, who regarded medicine as a profession and not a trade. Honorable in all his dealings, considerate to his associates and fearless in the discharge of every duty, the profession of Iowa will miss Dr. McCluer.

J. MARION SIMS, M. D.

Most men are never heard of after death; a few will always survive. Among these is J. Marion Sims. When the annals of American medicine shall have been written by some future historian, the names of the great lights of the Nineteenth Century will be few in number. McDowell, Rush, Gross, Sims and the discoverers of anesthesia will be remembered by future ages.

Like Napoleon, the fame of Sims is greater now than on the day of his death. A man of clear ideas, undoubted courage and an indomitable will,

his life presents the brilliant spectacle of a man hewing fame and fortune out of the unwilling hand of Nature. For years he labored to release woman of the most loathsome diseases to which she is subject. The discovery of the speculum which bears his name was followed by many months of weary search for an operation that would cure vesico-vagina fistulæ. No sooner had success been attained and his method explained to the leading surgeons of New York, than they, who should have befriended the poor, invalid doctor from the South, began to rob him of his laurels. Surely the medical profession is its own worst enemy.

The fading fortunes of Sims were saved by the press. A meeting of doctors was called through the daily papers, and the need of a hospital for women was announced by the assembled medical men. The Woman's Hospital was the fruit of Sims' energy, plus the power of the newspapers. For years the institution had no friends among the leaders of medicine. Sims was a quack because, first, he knew more than the rank and file of his day; and, secondly, because he accepted the aid of the press in defending his rights.

Truth, however, is omnipotent. Sims lived to receive all the honors which can be showered upon a physician by all the civilized lands. For the first time in the annals of American medicine, a statue has been erected to a member of the profession, and it bears the name of J. Marion Sims.

A GREAT VICTORY.

The recent election of Dr. F. D. Mooney and Dr. Frank R. Fry to the highest offices in the gift of the St. Louis Medical Society, must be regarded as a magnificent victory. On the one side were the advocates of a no-code, go-as-you-please, advertise-whiie-you-can policy, while on the other were arrayed those quiet, gentlemanly, studious and ethical members of the profession of St. Louis. The victory was not a personal one—it was broader than that. It was a triumph of principle. The odium which certain disreputables have thrown upon the St. Louis Medical Society during the past year will now be removed. The profession of St. Louis will no longer be looked upon as a three-ring circus where every performer is a knave. In a short time the physicians of the smaller cities of the West will hold the medical men of St. Louis in the same high estimation as has been long accorded the physicians of Chicago, Philadelphia and New York.

Commercially a new St. Louis is being born. Professionally a new St. Louis will soon come. The petty jealousies, internecine wars, and infantile quibbling which have so long existed among the leaders—particularly the surgeons—will be soon forgotten. A new order of things is

coming. New men, young men, honorable and ethical gentlemen who can work together harmoniously will remove the stain which has for many years tarnished the escutcheon of medical St. Louis. So mote it be.

THE ELECTRIC AMBULANCE.

We cannot leave the present train of thought without a mention of the electric ambulance which Dr. George Homan has just succeeded in placing in public service in St. Louis. This, the only electric ambulance in the world, is a messenger of mercy, a successful innovation and a credit to the erudite Health Commissioner of St. Louis.



OUR BOOK TABLE

HIGHER MEDICAL EDUCATION—The true interest of the public and the profession; By William Pepper, M. D., LL. D. Octavo, pp. 100. Philadelphia: J. B. Lippincott Co. 1894.

This book consists of two addresses delivered before the medical department of the University of Pennsylvania, October 1, 1877, and October 2, 1893. Both are valuable and should be read by every friend of higher medical education.

THE INSANE IN FOREIGN COUNTRIES; By William P. Letchworth, President of the New York State Board of Charities, Second edition. Octavo, pp. 400. New York and London: G. P. Putnam's Sons. 1889.

In a beautiful volume Mr. Letchworth has clearly and vividly described the condition of the insane in foreign countries. The value of the book is greatly increased by the numerous full-page illustrations. An historical sketch, showing the early methods of dealing with this unfortunate class; precedes the general discussion of the subject.

THE MEDICAL NEWS VISITING LIST FOR 1895. Weekly (dated, for 30 patients); Monthly (undated, for 120 patients per month); Perpetual (undated, for 30 patients weekly per year); and Perpetual (undated, for 60 patients weekly per year). The first three styles contain 32 pages of data and 160 pages of blanks. The 60-Patient Perpetual consists of 259 pages of blanks. Each style in one wallet-shaped book, with pocket, pencil and rubber. Seal Grain Leather, \$1.25. Philadelphia: Lea Brothers & Co., 1894.

OBSTETRIC SURGERY; By Egbert H. Grandin, M. D., Obstetric Surgeon to the New York Maternity Hospital, Gynecologist to the French Hospital, etc.; and George W. Jarman, M. D., Obstetric Surgeon to the New York Maternity Hospital, Gynecologist to the Cancer Hospital, etc.; with Eighty-five (85) Illustrations in the Text and Fifteen full-page Photographic Plates. Royal Octavo, 220 Pages. Extra Cloth, \$2.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

In this beautifully printed and finely illustrated book the authors have incorporated their views on obstetric surgery in a clear, concise and valuable form. The book fills a hiatus in medical literature, and doubtless will be widely read.

TRAVAUX D'ELECTROTHERAPIE GYNECOLOGIQUE; Archives Semestrielles D'Electrotherapie Gynecologique Fonds publiques par Le Dr. G. Apostoli, Vice-President de la Société Francaise D'electrotherapie, etc. Paris, 1894. Volume I, fascicules I et II. Octavo, pp. 717.

This French volume is a large collection of cases of uterine diseases in which electricity was used as a therapeutic agent. English surgeons have furnished the first 250 pages. Then follow observations recorded by the Belgians, Russians, Americans, Italians, Danes, etc., etc. The work closes with a bibliography.

SYLLABUS OF LECTURES ON HUMAN EMBRYOLOGY: An Introduction to the Study of Obstetrics and Gynecology. For Medical Students and Practitioners. With a Glossary of Embryological Terms. By Walter Porter Manton, M. D., Professor of Clinical Gynecology and Lecturer on Obstetrics in the Detroit College of Medicine. Illustrated with Seventy (70) Outline Drawings and Photo-Engravings. 12mo, Cloth, 126 pages, interleaved for adding notes and other illustrations, \$1.25 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

Dr. Manton has compiled an excellent syllabus of lectures on embryology, which will be valuable alike to teacher and student. The subject is handled systematically.

TEXT-BOOK OF HYGIENE: A Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American Stand-point; By George H. Rohé, M. D., Professor of Therapeutics, Hygiene, and Mental Diseases in the College of Physicians and Surgeons, Baltimore. Third Edition, Thoroughly Revised and Largely Rewritten, with Illustrations and Tables. Royal Octavo, 553 Pages. Cloth, \$3.00 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

Dr. Rohé's book, having passed into a third edition, is removed from the pale of criticism. Each re-issue has been an improvement over its predecessor. The volume contains the facts of preventive medicine grouped in a comprehensive and compact form. The mechanical execution of the volume is excellent.

LECTURES ON THE SURGICAL DISORDERS OF THE URINARY ORGANS; By Reginald Harrison, F. R. C. S., Fourth Edition, re-written. Octavo, pp. xiv—588. London, 1893. J. and A. Churchill, 11 New Burlington Street. London, W. Price, 16 shillings.

Among English surgeons there is no man better known in America than Mr. Reginald Harrison. Wherever known he is honored and respected. His opinion on all subjects connected with genito-urinary surgery is received with the credence which is always accorded to master minds. The present volume is the fourth edition of the author's well-known book, which was based upon lectures delivered in the Liverpool Royal Infirmary. In addition to these, the present volume is made up of the Lettsomian Lectures, the old as well as the new. Harrison is one of the Hunterian Professors of Pathology and Surgery in the Royal College of Surgeons. In thirty-six lectures the author deals with the whole range of urethral and vesical surgery. These lectures are very practical and can be read with profit by all physicians and surgeons who deal with these cases. Mr. Harrison has mentioned the names of a large number of American surgeons and has given them due credit. A glance shows that the views of Abbé, Ashhurst, Caillé, Dennis, Gouley, Gross, Keyes, Lydston, Mastin, Otis, Pilcher and Van Hook are mentioned. The volume contains 156 illustrations which are valuable in elucidating the text. The publisher has done his work acceptably. On the whole, Mr. Harrison's treatise should meet with a large sale in this country.

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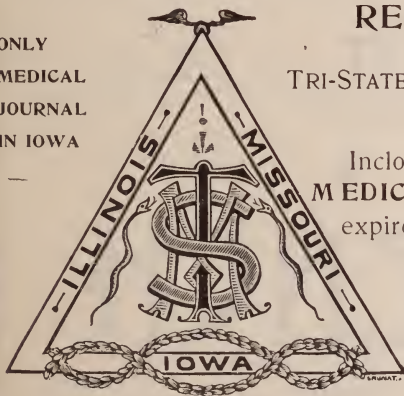
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TRI-STATE NEWS

Moved.—Dr. H. B. Carriel has changed his location from Chicago to Kansas City.

Banqueted.—The faculty of the Keokuk Medical College banqueted their class on New Year's eve.

Elected.—Dr. W. Joseph Hearn has been elected Professor of Clinical Surgery in Jefferson Medical College, Philadelphia.

Will Investigate.—Dr. J. C. Cork, of Hyde Park, Ill., has gone to Berlin to investigate the serum treatment of diphtheria.

New Journal.—*The Yale Medical Journal* has just been born. It is a monthly of forty-eight pages, and the subscription is \$2.00 per annum.

Removal.—Dr. C. J. Corns has moved from Oronoque, Kansas, to Kansas City, Mo., and located at 534 Harrison St. Dr. R. A. Woods has moved from Yates to Clark, Mo.

Editorial Change.—Dr. A. H. Ohmann-Dumesnil has obtained full control of the *St. Louis Med. and Surg. Jour.*, Dr. Frank M. Rumbold having gone to California, perhaps for permanent residence.

New Catalogue.—The St. Louis Physicians' Supply Co. has just issued a nice catalogue, which will be sent free to every physician who requests a copy. Their address is 2301 and 2303 Olive Street, St. Louis, Mo.

Dr. Thomas Moore Madden, of Dublin.—We are in receipt of a letter from this eminent specialist in which he promises us an article for publication in the near future. The title of his article will be: Post-Partum Hemorrhage.

Resigned.—Drs. Duncan Eve and Frank Glenn have withdrawn from the Nashville Medical College and soon start a medical school of their own. They did not like the methods upon which the school is being conducted; hence their resignation.

Gibier's Diphtheria Antitoxin.—Messrs. Lehn & Fink, the well-known and reliable manufacturing chemists of New York, have recently issued a circular letter calling attention to the diphtheria antitoxine serum made at the Pasteur Institute in New York City. Their address is 128 William St.

New Professor.—Dr. A. H. Buckmaster, of New York, has been selected to fill the Chair of Practice of Medicine, Obstetrics and Gynecology in the University of Virginia, which was made vacant by the death of the late Dr. Dabney. Dr. Buckmaster is well known as the editor of the *New York Journal of Gynecology and Obstetrics*.

Dr. Matthew W. Hall died suddenly at the residence of his son, near Napton, Mo., November 17th, aged 77 years. Deceased was the father of Dr. C. Lester Hall, of Kansas City; Dr. John Hall, of Marshall, Mo.; Matt W. Hall; Dr. Thomas B. Hall and four other living children. He represented Saline County in the Legislature in 1860, and was a physician of high standing.

The Association of American Medical Publishers will meet in the Eutaw House, Baltimore, Md., Monday, June 3, 1895.

Chicago is Great.—Chicago covers 186½ square miles and has 1,625,000 inhabitants, of which 3,400 are physicians, which is about one physician to 478 inhabitants.

Lectured.—On January 15th Dr. Bransford Lewis gave a "Popular Talk on Sexual Physiology and Pathology" before the Alumni Association of the St. Louis College of Pharmacy.

Lectures on the History of Medicine.—The *Medical Age* will publish the lectures on the History of Medicine which Dr. Roswell Park, of Buffalo, delivered during the past three months.

Dr. J. B. Murphy, of Chicago, has announced to the medical profession that henceforth his medical practice will be limited to surgery, operative gynecology and consultations. His offices are in the Venetian Building.

Postponed.—Owing to the pressure of work before the regular classes, the Trustees of the St. Louis College of Physicians and Surgeons have decided to postpone the "Special Course for Practitioners" until after the winter term, instead of giving it in January as at first intended.

Reliable Thermometers.—Permanent accuracy in clinical thermometers is of vital importance to accurate diagnosis. Messrs. Taylor Brothers, of Rochester, N. Y., guarantee their thermometers to be free from defects, that they will not change with age, and that their instruments will give satisfaction.

New Officers.—At the last meeting of the Peoria City Medical Society the following gentlemen were selected to fill the following offices for the ensuing year: Dr. Hensley, President; Dr. Allison, Vice-President; Dr. Zeller, Secretary; Dr. McFadden, Treasurer. While the board of censors will be composed of Drs. Will, Isabelle Howes and Dr. Marcy.

Death of Dr. William Mercer.—Dr. William Mercer, the oldest practicing physician in Northern Illinois, died at his home in Princeton, Jan. 4th. He was about 80 years of age and was a member of the old anti-slavery guard, which gave material aid to Owen Lovejoy in assisting negroes to make their escape to Canada by the underground railroad.

Railroad Surgeons.—The Big Four has organized, through its chief surgeon, Dr. J. H. Ford, a hospital system, which will be operative on February 1, 1895. There will be a central hospital at Indianapolis and independent hospitals will be established on the various divisions. On this railroad system there are eighty local surgeons, which number will be increased to one hundred.

Bequests to Medical Institutions of Philadelphia.—By the will of the late Dr. William Goodell, of Philadelphia, the sum of \$50,000 is donated to the Medical Department of the University of Pennsylvania. The College of Physicians will, from the same source, fall heir to \$10,000. Dr. Goodell was the eldest son of a veteran missionary to Turkey, and himself practiced medicine for several years at Constantinople.

The Christmas Herald.—If any of our readers have not seen the Christmas edition of *The Medical Herald* we hope they will write for a copy. It is a "thing of beauty and a joy forever." Certainly it is to the credit of the West that such an elaborate medical magazine can be issued in this neck of the woods. The price to non-subscribers is but 25c.

Tri-State Medical Society.—The prospects are excellent for a first-class meeting of the Tri-State Medical Society in St. Louis, on the first Tuesday, Wednesday, and Thursday of April. The officers have appointed the following Committee of Arrangements for the next meeting of the Society: Drs. W. B. Outten, James A. Close, H. W. Loeb, A. J. Steele, George W. Cale, J. H. McIntyre, C. H. Hughes and E. H. Gregory.

Lectures.—Dr. Adolph Meyer, of the Hospital for the Insane at Kankakee, Ill., will give a course of lectures of two hours each in the Chicago University extension class work department, on the anatomy of the nervous system, with full reference to pathological and physiological facts. The course is intended for physicians and senior medical students, and will be held in the Athenian Building, Saturday evenings, commencing in January.

Insane in Peril.—The Southern Illinois Insane Hospital, at Anna, took fire at midnight January 4th, and it was not until 3 o'clock in the morning that the flames were under control. The center section and the south wing, comprising over half of the entire building, were destroyed. The north wing, machinery, laundry and kitchen departments were saved. The south wing contained the quarters of the female patients, the male patients being quartered in the north wing. All the patients to the number of 500 were, it is thought, safely removed to the other building.

Iowa State Medical Society.—The forty-fourth annual meeting of the Iowa State Medical Society will be held April 17th, 18th and 19th, in Creston, Iowa. The following are the chairmen of the different sections for the next meeting of our State Society: 1. Medicine, Dr. F. M. Hiatt, Red Oak. 2. Surgery, Dr. J. M. Emmert, Atlantic. 3. Obstetrics and Gynecology, Dr. H. L. Getz, Marshalltown. 4. Ophthalmology and Otology, Dr. H. B. Young, Burlington. 5. Materia Medica, Dr. J. R. Guthrie, Dubuque. 6. State Medicine and Hygiene, Dr. J. S. Braunschworth, Muscatine. 7. Mental and Nervous System, Dr. F. S. Thomas, Council Bluffs. The announcement program will be mailed about April 1st. J. W. COKENOWER, M. D., Secretary Iowa State Medical Society.

Eastern Iowa District Medical Society.—The twenty-third session was held at Keokuk, Iowa, Thursday, November 15th, 1894, and a number of good papers were read. There were present Drs. J. Fred Clarke and Calvin Snook, of Fairfield; C. J. Heald, of South English; W. B. LaForce and D. C. Brockman, of Ottumwa; G. O. Morgridge, of Muscatine; J. W. Holiday, E. A. Waggoner, and G. B. Little, of Burlington; J. J. M. Angear and Joseph B. Bacon, of Chicago; A. E. Moore, of Wayland; S. T. Gray, of Albia; R. N. Cresap, of Bonaparte; H. C. Young, of Bloomfield; Henry Hartley, of Trinidad, S. A.; M. C. Terry, of Brighton; and James Moores Ball, of St. Louis. The TRI-STATE MEDICAL JOURNAL, *Medical Fortnightly* and *Medical Herald*, were represented. Next meeting at Fairfield, Iowa, in June.

HISTORICAL SKETCHES

BY JAMES MOORES BALL, M. D.

Professor of Ophthalmology and Otolaryngology, and Lecturer on the History of Medicine, in the St. Louis College of Physicians and Surgeons.

AMBROSE PARE, THE FATHER OF FRENCH SURGERY, 1509-1590.

[SEE FRONTISPICE.]

[Reprinted from the Journal of the American Medical Association.]

A great surgeon was Ambrose Pare. Great good sense, wonderful industry, remarkable opportunities, and an untiring and unconquerable ambition, have combined to render his name celebrated in the annals of surgery. Born of humble parents, amid unfavorable surroundings, Ambrose Pare, by his unaided efforts, made himself master of the surgical science of his day, commanded the confidence of emperors and peasants, of statesmen and soldiers, and left posterity the record of a life well spent. He marks the dividing line between the servile surgery of the ancients and the original, independent and progressive art of

years, and correct the anatomic mistakes of Galen, so Pare brought about a new order of things in sur-

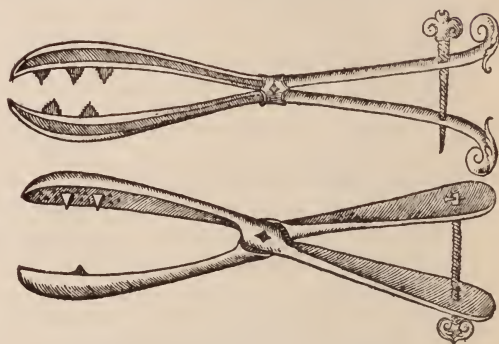


Fig. 2. Stone Crushers used by Pare.



Fig. 1.—Initial from Pare's book, A. D. 1594

the moderns. Just as Vesalius, Eustachius and Fallopius dared to contradict the errors of thirteen hundred

gery. Firm in his convictions, honest in his statements, and accurate in his observations, this great man was far in advance of his age. The story of his life reads like a romance.

Pare was born at Laval, a small town in the province of Mayenne, in France, in the year 1509. His life was spent during a period of great and stirring scenes—a time remarkable in the history of the world. At the time of his birth the art of printing had been invented less than sixty years; the existence of a new continent had been proclaimed by Columbus seventeen years; Martin Luther was delivering Biblical lectures in the University of Wittenburg, and preparing to shake the foundations of the theological world; Ariosto, of Italy, was writing immortal verse; Erasmus, residing in the same sunny clime, was delighting the world with his matchless scholarship and educat-

ing the young son of James IV. of Scotland; and Copernicus, while studying the revolutions of the heavenly bodies, had not dared to proclaim his

his teens he was apprenticed to a barber-surgeon, who instructed him in minor surgery. While thus engaged, Laurent Colot, the celebrated lithotomist, chanced to visit the town for the purpose of operating for stone. Pare was present, and was so struck with admiration at the result of the operation that he resolved to devote himself to the higher branches of

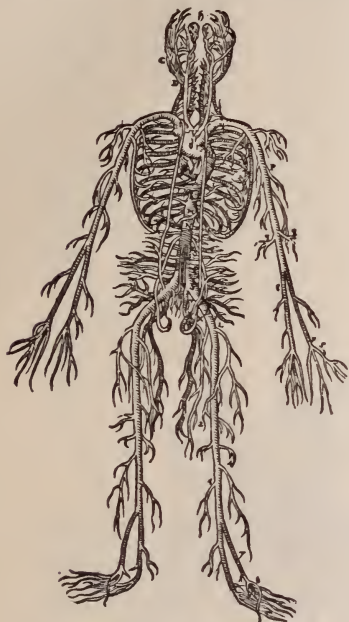


Fig. 3.—Figura arteriarum. (Pare.)

views. Louis XII. of France, was engaged in war with Italy. Henry VIII. had just succeeded to the English throne. Maximilian I. ruled the land from the Danube to the Zuyder Zee.

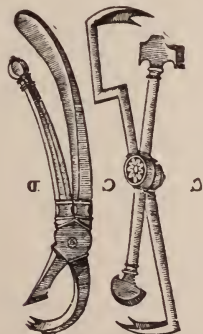


Fig 4 —Dental Forceps. (Pare.)

The early education of Pare was obtained from a priest. While yet in

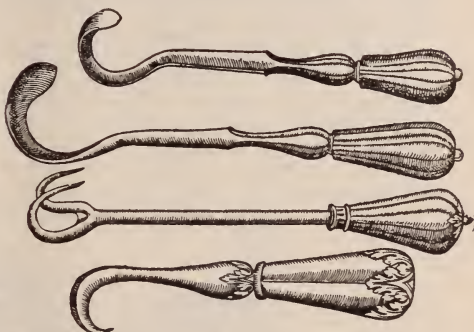


Fig. 5.—Obstetrical Instruments. (Pare.)

surgery, an art which was then almost exclusively in the hands of the barbers. With this object he set off for Paris where Jacques Goupil, one of the professors in the college of France, acted as his preceptor. Here the masters explained to him the works of Lanfranc, Albucasis, Guido de Chauliac, and John de Vigo, the

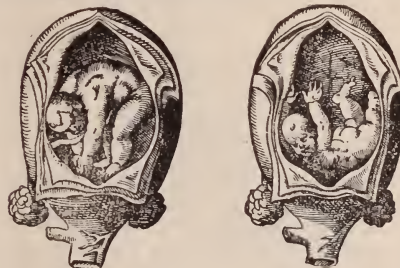


Fig. 6.—“ De situ infantus in utero.” (Pare.)

only surgical text-books of the times. Soon Pare became interne to that famous hospital, the Hotel Dieu, where he remained for three years. During this time Pare was engaged in teaching anatomy. In 1536, in his twenty-seventh year, he received the appointment of military surgeon and was directed to accompany Rene de

Montjean to Italy. After the surrender of Turin, and the death of Montjean, Pare returned to Paris and began the practice of surgery.

The three years spent in campaigning were of great value to Pare, and during this time he made some important observations. In the treatment of gun-shot wounds, the teachings of John de Vigo, physician to Pope Julius II., had been followed implicitly. Such injuries were regarded as poisoned wounds, and the practice was to cauterize them with boiling oil, or the hot iron, while alexipharmics were administered internally. John de Vigo assures us that the danger of these wounds results from the round form of the

In a few months a second edition was issued. In both editions the use of the actual cautery was advised to check hemorrhage. Pare, however, was thinking, day by day, of a plan by which hemorrhage could be controlled without the frightful torture of the hot iron. He resolved to test his theory, and finally, at the siege of Dampvillier, in the year 1522, an amputation was made upon the person of M. de Rohan, and, for the first time in the history of surgical science, Ambrose Pare ligated the bleeding vessels. Fortunately the patient recovered, and, full of joy of having escaped the red-hot iron, said that he had parted with his leg on very good terms.



Fig. 7.—Reduction of a dislocation of the humerus. (Pare.)

balls, their degree of heat, and the poisonous qualities that the powder communicates to them. This theory, so destructive in its effect, received universal credence until Pare arose to combat it. After the battle of Pas-de-Suze, the supply of boiling oil having given out, it was observed on the following morning by Pare that those wounds looked best which had not been dressed with hot oil; and he also noticed that such patients showed less febrile reaction than the others. It required great courage for him, a young man without name or authority, to combat a doctrine so universally accepted, but Ambrose Pare was not the man to be overawed by weight of authority when his own sober judgment taught him differently.

The young surgeon had made two great discoveries: By the first he saved from cauterization all who had simple gun-shot wounds; by the second all who suffered an amputation were spared the tortures of the actual cautery. And, in the language of Malgaigne, "Military surgery, which till that time had been a torture, became a blessed art, and it was a barber-surgeon who produced the double marvel."

The practice of ligating an artery was entirely new, but the idea was old. Galen, Celsus, Avicenna and Albucasis had all spoken of the tying of arteries and veins, but there is no evidence to show that they practiced it. For centuries the actual cautery had been the principal means of checking

traumatic hemorrhage. Sometimes, by way of variety, hot oil or boiling pitch was applied to the bleeding surface. The discovery of Pare revolutionized the practice of surgery, and brought on his devoted head a torrent of abuse. Like Harvey, at a later date, Pare suffered in his practice for a time. Of all his enemies, Gourmelen, president of the College of France, was

in the operation for hair-lip; to extract cartilaginous bodies from the knee joint; and to perform podalic version in difficult labor. He was a man of great mechanical genius, as is evinced by the large number of new instruments and appliances found in his book. He gave the first account of what is now incorrectly described as Hey's saw, and the club-foot boot, claimed to have been devised by Mr. Syme of Edinburg. Among the many wood cuts of curios, one sees artificial eyes, ears, noses, teeth, arms, legs and hands.

Surgeon successively to Henry II., Francis II., Charles IX., and Henry III., it was said of Pare that "the kings of France transmitted him to their successors as a legacy of the crown." These monarchs were all warmly attached to Pare; he was at once their privy-councilor and trusted surgeon, and his influence over them was by no means small. Let it be said in his honor that this influence was never exerted in an unjust cause. So great was the power of this good man over Charles IX., that he was enabled to put a stop to the massacre of St. Bartholomew, (August 24, 1572),



Fig. 8.—Artificial limbs. (Pare.)

the most clamorous. At the present day he is remembered only for his opposition to the great surgeon. "It was then," said Gourmelen, "very forward, rash and presumptuous in a certain individual to venture upon condemning the cauterization of bleeding vessels after cutting off a mortified limb, a method so highly and continually commended and approved by all the ancients, teaching in opposition to that, without any authority, without good sense, some new method of his own, of tying arteries and veins." He called Pare a bloodthirsty, cruel rascal, while Pare, stung to the quick, sometimes lost his temper, but generally conducted his defense with admirable coolness.

Nor was the use of the ligature the only discovery made by Pare. He was the first to employ the twisted suture

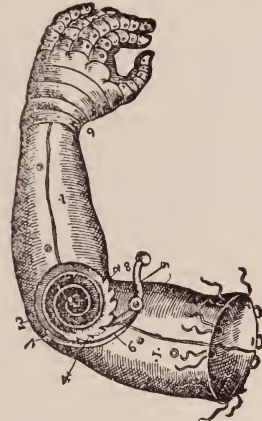


Fig. 9.—Artificial arm. (Pare.)

when 70,000 Huguenots were murdered in Paris and various parts of France. The details of that horrible event are well known. For years, Huguenots and Catholics had been at enmity; and affairs had at last reached such a crisis that the bloodthirsty

mother of Charles deemed it necessary to kill all the Huguenots. For three days and nights these unfortunates were hunted like beasts of the field. Helpless infants, old men and women were slain by hired assassins. The streets of Paris were blocked by the bodies of the dead. How long the slaughter would have continued is impossible to say, had not one man, and he a Huguenot, done his duty, That man was Ambrose Pare.

Pare became a member of the College of Surgeons in 1554, submitted to the examinations and received successively the degree of Bachelor, Licentiate, and Master in Surgery. Although ignorant of Latin, Pare was received regardless of a statute which required that the candidate should know that language. He never wore the professor's cap and gown. He was tall in stature, with slender figure and a grave and dignified countenance. All his portraits represent him in his court dress, with the frilled collar characteristic of the age. No one can examine that grand old folio, "Opera Chirurgia," of Pare, without being overwhelmed with the thought that this work was penned by the intellect of a giant. Here we have nearly one thousand closely printed pages, over 300 illustrations—many of which contain numerous figures—which cost the author an almost fabulous sum. We find complete treatises on many subjects; on human anatomy; beasts, birds and fishes; monsters and prodigies; fractures and dislocations; tumors and wounds; artificial arms, legs and hands; amputations and ulcers; cauteries and ligatures; trepines and dental forceps, etc., etc.

So long as surgeons practice their beneficent art, the name of Ambrose Pare will be mentioned with reverence.

LET US UNITE—

Dr. W. S. Hart, of Friendship, Ky., writes a very sensible article in the Medical Gleaner for November. He concedes the fact that we Eclectics "are honest and fair minded, and that we realize that there are two sides to a question." I am very glad there are high minded, scientific men, who look beyond all isms, and view their noble and benign profession in the light of truth and common justice. Educated, as I was, in the time honored system

of Galen and Paracelsus, I only adopted the teachings of some noble eclectics as a mere addition to the art of healing. There is some truth and some error in all the systems. "It is human to err, and divine to forgive." No one man knows everything. And we, as physicians, commissioned by our alma mater to heal the sick, ought to avail ourselves of all the means within our reach, and not shamefully quibble over little insignificant questions of ethics. What are the vain and foolish distinctions of isms to a sick and dying man? He wants relief from his sufferings. And if he calls on two physicians, even of different branches of the profession, they are in duty bound to lay aside their predilections and prejudices and unite their skill to relieve their patient. I, as an allopath and eclectic, consult alike with either, or with a homoeopath. I have often thus gained much advantage, not only at the time being, but knowledge for future emergencies. The sick have suffered much by this foolish adherence to a dogmatic code that ought to be wiped out forever. All the schools teach the same general truths in regard to anatomy, physiology, chemistry, surgery (materia medica, as far as they know the materia medica) and the science or practice of medicine, as they have learned it. They differ in regard to some new remedies. The allopath believes in a large dose, and the eclectic in a dynamic doses for direct action, the homoeopath believes in the infinitesimal doses, and they are all right some times. Small doses act well in some cases, but other cases require material doses. We use some medicines for their toxic effect, and we use others for their direct effect. Most eclectic physicians believe in the "specific action of medicine." That is, they believe that there are remedies that meet certain abnormal or pathological conditions, and these conditions are indications for certain remedies. For instance, extreme insomnia of sleeplessness, calls for *passiflora incarnata*, or chloral hyd. Severe headache, with dilated capillaries of the brain and spinal center, calls for *belladonna*, and stick-like pain in the chest, or in the joints, calls for *bryonia*. And we could extend the list of remedies thus meeting indications if we had space.—Dr. I. J. M. Goss, Marietta, Ga., in Eclectic Medical Gleaner.

SURGICAL NOTES.

By EMORY LANPHEAR, M. D., PH. D., of St. Louis.

At the recent meeting of the American Association of Gynecologists, Dr. John B. Murphy of Chicago, reported five abdominal sections for typhoid peritonitis with two deaths and three recoveries. This is truly a most wonderful record. Even excluding one of the successful cases, which was infective peritonitis without perforation—the infection occurring through the serosa which was the only tunic left intact, the mortality stands unprecedented in the history of abdominal surgery and is an indicator of what may be expected when the general practitioner can recognize perforation at the time of its occurrence and call an experienced and rapid operator to excise the ulcerated area and shut off the supply of infective material. There is little doubt that the time is near at hand when every case of typhoid perforation occurring within a few hours' ride of great cities will be subjected to operation; and many lives saved thereby.

Dr. John A. Wyeth, of New York, has become an enthusiastic supporter of the treatment of epitheliomata (particularly of the face) by Marsden's paste which is composed of:

- Arsenious Acid..... 2 drachms.
- Powdered Acacia..... 1 “
- Cocaine Hydrochlorate..18 grains.

This is made into a paste by adding water just before it is to be used and “should be of the consistency of a rich cream, and applied to the wound on a small piece of cloth, and left on from eighteen to thirty-six hours.” The application is repeated if necessary, and the strength of the paste may be decreased one-half in arsenic and one-third in cocaine; but surgeons generally still prefer the knife since early excision is equally effective and leaves but slight disfigurement.

It would seem from recent reports that our failures in the management of varicose veins of the lower extremity are about at an end, provided patients will submit to the proper operation, which entails confinement to the bed for a period of ten days. When they will not permit operative measures, it is well to try the treatment advised by Landerer of Leipsic: A special truss is applied like a garter, which by its permanent pressure on the saphena vein effects a cure. Pressure is obtained by an india rubber pad situated on the inner surface of the truss and filled with water. The pressure is kept up constantly until the wall of the dilated vein is ulcerated through. But if consent can be obtained for

operative procedures the treatment known as Schede's may be tried with expectation of success. At a point just above the worst part of the varicosities the leg is encircled by an incision extending down to, but not into, the muscular tissue. Large veins are ligated and the wound sewed up. When healing occurs all the blood is forced to return through the deep veins, the superficial veins being obliterated. Meisenbach, of this city, is very enthusiastic over the Schede method.

Abscesses frequently form at a point where the scar following free incision is very objectionable. With chronic or “cold” abscesses the method of aspirating and injecting an antiseptic solution has been practiced for long. Recently Dr. Riechaud, of Bordeaux, has adopted this procedure with success in acute abscess. Instead of the time-honored free incision of the most dependent part, the abscess is aspirated, after which a solution of carbolic acid, 1 to 20, or of 10 per cent. iodoform emulsion is injected. This method has been practiced for several months with marked success. The advantages claimed are, that it is less painful, leads to a more rapid healing, and leaves no traces of scar.

The best injection recently advised for gonorrhoea is a one per cent. solution of creosote in borated decoction of witch-hazel. The following formula may be used:

- R Decoction hamamelis.....100
- Acidi borici....q. s. ut ft. solut. sat.
- Creosoti 1

Misce. Sig.:—Inject four times daily. This solution will destroy the gonococcus in a few hours.

Pathologists have been struggling for long to explain the method by which union occurs between two serous surfaces subjected to mechanical or bacterial irritation. Van Hook, of Chicago, quotes: E. Graser (*Archiv fur Klinische Chirurgie*, vol. 1, heft 4) as having demonstrated that the fixed cells of the serous membranes undergo an acute degeneration upon being brought together under pressure, and their destruction results in the liberation of the fibrinogen which combines with the liquid portion of the serous fluid to form the fibrin which is required for the adherence of the two membranes. Subsequently the process of union involves the usual phenomena of regeneration of connective-tissue and other cells.

THE PUBLISHER'S DESK.

Sexual Neuraesthesia.—In the course of an able paper, which appears in the November issue of the "Medical Sentinel," Dr. David H. Rand, of Portland, Oregon, late secretary of the Genito-Urinary Section of the American Medical Association, etc., says:

"In many of these sexual troubles, particularly where there is a nervous phase, the strictest attention must be given to the general condition of the patient. The bowels must be kept open and toned up, and good nutritious food administered. Some one of the artificial foods may be used with advantage, and I am especially well pleased with the new product, Paskola. It has given me great satisfaction where used in many cases."

We earnestly recommend that physicians who have not tried this article take advantage of the manufacturers' liberal offer which appears elsewhere in our pages.

R. L. Polk & Co.'s Medical and Surgical Resister, the revised edition to appear in 1896, will contain the names and addresses of over 111,000 physicians, over 1,500 hospitals, Asylums and Sanitariums, a list of the 140 medical colleges in the United States, a synopsis of the state laws for regulating the practice of medicine, the graduation particulars of each physician and the school practiced. It will designate those who make a specialty of diseases of the eye, ear, nose and throat, in cities of over 40,000 inhabitants and will include a vast amount of other information of special interest to the medical profession, calculated to insure for it a large and general circulation throughout the whole country.

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The greatest value of this combination is, that it often relieves those obscure and chronic obstructions to gland action, whether of the great glands as the kidney, liver, pancreas, or of the lymphatic system, which may exert so great an influence for evil on the economy. It seems to continuously increase its gain of confidence of the Medical Profession, as its use is indicated in a wide range of diseases, particularly so in pernicious anemia, many forms of skin disease, both scaly and papular; has remarkable curative effects in specific diseases and other manifestations of systemic infection; in females suffering from chronic uterine and pelvic diseases, and in all kindred complaints, where an alterative and tonic is indicated.

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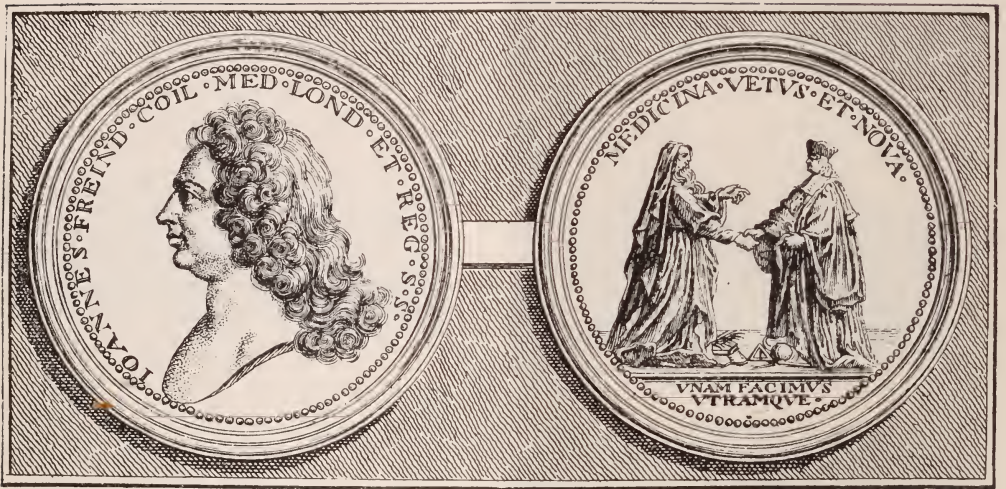
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Vol. II.

KEOKUK, IOWA, FEBRUARY, 1895.

No. 2.

ORIGINAL ARTICLES.

REFLEX NEUROSIS.

BY FRED BYRON ROBINSON, B. S., M. D., of Chicago.

Professor of Gynecology in the Post-Graduate Medical School.



FRED BYRON ROBINSON, B.S., M.D.
of Chicago.

THERE is probably no term used in medicine with such indefinite meanings and limitations as reflex neurosis. It covers up both knowledge and ignorance and is used by both the scientific physician and the one who merely rests on his diploma honors. The best example of a reflex action is where a person unconsciously places his hand in contact with a hot stove and instantly jerks it away involuntarily. The apparatus required for this process is (a) a sensory periphery and cord, (b) a ganglion cell (reorganizing center), and (c) a motor nerve, cord and periphery.

A definition of reflex neurosis would, in my opinion, be an abnormal nerve disturbance due to irritation in some sensory peripheral area. A proof of the correctness

of this view would be obtained by stopping the irritation in the sensory area, when the abdominal nerve disturbance would cease; e. g., the removal of irritation in the prepuce of the clitoris or penis frequently cuts short many reflex phenomena. Disturbance of the clitoris furnishes one of the best examples of reflex neurosis, as the organ is so richly supplied by nerves that it is like an electric bell button. Pressure on the clitoris rings up the whole nervous system. It can be observed that in the improvement of uterine disease headache gradually ceases.

Hip-joint disease with pain in the knee is a typical example of reflex neurosis. Crushing or strangulation of the testicle will often produce obdurate bowel obstruction.

The typical reflex neurosis is from female pelvic disease, and from this source we can draw innumerable illustrations. Women who suffer from chronic pelvic disease show many and varied symptoms outside of the diseased genitals. The local genital disease is demonstrable by bimanual examination, but many of the symptoms are manifest entirely out of the known pathogenic pelvis. These reflex symptoms may appear closely associated either with the cerebro-spinal nerves or the sympathetic nerves. The spinal cord is the typical center of reflex action. Now observe that the abdominal skin and abdominal muscles are supplied by the intercostal and lumbar (1st and 2nd) nerves. Again observe that the abdominal splanchnics from the same source—the cord—supply the viscera. These three kinds of nerves emerge from the cord like the three prongs from a fork-handle. They all have a close and intimate association and the disturbance of one branch will soon unbalance the others. A good example of reflex nerve action demonstrating, at the same time, the close relation of the abdominal skin, muscle and visceral nerves can be observed by dashing cold water against the belly. The muscles at once become rigid and the viscera under the abdominal walls are immediately fixed and put at rest. In the same manner if a viscus be injured the abdominal wall instantly becomes fixed and set. All these gross anatomical demonstrations are easily seen by the observer and felt by the patient. But it is the province of the physician to discover and remove reflex neurosis of less apparent manifestations. Almost all reflex neuroses are carried on in the sub-conscious region. The patient does not feel it and it is not always plain to the physician. When one has seen with his own eyes and felt with his own fingers the intimate and close nerve connection of the genitals and urinary organs with the great nerve centers he will not be surprised that slight apparent pathogenic changes in these organs soon unbalance and breed a storm in the rest of the delicate mechanism. When a woman suffers from chronic pelvic

disease it is very common to hear her complain of stomach trouble. In fact her stomach trouble is so prominent that the young physician frequently attempts to remedy the poor stomach. Now this stomach trouble is purely a reflex neurosis due to the distant pathogenic pelvic organs. The oculist rhinologist and laryngologist have often to deal with these reflex neuroses. The ovary has very rich connection of nerves with the centers, and occasionally by pressure one can induce a so-called fit. Distinct neurotic disturbances can be induced by ovarian pressure. It is what we understand by reflex neurosis. Women with chronic pelvic disease become plainly neurotic. They assume various positions so as to avoid pain. They sleep in certain bodily positions. They keep the knees over a pillow or rest the head on a hard pillow. Such women have trouble in swallowing, suffer from cramps in various parts of the body. They have pain in urinating. Tenesmus occurs immediately after stool. They have anaesthetic and hyper-anaesthetic skin patches. Hyperaesthesia of the skin and disease of certain viscera have quite a fixed relation. Besides direct irritation from some area these patients suffer from indigestion; waste-laden blood has bathed the innumerable nerve ganglia for a long period.

She is poorly nourished. She is not only physically neurotic but mentally disturbed. The joints do not work right; there is also fermentation of the gastric juices. In short, she can neither eat nor sleep naturally. A careful examination of the neurotic woman often reveals the cause of the trouble. One may find endometritis with its constant irritation and exhausting discharges. It is common to discover an old metritis which has caused such monthly pain and constant irritation that the patient has become debilitated. Salpingitis may exist as well as fine follicular ovarian degeneration with frequently associated pelvic peritonitis; all these disturbances are a daily and nightly source of nervous reflexes playing on distant viscera. The uterus may be dislocated, adhesions and exudates may bind the organs in a mass. Tumors may exist. The tissues may atrophy or hypertrophy. Again one can find painful points like the neuralgic points of Valleix. The peritoneum may be thickened where nerves or vessels pass, or apertures may become small and induce pressure. The pelvic fascia may be inflamed or present old cicatrices. With the study of the above and many other sources of irritation in the pelvis there arises a clearer view of reflex neurosis, which I have defined as an abnormal nerve disturbance induced by irritation in some sensory peripheral area. In this light of the definition, we may rely on the fact that reflex neurosis depends on some pathogenic cause. Irritation in the pelvis must be reflected to the various organs from a distant center. An ideal nerve center consists of a periphery, conducting cord and ganglion cell.

The localization of the ganglion cell is the matter not yet settled. I have claimed that one center of reflex action is the abdominal brain. The abdominal brain has all the elements necessary to reflect action. It has ganglion cells, which must be centers for reorganization. If the cells do not possess the power of reorganization then we must revise our views and differentiate the functions of cells. But I still believe the abdominal brain is a center of reorganization, for reflex action. Even though I be mistaken, the placing of the ganglion cell or reorganizing power in the spinal-cord will not alter the wide field of reflex neurosis which should be studied by all gynecologists.

A favorable point indicating that the abdominal brain is the central nerve organ is the fact that abdominal pain is almost invariably referred to the umbilicus, i. e., over the abdominal brain.

It should be urged that reflex neurosis should be no excuse for neglecting to make a careful search for the cause. Every patient has a right to demand from the physician a careful examination for pathogenic causes. Reflex neurosis should not serve as an excuse for a snap-shot diagnosis. Even the laity today want to know cause and effect, but they are too easily satisfied and biased in their superficial beliefs. It is not infrequent that the laity know all about a "womb cough" when the physician cannot find any relation of the uterus to the respiratory tract.

THE SCIENCE OF MEDICINE.*

By W. G. O'HARRA, M. D., of Denver, Ill.

THE art of healing was created by necessity. It began previous to known history, but in time the study of diseases and the art of healing was formulated into the science of medicine. The important advancements of mankind move slowly, and the science of medicine has not been an exception to the rule. The medical science has swayed as a pendulum from one extreme or from one favorite theory to another, only to find that as an old theory died away, a new theory was born.

We cannot wonder at the diversified opinions and theories when we remember that superstition so long influenced the medical science; and that prejudice has greatly retarded its advancement. It has also been largely influenced by religion and by many forms of philosophy.

While theories have always dominated the medical science and, to some extent, retarded its progress, yet the correct theories have elevated that science to the noble position which we find it today. Theories must, of

*Read before the Hancock County, Illinois, Medical Society.

necessity, continue to hold a very large place in medicine, owing to our lack of knowledge. Theories, however, are fast giving way as single discoveries of close observers become known. Men, pushing out from mere theories, seek unknown fields for true knowledge, and having the noble desire of placing humanity in a better physical condition, naturally turn to that grander thought, the cause and prevention of disease.

The real science of medicine does not consist in the treatment of diseases, but in the cause and prevention thereof. We cannot have an exact science of cure unless we have an exact knowledge of the cause. The theory of the causes of diseases has very largely influenced the treatment, and so long as we have false theories of causes, we will also have false theories of cure. Again, we may have true theories of causes and yet have false theories of cure. In studying the cause and prevention, we endeavor to study nature in all her fullness; but in studying diseases and their cure, we seem to forget nature with her indications, and to a very great extent investigate only symptoms. Symptoms are only disease manifested. By indications we mean the effect manifested by the system to throw off disease, or defend the system against the *materies morbi*. Symptoms differing so greatly in different individuals and serving only as a rough land-mark to distinguish one disease from another, we can never hope to treat them scientifically. A theory, therefore, founded on symptoms can never be scientific. After knowing the cause of a disease and treating or assisting the indications, we can then hope for a more scientific mode of treatment. He who would treat symptoms has not grasped the higher idea of medical treatment. True, we must yet, to a certain extent, treat symptoms, but that is owing to our lack of knowledge. We should strive to get above and beyond treating diseases by treating symptoms. By turning our attention to nature manifested in the physical economy under the influence of disease and studying those indications we will, in time, arrive at the true science of treatment. In other words, we should study nature with an eye to disease, rather than study disease with an eye to nature.

Oft-times in our study of diseases and treating symptoms, we increase the noble work of nature to the detriment of the physical form before us. That is clearly true with some of the theories of treatment today; but we are beginning to see cropping out here and there better thoughts pointing to nature's efforts under the influence of disease.

Once fever was considered a disease in and of itself; but that has been supplanted by a no less fallacious theory that fever is a symptom of disease and must, of necessity, be treated as such. True, it is a manifestation of a

diseased condition, but it is more than that. Instead of looking upon fever as the result of a disease, we should view it as a normal phenomenon of life under abnormal circumstances. It is a manifestation of the *vis medicatrix naturæ*. It is one of nature's means of defending the system against the effects of the *materiæ morbi*. If the goal of success were in the controlling of fever we could unite on some definite plan of doing this. But since the fever is not the most important part of disease, we are sorely divided as to how the fever should be controlled.

No one undertakes to say that a still greater success would be had if we kept the temperature normal while the ravages of disease are affecting the system. No one would undertake, during any fever, to keep the temperature normal all the time by antipyretics, because the depressing effect would be too great; and any medicine having such depressing effects should not be used for the controlling of fever, no matter what the cause of the fever may be. Pel., of Holland, says: "We should not employ any antipyretic medication except those which at the same time exert a specific influence upon the cause of the disease." Another has said: "It is quite probable that fevers, in many instances are a salutary reaction." Another has said: "High temperature is an indication of danger, not the cause of it," and there are many other morbid processes going on, the essence of which has not been grasped.

If the Brand method, or even the cold wet pack, is ever to be adopted by the profession in general, it will be owing to a stimulating action on the nerves and nerve centres and not on its secondary action. But whatever methods are used for the reduction of fever, whether cold or hot, they were not founded on correct theories by their originators. Another false theory is that of the use of sedatives, such as digitalis, aconite and veratrum to control fever or to control heart actions in any diseases accompanied with fever. Their action tends to paralyze the nervous system, and in large doses the heart ceases, because this paralyzing action is intensified. The accepted theory of the action of aconite and veratrum in lung-fever is one of the greatest fallacies in medicine today. Assist nature by stimulation, not retard her by such depressing medication. Another false theory is, that a drug, after being taken into the general circulation, acts on one organ to the exclusion or partial exclusion of all other organs. Under this head, more especially are heart tonics and uterine tonics. Strychnia, the best heart tonic known, affects all organs alike, because it is a stimulant to the whole nervous system. It causes death by exhaustion through intense stimulation. Digitalis paralyzes and therefore should not be used as a heart tonic.

Who has time to wait on the action of ergot in a post-partum hemorrhage, even if it has the action taught? If it has any action at all, it certainly acts on the whole system. Do not lay aside ergot and trust to nature alone, however; but use better and surer means than are at our command.

Another thing which retards the real progress of the true science of medicine is in that of the medical profession giving itself over as an advertising agent for all forms of new medicines and new mixtures with numberless glowing testimonials. The treatment of diseases comes and goes as a fad or as the fashions of dress, while people continue sometimes to recover in spite of so much medication, and sometimes they die from the same cause. The great reason more recover now than formerly is not in the superior drug medication; but in the better knowledge of causes, more attention to and better knowledge of hygiene for the sick home, and a better knowledge of dietetics, and better nursing.

It will be seen then that over-medication by the medical profession is a deplorable fact that one of the evils of the hour and one which largely retards the progress of the true science of medicine.

FOREIGN BODIES IN THE EAR.

BY WESLEY G. BAILEY, M. D., Pekin, Ill.

NEVER having seen in print, my method of removing foreign bodies from the external auditory canal, it might be worth while to describe it so that others might have the benefit of it: It is convenient to cite a case to display the method used:

Case 1.—A. N. V. E., young man, carpenter, came to me complaining of a carpenter's pencil point in his ear. On examination it could plainly be seen, but not extracted by any of the usual methods, so tightly was it wedged in; hence, I used my hot water douche, (2 qts. 6 ft. high) directing the stream *above* the foreign body, and *downward* and *backward*. Before the two quarts of water have run out, in every instance, the extraneous substance has been propelled outward into the receptacle for the water. Bits of coal, steel, wood, pencil points, and even grain may be expelled in this manner and with less injury to ear, fright and pain to patient, and fees are paid more willingly, than with any other method I have tried.

St. Louis Eye and Ear Hospital.—Drs. J. G. Ehrhardt and W. H. Schultz have opened an eye and ear hospital at 1418 Washington Avenue, St. Louis, Mo.

DESCEMETITIS.*

BY HERMAN SNELLEN, JR., M. D., of Utrecht, Holland.

DESCEMETITIS, or serous iritis, is a distinct and well-known disease of the eye as to its symptoms. With regard to its nature opinions very much.

The earliest observers looked upon it as a disease *sui generis*, and according to this they called it aquo-capsulitis, keratitis punctata, or descemetitis. Later writers thought it merely a symptom of disease of the deeper parts of the eye, and as the iris is mostly more or less inflamed, they employed the name of iritis serosa.

Treacher Collins regards this disease as primarily a catarrhal inflammation of the glands of the ciliary body and Priestly Smith, following out this idea, suggests that it should be called serous cyclitis instead of serous iritis. Fuchs, also, in his treatise, describes it as a cyclitis.

Most of the recent writers are agreed that the opaque dots upon the posterior surface of the cornea are deposits of pathological productions of some parts of the uveal tract, and that they consist of cells and fibrin, and sometimes pigment granules.

I shall not enter more into details of the history of this disease, as Lawford has given an excellent *resume* of it in the *Ophthalmic Hospital Reports* (1889).

In a case I had under my care about three months ago, I made an observation which gives, I think, a new view as to the nature of this disease.

A lady, aged 28, came to see me with a very marked descemetitis of the left eye. The lower third of the cornea was dotted with specks of different sizes. Also there was a similar dot on the anterior surface of the iris, extending beyond the free border, and touching the lens, in this way forming a posterior synechia. This dot, although larger than those of the cornea, was one of the first to be absorbed.

After dilating the pupil there could be observed also some circumscribed opacities in the lens, which I think were of the same nature.

Vision in this eye was $\frac{6}{8}$, after correcting a myopia of five dioptries. Intra-ocular tension was normal when the patient came, but increased considerably a few days afterwards, was normal again next day, and, in short, varied nearly every day. As after a fortnight the *plus* tension seemed to persist, and the cornea became hazy and the vision diminished, a sclerotomy was performed.

*Read at the Annual Meeting of the British Medical Association, held at Bristol, July, 1894.

With the aqueous humour one of the dots came out, which I examined under the microscope. I was greatly surprised to find, not a cluster of cells, but a collection of microbes. As soon as possible they were transmitted to agar-agar, where they grew, but very slowly.

Closer examination, after staining with carbol fuchsine, showed that they were very short bacilli.

Almost at the same time a young man came into the hospital with descemetitis of the right eye, from which he had already suffered for more than three months.

As in this case also a paracentesis had to be performed, great care was taken to secure one of the dots; we succeeded in doing this, but not without difficulty, as the dot proved to be very adherent to the cornea. In this instance I found the cells as described in the hand-books, but between them were microbes similar to those seen in the first case.

I did not succeed in cultivating them. I suppose that this dot was an older one than the other, as it was more adherent to the cornea, that it had attached cells, and the microbes were already dying off. The remaining dots seemed to affect the deeper layers of the cornea, causing an infiltration of the cornea, after which they were absorbed, leaving only a small cicatrix. Under internal treatment with salicylate of soda the eye became quiet, and after a month the patient left the hospital, and has not come again since.

In both cases there was, as far as could be seen, no trace of alteration in the choroid; there was a slight pericorneal injection, but no other symptom of iritis, and synechiæ were only formed where a dot had been situated.

Only a fortnight ago the lady referred to in our first case, who had left us, returned, complaining of irritation of the right eye. By focal illumination very small hazy spots were to be seen on the posterior surface of the cornea; they became denser, and soon acquired the ordinary aspect of descemetitis. Here, therefore, I had the opportunity of observing the disease in its very first beginning. I can state that it is not true that the dots are exclusively situated in a triangular arrangement on the lower third of the cornea, and several in the middle third. I am tempted to believe that the dots in the beginning often become loose, fall down, and stick again to the cornea in its lower part.

In this eye the affection ran a very rapid course. The number of opacities increased daily, the the tension became increased, and the cornea hazy as in glaucoma. A sclerotomy was performed, and we succeeded in getting one of the dots. Microscopical examination after staining showed the same microbes as in the other eye.

The conclusions I come to are, in the first place, that descemetitis is really a disease *sui generis*, therefore I think it quite appropriate to take up

again the old name of descemetitis instead of serous iritis or cyclitis. In the second place, that it is due to microbes growing in the anterior chamber, which by their producing toxins cause an irritation of the uveal tract. The dots are at first situated on the cornea; afterwards on the iris and lens, and may be also on the ciliary body. They contain in their early stages only microbes, but later are intermixed with leucocytes.

Whether all cases of descemetitis are due to the same cause, or whether in some cases it is a real deposit after inflammation of the deeper parts, further investigations have to decide.

Anti-Toxin Treatment of Diphtheria.—(Rice Freeman in *British Medical Journal*.)—Three cases, aged twenty-one months, thirty-four years and thirty years, respectively, are reported, and all recovered. In the infant there was both pharyngeal and laryngeal diphtheria. It received two injections of Roux anti-toxin, one of 20 C.C. and a second of 10 C.C.

Lectures on the History of Medicine.—Commencing on Wednesday evening, February 6th, 1895, Dr. James Moores Ball will deliver a series of lectures on the history of medicine every Wednesday evening during February and March. The lectures, which will be given in the upper amphitheater of the St. Louis College of Physicians and Surgeons, at 8 o'clock, will be free to medical students and the physicians of the city.

Two Cases of Preventive Inoculation of Immunized Scarlet Fever Blood Serum.—(Albert S. Ashmead in the *New York Medical Record*.)—One of his sons, aged seven, being stricken with scarlet fever, he inoculated on the second day two other children who had not had this disease, aged five and two years. The blood serum was taken from their older brother, aged nine years, who had had scarlet fever six years before. Two drops, taken from a blister on his breast, were used for each child, and there was one inoculation only for each. There was no real isolation—separate bedrooms during the night, but free intercourse during the day. On the ninetieth day no infection had been observed.

New Ruling by the Illinois State Board of Health.—The Illinois State Board of Health will not recognize Dental, Pharmacy and Veterinary Colleges as entitled to recognition for any part of a medical college course. The Board has passed the following resolutions:

“Resolved, That * * * the Illinois State Board of Health declines to recognize the degree of Ph. G., D. D. S., or V. S. as the equivalent of any part of the minimum requirements fixed by the Board as characterizing a medical college in good standing within the meaning and intent of the Illinois Medical Practice Act.” * * *

“This Board does not recognize a licensed pharmacist as on a different plane from any other non-graduate in medicine.”

“That as to ‘persons holding certificates of examination,’ the Board holds that they should establish the fact of four years of study and three full courses of lectures before being granted the degree of M. D.”

AN INTERESTING OBSTETRICAL CASE.

BY JNO. I. SKELLY, M. D., Pekin, Ill.

ON THE evening of February 24th ult. I was called to attend Mrs. P. in her first confinement. I had expected a tedious labor on account of her age, 28. The presentation and position were normal, i. e., cephalic. Occiput to left acetabulum. The duration of labor was about 7 hours.

Nothing unusual occurred until the last pain, which terminated the labor at least one hour before I expected it, and ruptured the perineum down to, but not through the sphincters. The rupture extended backwards on the posterior wall of the vagina for $1\frac{1}{2}$ inches. The patient was advised of her injury but did not think she could undergo an operation immediately; so the operation was deferred for 36 hours. I was ably assisted in the operation by Drs. Schenck, Warren and Catron of this city, and never took more pains with any operation than with this one. There was a considerable swelling of the parts, and it was necessary to remove several patches of necrotic tissue. A stream of water which had been sterilized by boiling, and also carbolized, was allowed to play upon the field of operation, and was kept as hot as I could bear it. The parts were thoroughly denuded and then approximated by silkworm gut. Enough sutures were used to bring the parts into exact approximation, and all were passed below the bottom of the tear. With the index finger of the left hand in the rectum the needle was easily guided. By some means the integument of the perineum and the mucous membrane of the vagina failed to unite per primam. As the swelling subsided I think pus must have found an entrance between the edges of the wound, as the stitches did not hold the parts as closely together as when first introduced. The vagina was thoroughly irrigated with carbolized water as hot as could be borne, three times a day for one week after the operation, when the stitches were removed. The muscular tissue of the perineum is thoroughly united, and healthy granulations are completing the union in integument and mucous membrane.

I regret that I operated on this case when I did, notwithstanding the dictum of authority in favor of early operation. This was not a fit case for immediate operation, and the result proved to me that it should have been postponed until after all swelling and irritation had subsided. The result is very good as it is, but not so good as I had hoped for. The patient will be free from any inconvenience on account of lack of primary union, but I can never regard it as a perfect result.

Now as to the child. It was a monster. There was an extensive spina bifida in the lumbo-sacral region involving at least eight of the vertebræ. There was a talipes calcaneum right foot, and varus left foot. There

was no anus; no communication between mouth and stomach; the œsophagus being impervious; neither was there any discharge of urine. The penis, scrotum and testes were normal. The child had convulsions almost continuously, and morphine had no effect upon it.

Dr. Catron administered $\frac{1}{2}$ gr. hypodermically, without any perceptible results. Of course the child could not swallow, and death was inevitable. I sent an ounce of chloroform to the nurse, and instructed her to administer by inhalation. This controlled the convulsions temporarily, but they recurred whenever the chloroform was stopped. The child lived four days. This would have been a very interesting case for a post-mortem, but it was not obtained.

POISONING BY CHLOROFORM.

BY J. CHRISTIAN BAY, F. G. B. S., Des Moines, Iowa.

Bacteriologist to the Iowa State Board of Health, Des Moines, Iowa.

ACCORDING to the "*Aertzliche Rundschau*," Dr. René du Bois Raymond has succeeded in finding the mortiferous poison in some of the chemical products from the putrefaction of chloroform.

The writer often observed fungi living in chemical solutions. An *Aspergillus*-form was cultivated from the normal solution of nitric acid in Kjeldahl's laboratory in Copenhagen, by Dr. Elfving. The writer found, himself, a similar form in a saturated solution of succinic acid. *The question of micro-organisms living in drugs, and producing mortiferous poisons has not yet attracted the sufficient notice due to its great importance.* But it is quite sure that many germs can be introduced with adulterations that commonly take place.

The investigator mentioned above found that even the purest chloroform contains, when it has been preserved too long, organisms of putrefaction, probably bacteria. The poisonous products made by these organisms which are not sufficiently known can be removed by *crystallization in ice*. This ice-chloroform presents the only security that no secondary effects will take place, aside from the necrosis itself. The precipitate formed by the crystallization caused in frogs, a diastolic pause, and a considerable depression of the tension in the blood, finally death. It must be recommended to use either this crystallized chloroform, or to examine the amount on hand before using it.

The new discovery is hoped to secure a cautious treatment of the chloroform for medical use. Death after narcosis should then be prevented.*

*Samples of long preserved chloroform will be examined by me, and I will be glad to receive them. Other chemicals (fluids) containing whitish flocks are asked for, and will be subjects of investigation. Reports of cases where death has occurred after the use of chloroform, and which were supposed to be due to the use of the latter, would be gratefully received.

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TRI-STATE MEDICAL JOURNAL

Vol. II

FEBRUARY, 1895

No. 2

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TO CONTRIBUTORS:—All communications to THE TRI-STATE MEDICAL JOURNAL are received with the strict understanding that they are to be published in this journal alone. Papers for the Original Department should be in hand one month in advance. A liberal number of extra copies of the Journal, will be furnished authors, if requested. Photo-engravings will be made to illustrate articles, if proper copy is furnished. Electrotypes of engravings will be furnished authors at cost when they wish to preserve them for future reproduction, provided a request is made for them on the back of the copy. Reprints are not furnished by the Editor, but can be obtained at reasonable rates from the company.

Address all communications, news of medical interest, subscriptions, books for review, etc., to the TRI-STATE MEDICAL JOURNAL CO., Keokuk, Iowa.

EDITORIAL DEPARTMENT

OUR HISTORICAL NOTE.

The medallion of Dr. John Freind has been reproduced from this author's *History of Physick*, printed at London in 1750. This work was written while Dr. Freind was confined in the Tower because of a supposed political offense.

AN ILLUSTRATED MEDICAL MAGAZINE.

We request your attention to the fact that, beginning with the issue for March, the TRI-STATE MEDICAL JOURNAL will become an illustrated journal, presenting portraits of many contributors and other illustrations of of merit. These will be finished in the highest style of the engraver's art. Doctor, kindly keep your eye on us.

LAPAROTOMY FOR GASTRIC ULCER.

The onward march of surgery under the guidance of the beneficent principle of antiseptis is wonderful. Conditions which a few years ago were given over to the physician without dispute, are now claimed by the surgeon. Laparotomy for gastric ulcer has been performed successfully. October 21st a patient was admitted to the Hull Royal Infirmary, in whom ruptured ulcer of the stomach was diagnosed. Three hours after the supposed rupture laparotomy was performed by Mr. R. H. Bouchier Nicholson, M. R. C. S., who found the perforation close to the œsophagus, so near, in fact, that he could detect the perpendicular muscular fibres entering the stomach walls. The opening, which was the size a goose-quill, was doubled inwards, the two peritoneal surfaces being held in apposition by means of eight Lembert sutures. These were strengthened by a continuous suture. The patient made an uneventful recovery.

CASTRATION AS A TREATMENT FOR ENLARGED PROSTATE.

Readers of the TRI STATE MEDICAL JOURNAL will remember an article by Dr. Haynes, of Los Angeles, California, published in our April (1894) number, in which he recorded three cases of prostatic enlargement which were improved by castration. These cases do not stand alone, and the fact must be accepted that castration will cure hypertrophy of the prostate. Performed first by Ramm, of Christiana, in April, 1893, the operation has since been done by Haynes, Professor White, of Philadelphia, Fremont Smith, of St. Augustine, and C. Mansell Moullin, of London. In all, eight cases have submitted to this treatment knowingly, and one case is on record where the testes were removed accidentally, with cure of the prostatic disease. The latest case recorded is that of Moullin which may be found in the *British Medical Journal* for November 3rd, 1894. The patient, aged eighty-one, was admitted to the London Hospital, June 21st, 1894, suffering from retention, from enlargement of the prostate. Rectal examination showed the prostate enormously enlarged, no catheter could be passed, and supra-pubic aspiration was performed with slight relief. At the end of a fortnight no progress had been made; castration was suggested and accepted by the patient. The result was wonderful. The next day the urine came more freely; in ten days the prostate was perceptibly smaller, and three weeks after the operation it had disappeared. With a catheter *in situ* and the finger in the rectum all that could be felt was a fusiform thickening extending along the course of the prostatic urethra.

Clinically and pathologically the fact that castration will cure prostatic hypertrophy is of great importance. It shows that the theories heretofore held in regard to the cause of prostatic hypertrophy are no longer tenable. The theory of senility, of general atheroma, of hypertrophy in compensation for the sinking of the floor of the bladder, as well as the view that enlargement of the prostate is analagous to fibroid disease of the uterus—all these are negatived by the success of this new method. Is it not reasonable to suppose that enlarged prostate is due often to excessive use of the sexual apparatus? A connection between this disease and second marriages, especially where the wife is young, lends credence to this view. At any rate it is a satisfaction to know that surgery is steadily advancing toward the goal of truth.

Dr. J. M. Eaton Dead.—Dr. John M. Eaton, an eminent surgeon and specialist, died in Denver, January 12th, of congestion of the brain and peritonitis. Dr. Eaton was once coroner of San Francisco, and was an intimate associate and adviser of Chris Buckley, the Democratic leader.

ANOTHER IRRUPTION.

A recent issue of the St. Louis *Republic* is responsible for the following:

"Dr. Keating Bauduy, the bright young alienist, has drawn a representation of the paranoiac wheel that is said to be revolving in Duestrow's head. Yea, he has gone farther, and has originated a wheel which represents all known classes of paranoiacs. This is the first time in the history of medicine that "a wheel in the head" has been illustrated, and the idea is absolutely original with Dr. Keating Bauduy

The young alienist was one of the experts on insanity who testified for the defense in the recent legal inquiry into the sanity of Arthur Duestrow, the murderer of wife and child. Dr. Bauduy firmly believes that Duestrow is insane, the disease being classified as a progressive form of paranoia. After studying the case for several weeks, and hearing all the testimony of his colleagues, Dr. Bauduy, while sitting in his room one night at Union, evolved the original idea of drawing a picture of "the wheel in Duestrow's head." It was a brilliant idea, and when he mentioned it to his father, Dr. Jerome K. Bauduy, the latter also became enthusiastic, and within a few minutes a number of sheets of paper were covered with drawings of all sorts of "wheels of insanity." The hub, spokes and tire were carried out in the comparisons in a scientific manner, and for the first time in the history of medical science the disease of insanity was illustrated for the mind of the layman through the aid of plane geometry."



Paranoiac Wheel, by DR. KEATING BAUDUY.

The Practice of Medicine by Opticians.—In 1855 the late Dr. Elkanah Williams, after spending several years in the hospitals of Germany, France and England, studying ophthalmology under the masters of that day, returned to his American home and began the exclusive practice of ophthalmology and otology in Cincinnati, Ohio. He did not come unheralded. It had been his good fortune to instruct the surgeons of London in the use of the ophthalmoscope—that wonderfully perfect instrument which Hemholz had just given to the profession. At the time of his arrival Dr. Williams was the only oculist in the United States. For several years practice came to him but slowly. His professional brethren looked askance at his attempt to limit his practice to eye and ear diseases. They were not ready for specialization and specialists. How the idea of specialization in medical work has grown in four decades, every one knows; and we are all ready to concede the benefits of specialization if kept within reasonable bounds. Whence came the optician? Like the mule he is a hybrid—a cross between a quack doctor and a meddlesome jeweler. However, there are a few opticians who grind lenses and do not prescribe them. Like the shoemaker, the optician should "stick to his last." The great majority of lens-grinders, however, presume to practice medicine, and it is concerning the practice of medicine by opticians that we wish to speak. Your average optician prescribes lenses for presbyopia, myopia, and hypermetropia, and halts only at astigmatism. Some have been known to go farther and, after using atropine, have prescribed cylindrical glasses. To say that the giving of glasses to hyperopic or myopic subjects is not practicing medicine, is absurd. It might as well be said that the dental surgeon who pulls teeth, opens antral abscesses and manufactures artificial teeth does not practice a branch of

medical art. The dentist cannot legally ply his vocation without complying with the law which designed to protect the public from incompetent dentists. So it should be with opticians. If the optician presumes to prescribe lenses instead of grinding them to the order of an oculist, it is time that legislation should step in and protect the public from the optician. The day will soon come when ophthalmology will be subdivided: one man will do ophthalmic surgery; another will treat ocular diseases; and the third will correct errors of refraction. When physicians and laymen recognize the fact that every pair of lenses has a definite therapeutic effect, which may be beneficial or baneful, the meddling optician will cease to practice medicine.

Abuse of Narcotics by Doctors.—It is a fact patent to any one who is familiar with our profession that many of its members are the victims of narcotic and alcoholic inebriety. This assertion is not to be taken as a slur upon the medical profession, but as a calm statement of a lamentable fact. Within the last six months the writer has observed the obituary notices of not less than four physicians who died from the excessive use of cocaine. Two of these men, before contracting the habit, were able physicians, accomplished lecturers and model citizens. In an evil hour cocaine, in the form of a snuff, was given them for the cure of nasal catarrh. Commencing in this way the drug was soon used hypodermatically, as well as orally. The later history of each individual was such as can be paralleled almost every month in the history of many physicians. The abuse of narcotics has increased enormously within the last five years. The refilling of prescriptions unknown to the prescriber is responsible for much of the evil. The imprudence of physicians in promiscuously prescribing cocaine for nasal catarrh, and resorting to hypodermatic injections of morphia on slight provocation, is a potent factor in the abuse of narcotics. Some of the patent catarrh remedies to be found in many drug stores contain large quantities of cocaine. Of all the narcotic habits the addiction to cocaine seems to be the most rapidly demoralizing as well as the most difficult of cure. Months after their apparent recovery these patients have gone back to the drug; or, if not that, they have sought solace in morphine or chloral. It seems incredible that physicians who, above all men, must know the evil effects of narcotics, should themselves fall victims to these drugs. If it be conceded that there is no good reason for this state of affairs, what can be said about the abuse of alcoholics? Time was when a drunken doctor was considered a paragon of learning. It was said of John Freind, a celebrated physician of the last century, that the prescription written by him when drunk was more valuable than those given by other physicians when sober. That period, however, is gone forever. The intoxicated, profane, boisterous, and demoralized doctor of days gone by finds no place in the civilization of the present hour. Medicine is a science too broad to be encompassed by a maudlin mind. Let us hope the time will soon come when the abuse of narcotics by doctors will be a part of the past.—*Med. Fortnightly.*

Dr. J. W. Smith, of Mt. Sterling, Ill., recently made us a pleasant call.

Appointed.—Dr. James Moores Ball has been appointed Consulting Oculist at the St. Louis Poor House, by Health Commissioner Homan.

Acquitted.—Dr. E. L. Finley, of Ottawa, Ill., was recently tried on the charge of murdering Mrs. Heth. Testimony was introduced which proved beyond a doubt that the woman had inflicted the injuries which resulted in an abortion, upon herself, and that the doctor operated only when it became evident that death would result sooner unless action was taken. The verdict was given by the jury without leaving their chairs.

Report of St. Mary's Infirmary.—From the annual report of this (St. Louis) institution we find that 1,025 hospital patients were treated during 1894. Of these, 714 were charity patients. The medical and surgical staff is as follows: Surgeon in Chief, Dr. W. A. McCandless; Physician Medical Department, Dr. F. Neuhoff; Physician Medical Department, Dr. E. Bribach; Assistant Surgeon, Dr. L. P. Allison; Assistant Surgeon, Dr. J. J. Drace; Aurist, Dr. Barclay; Oculist, Dr. F. L. Henderson. The staff also treated 4,871 out-door patients.

Graduates in Midwifery.—The Dr. Carpenter College of Midwifery, of St. Louis, held its semi-annual commencement recently, at the college, 2601 North Tenth Street. Dr. William W. Graves, who is president of the institution, awarded the diplomas to the graduates, Mrs. Ida Koerner, Theresa Mueller, Johnette Neudecker, Gertrude Adamsky, Adelaide Bruener, Mary Roughton, Annie Krump, Johanne Rohlmann and Katie Parker, all of St. Louis, and Mrs. Sophie Pieper of Illinois. The address of the evening was delivered by Dr. Robert C. O'Reilly. The examining committee consisted of Drs. A. C. Bernay, Robert C. O'Reilly and Felix W. Garcia.

Death of Dr. Loomis.—Prof. Alfred L. Loomis, the eminent specialist on pulmonary diseases, died in New York, on January 23rd, of pneumonia. Dr. Loomis was born in Bennington, Vt., June 10, 1831, and graduated in arts from Union College. In 1854 he graduated in medicine from the College of Physicians and Surgeons, New York. He was one of the best known physicians in the country, and during his long and successful professional career was called upon to treat many distinguished patients, among whom was the late James G. Blaine. He was a lecturer in the College of Physicians and Surgeons in 1862-5, and was then made adjunct professor in medicine in the University of the City of New York. In 1867 he was appointed professor of pathology in the same institution, a chair he held for many years. Through Dr. Loomis an unknown friend gave the sum of \$100,000 in 1886, to build and equip the Loomis Laboratory in the medical department of the university. Dr. Loomis was a member of many medical societies in this country and Europe, and was at different times president of the New York Pathological Society and of the New York State Medical Society. Among his published works are "Lessons in Physical Diagnosis," "Diseases of the Respiratory Organs, Heart and Kidneys," "Diseases of Old Age," and "A Text-Book of Practical Medicine."

Married.—Dr. John Orlando Roe was married to Miss Jane Pomeroy at Boston, February 12th.

Dr. Webb J. Kelly, Galion, O., is conducting a Department of Railway Surgery in *The Medical Fortnightly*.

A Satisfactory Instrument.—The Acme Alternating Current Controller, manufactured by Messrs. Holekamp, Grady & Moore of 915 Olive Street, St. Louis, is a satisfactory instrument. If any of our readers have been dissatisfied with storage batteries they will be doubly pleased with the Current Controller. A platinum instrument can be brought to any desired heat with its use.

Colored People's Hospital.—The movement that was set on foot several months ago by a number of prominent St. Louis gentlemen to establish a hospital in that city for the use of colored people, seems to be meeting with the success it deserves. The Provident Hospital Association was organized several months ago for the purpose of establishing such a hospital. It is a duly incorporated body, composed of gentlemen who are well known to the St. Louis public as men of high moral character, both in public and private life. The Board of Directors of the Association is composed as follows: Hon. Nathan Frank, President; Dr. A. C. Bernays, Vice-President; Dr. Wm. P. Curtis, Secretary; F. P. Thompson, Isaac H. Sturgeon, Emil Pretorius, James S. Shaffner, Frank F. Scott, Alfred White and James E. Yeatman.

Ohio Pure Food Law.—Section 1. That no person shall, within this state, manufacture for sale, offer for sale, or sell any drug or article of food which is adulterated, within the meaning of this act. Section 3. An article shall be deemed to be adulterated within the meaning of this act: (1) If, when sold under or by a name recognized in the United States Pharmacopeia, it differs from the standard of strength, quality, or purity laid down therein; (2) If, when sold under or by a name not recognized in the United States Pharmacopeia, but which is found in some other pharmacopeia, or other standard work on materia medica, it differs materially from the standard of strength, quality, or purity laid down in such work; (3) If its strength, quality, or purity falls below the professional standard under which it is sold.

New Medical College.—The medical department of the Fort Worth University seems to have sprung into the arena full fledged—like Minerva from the brain of Jove, and fully equipped for the contest for supremacy and students. It makes a most creditable showing, and it is claimed by the management that there are ample and first-class facilities for clinical study and for anatomical purposes. The large railroad hospital and the St. Joseph's Infirmary and some other institutions are under the management of the staff, and their college building is said to be well adapted for the purpose of teaching medicine. If *ability* on the part of the faculty were the only or chief requisite to success, success is already assured, for we can say with truth and without hesitation, that most of the gentlemen comprising the faculty are men of ripe experience and recognized ability in their several departments. The professors have all been appointed from the local profession of Fort Worth, and the faculty is a strong one, and all of them will make able teachers beyond doubt. Fort Worth ought to be a good location for a medical college, as it is central, and is a great railroad town, not less than ten roads centering, crossing or terminating there.—*Texas Med. Jour.*

OUR BOOK TABLE

PRACTICAL URINALYSIS AND URINARY DIAGNOSIS: A Manual for the Use of Physicians, Surgeons, and Students; By Charles W. Purdy, M. D., Professor of Urology and Urinary Diagnosis at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys;" also of "Diabetes; Its Causes, Symptoms, and Treatment." With Numerous Illustrations, including Photo-Engravings and Colored Plates. In one Crown Octavo volume, 360 pages, in Extra Cloth, \$2.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

This is a practical and exhaustive treatise which can be consulted with profit by every physician. Dr. Purdy has handled the subject in a masterly manner. In fact, there is nothing more to be said. Doubtless this book will be used in all the leading medical colleges of the country.

A HAND-BOOK OF MEDICAL MICROSCOPY, Including Chapters on Bacteriology, Neoplasms, and Urinary Examinations; By James E. Reeves, Duodecimo, pp. xv—237. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1894. Price, \$2.50.

This little book will delight the doctor who uses the microscope. Dr. Reeves has long been known as one of the most successful and original microscopists in this country, and he has given us a volume of practical interest. He has distinctly stated those methods of technique which he has found most useful. The value of the book has been much increased by the printing of many of the illustrations in colors.

A SYNOPSIS OF THE PRACTICE OF MEDICINE, for Practitioners and Students; By William Blair Stewart, A. M., M. D., Lecturer on Therapeutics; Late Instructor on Practice of Medicine in the Medico-Chirurgical College of Philadelphia; Demonstrator in the Philadelphia School of Anatomy, etc. Octavo, pp. 433. New York: E. B. Treat, 5 Cooper Union. 1894.

This work has been undertaken after several years of experience by the author as Instructor on the subject of the Practice of Medicine, his purpose being to prepare and present to the profession, a brief synopsis of the subject, not with the view of replacing the expensive and elaborate publications, but to give to the busy practitioner and student, at a small cost, concise and accurate descriptions which will suggest outlines and practical thoughts upon etiology, symptomatology, pathology, diagnosis, prognosis and treatment.

A MANUAL OF MODERN SURGERY, GENERAL AND OPERATIVE; By John Chalmers Da Costa, M. D., Demonstrator of Surgery, Jefferson Medical College, Philadelphia. With 188 Illustrations in the text and 13 full-page plates in colors and tints, aggregating 276 separate figures. Octavo, pp. 809. Philadelphia: W. B. Saunders, 925 Walnut Street, 1894. Price, \$2.50 net.

For the use of a medical student this is an excellent manual of surgery and deserves to meet with an extensive sale. The typography is good, the illustrations valuable and the appearance of the book attractive. The book belongs to Saunders' New Aid Series of Manuals.

HET NEDERLANDSCH GASTHIUS VOOR BEHOEFTEIGE EN MINVERMOGENDE OOGLIJDERS, TE UTRECHT: Octavo, pp. 63. Utrecht. 1894.

This is a report of the work done in a large eye hospital at Utrecht, of which the celebrated Prof. H. Snellen is chief surgeon. During the year 1893 more than 4,000 cases were treated and 519 operations were performed.

DISEASES OF THE NOSE AND THROAT. By F. H. Havilland Hall, M. D., F. R. C. P. Lond., etc. With two colored plates and fifty-nine illustrations. Duodecimo, pp., vi., 304. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street, 1894. Price \$5.00.

This book, written by one of the most eminent London physicians, treats of rhino-laryngology in a delightful way. Dr. Hall is a physician—not a surgeon—and he treats of nasal disease largely from the physician's point of view. Nevertheless, sufficient space is given to the mechanical treatment of nasal diseases. The book is clear, practical and concise, forming a worthy addition to the "Practical Series" issued by the Blakistons.

CHEMISTRY. General Medical and Pharmaceutical. By John Attfeld, F. R. S. Fourteenth edition. Duodecimo, pp. XVII—794. Illustrated. Philadelphia: Lea Brothers & Co. 1894.

Attfeld's chemistry needs no introduction. The exhaustion of thirteen editions shows that the book is appreciated. The present edition has been carefully prepared. It is needless to say that this excellent book will retain its popularity for many years to come.

A TREATISE ON APPENDICITIS; By George R. Fowler, M. D. Octavo, Pp. 190. Philadelphia: J. B. Lippincott Company. 1894.

Professor Fowler has written a treatise on appendicitis which should be read by every practitioner of medicine and surgery. No better index of the progress which our profession has made in the last ten years can be shown than the matter of appendicitis. Every question, clinical, diagnostic, pathological, operative and therapeutic, is fully and clearly considered. The publishers have issued the book in superb style.

An Important Book.—Prof. Gustavus Hinrichs, of St. Louis, one of the most learned chemists in the world, has just issued a work entitled: *The True Atomic Weights of the Chemical Elements and the Unity of Matter*. This book represents the labors of forty years. The commonly accepted atomic weights, including those of Stas, are shown to be all in error. It is unnecessary to say that Prof. Hinrich's book will create a sensation in the scientific world.

Dr. Krieger's Book.—The editor has just received from Dr. G. E. Krieger, of Chicago, a copy of his new book entitled *Blood Serum Therapy and Antitoxines*. The subject is ably handled under four heads: 1, Blood Serum Therapy; 2, Toxins and Toxalbumins; 3, Tetanus; 4, Diphtheria. Naturally the fourth chapter will be read with intense interest. The work is published by Messrs. E. H. Colegrove & Co., 52 Randolph St., Chicago. Every physician who desires to understand the subjects included in the title of this work will do well to purchase Dr. Krieger's book.

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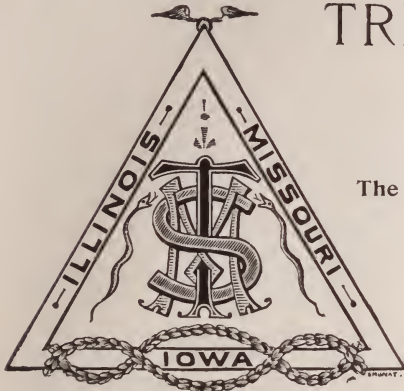


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TRI-STATE MEDICAL SOCIETY

(ILLINOIS, IOWA AND MISSOURI)

The next meeting of the Tri-State will be held
at St. Louis, April 2, 3 and 4, 1895.

PERSONALITIES

[FROM THE MERGANTHALER LINOTYPE MACHINE.]

Dr. W. B. Sisson of Kahoka, Mo., will be with us.

Dr. J. R. Ash of Brighton, Ill., has consented to read a paper.

Dr. A. H. Cordier, gynecologist of Kansas City will read a paper.

Dr. Harold N. Moyer of Chicago will deliver the address on medicine.

Dr. D. C. Brockman of Ottumwa, Iowa, ex-president, will be with us.

Dr. Webb J. Kelley of Galion, Ohio, will read a paper at the St. Louis-meeting.

Dr. John A. Wyeth, the eminent surgeon of New York, will deliver the address on surgery.

Dr. Boerne Bettman of Chicago was present at Jacksonville and will meet with us in St. Louis.

Dr. J. M. Allen of Liberty, Mo., read a paper at Kansas City. Better come to St. Louis, doctor.

Dr. H. C. Young of Bloomfield, Iowa, one of the early members of the Tri-State, will be present.

Dr. Fred Byron Robinson, the anatomical gynecologist of Chicago, will give the address on gynecology.

Dr. D. W. Basham of Neal, Kansas is hereby invited to come to St. Louis while the Tri-State is in session.

Dr. H. S. Reese of Wayland, Mo., was the first treasurer of the Tri-State. Come and join the procession, doctor.

We hope that Drs. Love and Reismeyer will declare hostilities off during the 2d, 3d and 4th days of April.

Dr. Everett J. Brown, of Decatur, Ill. is a faithful member. He never misses a meeting.

Dr. T. J. Maxwell of Keokuk has read several valuable papers before the society.

Drs. E. O. Sisson and F. B. Dorsey of Keokuk, Iowa, will read papers at the coming meeting.

Dr. W. Allison of Peoria will find many friends to greet him if he comes to the next meeting.

Dr. L. A. Malone of Jacksonville, Ill., junior vice-president of the society, will read a paper.

Dr. E. Wyllys Andrews of Chicago joined the Tri-State at Peoria. Hope he will come to St. Louis.

Dr. Roger N. Cresap of Bonaparte, Iowa, has not attended the last two meetings. We need him.

Dr. W. K. McLaughlin of Jacksonville, Ill., has taken great interest in the success of the Tri-State.

Dr. W. H. Dewey of Merville, Iowa, joined the Tri-State at Keokuk. Better come to St. Louis, W. H.

Dr. H. E. Pearse of Kansas City, editor of the Medical Index, is expected to attend the coming meeting.

Dr. R. C. Hefebower of Cincinnati, one of the prominent aural surgeons of that city, is to read a paper.

Dr. J. H. Kellogg of Battle Creek, Mich., presented a paper by proxy at the last meeting. We hope to see him in person at St. Louis.

We hope that Dr. B. Zwart, of Kansas City, will attend.

Dr. Louis Becker, of Knoxville, Ill., was missed at the last meeting.

Dr. "Tom Tom" Holland of Hot Springs, Ark., is expected to be on hand.

Dr. J. H. Coulter of Summitville, Iowa, will be welcome at the next convention.

Drs. Rook and Montgomery, of Quincy, Ill., are expected to attend the St. Louis meeting.

Dr. W. E. Guthrel, of Bloomington, Ill., will read a paper on "Mucocoe of the Frontal Sinus."

Dr. W. B. LaForce of Ottumwa, Iowa, one of the ablest pathologists in the west, will read a paper.

Dr. J. E. Parish of Memphis, Mo., attended the first meeting of the Tri-State and has not been seen since.

Dr. W. B. Maddox, of Augusta, Ill., is hereby reminded that he is expected to be present at the next meeting.

Dr. W. H. E. Bondurant of Downing, Mo., was not at the Jacksonville meeting. We trust he will report at St. Louis.

Dr. W. T. Eckley, formerly of Ft. Madison, Iowa, is practicing in Chicago. Dr. Eckley is a charter member of the Tri-State.

Already it is rumored that Chicago intends to capture the October meeting of the Tri-State. Chicago generally gets what she wants.

Dr. George Halley, of the city on the raging Kaw, who points to the South pole while addressing the northern regions, will be doubly welcome.

Dr. Thomas Hunt Stuckey, of Louisville, Ky., states that the summons to be in St. Louis, April 2, 3 and 4, will be obeyed without a *capias*.

Dr. A. H. Ferguson, of Chicago, formerly of Manitoba, will be present. When he lived up North he was called "the Nicholas Senn of Canada."

Dr. T. E. Potter, professor of surgery in the Central Medical College of St. Joseph, became a member at Kansas City. We missed him at Jacksonville.

Dr. G(enia)l Frank Lydston of Chicago will be on hand and will contribute to the literary success of the Tri-State.

Dr. J. R. Hull of Sciota, Ill., the first president of the society, has not been seen at the late meetings. Where are you, Dr. Hull?

Dr. Pyle of Canton, Ohio, well known for his surgical work, read a paper at the Peoria meeting in which he advocated human vivisection.

Dr. J. H. Perrin and Dr. W. A. Shelton of Marceline, Mo., joined the Tri-State at Kansas City. We hope to see them at the next meeting.

Dr. James F. Percy of Galesburg, Ill., always writes an interesting paper on an important subject. He will attend the coming meeting.

Dr. J. H. McIntyre of St. Louis is a member of the committee of arrangements and will do his part to make the April meeting a success.

Dr. S. G. Gant of Kansas City is said to be much interested in a St. Louis young lady of great wealth. He will surely attend the April meeting.

Dr. W. H. Newlon of Fort Madison, Iowa, was the first gentleman to sign the constitution when the Tri-State was organized several years since:

A valuable member whom we hope to shake by the hand at the next meeting is Dr. John I. Skelly of Pekin, Ill. He is all wool and a yard wide.

Dr. Gilbert I. Cullen of Cincinnati, a lineal descendant of the celebrated Scotch physician of the same name, is to read a paper at the next meeting.

Dr. Paul Paquin, of St. Louis, who has recently given the profession some valuable information on blood serum therapy, will read an important paper.

Dr. H. B. Young of Burlington, Iowa, a member of the Tri-State, has been made chairman of the ophthalmic section of the Iowa State Medical Society.

Dr. Woods Hutchinson of Des Moines, Iowa, who is, by the way, a nephew of Johnathan Hutchinson of England, has consented to appear on the programme.

Dr. J. Fred Clarke of Fairfield, Iowa, is now studying gynecology with Dr. Howard A. Kelly of Baltimore. Dr. Clarke has taken an active interest in the society.

Dr. O. B. Will of Peoria, Ill., was indefatigable in his efforts to please the visiting brethren when the society met in his city. We need him at the next meeting.

Dr. H. C. Crowell of Kansas City held a gynecological clinic when the society met in his city. Come down to the metropolis, doctor, and look at our tall buildings.

Dr. George Minges of Dubuque, Iowa, read a valuable paper on Koch's lymph at the Peoria meeting. Dr. Minges will read a paper at the St. Louis meeting.

Dr. Charles A. Oliver of Philadelphia, co-author of Norris and Oliver's well known treatise on ophthalmology, will hold an ophthalmic clinic at the St. Louis meeting.

Dr. W. W. Keen, professor of surgery in Jefferson Medical College, Philadelphia, will hold a surgical clinic in the presence of members of the Tri-State Medical Society.

Adolph Meyer, of Kankakee, Ill., a scientific neurologist, read a paper at Jacksonville showing deep research and original work. Dr. Meyer lectures to the students of the Chicago University.

Dr. Fernand Henrotin, one of the fashionable doctors of Chicago, and professor of gynecology in the Polyclinic, became a member of the Tri-State at Jacksonville. He will come to St. Louis.

The Tri-State Medical Journal, the official organ of the Tri-State Medical Society, entered upon its second volume with the January number. It has met with great favor at the hands of the profession.

Dr. Bayard Holmes of Chicago, who was elected senior vice-president at the Jacksonville meeting, is one of the ablest of Chicago doctors. He is a champion of higher medical education.

Dr. Calvin Snook of Fairfield, Iowa, always attends the meetings and helps to make them successful.

Dr. M. B. Ward of Topeka, Kan., is an honored member of the Tri-State. To him is due the creation of the Western Association of Obstetricians and Gynecologists.

Dr. J. R. Hollowbush of Rock Island, Ill., whose former "stamping ground" was Warsaw, is doing a fine practice in his new home. He will read a paper at the coming meeting.

Dr. C. Lester Hall, of Kansas City, one of the most genial men on the face of the earth, took great pains to make the Kansas City meeting a success. We need him at the next round up.

Dr Willis P. King of Kansas City, who will be remembered by all as the man of many jokes, is a charming after dinner speaker, as was proved at the meeting held in Kansas City in April, 1894.

Every doctor who has attended the Tri-State Medical Society has remarked the great amount of scientific work done at its sessions. Having no "dirty linen" to wash the whole time is given to scientific progress.

One of the doctors whose rubicund countenance shone upon the Jacksonville meeting is James H. Etheridge, the noted professor of gynecology in Rush Medical College. Dr. Etheridge is coming to St. Louis.

The time for the spring meeting of the Tri-State is a favorable one—the first week of April. Most of the State societies will meet four or five weeks later, and there are few local societies will interfere.

St. Louis heretofore has not been well represented in numbers at the sessions of the Tri-State Medical Society. Her medical men will now have the opportunity to join a live Medical Society at small loss of time.

Dr. David Cerna of Galveston, Texas, was formerly connected with the medical department of the University of Pennsylvania, and now holds a chair in the University of Texas. Dr. Cerna is a clear, forcible writer, and has made many friends by his articles describing the therapeutic effects of many new remedies. He will deliver the address on "Recent Advances in Therapeutics."

Dr. John Punton of Kansas City has been interested in the society almost from its birth. Dr. Punton has read several papers, and has discussed many of the papers of other members of the society.

Dr. Robert H. Babcock, the blind specialist of Chicago, was present at the last meeting of the Tri-State and gave a most interesting lecture. Dr. Babcock has promised to attend the St. Louis meeting.

Dr. A. V. L. Brokaw of St. Louis, the popular professor of anatomy in the Missouri Medical College, joined the Tri-State at the Peoria meeting. His paper on uterine fibroids will be remembered as a valuable one. An interesting discussion followed.

Dr. H. A. S. Hartley of Keokuk, Iowa, is one of the most interesting characters in the Tri-State. There is Portuguese blood in his veins. Dr. Hartley was born upon the Island of Trinidad. He is an accomplished linguist.

Dr. Charles S. Chase of Waterloo, Iowa, has been for two years an officer in the society. He is a hard worker in the profession and holds the chair of materia medica and therapeutics in the medical department of the Iowa State University—a good man in a good school.

Dr. F. Reder of Hannibal, Mo., the charming young surgeon of the C., B. & Q., read a paper before the society about two years ago upon "The Rubber Bulb as an Aid in Intestinal Surgery." This paper won a prize—a fine microscope—offered by the International Journal of Surgery.

Dr. Frank Parsons Norbury, alienist and neurologist, is the secretary of the Tri-State. His extensive acquaintance with prominent medical men of the east will help him very much in getting some stars of the first magnitude to attend the coming meeting.

Dr. W. B. Outten, the genial chief surgeon of the Missouri Pacific Railway and editor of the Railway Surgeon, will act as chairman of the committee of arrangements. The other members of the committee are Drs. E. H. Gregory, A. J. Steele, H. W. Loeb, C. H. Hughes, G. W. Cale, James A. Close and J. H. McIntyre.

Dr. James A. Close of St. Louis, whose name is followed by nearly all the letters known to the alphabet, read a paper at the Jacksonville meeting on the subject: "The Necessity of Thorough Laboratory Work in Medical Colleges." Those who were present will remember the discussion of this important paper.

Dr. Emory Lanphear, formerly of Kansas City, but now of St. Louis, has been a member of the Tri-State for several years and some of our best papers have been written by him. Dr. Lanphear is the professor of surgery in the St. Louis College of Physicians and Surgeons, whose faculty aim to make it the best school in the west..

Coca Erythroxyton—

We need not enter into a full description of the history of the Erythroxyton Coca, as we believe that most medical men are fully acquainted with the principal facts concerning the plant. We may, however, recall to mind that the leaf is the only part of the plant used. Very much depends, therefore, upon the plucking of the leaf, and the time at which it is plucked; the subsequent care of the leaf being matter of considerable importance, and affecting very materially the preparations made from it. M. Mariani was the first in Europe who took up the study of the plant, and over thirty years ago commenced manufacturing for the medical profession the various specialties associated with his name, viz., "Vin Mariani," "Elixir Mariani," "Pate Mariani," "The Mariani," "Pastilles Mariani," etc., preparations which are known all over the world, and which have acquired their well-known reputation by their purity and efficacy. The stimulating and strengthening property of the leaf in its natural state has been tested by experienced travelers and botanists during several centuries, and it is this invigorating property which the physician wishes to bring into use, and which he is enabled to do in a palatable form by means of "Vin Mariani," this wine being indicated where there is great depression, long continued exhaustion, and where a special stimulative action is desired. "Vin Mariani" is agreeable, palatable, imparting by its diffusibility an agreeable warmth over the whole body, and exciting functional activity of the cerebro-spinal nerve centres. We have frequently prescribed this wine, and we can, from practical experience, recommend it.—The Provincial Medical Journal, London, Eng.

PERISCOPE

Report of a Case of Pseudo-Hermaphroditism with Remarks.

Read before the St. Louis Obstetrical and Gynecological Society, November 22, 1894.

BY F. C. AMEISS, M. D.

Clinical Professor of Gynecology at the Missouri Medical College, St. Louis, Mo.

Through the kindness of my esteemed teacher and friend, Dr. J. K. Bauduy, am I placed in the position to relate the following case which he referred to me for examination with the statement that the anomaly, which the case presented, possessed particular importance viewed from a gynecological standpoint.

G. S., twenty-four years old, born at Vienna, Austria, has been in this country about ten years. By occupation he is a skilled cabinet-maker, having learned the trade at his home, and has had no trouble in obtaining work in this country, but considers it easier to attain a livelihood by exhibiting himself as a curiosity.

His family history is a good one; his parents, brothers and sisters and their offsprings are healthy, without any malformation of the sexual organs or other portions of the body. Personally he always enjoyed perfect health. His general appearance is that of a stout, strong man, weighing about 150 pounds and being about 5 1-2 feet in height. Of blond complexion, well developed masculine features but beardless, nevertheless shaves regularly to stimulate a hairy growth, but thus far has been entirely unsuccessful in his purpose. He is of a nervous, excitable disposition, his face flushing readily while answering questions as to his sexual organism.

The mammary development is that of a female, a good sized, well developed breast on each side, with a projecting nipple surrounded by a distinct areola. Every four to six weeks and on sexual indulgence, the mamme became full and hard and sensitive to pressure with the nipple erect and trucescent. No flow of milk was ever noted.

At the time when the mammae increase in size and resistance, every four to six weeks, as just stated, there occurs nose bleeding, lasting a short time and recurring several times a day for two or three days, accompanied by an ill-defined tired feeling such as woman complains of at her menstrual period.

The mons veneris is a typical mons of womanhood, while the hairy distribution generally follows the linea alba as high as the umbilicus.

The penis or clitoris, situated at its usual site, is three-fourths of an inch

in length with the glans partially exposed, not completely covered by its prepuce. No urethral canal is found in this organ. During sexual excitement, coition or masturbation, erection of this structure occurs, enlarging and becoming elongated to about two and one-half inches.

Aside of the penis or clitoris, on each side, you can see an elongated, egg-shaped swelling which at once reminds you of the testicle, and on examination proves to be undoubtedly a well formed testis. Both testicles are closely covered by the scrotum which is not at all pendulous but drawn up aside of the penis, and therefore is divided in two lateral halves, each half covering a testicle. The scrotum very much resembles the labia majora in appearance, but having divided the sex from the contents one cannot but consider the structure correctly.

About one and one-half inches posterior to the penis is situated the meatus urinarius; and extending from it to the penis are two thin folds of mucous membrane, about one-fourth of an inch apart, running parallel with each other, which very likely are the remnants of an undeveloped urethra. These folds, attached to the incomplete edges of the perineal raphe, may be mistaken; for, in fact, they resemble more or less the nymphae.

In the perineal structure, just behind the meatus, between it and the anus, where one would look for the vagina, is a small, shallow depression. Our patient has examined this region frequently and by repeated attempts of pushing and poking his finger at this spot, may have caused this depression. There certainly is no solution of continuity of skin or muscular tissue nor a possible resemblance to a hymen or an occluded introitus vaginae.

Digital examination per rectum discloses no uterus nor ovaries, and it hardly is probable that even rudimentary female organs are present. These, as is well known, cannot always be positively diagnosed in such cases. An anesthetic was suggested for a more thorough examination, but was not submitted to.

This man claims to have two distinct voices, the one at the menstrual molimen being considerably higher in pitch.

His sexual inclinations are normal; he has no desire to cohabit with men, but finds annoyance and displeasure at not being able to fulfill the sexual act completely. Not getting satisfaction from normal intercourse with women,

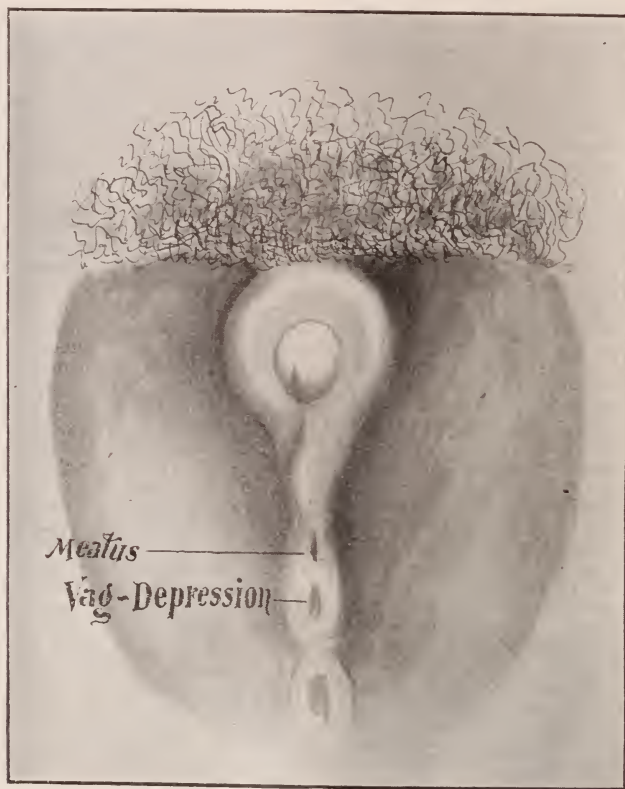
he relieves himself by masturbating occasionally. During emission the fluid is generally discharged at the meatus, but at times none appears, when probably it finds its way into the bladder.

Some of this man's statements, as the remarks on vicarious menstruation from the nose, the change in his voice, and others, are to be considered *cum grano salis*. He has been examined and questioned so much that he certainly understands and appreciates the importance

of man attains such a degree as to simulate the female genitalia.

The other subdivision of false hermaphroditism is gynandry, where the external genital organs of the female resemble those of the male; by far a less frequent condition than the first variety, and generally confined to an elongation and hypertrophy of the clitoris which ought easily be recognized as such.

The generally accepted classification of hermaphroditism is that by Klebs who



Dr. F. C. Ameiss's Case of Pseudo-Hermaphroditism.

of his case, and may have added, when relating his case, some of the very interesting points mentioned, which it would be exceedingly difficult to disprove.

This case must be considered one of pseudo hermaphroditism with perineoscrotal hypospadias, belonging to the androgynous subdivision, that type in which the deformity of the sexual or-

divides this malformation into true and false hermaphroditism. The latter variety has already been referred to.

True hermaphroditism Klebs divides into:

1. Bilateral hermaphroditism, where both testicles and ovaries are found in the same person.
2. Unilateral, where a testicle and an

ovary is found on but one side, and an ovary or testicle on the other.

3. Lateral, where a testicle is found on one side and an ovary on the other.

Of each of these varieties apparently well authenticated cases have been reported, but the very cases which formerly were thought to be typical examples of true hermaphroditism are now considered erroneously classified. As, the well known case of Meyer which was cited as a true hermaphroditism lateralis; and that described by Bannon as a case of unilateral hermaphroditism; and Heppner's case, who considered it a bilateral hermaphroditite. Yes, even that classical case so ably described and pictured by Munde (American Journal of Obstetrics, 1875, volume viii).—The well known Katherina Hohmann who was examined by Frieberich, Schulze, Rokitsanski and many others—which was almost positively considered a lateral hermaphroditite, is now classified amongst the cases of pseudo-hermaphroditism with perineo-scrotal hypospadias (Pozzi).

Permit me, gentlemen, to refer briefly to these frequently quoted cases. Meyer's case consists of a specimen of lateral hermaphroditism preserved at the pathological museum at Zurich, which was obtained from a new born child. Klebs made microscopical examination of the specimen, related the case in detail and gave as his conclusion that the right sexual gland was an ovary. Garrigues in reviewing the case states that the description of the gland both as to its structure and histological composition reminds one much more of a testicle than of an ovary. (Garriguetisn "Mann's American System Gynecology," Vol. i).

The supposed ovary of Bannon's case, that of unilateral hermaphroditism, was also examined microscopically, but the words "the granules visible are not Graafian follicles, but appeared to be fat-globules" are certainly not a demonstration of ovarian structure.

Heffner's case, the bilateral hermaphroditite, was very likely one of those types spoken of by Tait, where appendices either to testicle or ovary are met with giving the appearance as if the individual had three or four testicles or ovaries. If such a condition were found in a hypospadiac male, one might think he were dealing with a true bilateral hermaphroditite.

The external appearance of the genitals of all three cases approximated mostly the female sex.

Munde's case, Katherina Hohmann, quoted in many recent text-books, is

well known. This individual after posing as a woman the greater part of her life and performing female sexual duties, called on Munde when fifty-one years of age, dressed as a man and stated that he was fulfilling the sexual functions of a married man, of which Munde convinced himself by being present during the act of sexual intercourse and noted the discharge emitted from the penis which distinctly looked and smelled like semen (Amer. Jour. Obst., 1875). It is to be regretted that no post-mortem of this case is on record; for it would be a positive proof of true hermaphroditism, if male and female sexual glands could be demonstrated.

Many authorities claim that no case of true hermaphroditism is on record. Katherina Hohmann is the only instance admitted as such—and that with a proviso—by such men as Virchow, Rokitsanski, Schulze and others. In recent years many cases of this malformation have been related in the medical journals the world over—I have examined and studied the literature of over fifty of these reports—but none are convincing of the "real true bisexuality in man," as Rokitsanski expressed this condition when discussing the case of Katherina Hohmann.

Garrigues, Tait and others, in speaking of an absolute proof of this deformity, demanded a post-mortem with microscopical examination of the doubtful genital gland; without this no positive conclusion can be reached.

Of great importance, particularly in children, is the decision of the sex in these cases, as on it will depend whether the child is to be brought up as a boy or a girl. When doubtful, Tait advises to consider the child a boy and educate and dress him accordingly. But if the individual were a boy and brought up as a girl amongst girls, no end of mischief might accrue, as was amply proven in the case of Madelaine Mugnoz, the nun of Ubeda, who suffered death for rape. By following Tait's advice one would but seldom go amiss, as by far the greater number of these cases are of the male sex.

Intended marriage at times brings a malformed person to a physician and a diagnosis of the sex is requested, which is often impossible to determine even after the most thorough examination, as has been shown by many a reported case.

Operative interference is only advisable in comparatively few cases. An enlarged hypertrophied clitoris may need

amputation; and a hypospadiac urethra with constant dripping of urine from its abnormal orifice demands the surgeon's skill for its repair.

The case of this paper did not complain of incontinence of urine and was told that nothing need be done for him in a surgical way.

St. Louis Medical Society—

Dr. Outten, the retiring president of the St. Louis medical society, called that body to order at 8 o'clock Saturday evening, January 5th, for the last time in his term. The minutes of the preceding meeting were read, some prosaic reports were received, and then Dr. W. H. Fuchs, the editor of the society, presented a voluminous annual report, devoted chiefly to explaining the reasons why the proceedings of the society should be published in one official organ and not be distributed promiscuously to all the medical journals in St. Louis, as has been the custom heretofore. Dr. Fuchs said he had great difficulty often in getting hold of the papers read by members at meetings for publication.

Dr. Fuchs concluded by recommending among other things that reporters for the daily press be excluded from meetings of the Medical Society. He claimed that many members refuse to read papers when reporters are present, fearing they will be incorrectly reported by "laymen." The report was received.

President Outten introduced his successor, Dr. Mooney, who made a short address upon taking the chair. He read the following appointments on standing committees:

Committee on Ethics—Dr. M. M. McPheeters, Dr. L. P. Pollman and Dr. F. A. Glasgow.

Executive Committee—Dr. A. W. Fleming, Dr. J. R. Croswhite and Dr. W. K. Bauduy.

Committee on Elections—Dr. A. R. Kieffer, Dr. W. B. Dorsett and Dr. J. P. Hennerich.

Committee on Publication and Debate—Dr. L. H. Laidley, Dr. R. H. Barclay and Dr. Franz F. A. Hoogen.

Committee on Library—Dr. Henry Hickman, Dr. W. N. Beggs and Dr. W. J. Langan.

Microscopic Committee—Dr. H. A. L. Rohling, Dr. C. W. Schleiffarth and Dr. W. L. Blickhahn.

The physicians present at the meeting, as well as the reporters, were on the sharp edge of expectation for the report of the committee on Ethics concerning Dr. Marks. It was the last chance the committee had to tell what it had decided to do, and everybody was anxious. But the committee was silent—silent as the tomb. No report was made and the charges were allowed to die—so far as the committee on Ethics for the year just closed is concerned.

The officers who took charge of the affairs of the society Saturday night are members of what is called the "Reform Wing," and the Committee on Ethics appointed by president Mooney is antagonistic to Dr. Marks and the element he represents. Up to date, Dr. Marks is on top. The Committee on Ethics has refused to act upon the charges against him and the charges are, practically, void.

There seems to be no difference in opinion upon this question. The charges against Dr. Marks died with the expiration of the term of the committee to which they were referred. Whether the new committee will take the charges up and act upon them, or whether new charges will be preferred is not known. If any action at all is taken the latter course will probably be pursued.

The Medical Review, presumably the organ of the "Reform Administration," suggests the following set of resolutions to be adopted by the society:

Resolved, 1, That henceforth only members and invited guests shall be admitted to the hall of this society.

Resolved, 2, That five dollars per month be appropriated for the purpose of hiring an usher whose duty it shall be to see to it that none but members or invited guests be admitted to the society's meetings.

Resolved, 3, That the treasurer of the society be authorized to employ a proper person for the object named.

Resolved, 4, That the names of invited guests present shall be stated by the President to the society at every meeting.

Treatment of Gutta Rosea—

Dr. H. S. Purdon recommends the following treatment for "acne rosacea." The dietary of any gastric derangement having been attended to, this local plan gives good results: Bathe the affected parts with spirits of horseradish, say in the morning; at bed time rub pretty firmly into the diseased parts a pomade of sulphur combined with a small quantity of carbolic acid. Sometimes good results are obtained by substituting the green iodide of mercury (ten grains to the ounce) for the carbolic acid. All comedones are to be squeezed out with an extractor. As a "reducing" agent, ichthyol is often better than sulphur. Dr. Unna has informed the writer that he has never recommended ichthyol in acne, but only in rosacea, which is never, in his opinion, a sequence of real acne, but of seborrhoeic eczema, the tubercles of which are those of special folliculitis. The common mistake explains, perhaps, the use by some dermatologists of ichthyol in acne. (Dublin Journ. of Med. Science, vol, cclix., p. 402, 1894.)

Biting the Nails—

Dr. Berillon, as the result of an extensive inquiry, confirms his previously expressed opinion that onychopagia and similar habits are generally associated with degeneracy. The frequency of onychopagia varies greatly in different institutions. In some two or three out of every ten children are addicted to biting their nails. A careful examination invariably reveals signs of degeneracy. The children are usually less healthy in appearance than others, presenting deformities of the skull and anomalies of the teeth and ears. In such subjects the teachers notice a marked antipathy to physical exercises and games requiring effort. They write poorly and show marked inferiority in respect to manual dexterity. They are slow to learn; they are incapable of continuous application; in fact they always exhibit an inferiority in some direction or other. The disciplinary measures usually resorted to to correct bad habits are powerless in this; in the majority of cases only hypnotic suggestion seems to be capable of effecting a cure. The habit of biting the nails sometimes persists until late in life. (Med Week., vol. ii, p. 357, No. 20, 1894.)

The Ohio Pure Food Law and "Vin Mariani"—

Professor C. T. P. Fennel, of Cincinnati, Chemist for the Ohio Food and Dairy Commission, and who made the analysis of "Vin Mariani" on which Mr.

John Keeshan, a well known druggist of Cincinnati, was arrested on the charge of violating the Ohio Pure Food Law in the sale of "Vin Mariani," the claim being made by Professor Fennel that said preparation was not up to the standard within the meaning of the law, has now acknowledged that he has made a mistake in establishing what the standard is, and acknowledges to the Counsel of Mariani & Company that he had not, at the time of making his analysis, examined the latest edition of the United States Dispensatory, and that "Vin Mariani" is clearly and completely up to standard as established therein. The case against Mr. Keeshan for the sale of "Vin Mariani" is thereby disposed of, and Professor Fennel has also authorized the public announcement through the press of the fact that the sale of "Vin Mariani" in the state of Ohio is perfectly lawful, and such sale cannot be interfered with under the laws.

This clearly and completely vindicates the absolute purity of "Vin Mariani" and gives it this extremely rigorous additional official endorsement of its standard quality and purity, and this endorsement is only a reiteration of the uniform endorsement this world-famed tonic has received during the past thirty years at the hands of leading Medical Societies, Academies of Medicine, Hospitals, Clinics, professors and leading practitioners throughout this country and Europe.

To fully understand the importance of the outcome of this investigation, we need only cite an extract from the Ohio Pure Food Law, to show how rigorous and exacting are the nature of its provisions, and that "Vin Mariani" fully complies with such provisions is an emphatic endorsement of its most valuable properties.

The section bearing on the case is as follows:

Section 1. That no person shall, within this state, manufacture for sale, offer for sale, or sell any drug or article of food which is adulterated, within the meaning of this act:

Section 3. An article shall be deemed to be adulterated within the meaning of this act:

1. If, when sold under or by a name recognized in the United States Pharmacopeia it differs from the standard of strength, quality, or purity laid down therein. 2. If, when sold under or by a name not recognized in the United States pharmacopeia, or other

standard work on materia medica, it differs materially from the standard of strength, quality, or purity laid down in such work. 3. If its strength, quality, or purity falls below the professed standard under which it is sold.

The Marvelous Kola Nut.—

The state department has been calling upon United States consuls in Africa for specific information respecting the marvelous Kola nut, which by its peculiar action upon the muscular system enables the African negroes to make long journeys, bearing enormous loads under tropical suns and across difficult country without food. Cases authentically reported prove that an old negro may carry a 176-pound bag of coffee four leagues by chewing a single nut slowly. Robert P. Porley, United States consul at Sierra Leone, Africa, has sent in the first report on this subject, treating of the means of growing and preparing the nuts. He says the natives eat the nuts in early morning as a stay against the want of ordinary food, while traveling, and in the evening to induce sleep. Altogether they consider that a general benefit to the human system is derived from the consumption of the Kola, say a single nut morning and evening.—Detroit Free Press.

We are just in receipt of an exhaustive monograph on Kola, issued by the Scientific Department of Frederick Stearns & Co., Detroit, Mich., which gives full information regarding the wonderful tonic stimulant properties of this drug, and many interesting facts relating to its growth and the important part it plays in the social intercourse between the natives of Africa, where it is indigenous. Messrs. F. Stearns & Co., were the introducers of Kola nuts to the Medical and Pharmaceutical professions of the United States being the first to offer the drug for sale in the beginning of the year 1881. They are headquarters for Kola nuts in this country, importing them in the fresh state in immense quantities direct from Africa. Any physician who is desirous of obtaining a sample of the fresh nuts for planting, or a copy of the Monograph on Kola should address their Scientific Department.

Hydrogen Dioxide—(H₂ O₂)—

This remarkable liquid which contains the greatest percentage of oxygen of any compound known, was, for sometime, considered as a mere solution of oxygen in water, and con-

sequently was called oxygenated water. It was afterward obtained free from water and found to be a definite chemical compound of hydrogen and oxygen, and differing from water in containing twice as much oxygen. In this state it is a heavy, oily liquid, readily decomposing at ordinary temperatures, but if heated, with explosive violence, being converted into ordinary water and oxygen gas. When poured into water it sinks, being nearly half again as heavy as that liquid, but is miscible in all proportions with it. It has a somewhat bitter, astringent taste, and is colorless, transparent and without odor. It contains 94 per cent. of oxygen gas by weight, and will yield 475 times its volume of that gas. It bleaches the skin, hair, ivory and destroys organic coloring matter, pus and all organisms with which it comes in contact by liberating oxygen gas in a nascent or active state. It is resolved into oxygen and water by certain metals, such as gold, platinum, silver and mercury in a state of fine subdivision, although the metals themselves undergo no change whatever. If the oxides of these same metals are brought into contact with it, not only does the hydrogen dioxide lose oxygen and become water, but the oxides lose their oxygen and are reduced to the metallic state, thereby evolving an additional amount of oxygen.

Strange as it may appear, with all its energetic oxidizing action, it has no effect on phosphorous, a substance which is so readily oxidized by the air.

The preparations found in commerce are only solutions of this compound in water, and sold in different degrees of concentration or strength, rated by the number of volumes of oxygen gas they can be made to yield. A fifteen volume solution is one that will give off fifteen volumes of gas from one volume of the solution. A ten volume solution will yield ten pints of oxygen gas from one pint of the solution, and so on.

These solutions, although more stable than mere concentrated preparations, nevertheless decompose and lose their nascent oxygen on which its powerful antiseptic powers depend, and consequently we find the commercial brands varying considerably from their reputed strengths. The solution I find containing the greatest percentage of available oxygen, is the preparation known as Marchand's, which, when perfectly fresh, is about a fifteen volume solution.

There are quite a number of different methods of preparing aqueous solutions of this interesting compound besides the original method of Thenard, the discoverer. Usually, however, barium dioxide in the hydrated state and purified from all foreign matter, is decomposed by such acids as will make an insoluble compound with it. The United States Pharmacopoeia has adopted this compound under the official title of Aqua Hydrogenii Dioxidii, gives a process of preparing it and describes it as a slightly acid aqueous solution of hydrogen dioxide, containing, when freshly made, about 3 per cent. by weight of the pure anhydrous dioxide, corresponding to about 10 volumes of available oxygen. It is made by the action of phosphoric acid upon barium peroxide. It must be borne in mind that it is essential to employ a small amount of free acid to preserve these solutions, but if too large a quantity it would be a source of irritation when applied to denuded surfaces and inflamed mucous membranes, and consequently, officially, a preparation requiring more than 0.5 c. c. of volumetric caustic potash solution to neutralize .50 c. c. of it, does not come up to the U. S. P. standard.

Of the various brands of commercial dioxides I have examined, I find Marchand's to be the one which yields the largest amount of available oxygen under all conditions of exposure, and the one which contains the minimum percentage of free acid. All the marketable articles I have seen are free from barium compounds, but the majority do not come up to the 15 volume standard, but are 6, 8, 10 and 12 volume solutions.

In addition to its medical uses, hydrogen dioxide can be employed to detect blood, in conjunction with freshly prepared tincture of guaiac. Although tincture of guaiac turns blue with a variety of substances, blood is not one of them. So in testing for a stain—say on clothing—moisten the spot with water, and afterwards apply a piece of white filter paper; the slightest straw-colored stain on the paper suffices. Now, add to the spot on the paper a few drops of solution of peroxide, when instantly the spot turns of a deep azure blue. Of course if the spot turns blue by the guaiac alone, it can not be due to blood, yet it is possible blood may be present with some other substance which has that property, and hence the employment of peroxide, in that case, would be a source of fallacy. If there is no bluing by guaiac and peroxide together, then absolutely no blood is present.

Hydrogen dioxide can be determined quantitatively by permanganate of potassium solution acidified by sulphuric acid, and the quantity of oxygen gas evolved measured in an instrument called a nitro-meter, and calculated for normal pressure and temperature. One half the oxygen evolved comes from the dioxide and the other half from the permanganate solution.

Another method, and the one commonly employed, is to add a volumetric solution of permanganate of potassium from a burette to a measured portion of the hydrogen dioxide solution, diluted with water and acidulated with sulphuric acid, until the permanganate solution is rendered colorless, and then a few drops more of that re-agent employed till a permanent faint pink coloration is given to the dioxide solution to indicate the completion of process. A slight calculation will give the strength of the solution. There are other methods, but the two indicated are the best:

A solution of peroxide of hydrogen is usually tested by pouring a drachm of it in a clean test tube, together with an equal quantity of ether, then pouring into a tube a few drops of bichromate of potassium solution, and shaking the tube, when the ethereal layer will become of a beautiful azure blue color, due to the formation of perchromic acid which dissolves in the ether.

To a few drops of nitrate of silver solution, add aqua ammonia enough to precipitate the oxide of silver, then add hydrogen peroxide when finely divided metallic silver separates. A solution of titanous acid in oil of vitriol and diluted will yield a yellow color when added to solutions of the peroxide.—L. D. Kastebine, A. M., M. D., in *Louisville Medical Monthly*.

The Strychnine Treatment of Pulmonary Consumption—

Next to rest and food, strychnine in large doses is the most important agent in the treatment of pulmonary consumption. Begin with 1-32 of a grain, and gradually increase to 1-16, 1-10, or 1-6 of a grain, or even larger doses, given four times a day. According to the author, it does not produce albuminuria or diabetes, as is generally supposed. It alleviates the loss of appetite, the vomiting, the constipation, the nervousness and sleeplessness, the pain in the chest, the cough and expectoration, the dyspnoea, the weakness of the heart, and acts as a blood-builder in an eminent degree. Its usefulness rests of course, on its influence over the

nervous system, and is another link in the chain of evidence which shows that in the great majority of cases pulmonary consumption is the direct result of primary disease of the pulmonary nerve supply.—Thomas J. Mays, in *College and Clinical Record*.

Infant Feeding—

Percy Boulton, in the *British Medical Journal*, publishes a useful table showing the normal weight for height of children born at full term. The height and weight is given at six-month periods, from birth up to the fifth year.

The table shows that an infant should double its weight in six months and treble it in a year if its nutrition is in every way satisfactory. The practical point is this: If a child does not increase at the rate of 1 pound a month during the first year of life, and 12 ounces a month during the second year its nutrition is not satisfactory. If a child does not grow nearly three-quarters of an inch every month during the first year of life, and one-half inch a month during the second year of life, it is not satisfactory. The latter is, of course, not of the same importance as the former. Clearly premature children would not be so large, though they should increase at the same ratio.—*Canadian Practitioner*.

A New Method of Using Cocaine for Local Anesthesia—

Krogus (*Centrabl. f. Chir.*) describes a new method of producing cocaine analgesia, which is based on the fact that when a solution of this agent is injected into the subcutaneous tissue, near to a nerve trunk, it causes loss of sensation over a large zone corresponding to the peripheral distribution of this nerve. In order to reach the selected nerve trunk with certainty, and to apply the cocaine to several of its branches at the same time, the author, in injecting the subcutaneous tissue, passes his needle across the long axis of the limb, and, as the needle is thrust along, the solution is gradually discharged. An injection made in this way across the root of a finger will in the course of ten minutes result in analgesia of the whole digit not of the skin only, but also of the tendons, the periosteum, and all the deep structures. If one or two injections be made transversely, near the wrist, a considerable extent of the palm of the hand may be thus rendered analgesic. The sensibility of the ulnar side of the hand as far as the roots of the fingers, may, it is stated, be abolished by injecting a solution of cocaine

over the ulnar nerve at the back of the elbow. By injecting over both supraorbital notches analgesia may be produced in the whole of the middle portion of the forehead. The analgesia caused by this method of using cocaine attains its greatest intensity from five to ten minutes after the injection, and is maintained for a quarter of an hour or even longer. The author injects only a weak (two per cent) solution of cocaine, and keeps the patient recumbent for at least a quarter of an hour after the operation. This method has been practiced with success at Helsingfors in two hundred minor operations, such as amputation of the fingers and toes, excision of palmar fascia and phimosis.—*The Times and Register*.

Amenorrhœa—

J. E. Prichard, M. D., Baltimore, Md., says: Aletris Cordial I think the most excellent remedy and have used it in ten cases of suppressed menstruation, in all of which with best results. Among my patients were four unmarried women, one aged twenty years, had her menstruation arrested six months, when she came under my care. She was swollen and suffered considerable pain at each monthly period, but she had no show of any catamenial discharge. I placed her on Aletris Cordial, teaspoonful doses three times a day. She continued it for seven days, when she menstruated. I ordered her to commence again five days before her expected time to menstruate, which she has done. She is now regular and suffers no pain. Have also used it in cases of vaginal leucorrhœa with a happy result. In cases of hysteria, which we sometimes find complicated with leucorrhœa, I have combined it with Celerina.

R. Aletris Cordial.....4 ounces
Celerina.....4 ounces

M. Sig.: Teaspoonful every three hours for one day, then the next would give it four to five hours.

I am happy to say that it has not failed to give relief in all cases in which I have prescribed it.

Enlarged Prostate and Cystitis—

I have used Sanmetto with gratifying success in cases of enlarged prostate (senile), also in cystitis, and consider it a very worthy preparation.

B. F. HITCHCOCK, M. D.,
New York City.

Celerina should be tried in lumbar pain, frequent micturition and intestinal indigestion.

OUR HISTORICAL SKETCH

BY JAMES MOORES BALL, M. D.

Professor of Ophthalmology and Otology, and Lecturer on the History of Medicine, in the St. Louis College of Physicians and Surgeons.

JENNER, THE DISCOVERER OF VACCINATION, 1749--1823.



Brightline.

EDWARD JENNER, who gave to the world power to blot out small-pox, was the son of a vicar of Berkeley, in Gloucestershire, England. Born in 1749, his early life was uneventful. First apprenticed to Mr. Ludlow, young Jenner soon went to London, where he became the pupil of John Hunter, and in accordance with the custom of the day he resided at Hunter's house for two years. In passing we may remark that many of Hunter's pupils became distinguished ornaments of the

profession. Among them were John Abernethy, Henry Cline, our own Philip Syng Physick, Astley Paston Cooper, Everard Home, John Thomson, and others of less magnitude.

Leaving London Jenner sought the place of his birth, and there began the arduous duties of a country doctor. His surgical skill, polished manners and great general information secured to him a welcome reception from the most distinguished families in that district; while his tender kindness and willingness to serve them endeared him to the poor. It was from one of this class, a young countrywoman, that Jenner obtained the first inkling of that great discovery which has made his name immortal. The subject of small-pox was casually mentioned, when the young woman said: "I cannot take that disease, for I have had cow-pox." For years this had been a popular notion in Dorsetshire. Jenner first considered the subject of vaccination in 1775; it was not until 1796 that he made his first decisive experiment. He intended to communicate his results to the Royal Society, but was admonished by friends not to do so lest it might injure his reputation as a scientist. We have not the space in which to recount the ups and downs of vaccination. In the summer of 1799, after his discovery had been long denounced, and after unscrupulous persons had tried to steal his merited honors, Jenner was assured of their confidence by thirty-three of the most eminent surgeons of London. The next year vaccination was introduced into America by Dr. Waterhouse of Harvard College. Parliament voted Jenner £10,000 in 1802, and £20,000 in 1807. Five medals were struck in his honor. Jenner died in 1823. His life was written by Dr. John Baron in 1827, and thirty years later a monument was erected in Trafalgar Square.



EDWARD JENNER.

1749-1823.

TRI-STATE MEDICAL JOURNAL

Edited by JAMES MOORES BALL, M. D.,

Professor of Ophthalmology and Otology in the St. Louis College of Physicians and Surgeons.



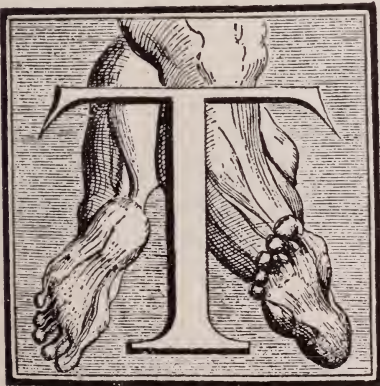
ORIGINAL ARTICLES

EXCISION OF THE TARSUS FOR TALIPES—DIVULSION OF STRICTURE—OPERATION FOR ARTIFICIAL HYPOSPADIAS.

A CLINICAL LECTURE AT THE ST. LOUIS MULLANPHY HOSPITAL.

BY EMORY LANPHEAR, M. D., PH. D., of St. Louis, Mo.

Professor of Surgery and Clinical Surgery in the College of Physicians and Surgeons.



THE operations of excision of the tarsus for severe cases of club-foot have not been numerous because (1st) there is some risk in the operation unless done with the utmost care, (2nd) most cases yield to more simple treatment, viz.: tenotomy and mechanical devices for the correction of the deformity, and (3rd) it impairs to a considerable extent the stability, mobility and usefulness of the bony arch. But in cases of marked degree, occurring in the adult, and resisting the usual

methods of treatment, operation is justifiable. Some sixteen methods have been described for removing the superfluous bone and allowing the foot to assume its natural position, but only three are now generally favored: (1) wedge-shaped tarsectomy, (2) removal of the astragalus and (3) linear osteotomy of the neck of the astragalus. I have tried enucleation of the cuboid as advised by Solly, but it is not as satisfactory as typical tarsectomy—that is, removal of a wedge-shaped piece irrespective of the tissues cut; and the same is true of removal of the astragalus as practiced by Lund and Maron; excision of the astragalus and cuboid is done by Hahn, but it weakens the entire posterior arch of the foot too much. In



EMORY LANPHEAR, M. D., PH. D.,
of St. Louis.

some cases the tarsotomy—simple division of the bony tissues with the osteome from the side opposite the abnormal curve—with careful unfolding of the foot, is preferable to tarsectomy, but after a careful study of the case before us, I have decided in favor of cutting out a V-shaped section of the bone.

The patient is 22 years of age, perfectly well, but afflicted with marked talipes equinus. At the age of 4 years she had an attack of poliomyelitis anterior acuta which left all of the muscles of the anterior tibial region paralyzed. From the unopposed contraction of the gastrocnemius, soleus and plantaris the pronounced equinus has resulted and no treatment has ever greatly modified the distressing deformity.

The foot has been scrubbed carefully for at least five minutes with soap and water, while I have been engaged in sterilizing my hands. I now wash it with sulphuric ether and again with antiseptic soap and water, and finally with bichloride solution, 1 to 1000. The foot is elevated for a moment or two to allow it to become blanched, when the Esmarch bandage is applied near the knee. The leg and toes are surrounded by sterilized towels wrung from hot bichloride solution. (In order to be sure that the towels *are* sterile I boil them with my instruments just before the operation—a very good rule to follow, especially in doing work in the country). With one sweep of the knife I cut the skin and fascia from a little below the inner malleolus across the foot just in front of the medio-tarsal joint, and curving backward to a point below the outer malleolus. This flap being dissected up to near the end of the tibia, I pull the tendons and vessels of the outer side of the foot strongly toward the plantar aspect, so as to avoid

wounding them; and cut through all of the tissues to the bone and turn them back with the flap. A broad periosteotome is now thrust under the arch of the foot, hugging the bone closely, to protect the plaster tissues from injury. I now take this large cartilage knife and cut through the bones, cartilages, synovial membranes and other structures regardless of their relations, substituting the small saw where the bone is too hard to yield to the knife. In this manner I remove a wedge of bone probably including portions of the astragalus, cuboid, scaphoid and cuneiforms—it matters not, just so enough bone is taken out to allow the foot to assume a position of over-correction, and so that two smooth, cut surfaces come into sufficiently close apposition to permit firm, bony union; and speedily. The rubber constriction is now loosened and attention is paid to haemostasis. There are no large vessels injured, and hot water controls the oozing. So I suture the periosteum and deep fascia of the front part of the foot to that behind the cut, using catgut stitches. No attention is paid to the divided tendons, as they come from paralyzed muscles. The skin and superficial fascia are closed by a row of catgut stitches, and catgut drainage is established at the inner angle of the wound.

The tendo Achillis is now divided by subcutaneous tenotomy, and the foot at once appears in a position of over-correction of the deformity. The foot and ankle are enveloped in an abundance of bichloride gauze, and then with cotton, and the whole covered by a firm plaster-of-Paris dressing, which will be allowed to remain on for six weeks unless some unexpected accident demands its earlier removal. The foot will be kept elevated for 24 to 48 hours, after which time some liberty of motion may be allowed the patient, and crutches will be permitted after the end of a week. Subsequently a shoe with unusually firm ankle will have to be worn.

TREATMENT OF STRICTURE.

This man, 23 years of age, contracted gonorrhoea at the age of 17, and as a result of the disease or injudicious treatment, has a stricture about 3 inches back of the meatus. I can readily pass a No. 8 (American scale) sound through the stricture, so I shall practice rapid dilatation of the strictural bands. This is a case that could readily be treated by gradual dilatation, but he desires something more speedy. So, under chloroform, I pass a No. 10 sound. Some difficulty is experienced in getting the sound through, but by taking plenty of time and exerting strong, steady pressure the stricture yields and the instrument finds its way into the bladder. It is allowed to remain about two minutes. Upon its withdrawal I insert a No. 12; next a No. 14; then a No. 16, and last of all a No. 18. This is as large

as any urethra need be, and I shall not attempt to go higher in the scale. I doubt if I could if I so desired, without laceration of the mucous membrane, something we try to avoid. As there is no sign of bleeding I think no wound has been produced. If now this man will pass a No. 16 sound once or twice a week he will have no further trouble from his stricture. This method of dilatation is not so frequently practiced as it should be, since it is safe and just as effective as the slow, painful process of gradual dilatation.

ARTIFICIAL HYPOSPADIAS.

This patient had a stricture about an inch from a meatus, and two years ago presented himself to a prominent surgeon of this city, who inserted a knife into the urethra to a point beyond the tight stricture, and cut downwards through the urethra and skin. He certainly has cured the stricture, but he has also caused an artificial hypospadias—the deficiency in the canal extending backward one and a half inches. As the patient wishes this remedied, chiefly for cosmetic effect, as it does not interfere with either urination or copulation, I denude the tissues in either side, extending the raw surface around the posterior angle of the old wound, making a diminutive representation of the operation for repair of lacerated perineum. I now join the two edges of mucous membrane of the urethra by six interrupted catgut stitches, and sew up the external wound with silkworm gut sutures, insert a catheter into the bladder and dress the wound antiseptically. The catheter will be permitted to remain 72 hours, by which time I hope sufficiently close agglutination will have occurred to prevent urine-infection of the wound. However, we are never certain of securing union at the first operation in such cases as this, and so I have explained to him that a second or even third effort may be necessary. But he expresses himself as willing and anxious to try, as he has firm faith that union can, in some manner, be secured, and that in that result he will have the satisfaction of feeling that indeed, “A thing of beauty is a joy forever.”

Hospital Staff on a Strike.—The members of the staff of the Champaign Hospital, Champaign, Ill., are on a strike. The trouble is all due to a quarrel over the code of ethics. Dr. T. C. Hough came to Champaign several months ago and purchased the general practice of Drs. Repogle and Patterson, and sold out to go into the sanitarium business. He was appointed a member of the hospital staff. The latter gentlemen are advertisers but Dr. Hough claims that he is not. He has rooms in the same building, but says he is not allies with the sanitarium. What the exact basis of the objection is we do not know, but the entire staff, excepting Dr. Hough, of course, have declined to serve.

DOUBLE CASTRATION FOR UNMANAGEABLE SENILE CYSTITIS.

BY EDMUND ANDREWS, M. D., LL. D.,

Chief Surgeon of Mercy Hospital, Chicago.



URING the past two years I have considered the question, whether the urinary obstruction caused by enlarged prostate in old men might be reduced by removing the testes, just as uterine tumors are atrophied by taking away the ovaries. Other surgeons, on both continents, have had the same thought, and taken action upon it, so that some ten successful cases are reported in the journals. The motive in all these cases was to atrophy the prostate, so as to relieve the urinary obstruction.

In a case of my own an unexpected result followed. The obstruction was not relieved, but the distressing chronic cystitis completely disappeared. The patient still has to use the catheter, at least for the present, but his pain, inflammation and ill health has entirely departed. The history is this:

CASE I. A— B—, aged 75 years, has always lived a healthy, well regulated life. About the age of 50 the prostate gland began to enlarge. Five years later the urine was obstructed by the enlargement, and he began to use the catheter. A little later a painful, chronic cystitis set in, and he had not a day free from distress for the next twenty years. Latterly the inflammation extended down the vasar efferentia, and caused severe



EDMUND ANDREWS, M. D. LL. D.
of Chicago.

recurring attacks of orchitis, after confining him to bed. Hoping to atrophy the prostate, and also to rid him of the orchitis, I removed both testes.

The result was admirable, but not altogether what I expected. The orchitis was of course ended, to his great relief, but the prostate, though reduced considerably in size, was not sufficiently atrophied to allow the urine to pass without the catheter at the end of six months, though I hope the obstruction will yet be abolished. The surprising thing was, that the painful cystitis was promptly and completely cured, and the patient returned to health, comfort and physical vigor.

This result astonished me, because I had the theory that cystitis of twenty years' duration would not depart until the prostatic obstruction was cured, especially as he had thoroughly tried antiseptic irrigation.

CASE II. O—P—. This patient was under the care of Dr. Solon Marks, an eminent surgeon of Milwaukee. He was 59 years of age, and suffering from chronic cystitis, enlarged prostate, and disease of both testes. Dr. Marks removed the testicles on account of their condition, and not from any idea of affecting the prostate and bladder. The result was, that after several weeks the cystitis was found to be greatly benefited. Having lost sight of the patient Dr. Marks did not learn his later progress.

Prof. White, of Philadelphia, who is earnestly studying the effect of castration on the senile prostate, informs me that in several cases of his own, and of other surgeons, in which castration was performed for enlarged prostate, the accompanying cystitis was either rapidly cured, or greatly relieved.

It would seem, therefore, that many of these cases of senile cystitis, which keep the patient in misery, and often end his life in a most distressing manner, can be promptly relieved and restored to good health by a simple and safe castration. The objections to this operation in early life do not apply to an old man who is on the verge of the grave from cystitis and urinary obstruction.

It is true that healthy old men often preserve their vitality in some measure past the age of eighty years, but one who is breaking down fatally from chronic cystitis has already lost his sexual functions, and loses nothing more from castration.

Various operations of considerable severity and danger, such as prostatotomy, prostatectomy, cystotomy with the insertion of permanent drainage tubes, etc., have been proposed and performed, but if so simple a thing as castration will serve a better purpose, it should certainly be preferred in bad cases.

This whole subject is new, and a careful study of it is desirable. I shall feel under obligations to all physicians knowing facts bearing on the matter, if they will kindly send me a statement of them to No. 2520 Prairie Avenue, Chicago.

DUTY—LOYALTY—SUCCESS.

Read before the Joint Meeting of the Golden Belt and Northwestern Kansas Medical Societies, held at Elsworth, Kansas, Oct. 4, 1894.

BY WILLIAM B. DEWEES, A. M., M. D., Salina, Kan.



WOULD call the attention of not only those within the sound of my voice, but of every member of the two Societies here represented, as well as of every reputable practitioner in America, to the too much neglected duty of contributing to and studying the proper current medical literature. By the right endeavor in this direction the great distinctive service of American practitioners of medicine may justly become effectually manifested by its counteracting influence in removing the pedantry shown in some

of our medical colleges and periodicals, and encourage the expression of original thought and observation in young physicians. The distinction of young physicians is made because it is from this rank that the future advance in medicine will be made, and also from the cognizance that most of the older members of our guild have never learned to write nor to observe or study, while as they become burdened with the cares of a large practice or the habit of indifference, it becomes impossible for them to acquire the art of writing. Thus, whatever knowledge they may possess of positive value to the profession, dies with them.

Advance in medical education follows the earnest endeavor of the thoughtful and observing doctor to learn something of profit and interest, and then place this before the profession in the most attractive manner. When a young practitioner has begun to realize that he can talk to the medical profession throughout the state, the nation, and even the world, life and study take on an entirely new aspect. To the day of small things will now be added the day of an enlarged and enlarging physicianhood. He who fully realizes this truth will never write a poor article for publication. The poor articles come from quite a different sort of doctors. To every young practitioner who would make the most of his powers, I would say: Think and observe for yourself, and write for the best periodicals constantly. Though it be only one or two articles a year, and much time be required to prepare the same, be sure to acquire and keep up the habit of correct thinking and observing, constant study and perfect writing.

With regard to studying the proper current medical literature, it is but necessary to call attention to the fact that no practitioner can be considered as progressive who has not provided himself, first of all, with the true



representative periodicals of the profession of his state and nation. Therefore, every loyal physician in Kansas should consider it his first duty to become a member of the local medical society of his city, county or district, then to join the State Society and thus, in turn, hold membership in the American Medical Association. Then will follow the regular weekly visits to his table of both the *Kansas Medical Journal* and the *Journal of the American Medical Association*. These periodicals are the official organs of the state and national organizations respectively, and are independent, being controlled and issued by medical men for professional purposes only, and will allow a weekly interview and counsel with the best medical talent of the state and nation. This argues for state and national unitary medical organization. Why not? Our business remains to be the welfare of the people and raising the standard of our profession. We are thus to consider ourselves called upon to constantly arouse in the medical mind the recognition of the need of professional unity. Without unity we can not speak properly and effectively to the people of the profession, criticise abuses, or encourage faint and sporadic attempts to be in accord with nature. In unity we shall find strength and success, while singleness of purpose can only bring professional weakness and failure.

They only gain the largest success who improve every opportunity. By thus studiously applying himself the doctor may become as progressive in Kansas as anywhere else on the globe. We say progressive, because our profession is a progressive one; and every succeeding representative of a progressive cause, will find the pre-requisite to be more knowledge and a better understanding of the truths which the same embodies, in order to be

properly qualified and merit the name of a representative. The knowledge and wisdom of today will not fully serve the needs and wants of tomorrow. What little we can do now and year by year, are like little seeds scattered by the wayside, yet falling upon good soil, will germinate and grow, and though planted by a tyro and watered by Apollo, the kind and ever careful Dame Nature will not fail to give them the rightful increase.

We know of no means by which success will come to our profession, save by untiring industry in both individual and united effort. The great danger of failure lies in knowing and doing too little and not in knowing and doing too much. It is work that gains the goal and wins the prize; and as we have nothing which we desire to lose but much to gain, we should have strong wills followed by strong deeds; such as will leave their impress as guides to our successors. A mark set high and a plan well laid are not often found in the *debris* following a failure; but stand out prominently as monuments of mature intellects, not easily shaken and much less destroyed. Let us then henceforth individually and jointly endeavor to "learn to labor and to wait," and see to it that our brethren do likewise—even though we shall find it necessary to "go out into the highways and hedges, and compel them to come in," (Luke xiv. 23) to work and be happy, to be loyal and deserve success in unity. Let our motto be in the language of Addison's "Cato":

"Tis not in mortals to command success
But we'll do more, Sempronius; we'll deserve it."

When thus we become really aroused to the proper sense of our duty and demonstrate effectually our loyalty to our profession, with a spirit that will strongly and convincingly awaken our brethren who are now dormant existing in professional desuetude, by driving home to them those conditions which are of a nature that pinch the conscious, and of which the only consoling element is to be found in the thought and act of "*We must be born again*;" then will the possibility present itself of increasing the membership of the Kansas State Society to upwards of 1,000, and that of the American Medical Association from less than 5,000 to a possible 50,000—which estimate will include only a limited number in excess of one-half of the practitioners of rational medicine in our state and nation, respectively. Then, and not until then, may we confidently hope to find enlisted the requisite majority essential to ultimately have success reward our efforts by bringing about through unitary action, legislation in all things concerned with the well-being of the people, as it should be, namely: In dependence upon concerted medical advice. Will we do our duty, be loyal, and deserve success?

NOTES ON DISEASE OF THE MASTOID.

BY C. M. HOBBY, M. D., Iowa City, Iowa.



THE importance of distinguishing between those forms of disease of the mastoid process and region which are acute in their formation, or at least developed from an acute otitis media, and those forms which occur in the course of chronic suppurative disease of the middle ear, and, therefore, associated with degenerative changes, has been elaborately insisted upon by Politzer, and the subject illuminated by his genius. The circumstances under which the conditions resulting

from long continued suppuration render surgical invasion of the mastoid, and even of the tympanum, advisable, are beginning to be understood, and the results obtained in these obstinate cases are so encouraging, that we may hope in the not distant future it will not be necessary to wait for life to be threatened before operation is considered allowable.

The fact that recovery sometimes takes place, in every form of mastoid disease, affords a basis for the too conservative surgeon to prolong efforts at relief; often, until to destruction of function is added grave danger to life; thence it is necessary in suggesting a less radical treatment for certain of these cases, to limit carefully the application of the plan to cases in which it is possible to establish drainage; to subordinate the treatment to the possible necessity for opening the mastoid process; and to insist that if good is to be obtained from the method, it should be promptly apparent.

The class of cases to be considered have been rather more frequently observed since the epidemic of influenza, and they are unquestionably cases in which infective processes from the naso-pharynx have infected sub-acute or chronic inflammation of the attic. They are marked by distension, and dark congestion of the upper part of the membrane, especially that portion called Shrapnell's membrane, and extending downwards from that part, accompanied also, by swelling of the upper and posterior wall of the canal, this swelling extending sometimes to the cartilaginous portion or even into the pericondrium and perhaps the cartilage itself, sometimes diffused, more frequently circumscribed and semi-nodular, the nodules extremely sensitive to the touch of the probe; a small perforation either through Shrapnell's

membrane, or near it is, I believe, always present, although not always to be discovered. Discharge is sometimes slight, rarely profuse, usually fetid. At the culmination of these cases the auricle stands out from the head, presenting the characteristic appearance seen when a mastoid case has gone on to suppuration, and the region is boggy from pus, but the appearance in these cases is due to œdema. Pain is more or less constant; at first in the ear, then the parietal region is pointed out as the locality of greatest suffering; sometimes the whole head pains, and sometimes particular spots on the parietal or mastoid regions are indicated as the locality; occasionally there is a remission in the pain, and for a time the patient is hopeful of relief, but usually the mental effect of the continuous suffering is very depressing. If we trace out the process by which these effects become apparent we are led to believe that a primary infective inflammation becomes located in the attic; the anatomical relations of the membrane in this locality indicate how easily the drainage may be obstructed, the natural course of discharge through the tympanum and the Eustachian tube cut off, spontaneous recovery is precluded, the walls of Shrapnell's membrane give way and a slight discharge takes place with temporary relief, but still natural restoration is seldom possible; we all know how tedious and difficult to relieve are suppurative inflammations of the middle ear discharging through the upper portion of the membrane, and in the cases we are considering this step is succeeded by extension of the infective process from this closed up and dammed up attic, to the continuous mucous membrane of the cells above, and eventually to the mastoid antrum; meanwhile the culture chamber sends its invading armies into the contiguous tissues and between the periosteum and bone they find congenial localities for their peculiar warfare; in this way we can picture the steps of invasion to an inflammation of the most active kind, rendered extremely painful by the confined position of the engorgement. Indeed the character of the pain, so similar to that of periostitis elsewhere, (including the tendency to nocturnal exacerbations) points out the fact that the process is dangerously near to assault upon the bone. The frequency with which carries limited to the attic region results, as shown by the beautiful preparations of Prof. Politzer, exhibited at the Pan-American Medical Congress, attest this as the probable course of the disease. It is, of course, impossible to determine how far the invasion has reached, but we know that the recuperative power, the old *vis medicatrix naturæ*, can retrace the steps and drive out the invasion, so long as structural death has not resulted, and we may hope, if the way for drainage be opened, that further damage may be prevented and restoration of function take place. In a considerable percentage of cases where the attempt has been made to

meet the indications suggested by the foregoing views, success has attended the efforts made, and as the relief is prompt where relief is possible, it delays the more radical measure of thorough opening of the mastoid but a few hours.

The attempt to secure more perfect drainage of the attic is not new, but by far the most practicable method to secure it is, in the opinion of the writer, that described by Dr. Babcock, in the July number of the *Ophthalmic Record*, as "Tansley's Cut to Prevent Mastoid Trouble." The essential features of Dr. Tansley's methods are: the use of Graefe's iridectomy (cataract?) knife, which is made to puncture the upper and posterior quadrant of the membrane until the rear (internal?) wall of the tympanic cavity is felt, then cutting outward with the point against the bone for at least $\frac{3}{4}$ of an inch. It is the belief of the writer that the idea of cutting through the tissues to the bone, splitting the periosteum all the way through the bony canal, should be kept in mind, and thoroughly carried out. The incision opens up the attic and gives an opportunity to use the curette upon diseased bone if any be discovered. The operation is a painful one, and if the patient is very "nervous" is more likely to be efficiently done under an anesthetic. After the Tansley cut the next step in importance is the cleansing of the ear; this may be accomplished by first washing with warm water and syringe, followed by the repeated instillation of peroxide of hydrogen; every one will have a favorite antiseptic. The writer prefers for this purpose, a 5 per cent solution of menthol in alcohol as permeating the small cavities of the attic and mastoid region more thoroughly than aqueous solutions. The section and cleansing will often give the desired drainage; relief from pain and vertigo is prompt in a large proportion of cases; and where the operation obviates the necessity for further opening of the mastoid, the swelling begins at once to disappear.

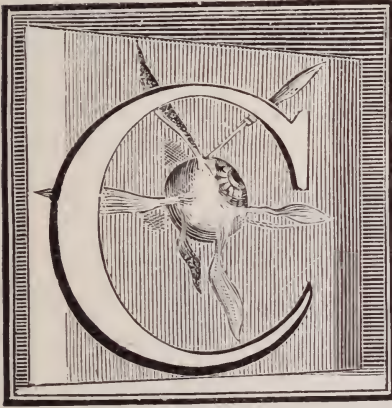
The conclusions to which the writer has come in regard to threatened or present mastoid disease which is preceded by attic suppuration, are: that an attempt to drain the attic should precede external opening of the bone; that success in draining the attic will relieve the patient and enable cure to take place if there be no caries of the interior of the process; that to be efficient the incision should begin within the tympanum and extend through the periosteum of the upper and posterior part of the canal, to the bony meatus. It is also important to note that, if thoroughly done, there will be immediate relief to the pain and swelling, if the disease is sufficiently limited to be relieved by this method of drainage. The operation is not devised to relieve abscess of the antrum, or caries of the mastoid cells, or otitis extending, as in a recent case, completely through the inner table; nor is it

likely to be of any value when there is a free opening of the membrane and profuse discharge; but the cases in which it is of great value are sufficiently common. During the last six months the writer has been able to secure relief by these measures in six cases that ordinarily would have required the external opening of the mastoid.

TREATMENT OF TRAUMATIC CATARACT BY EXTRACTION OF THE LENS.*

BY JAMES MOORES BALL, M. D., of St. Louis, Mo.

Professor of Ophthalmology and Otology in the St. Louis College of Physicians and Surgeons; President of the Tri-State Medical Society of Iowa, Illinois and Missouri; Member of the Medico-Legal Society of New York, etc.



ASES of lenticular opacity, caused by a foreign body which remains within the eye are always extremely dangerous, owing to pyogenic germs on the one hand, and the dangers of sympathetic ophthalmia on the other. Such cases must always remain an opprobrium to ophthalmology. However, there are many cases of traumatic cataract attended by rapid increase of intra-ocular tension, peri-corneal injection, iritis or iridocyclitis and ultimate excavation of the optic nerve head, in which the foreign body either lodges in the lens or is with-

drawn at the time of injury. It is concerning such cases that I wish to speak.

For years the practice of the profession has been to use atropia if the symptoms be not severe, and to perform linear extraction if the symptoms be acute. This operation—linear extraction—is a relic of that surgical age when antisepsis was unknown. Performed for the purpose of relieving undue tension and evacuating the lenticular fragments, the very nature of the operation has been such as to diminish the first only temporarily and defeat the second indication frequently. The situation of the corneal incision has been such as to preclude the possibility of removing all the fragments of the swollen lens. The oblique course of the wound has rendered its patency impossible while favoring its closure. Furthermore the

*Abstract of a paper read before the Mississippi Valley Medical Association, at Hot Springs, Arkansas, November 23, 1894.

incision made by the ordinary keratome was too short. That such objections are not chimerical can be seen by a study of the accompanying diagram.

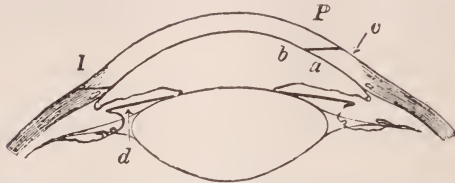


FIG. 1.—Diagram showing site of corneal incision in linear extraction. The line, b, c., wound made by keratome in linear extraction. 1, site of wound in operation made by the writer.

In the cornea we find that flap wounds gape more than linear ones, but the tendency towards gaping depends more upon whether the wound traverses the cornea perpendicularly or obliquely. The former is more particularly the case in wounds made with the Graete knife in which the knife passes through the cornea from within outwards, while the latter condition exists when the lance-knife is used. These wounds do not gape, because the instrument passes obliquely through the cornea and the lips of the wound close like a valve. The closure is caused by intra-ocular pressure.

This force presses as strongly upon the posterior lip (a) of the wound as upon the anterior (b). The wound must be made to gape before the softened lens-matter can be evacuated. Gaping of the wound can be produced, not by the application of force opposite the corneal incision, but only by pressure applied just peripheral to the wound, (at c in figure 1). You can readily imagine that such a wound will not permit the removal of all the diseased mass; in fact, only the softest portion of the lens can be evacuated, and irrigation of the anterior chamber is not to be thought of. Such, then, are the objections to an operation which has the sanction of authority and the prestige of age. For reasons already mentioned, I contend that this operation is unscientific.



JAMES MOORES BALL, M. D., St. Louis, Mo.

Have I anything better to offer? The proposition which I have to advance is this: In case of traumatic cataract, with rapid increase of intra-ocular tension, an operation should be performed and that operation should not be linear extraction, as has been the rule heretofore, but an extraction made with the Graefe knife and with the incision located in the corneo-scleral junction. The knife should cut from one-third to two-fifths of the corneal circumference, according to the extent to which the softening process in the lens has advanced. If glaucomatous symptoms supervene with softening of only a small part of the lens, the corneal incision should be large; if the softening involves the whole of the lens the incision should be of less extent. The extent of the incision in the cornea, so far as healing is concerned, is of little importance, provided we make an aseptic operation. The chief merit of the operation which I advocate lies in the avoidance of the valve which we saw produced by the linear method; in other words, my method in these cases permits the free evacuation of all the lenticular substance with the least amount of traumatism. An iridectomy is not made. All debris is removed at once. This cannot be accomplished by the linear method.

810 Olive Street.

CLIMATOLOGY.

By W. W. GRANT, M. D., Denver, Colo.

THE want of correct information on the part of most medical men in different and distant parts of the country as to the real status and value of the Rocky Mountain climate in tuberculous diseases is frequently brought to our notice by patients, as well as journals. The altitude is made to cover a multitude of sins and errors. The truth is the altitude and dryness give to this section its chief value in the arrest and cure of pulmonary tuberculosis. Prevailing winds and rainfall do occupy important and advantageous places in this work. Acute miliary tuberculosis is rapidly fatal anywhere, and it is, as a rule, best for such patients to stay and die at home. I know of no form of consumption that is necessarily unfavorably affected here. Cases of fibroid phthisis will, as a rule, advance more slowly while the accompanying bronchitis will be favorably influenced. I know of no state or condition of the nervous system which is so unfavorably influenced by altitude as to develop or engender pulmonary tuberculosis. Neither is the tendency to fever increased by the mountain climate, while the tendency to hemorrhage is checked, and such patients most favorably affected. As a surgeon I may state that wounds and operations on tuberculous subjects behave as well and result as satisfactorily, if not better, than elsewhere.

Functional disturbances of the heart as an objection to patients coming here I would not seriously consider, and especially in tuberculous subjects.

There is much needless fear on this subject. Aortic regurgitant and mitral obstructive lesions are dangerous conditions anywhere, but intelligent care is not more necessary here than elsewhere. Patients with valvular lesions can, with ordinary precautions, live as long and as comfortably here as anywhere. In fact, when the stage of compensatory hypertrophy has reached its limit, the heart, in the climate meeting with less resistance beats more easily and the patients are more comfortable. I have known some cases that seemed to confirm this view. I have observed these cases in many years practice in the Middle Mississippi Valley and some years in Colorado, and the comparison is certainly, neither in children nor adults, unfavorable to this section. No patient should return east or south to his former home, in less than two years—five is better, after complete arrest of the disease. The conditions and environment in which the disease originated will *most certainly* reproduce it. The only really safe course is to remain in the climate which has arrested the disease. Permanent residence is the chief hope, and the only safe promise of permanent immunity, and this applies with special force to hereditary cases. The fact that a few do return and keep well does not contravene the correctness of this position. Patients leaving here, thinking it safe, often relapse in a very short time. It is then more difficult than ever to again arrest the disease. Such patients do not do so well afterwards, even should they return to this climate, and recovery is neither so certain nor complete.

Three or four months to one or two years, depending upon the stage and history of the case, is necessary to the arrest of the disease. Those who come early are, as a rule, soonest benefited, and the results are more lasting and satisfactory.

The treatment of consumption by drugs is practically a failure. Observation and experience prove that the only safe course is to live under climatic conditions that are unfavorable to the propagation of bacteria—fatal to the existence of tubercle bacilli. So far as at present known, these conditions applicable to the largest number of cases, and a longer continuous cycle are most favorably presented in a comparatively small area, embracing chiefly the eastern slope of the Rocky Mountains in Colorado and certain parts of New Mexico and Arizona. This is the natural sanitarium of America for the class under consideration. In advising a change of climate the only wise course for physicians is to send their patients without specific instructions, for they do not know how best to advise them after arrival here. Though they may have needed, and still require, but little or no medicine, yet they do need some advice, and this should be good, and is best administered by those who, very naturally, speak from much wider personal observation and experience, as to the facts which should govern the conduct of these patients.

SPONTANEOUS EVACUATION OF A CEREBRAL ABSCESS.

BY RALPH E. HAMBURG, M. D., of Springfield, Ill.



CEREBRAL abscess resulting from a blow or secondary to chronic suppurative otitis is not so uncommon, but the manner in which nature sometimes spontaneously evacuates a cerebral abscess is among the greatest of surgical rarities. Such was the case in a patient of mine, and an abstract of whose history I here subjoin: A farmer's boy, ten years of age, and giving a history of an attack of inflammatory rheumatism three years previous to the present sickness, has been troubled ever since with a mitral murmur. One month before being called

to see this young man he was taken with a severe attack of pertussis, which together with his mitral lesion, gave him great distress.

After spending a day or so of more violent coughing than usual, he was suddenly seized with an inability to speak. The muscles of the eyes and face were drawn to the right with clonic spasms of the entire right side of the body, unconsciousness and involuntary evacuations of the bladder and rectum. The pulse was so rapid there was scarcely more than a flickering. The heart's action was almost audible without putting the ear to the chest wall.

After a few hours of treatment and care the convulsions disappeared, followed by great exhaustion.

In order not to burden you with the minor details of the case, I will not follow it minutely. The following week he remained conscious, unable to speak, protrude his tongue or use the muscles sufficiently to aid himself. Food taken in his right hand was invariably carried from six to eight inches to the right of the mouth. Great difficulty in passing the urine and complete paralysis of the bowels. The temperature varied from normal to 105° F. Pulse slow, full and showing no relation to the temperature. Profuse night sweats followed by a slight chill and rise of temperature. These symptoms continuing for twenty-two days.

An operation was advised to relieve the abscess which was suspected, but parents positively refused.

On the twenty-third day from the day of the convulsions, patient suddenly became comatose, respiration and heart's action greatly embarrassed.

Patient showed signs of strangulation, and upon being raised to a semi-recumbent position a large quantity of greenish, thick, offensive pus ran from the nostrils and mouth, patient dying in his father's arms.

The throat was examined after death and was perfectly normal. The nose was so obstructed with pus that it was not examined. Post-mortem was refused.

The peculiar train of symptoms presented by this case would lead us to suspect that during one of his paroxysms of coughing an embolus was detached from the valves of the heart and deposited in the brain, the resulting embolism producing the unilateral convulsions, and finally hemiplegia; inflammation and pus formation, producing the abscess.

Being located near the cribriform plate of the ethmoid the pus worked its way through the foramina and discharged spontaneously into the nasal and pharyngeal cavities, producing, according to Ashhurst, one of the greatest of surgical rarities.

No doubt had an operation been performed and a thorough evacuation of the pus been made, there would have been a chance for recovery.

The prognosis of a brain abscess, while very grave, would be more encouraging if the natural history of this affection were more calmly considered and treated upon the same principles that govern us in dealing with circumscribed suppurations elsewhere.

Many surgeons allow themselves to share the fear of an operation upon intra-cranial abscesses, with the general sentiment of the public. With this fear of blame should death result, many patients are allowed to die, when an operation might have reduced the mortality statistics, and is apt to confound the great fatality of the disease itself with that of the operation destined for its relief.

*"The wise and brave conquer difficulties,
By daring to attempt them; sloth and timidity
Shiver and sink at sights of toil and hazard,
And make the impossibilities they fear."—"Biuyou."*

Headquarters for the Tri-State Medical Society.—The elegant Planters' Hotel has been chosen as the headquarters of the coming meeting of the Tri-State Medical Society. The sessions will be held in the ladies' ordinary, which is large enough to seat several hundred. Committee rooms are adjoining. The management of this celebrated hotel will make unusual efforts to please the visiting doctors. Rates on American plan: When two persons occupy the same room, \$3.00 per day each. On single rooms a reduction of 50 cents per day will made on all rooms from \$4.00 per day and upwards. This will enable them to give a room with bath for \$4.00 per day. When two persons occupy a room with bath the rate will be \$3.50 per day and upwards. European plan \$1.50 per day and upwards.

AZTEC MEDICINE.

BY DAVID CERNA, M. D., PH. D.,

Demonstrator of Physiology and Lecturer on the History of Medicine in the Medical Department of the University of Texas, etc.

BOTANY, MATERIA MEDICA AND PHARMACY.

AMONG the Aztecs, as among the greater part of primitive societies, the most advanced branch of medical science was therapeutics. A disease must at first be treated in some way or another, even if its cause and nature are totally unknown; soon after, however, the development of rational therapeutics is brought about through the instrumentality of thinking and inquiring minds.

Accustomed as they were, in their primitive life, to make use of plants which did not have a disagreeable odor, the Aztecs gradually discovered medicinal properties in many of those plants, and thus *pari passu* with the progress of botany there was a similar advance in their studies and knowledge of the materia medica. Hernandez, who was sent by the Court of Spain, expressly for the purpose of studying the *flora* of Anahuac, writes in a memoir that fully 1,200 medicinal plants were made known to him by the Indian physicians, plants which these employed in the treatment of disease, and of each one of which they gave the name, classification, specific properties and the modes of preparation for use.

Thus, among the families of plants better classified, we find, for instance, that *Ayotli* which corresponds to the modern *Cucurbitaceæ*. This family the Mexicans divided and subdivided scientifically, based on the form and qualities of the fruit, or as Hernandez has put it, "*at fructus et forma, et nomine omnino varii; qui modo sunt a nobis, qua dabitur, breitate et perspicuitate tradendi.*" The subdivisions of genera were two. One comprised those plants whose fruit had an agreeable taste and nutritious properties, the genus including the following species: first, *tzilacayotli* (squash that rattles), with the variety of *cuicuitlicayotli* (squash of variagated, striped appearance); second, *cozticayotli* (pale squash); third, *hacayotli* or *hoeyacayotli*, very nutritious; and fourth, *tamalayotli*, also very nutritious. Even today the squash is extensively cultivated in Mexico and forms a cheap but nutritious article of food largely indulged in by the poorer classes. The other genus, of non-nutritious plants, comprised these species: *quauhayotli*, *tzonacoyotli*, *lztactzilacayotli*, *lztacayotli*, *atecomatl*, *axicalli*, and *allacatl*.

This single example shows that the ancient Mexicans did not confound species with genera, or genera with families, but founded their classification of plants on scientific principles. For these classifications they relied on the

organs of plants, such as the flowers and the fruit, observing carefully the form, size, color and properties of such parts, in the same manner as modern naturalists have done and continue to do. Some of the Aztec classifications were accepted without alteration, by European botanists, and we find that only the names were changed. Thus the modern families of agave, zapotæ, and cucurbitacæ, correspond precisely to those of metl, tzapotli and ayotli, respectively, of the Aztecs, and we can easily recognize that the word zapotæ is derived from tzapotli. It can be said, therefore, that the Aztec botanists were, in this respect, that is, that of classification, above Pliny himself, whose classification of plants was imperfect, and even in advance of the immortal Jessieu.

The ancient Mexicans gave special attention to the cultivation of medicinal plants. The celebrated gardens of Montezuma II were composed chiefly of medicinal herbs and flowering plants. From this source the poorer classes were provided for by order of the emperór. Even at the present time, particularly among the unmixed descendants of the ancient races, the use of wild and cultivated medicinal herbs is practiced to the absolute exclusion of other methods in the treatment of disease.

Among the ancient Mexicans those intending to follow the profession of physician were obliged to pursue a course of instruction in medical and surgical pathology, therapeutics, botany, pharmacy, and clinical medicine. Students of pharmacy were especially required to master the history of plants, their geographical distribution, their distinctive characters, their properties, to be followed by a thorough instruction in the preparation of the various simple officinal medicaments, since the physicians alone were allowed to prepare the more elaborate compounds, according to their needs.

Pharmacy was practiced only by thoroughly competent graduates, their places of business being in the public markets. Such places or drug-stores were called panamacoyan or pacalli, and were under the supervision of regular pharmacists who received the appellation of pachichihuani, panamacani or papiani. There were also herb dealers whose object was simply to sell alleged medicinal plants not officinal or recognized by the physicians and apothecaries. These herb dealers were styled paiximatqui or xiuhi-ximatqui. Tradition appears to be immortal, and even today, in modern Mexico, we frequently see and hear on the streets and public places of large cities, the aborigines shouting and exalting the virtues of their various mixtures, ointments, and other numerous vegetable compounds which they claim as specific remedies for many diseases. There is but little doubt that these modern medicine venders continue to observe faithfully a custom handed down to them from the remotest periods of Mexican history. Simi-

larly, there is no doubt that many of them observe, in the treatment of disease, many of the methods employed by their ancestors, as we today bear in mind and put into practice many of the maxims of the old philosopher of Cos, maxims which even the rust of time has been unable to destroy.

The substances employed by the Aztecs in their pharmaceutical preparations belonged to the three kingdoms of nature: the mineral, the vegetable, and the animal, most of them, however, belonging to the second. The Aztecs were perfectly familiar with many metals and metalloids; they knew and used extensively in their various industries, sulphur (tlequiquiztalli), tin (amuchitl), lead (temetztl), copper (tepuztli), diamond which they recognized as the purest form of carbon (tlacuanac tecpactl), silver and gold, both of which were known under the generic term of teocuitlatl, but which were distinguished, nevertheless, by the specific names of iztac and cuztic, respectively; thus silver was termed iztac teocuitlatl, and gold cuztic teocuitlatl. Alum, iron and its salts, lime, chalk, vermilion, and many other mineral substances were likewise known to them, of all of which they made practical uses in their arts and sciences. Alum, used extensively in their paintings, was prepared from an aluminous salt or earth termed by the Aztecs tlaxocotl. This earth, primarily dissolved in water, was concentrated by means of heat in earthen vessels or jars. Once concentrated the solution was subjected to crystallization and, in this manner, they were able to obtain the purest alum which appeared upon the market in the form of lump.

From the animal kingdom the Aztecs brought into use the tail of the tlacuatzin, a species belonging to the kangaroo family. A preparation of that animal was still kept, up to a recent period, in most of the modern drug-stores of Mexico. It was employed internally. The meat of the ocelotl, a species of tiger, was similarly used as an internal medicine. For external applications they extracted substances from the rattlesnake (coatl), the grasshopper (chapolin), the lizard (tlapatli), the temollin a species of many other animals unnecessary, perhaps, to mention.

To be continued.

Reduced Rates to the Tri-State Medical Society.—The Committee of Arrangements of the Tri-State Medical Society announces that railways will give reduced rates to the meeting of the society which occurs at St. Louis, April 2nd, 3rd and 4th, 1895. Gentlemen purchasing tickets for St. Louis are requested to ask the local agent for certificate which will be signed by the secretary of the society.

PUERPERAL ECLAMPSIA.

BY R. E. CHAFFIN, M. D., Avalon, Mo.

I WISH to present a case of puerperal eclampsia which, to me, is of extraordinary interest, not from the fact alone of its fatal termination, but it is the first of the kind coming under my observation, having been engaged in the practice of medicine less than two years. And right here it might be well to observe that the ordinary country doctor, doing a general practitioner's business, as I do, may expect a case of this kind more frequently than one would suppose, and it is opportune that he should have its management well in mind.

Mrs. J., aet. 17, wife of a farmer, first pregnancy. The husband came to me on September 27, 1894, to obtain medicine for his wife's headache. Upon inquiry I learned that the woman was dropsical in the lower and upper limbs and face; had been having agonizing headache for twelve hours. Period of gestation was thought to be nearing its completion. I told him I thought her condition serious, and, while not wishing to alarm him, yet I informed him that convulsions were liable to occur at any time, and they might terminate fatally. I prescribed for the woman according to these indications, but the man had not left my presence when a messenger came hurriedly with the information that she was then having "fits," as he termed it. I hastened to the patient, three miles distant, and found her in horrible convulsions. Temperature $104\frac{1}{2}^{\circ}$, pulse 140, respiration stertorous, and jerky. The convulsions were of a clonic nature, followed by a tonic contraction lasting but a few seconds. The periods of repose did not exceed 30 seconds. She had been having these eclamptic seizures for two hours before I got there, and at no time was there any period of consciousness.

I gave her a hypodermic of morphine and atropine; also two drops of croton oil upon the tongue. I also administered chloral, potassium bromide, veratrum viride, all of which were apparently swallowed with good effect, for I was rewarded in 30 minutes with seeing her perfectly quiet, except the stertor which never relaxed. Pulmonary oedema seemed to be present from the very start. I was informed that her bowels and kidneys had been acting very freely. However, I catheterized the woman and obtained about two ounces of urine, but had no means at hand of examining it. I used enemas of tepid water, and also put her in a hot pack. In one hour her temperature had dropped to 99° , pulse 84.

The os had not commenced to dilate to any considerable extent until the convulsions had ceased. I encouraged dilatation, but before it was sufficient to admit the forceps to the head, the woman died. I had medical advice from the beginning, and we gave it as our opinion that the woman would not live.

She was of a plethoric nature, and had the veratrum not acted so satisfactorily I should have resorted to venesection. Her comatose condition was only interrupted by the deep stertorous breathing, and later on by rather mild clonic convulsions about every 15 to 30 minutes until the fatal termination, which occurred sixteen hours after convulsions set in. The child had undoubtedly been dead several hours. I should much like your opinion as to: (1) Correctness of diagnosis. (2) The correctness of prognosis, taking my report as correct. (3) Treatment, including venesection, etc. (4) Per cent of mortality in such cases.

BIOGRAPHICAL

Dr. S. C. Martin, Editor of the *Medical Era*, is one of the best known



DR. S. C. MARTIN, ST. LOUIS, MO.

members of the medical profession in St. Louis. Dr. Martin was born in Claiborne County, Mississippi, October 25th, 1837. His literary education was acquired in a normal school and the University of Michigan. He began the study of medicine and graduated from two colleges, the Medical Department of Tulane University and the University of Michigan. After graduation he spent two years in Germany pursuing his medical studies in different universities. Dr. Martin was engaged in the "late unpleasantness," serving four years as Surgeon in Cavalry Regiments in the Confederate Army. After the war he located in Port Gibson, Mississippi, remaining there six years and marrying Miss Anna Rosa Calhoun, daughter of James Calhoun, and related to

the famous Calhoun family of South Carolina. He removed to St. Louis in 1872, where he has been engaged in practice up to the present time. He served three years as director of the St. Louis Public Schools, from 1876 to 1879. He is now Professor of Dermatology and Hygiene in the "Barnes Medical College," St. Louis.

DR. ALFRED L. LOOMIS.

Dr. Alfred L. Loomis, Professor of Practice of Medicine in the Medical



ALFRED L. LOOMIS, A. M., M. D.

Department of the University of the City of New York, and Physician to Bellevue Hospital, died at his residence, No. 17 West Thirty-fourth Street, Wednesday morning, January 23d, of acute lobar pneumonia.

Dr. Loomis was born in Bennington, Vt., on June 10, 1831. He was graduated at Union College in 1851, and studied medicine under Dr. Willard Parker, in New York, receiving his doctorate degree at the College of Physicians and Surgeons in 1853. He then became assistant physician to the hospitals on Ward's and Blackwell's Islands, but after two years established himself in general practice in New York City, giving special attention to the treatment of pulmonary disease, in which branch of medical science he acquired a great reputation.

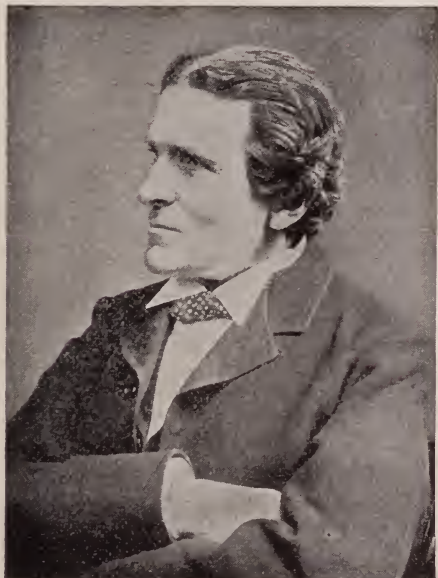
He became visiting physician to Bellevue Hospital in 1860, and 1874 to the Mount Sinai Hospital, which appointment he held for years, and he was also consulting physician to the Charity Hospital on Blackwell's Island in 1860-75. Dr. Loomis was lecturer on physical diagnosis in the College of Physicians and Surgeons in 1862-65, and then made Adjunct Professor of the Theory and Practice of Medicine in the University of New York. In 1867 he became Professor of Pathology and Practice of Medicine in the same institution, which chair he held at the time of his death.

An unknown friend of the University gave, through Dr. Loomis, in 1866, the sum of \$100,000 to the medical department, to build and equip the Loomis Laboratory, which is one of the finest of its kind in the United States. He was a member of medical societies both in the United States and Europe, and has been President of the New York Pathological Society, New York Academy of Medicine, American Climatological Society, and New York State Medical Society. Besides occasional contributions to current literature, he has published "Lessons in Physical Diagnosis," 1868; "Diseases of the Respiratory Organs, Heart, and Kidneys," 1876; "Lectures on Fevers," 1882; "Diseases of Old Age," 1882; and "A Text-Book of Practical Medicine," 1884.

Medical Society of the Missouri Valley.—SECRETARY'S OFFICE, COUNCIL BLUFFS, IOWA, Feb. 9th, 1894.—The Medical Society of the Missouri Valley meets at Sioux City, Iowa, March 21st, 1895, at 9:30 A.M. An interesting program is promised. F. S. THOMAS; Secretary.

THE REGIUS PROFESSORSHIP OF MEDICINE AT OXFORD.

Professor J. Burden Sanderson, hitherto Waynflete Professor of Physiology in the University of Oxford, has been appointed to succeed Sir



PROF. J. BURDEN SANDERSON, Regius Professor of Medicine in Oxford University, England.

Henry Acland as Regius Professor of Medicine in that University. At the time when he was elected to the Waynflete Professorship in 1882, Professor Burden Sanderson was Jodrell Professor of Physiology in University College, and has devoted himself to the study and teaching of physiology for some years, but before that he had won his spurs as a pathologist, and had served as Assistant Physician both to the Middlesex Hospital and to Hospital for Consumption at Brompton. He had also carried out several important official investigations. Thus, in 1865-66 he was engaged in a pathological inquiry into the cattle plague for the Royal Commission on that subject, and in the first of these two years had proceeded to North Germany to inquire into an epidemic of cerebro-spinal meningitis. In 1869 he

investigated for a Royal Commission the influence of extreme heat on the health of miners in Cornwall. For eleven years he was Medical Officer of Health for Paddington. Professor Sanderson has, therefore, had an unusually wide and varied experience in the various departments of professional activity, and his translation from the Chair of the Institutes of Medicine in his old University of Edinburgh, as Physiology is officially and not unhappily denoted there, to the Regius Professor of Medicine is in accordance with the fitness of things, and we trust that he may long be spared to discharge the important duties of his new office, and that the Medical School of Oxford may continue to advance under his leadership along the road which it has followed in recent years.—*British Medical Journal*.

Butterfield Hall.—Work on Butterfield Hall, Dartmouth College, an archeological museum, will be commenced in April. Dr. Ralph Butterfield, of Kansas City, left \$250,000 for such a building, and the establishment of a professorship in archeology.

Distinguished Dr. Klebs.—Professor Edwin Klebs, of Strasburg, discoverer of the Klebs bacillus, is at Ashville, N. C., and has established a laboratory there.

Medical Society Calendar for 1895

Compiled by CHARLES WOOD FASSETT,
Secretary American Medical Publishers' Association, ST. JOSEPH, MO.

NOTE. Society Secretaries will please keep us informed as to changes in dates, etc. Extra copies of this calendar printed on heavy paper, may be obtained by addressing as above, with stamp. Duplicate plates of this page for sale.

NAME OF SOCIETY	DATE AND PLACE OF MEETING
Alabama State Medical Association	April 16-19
American Academy of Medicine	Mobile
American Ass'n of Genito-urinary Surgeons	May 8
American Medical Association	Baltimore
American Medical Publishers' Association	May 28-31.....
British Medical Association	Niagara
California State Medical Society	May 7
Georgia State Medical Association	Baltimore
Idaho State Medical Society	May 6
Illinois State Medical Society	Baltimore
International Medical Congress	July 30-Aug. 2
Iowa State Medical Society	London, England
Kansas State Medical Society	April 16
Kentucky State Medical Society	San Francisco
Louisiana State Medical Society	April 17
Maine Medical Association	Savannah
Massachusetts Medical Society	Sept. 9-11
Maryland Medical and Chirurgical Society	Boise City
Montana State Medical Association	May 21
Michigan State Medical Society	Springfield
Mississippi State Medical Association	August, 1896
Mississippi Valley Medical Association....	Moscow, Russia
Missouri State Medical Association	April 17
Missouri Valley Medical Association	Creston
Nebraska State Medical Society	May
New Hampshire Medical Society	Topeka
New Mexico Medical Society	June 5
New York State Medical Association.....	Harrodsburg
New York State Medical Society	May 7
New Jersey State Medical Society	New Orleans
North Carolina State Medical Society.....	June 5
Ohio State Medical Society	Portland
Ontario Medical Association	June 11, 12
Oregon State Medical Society	Boston
Pennsylvania State Medical Society	April 23
Rhode Island Medical Society	Baltimore
South Carolina Medical Association	April
Tennessee State Medical Society	Anaconda
Texas State Medical Society	June 4
Tri-State Medical Society	Bay City
United States Ass'n of Military Surgeons..	April 10
Vermont State Medical Society	Jackson
Virginia State Medical Society	September
Washington State Medical Society	Detroit
West Virginia State Medical Society	May 21
Wisconsin State Medical Society	Hannibal
	March 21
	Sioux City, Iowa
	May
	Grand Island
	May 30, 31
	Concord
	July 10
	Las Vegas
	October 15-17
	New York City
	Feb. 5
	Albany
	June 25, 26
	Cape May
	May 14-16
	Goldsborough
	May 15-17
	Columbus
	June 5, 6.....
	Toronto
	June
	Portland
	May 21
	Chambersburg
	June 6
	Providence
	April 24
	Columbia
	April 9
	Nashville
	April 23
	Dallas
	April 2-4.....
	St. Louis
	May
	Buffalo, N. Y.
	October 10, 11
	Burlington
	October
	Wytheville, Va.
	May
	Seattle
	July
	Elkins, W. Va.
	June 5-7
	West Superior

MARCH MEETINGS:

Medical Society of the Missouri Valley, Sioux City, Iowa,
21st (Thursday).

APRIL MEETINGS:

Tri-State, St. Louis, 2-4; Alabama, Mobile, 16-19; California, San Francisco, 16; Georgia, Savannah, 17; Iowa, Creston, 17; Maryland, Baltimore, 23; Montana, Anaconda; Mississippi, Jackson, 10; South Carolina, Columbia, 24; Tennessee, Nashville, 9; Texas, Dallas, 23.

TRI-STATE MEDICAL JOURNAL

Vol. II

MARCH 1895

No. 3

Editor—JAMES MOORES BALL, M. D.

Associate—ELLET ORRIN SISSON, M. D.

TO CONTRIBUTORS:—All communications to THE TRI-STATE MEDICAL JOURNAL are received with the strict understanding that they are to be published in this journal alone. Papers for the Original Department should be in hand one month in advance. A liberal number of extra copies of the Journal, will be furnished authors if requested, Photo-engravings will be made to illustrate articles, if proper copy is furnished. Electrotypes of engravings will be furnished authors at cost when they wish to preserve them for future reproduction, provided a request is made for them on the back of the copy. Reprints are not furnished by the Editor, but can be obtained at reasonable rates from the company.

Address all communications, news of medical interest, subscriptions, books for review, etc., to the TRI-STATE MEDICAL JOURNAL Co., Keokuk, Iowa.

EDITORIAL DEPARTMENT

THE TRI-STATE MEDICAL SOCIETY.

On another page is found the program of the Tri-State Medical Society which will meet in St. Louis April 2d, 3d and 4th, 1895. Every reputable physician in America is invited to the feast of reason and flow of soul. Perhaps no better program has ever been presented to the consideration of St. Louis doctors. Certainly such an array of papers is a credit to the Secretary, Dr. Frank Parsons Norbury, of Jacksonville, Illinois. When such men as Keen, Oliver, Davis, Dana, Wyeth, and many others are willing to travel hundreds of miles to attend the Tri-State, there is no excuse for any St. Louis doctor to sulk in his tent like Achilles of old. Come, gentlemen, show your good breeding and extend a hearty welcome to the strangers sojourning in your midst.

CLINICAL TEACHING IN ST. LOUIS.

The City of St. Louis is fast becoming a medical center. At present not less than fourteen hundred students are matriculated in her schools, and it is reasonable to suppose that this number will be increased materially in the near future. In view of this it may be well to point out opportunities for improvement in clinical facilities.

First of all, the street railway ought to be extended to the Insane Asylum, Female Hospital and Poor House. An amphitheater large enough to accommodate 300 students should be built at each institution. At present these institutions with their wealth of pathology are almost useless. They alone can furnish enough cases of disease to give the student a splendid training. At the Poor House the writer recently found 1,378 inmates, of

whom about 200 were suffering with ocular trouble of one kind or another. Many of these cases admit of cure. Perhaps a score of them were victims of cataract. If an amphitheater were attached to the Poor House, operations could be seen by many persons which now can be observed only by a limited number. This matter has been already brought to the attention of the authorities by the worthy Health Commissioner, Dr. George Homan.

St. Louis already is well supplied with hospitals. Others are soon to be built. The St. Louis Baptist Hospital, with 50 beds, is turning patients from its doors daily. The managers intend to build a new hospital this year, with a capacity of 100 beds. The Barnes Hospital, for which a magnificent sum has been left, will be commenced during the present year; and a movement is now on foot to build a hospital for colored people exclusively. These projects are only straws which show the way medical breezes are blowing. That St. Louis is destined to become, at some future period, the great medical center of America cannot be doubted.

NEW COLLEGE BUILDING.

It is authoritatively stated that the Trustees of the Barnes Medical College will soon begin the erection of a new college edifice which will cost \$85,000. The record of the Barnes college is a world-beater. Started three years ago as a result of a row in the faculty of the Marion-Sims College, the Barnes has had classes each year of phenomenal size. There can be no question of doubt that Drs. C. H. Hughes, Pinckney French and A. M. Carpenter are successful medical college promoters. St. Louis may well be proud of her medical college buildings. In no city in this country are so many fine structures to be found in which the science of medicine is taught. The Missouri Medical College, the St. Louis, Marion-Sims and College of Physicians and Surgeons possess buildings of unusual value; and the new Barnes will not be behind them.

MEDICAL COLLEGE ROWS.

It has been said that doctors are "queer critters" and that "medical politics makes strange bedfellows." Certainly it is true that medical college rows are all too common. Always to be deprecated, they are sometimes justifiable, sometimes uncalled for, and nearly always ridiculous. It is a curious fact that gentlemen engaged in the pursuit of science are no wiser, in many ways, than ordinary mortals.

Of college rows, both intra- and extra-mural, St. Louis has had more than her share. We hope that the days of tribulation are over and that the

intelligent physicians (and surgeons) of that city will learn to live in peace and harmony. Unfortunately the "good" surgeon is very much like the "good" Indian—he is under the ground.

NEW MEDICAL JOURNAL.

Every week now witnesses a new birth in medical journalism. It is the old story of the mountain in labor. The want is felt and must be filled. The journalistic disease has broken out in Iowa and Dr. J. W. Kime, of Fort Dodge, will start the *Iowa Medical Journal* in April. This will not be the first effort to give Iowa doctors a live monthly medical magazine. Early in the '50s the *Iowa Medical Journal* was started at Keokuk. For many years it was edited by the late Dr. J. C. Hughes. Finally it succumbed. About 1880 Dr. F. E. Cruttenden, of Des Moines, began the publication of the *Iowa Medical and Surgical Reporter*, which was a creditable journal. After an existence of several years it sickened and went the way of all Iowa medical journals. In 1891 the Iowa State Medical Society subsidized the *Vis Medicatrix*, of which Dr. Woods Hutchinson, of Des Moines, was editor. It lived one year. In literary merit it was, up to that time, the best journal ever started in Iowa. Finally, in 1893, the TRI-STATE MEDICAL JOURNAL was successfully launched, being then, as now, the only medical magazine in Iowa. The word "Iowa" was purposely omitted from its name. The TRI-STATE has done well. Its subscription list contains hundreds of names doctors who live outside of Iowa. There is not enough enthusiasm among Iowa doctors to support an Iowa medical journal. The editor of the TRI-STATE thinks he knows whereof he speaks when he makes this statement. So, when Dr. Kime announces that he will start the *Iowa Medical Journal* we admire his energy but doubt his judgment. We hope, however, to see him succeed. This world is large enough and broad enough for all of us.

A REPLY.

The sulphurous, hyper-critical, and supposed-to-be-erudite, as well as anonymous, J. G. Kiernan, M. D., editor of the *Medical Standard*, has the following to say in a recent editorial:

"The 'TRI-STATE MEDICAL JOURNAL' states that it "is the only magazine in America conducting an illustrated department devoted to the history of medicine." This is a most decided error. The *Brooklyn Medical Journal* has for years had such a department. The *Medical Standard*, *Medical Abstract* and other medical journals have frequently had illustrated contributions on this subject."

In reply to which we beg to say that the TRI-STATE MEDICAL JOURNAL is the only medical magazine conducting an illustrated department

devoted to the history of medicine. The *Brooklyn Medical Journal*, excellent magazine that it is, publishes each month two portraits of historic characters, but does not conduct a department on the history of medicine. Rarely do biographical sketches accompany the portraits. The *Standard* and *Abstract* are "not in it," and never have been. What is wrong with Kiernan that he is always sticking his quill into his betters?

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

This flourishing society will hold its spring meeting in Sioux City, Iowa, March 21st. Following is the program:

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| 1. Pseudo Membranous Enteritis,
Dr. G. J. ROSS, Sioux City. | 8. Abdominal Surgery,
Dr. J. N. WARREN, Sioux City. |
| 2. Anæsthetics,
Dr. A. C. BERGEN, Sioux City. | 9. A New Occlusion Shield for Gonorrhæal Ophthalmia,
Dr. HAROLD GIFFORD, Omaha. |
| 3. Skin Discolorations as Premonitory Manifestations,
Dr. J. C. WATERMAN, Council Bluffs. | 10. The Surgical Use of the Curette,
Dr. W. O. HENRY, Omaha. |
| 4. Varicocele, Treatment of,
Dr. C. C. ALLISON, Omaha. | 11. Report of a Case of Hip Joint Amputation for Gun Shot Injury,
Dr. J. P. LORD, Omaha. |
| 5. Purulent Ophthalmia,
Dr. J. C. DUNLAVY, Sioux City. | 12. A Case of Hernia in the Linea Alba,
Dr. B. B. DAVIS, Omaha. |
| 6. Supra-Pubic Cystotomy,
Dr. VAN BUREN KNOTT, Sioux City. | 13. Infantile Scurvy,
Dr. W. H. HOYT, Sioux City. |
| 7. Fracture, Base of Skull,
Dr. O. P. HANSEN, Sioux City. | 14. A Portable Sterilizer,
Dr. J. P. LORD, Omaha. |

Removed.—Dr. Willis E. Lingle has removed from Makanda to Degonia, Ill.

Commencement.—We have received an invitation to attend the fifty-fourth commencement exercises of the College of Physicians and Surgeons, of Keokuk, Iowa.

To be Rebuilt.—Estimates have been prepared for the rebuilding of the hospital for the insane at Anna, Ill., which was recently destroyed by fire. The legislature will be asked to appropriate \$200,000.

Chicago Polyclinic and Hospital.—The seventh special course for practitioners in this institution, will commence Monday, April 1st, 1895, and continue two weeks. The course will consist of clinical lectures and demonstrations.

A Leading Question.—*The Atlantic Medical Weekly* of recent date says: "Rhode Island was the last of the thirteen colonies to accept the constitution of the United States. Will she be the last state in the union to enact a law regulating the practice of medicine? It looks so."

Report on Antitoxine.—Messrs. Schulze-Berge & Koechl, of New York, have recently sent us a copy of the official report of Consul-General Mason, of Frankfort, Germany, to the United States Government concerning the manufacture of diphtheria antitoxine. It is interesting reading.



A TREATISE ON THE DISEASES OF THE EAR AND NASO-PHARNYX: By T. Mark Hovell, F. R. C. S., Edin., M. R. C., Eng. Octavo, pp. xxiv—720. London: J. A. Churchill, 11 New Burlington Street. 1894.

Mr. T. Mark Hovell, one of the best known of English aurists, has written a charming volume on otology. Methodic in its arrangement, clear and concise in its presentation of facts, Mr. Hovell's book should meet with a cordial reception at the hands of the profession. In this work the latest methods of diagnosis and treatment are recorded. Although several good books on the ear are now on sale in this country, we doubt not that Mr. Hovell's treatise will find many purchasers in this country.

TEXT-BOOK OF MEDICAL JURISPRUDENCE AND TOXICOLOGY; By John J. Reese, M. D., Revised by Henry Leffman, A. M., M. D., Ph. D. Octavo, pp. 624. Philadelphia: P. Plakiston, Son & Co. 1895.

Reese's text-book of medical jurisprudence and toxicology has long been favorably known. Owing to the death of Dr. Reese it was necessary that another should supervise the fourth edition. This work has been done acceptably by Dr. Henry Leffman, of Philadelphia.

HAND-BOOK OF DERMATOLOGY; By A. H. Ohmann-Dumesnil, A. M., M. D. Second Edition, Revised and Enlarged. Octavo, pp. 276. St. Louis: Quarterly Atlas Co. 1894. Price, \$2.50.

The distinguished author has been fortunate in producing a work of the greatest value to students and practitioners. The plates are valuable, the text instructive and the typography good.

SYLLABUS OF GYNECOLOGY, based on the American Text-Book of Gynecology; By J. W. Long, M. D., Richmond. W. B. Saunders, Phila., Publisher. 1895. 132 pp.

The Syllabus is something new in medicine in the way of books. It has come to stay. Its value and usefulness can not be over-estimated. This one covers the field of gynecology, and will prove of great service to the teacher, to the student and general practitioner. It is a real pleasure to commend such a work as this. The *teacher must* have it; the student should by all means have it, and the practitioner cannot afford to be without it. It covers the whole ground.

WARNER'S THERAPEUTIC REFERENCE BOOK. The well-known firm of Wm. R. Warner & Co., has issued a therapeutic reference book for physicians. It contains a posological table, a medical formulary, notes on prescription writing, weights and measures, etc., etc. It is well printed on heavy paper and has a neat leather binding. This little work will prove of value to the busy practitioner.



TRI-STATE NEWS

Located.—Dr. C. L. Stubbs has located at Waterloo, Iowa.

Removal.—Dr. C. H. Frizelle has remove from Viele to Rockford, Iowa.

Hospital for Insane.—A new hospital for the insane is to be erected by the Sisters of Mercy, at Asbury, Iowa.

Called.—Drs. A. M. Pond, of Decorah, Iowa, and E. D. Hedrick, of Golden, recently made us pleasant calls.

New Hospital.—Mercy Hospital at Des Moines, Iowa, is now ready for occupancy. The total cost has been \$20,000.

Addition to a Hospital.—An addition to St. Joseph's Hospital at Bloomington, Ill., is contemplated, the estimated cast being \$2,000.

Removed.—Dr. John Fee, for many years city health officer of Kansas City, is now located at Oklahoma City, Ok., practicing as an oculist and aurist.

Investigated.—A Committee from the Iowa State Board of Health has been in Keokuk recently to examine into the clinical and hospital facilities, methods of instruction, etc., of the two medical colleges in that city.

Nice Preparations.—The caffeine bromide, lithia-potash, sodium salicylate and other preparations manufactured by the Chapman Chemical Co., (14 South Water Street, Chicago) are noted for their purity and elegance.

Banquet to the Tri-State Society.—The Committee of Arrangements is making elaborate preparations for a grand banquet to be given at the Planters' Hotel, the evening of April 3rd. Many distinguished after dinner speakers will be present to entertain the intellect; there can be no doubt that the wants of the inner man will be satisfied.

Surgery 200 Years Ago, is the title of a handsome brochure issued by the Antikamnia Chemical Co., of St. Louis. It contains twelve full-page illustrations taken from original copper plates, each accompanied by a descriptive text. It is an interesting little work in every respect, and reflects great credit upon that enterprising firm. Write for a copy, and you will be sure to preserve it.

Interesting Case.—At a recent meeting of the St. Louis Medical Society Dr. A. H. Meisenbach reported a cholecystotomy, nine hundred and twenty-two stones being removed from the gall-bladder. There being complete obliteration of the cystic duct he very properly removed the entire gall-bladder, cauterizing the stump with pure carbolic acid and dropping it into the peritoneal space.—*St. Louis Clinique.*

ILLINOIS

JACKSONVILLE ASYLUM.—Dr. William Watson will succeed Dr. Mackenzie as superintendent of the Jacksonville Insane Hospital.

ELECTED.—The Illinois State Board of Health recently elected Dr. W. E. Quine president, Dr. J. W. Scott secretary and Dr. B. M. Griffin treasurer.

TO BE ABSORBED.—The Chicago College of Physicians and Surgeons is about to be absorbed by the University of Illinois. The University trustees have recommended the purchase of the college for an amount not to exceed \$160,000.

DEATHS.—The grim reaper has claimed the following Illinois physicians: R. F. Spencer of Etna; J. M. McMeen of Danville; W. A. Elder of Bloomington; E. G. Poyer of Des Plaines; D. W. Mercer of Princeton; G. W. Jones of Danville; Ellen A. Heath and John Dumont, of Chicago.

COOK COUNTY HOSPITAL STAFF.—The county commissioners have selected the following staff for the county hospital: Drs. James B. Herriek, E. L. Moorehead, A. R. Edwards, G. Stein, H. A. Norden, Carl Beck, A. M. Stout, T. A. Davis, M. M. Leahy, G. W. Jay, H. Worthington, Richard Melms, O. N. Huff, E. M. Smith, C. E. Greenfield, J. S. Hartman, E. P. Murdock, A. E. Bouffleur, C. J. McIntyre, H. J. Burwash, Denslow Lewis, Esbridge, J. Rosenthal, L. J. Pritzker, C. E. Earl, J. W. Tape, A. E. Hulstade, S. W. Burson, O. F. Pierce, Francis McNamara, Edward H. Lee, L. P. St. John, J. B. Murphy, C. Fenger, C. P. Turk, C. Davison and G. F. Butler.

HOSPITAL INSPECTION.—The board of aldermen of Chicago has enacted an ordinance regulating the establishment of hospitals and providing for their license and inspection by the commissioner of health. Under the ordinance, regular reports of deaths and diseases must be made to the commissioner. A hospital is defined to mean any place or establishment used for the reception or care

of the sick, injured or dependent, including women awaiting confinement, or used for the medical or surgical treatment of mental or physical disease or injury.

IOWA

DEATHS IN IOWA.—Dr. J. Butt of Ute; Dr. J. H. Foster of Iowa Falls; Dr. R. Bradbury of Fairfield; Dr. T. W. Baugh of Oskaloosa; Dr. C. Wright of Carroll; Dr. W. O. Culp of Davenport; Dr. R. M. Dewitt of Des Moines and Dr. R. W. Boddell of Rock Rapids.

MISSOURI

DEATHS IN MISSOURI.—Dr. W. J. Overbeck of Dearborn; Dr. R. T. C. Johnston of Dearborn; Dr. Joseph Field of Slater.

KANSAS CITY ACADEMY OF MEDICINE.—The Kansas City Academy of Medicine held a regular meeting January 5. The following officers were elected for the ensuing year: President, John Punton; Vice President, V. W. Gayle; Secretary, J. W. Kyger; Treasurer, C. L. Hall. The annual banquet was held January 8, and the event was a brilliant one.

HEALTH COMMISSIONER'S REPORT.—Following is Health Commissioner Homan's report for the week ending January 12: Patients at city hospital, 388; at female hospital, 240; at insane asylum, 380; at poor house, 1,342; total at all institutions, 2,350; increase over week before, 12. Treated at dispensary, 211; sent to city hospital, 158; to female hospital, 63; persons vaccinated, 411; ambulance calls answered, 200; miles traveled, 735 6-7.—St. Louis Republic.

MISSOURI PHARMACISTS.—The state board of pharmacy held a meeting in St. Louis, January 14th, to receive applications to take examination for registration. President August T. Fleischmann, of Sedalia; Vice President Dr. A. R. Edmunds, of Miami, and Secretary F. W. Sennewald, of St. Louis, were present. The examination papers of fifty-five applicants, each containing twenty questions, were before the board for consideration.

GENERAL NEWS

JEFFERSON MEDICAL COLLEGE NOTE.—The Surgical laboratory employs 36 cadavers for operative purposes during the session.

ANATOMICAL AIDS.—Dr. Dwight of Boston has a complete set of papier mache models of the principal bones of the body, enlarged six times, which he uses in his lectures in osteology.

BOARDS IN GEORGIA.—Georgia's new law providing for a State board of medical examiners went into effect on January 1. There are actually three boards; regular, homoeopathic and eclectic.

YALE MEDICAL SCHOOL.—The annual catalogue of Yale University shows the total number of students to be 2350, an increase of 148 over last year; 104 are registered in the department of medicine.

DARTMOUTH MEDICAL COLLEGE.—The number of students has been 138 during the last lecture term, many more than ever before. There is one noticeable feature, a very gratifying one too, in the catalogue, i. e., over 20 per cent. of the students are college graduates and of the remainder 70 per cent. have had from one to three years of collegiate study.

LARGE CLASS AT HARVARD.—Notwithstanding the attempt of the faculty of the Harvard Medical School to lessen the size of the entering classes by raising the standard of the entrance examinations and making the course four years, the last class to enter, was the largest yet, numbering 182 men. The catalogue shows a total of 454 men registered Dec. 1, 1894.

DEATH OF DR. L. J. BARROWS.—Dr. Lyman J. Barrows died at his home in Janesville, Wis., January 15, the result of a stroke of paralysis. He was 69 years old, a native of Otsego county, New York, and a graduate of Williams College, in that state, and the Buffalo Medical University. He located in Janesville in 1850, and had been actively engaged in the practice of his profession ever since.

NEAT CALANDER.—Messrs. F. Stearns & Co., of Detroit, have just issued a neat calander which was printed and bound in their own office.

STUDENTS IN PARIS.—At the medical schools at Paris, there are 4242 native and 1002 foreign students; 195 of these are women, of whom 26 only are French.

SEMI-CENTENNIAL OF THE DISCOVERY OF ANAESTHESIA.—The Harvard Odontological Society, in conjunction with the Harvard Dental Alumni Association, held a meeting on December 26th, for the purpose of celebrating the discovery of anaesthesia by Horace Wells, fifty years ago.

ILLEGALITY OF FEE BILLS.—The courts of Kansas have lately decided that any physician who should sue for services would not only lose his fee, but also would be liable to fine or imprisonment or both. This is because a fee bill is in the nature of a trust or combination.

JENNER AS A POET.—Among the autograph letters of Jenner, recently sold in London, was one which shows the humorous side of his character. Writing to a lady to whom he had sent a couple of ducks, he says: "I've dispatched, my dear madam, this scrap of a letter
To say as Miss Kent is so much better,
A regular doctor no longer she lacks,
So I've sent to attend her a couple of quacks."

NEW JOURNALS.—In the United States the birth-rate of medical journals shows no decrease. The Colorado Climatologist is the name of a new journal published monthly at South Denver, Colo., under the editorship of Dr. C. Manley and J. N. Hall, with a goodly list of collaborators. The Vermont Medical Monthly is the name of a new journal which is published at Burlington, Vermont. Another new birth in medical journalism is the Journal of Medicine and Science, which is to be the official organ of the Maine Academy of Medicine. It is edited by Dr. E. E. Holt, of Portland, with the collaboration of more than fifty members of the Academy.

IN COLORADO.—Dr. Edward Jackson of Philadelphia, one of the editors of the Philadelphia Polyclinic, and professor of diseases of the eye in the Polyclinic, has given up his duties and gone to Colorado for his health.

GERMS UNMAILABLE.—Bacteriologists and pathologists should take notice that by the new postal regulations, "disease germs and matters from diseased persons" are unmailable matter, and cannot in the United States be sent by post.

MORE MONEY.—The College of Physicians and Surgeons of New York the Medical department of Columbia College, has received from the Vanderbilt brothers \$350,000 for building improvements, and from William D. Sloane, a brother-in-law of the Vanderbilts, a new maternity hospital for the maintenance of which Mrs. Sloane has promised to furnish the necessary funds.

TRENDELENBERG'S POSITION.—Dr. W. W. Keen, the Professor of Surgery, employs the Trendelenberg chair in all operations about the face, mouth and jaws, and thus avoids the danger and unpleasantness of blood running down the throat. Professor Keen will attend the Tri-State Medical Society at St. Louis, April 2, 3 and 4, 1895, where he will hold a surgical clinic.

THE CENTURY OF THE DISCOVERY OF VACCINATION.—The directors of the German Vaccine Institute are arranging a festal celebration, to be held in 1896, in commemoration of Jenner's discovery of vaccination. It will take place on the occasion of one of the annual meetings of medical men. In connection therewith there is to be an exhibition of old and new vaccine instruments, of apparatus for the preservation of lumph, etc., original manuscripts on smallpox and vaccination, on the inoculation of sheep-pox and cattle plague in pre-Jennerian days, of squibs on vaccination, medals, portraits, and autographs of prominent inoculators, vaccinators, anti-vaccinators, etc. Persons willing to lend objects for exhibition are requested to communicate with Geh. Med. Rath, Dr. L. Pfeifer, President of the Vaccine Institute of the Grand Duchy of Saxony, at Weimar.

WILL OF DR. LOOMIS.—It is announced that by the will of the late Dr. Alfred L. Loomis the Loomis Laboratory is to receive the sum of \$25,000 and the New York Academy of Medicine the sum of \$10,000, the latter to be known as the Loomis Entertainment Fund, a fund that has been much needed by the Academy.

PHILADELPHIA A MEDICAL CENTER.—So far as the number of students is concerned, Philadelphia is the medical center of the United States. There are 2400 students, of which 875 are in the University of Pennsylvania, 700 in Jefferson, 325 in Hahnemann, 300 Medico-Chirurgical; 200 women.

MONUMENT TO CHARCOT.—The pupils and former associates of Charcot in Paris and throughout France, are engaged in raising a fund for the erection of a bronze statue of him in the Salpetriere. This movement is support in Germany and England, and now receiving cordial and material in Italy. It has, therefore, seemed desirable to the neurological societies of New York and Philadelphia that the profession in America join in this testimonial as an evidence of the eminent services of Charcot in neurology and medicine.

THIRD INTERNATIONAL DERMATOLOGICAL CONGRESS.—Dr. George T. Jackson, Foreign Secretary for the United States, informs us that the Congress will not be held this year as proposed. The time of meeting has been postponed because the British Medical Association meets in London this summer, and it was feared by the Executive Council of the Congress that the autonomy and international character of the Congress would be imperiled by holding its meeting at the same time and place, as well as that the necessarily divided interests of the British dermatologists would prevent that full exercise of hospitality to the foreign visitors which they so much desired to extend.

As the next meeting of the International Medical Congress will be held in Moscow in 1896 it is possible that the meeting of the Third International Dermatological Congress may not be held until 1897.

WHAT HOT SPRINGS WILL DO.—The United States Government has established a hospital at Hot Springs, Ark., for the treatment of soldiers and officers of the army. The hospital is now under charge of Surgeon Alfred A. Woodhull, who issues through the adjutant-general's office this circular: "Relief may reasonably be expected at the Hot Springs in the following conditions: In the various forms of gout and rheumatism, after the acute or inflammatory stage; neuralgia, especially when depending upon gout, rheumatism, metallic or malarial poisoning; paralysis, not of organic origin; the earlier stages of locomotor ataxia, or tabes; the early stages, only, of Bright's disease; diseases of the urinary organs; functional diseases of the liver; gastric dyspepsia not of organic origin; chronic diarrhœa; catarrhal affections of the digestive and respiratory tracts; chronic skin diseases, especially the squamous varieties; and chronic condition due to malarial infection. . . The Hot Springs water is contraindicated in all acute inflammatory diseases, tuberculosis, organic disease of the heart or brain, cancer and other malignant disease, aneurism, and all cases where stimulation of the circulation is to be avoided."

THE PRIORITY OF THE DISCOVERY OF ANTITOXIN.—Professor Jaime Ferran, of Barcelona, has called the attention of the editors of the *Deutsche Medicinische Wochenschrift* to a paper by him entitled, "Nota sobre la vacunacion contra el envenenamiento difterico agudo experimental," bearing date April, 1890, in which a safe and practical method of immunizing animals against fatal doses of the diphtheria poison, successfully employed by him, is described. On the basis of this publication, which appeared eight months before Professor Karl Fraenkel's communication on the same subject, Dr. Ferran claims the **priority** of discovery. The Spanish bacteriologist's claim, together with the pieces justificatives, having been submitted to Professor Karl Fraenkel, has been frankly acknowledged by him to be well founded. He says (in a letter pub-

lished in the *Deutsche Medicinische Wochenschrift* of December 27) that after reading Dr. Ferran's paper he has been able to convince himself that the Spanish worker had in fact in April, 1890, reported the result of prolonged experiments on the immunization of guinea pigs against infection with diphtheria bacilli, adding, "there can therefore be no doubt that in this question decisive priority belongs to him." Professor V. Babes, of Buda-Pesth, also lodges a claim on his own behalf. He points out in the same number of the *Deutsche Medicinische Wochenschrift* that, whereas the first communication by Drs. Behring and Kitasato on the immunizing power of the blood serum of artificially immunized animals in the case of tetanus, was published in 1890, in the *Deutsche Medicinische Wochenschrift*, No. 49, 1890, he, in cooperation with Dr. Lepp, had established the same principle as regards "a not less important infective disease" (hydrophobia) in 1889, in a paper published in the *Annals de l'Institut Pasteur*, July, 1889. Professor Babes, however, admits that to Behring belongs the credit of applying the principle to diphtheria. All he claims for himself is that he took a definite part in laying the foundation stone of the great and solid structure which Behring and his fellow-workers have raised.—*Medical Record*.

SUCCUS ALTERANS IN ENGLAND.—Dr. William Richard Goodfellow, M. R. C. S., Roche, Cornwall, England, L. S. A., (London Hospital, Surgeon Roche and St. Anstell United Mines), says: "I have used in practice the preparation known as *Succus Alterans*, and have much pleasure in bearing testimony to its great value. For diseases having their origin in a syphilitic source, I believe *Succus Alterans* to be the one reliable specific, for I may add that invariable success has been met with by me when prescribing the remedy in question, even after the failure of other alteratives. I shall continue to rely on the *Succus Alterans* in all cases I have indicated herein.—*Medical Reprints*, London.

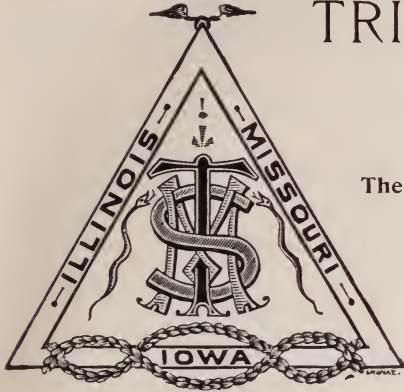
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TRI-STATE MEDICAL SOCIETY

(ILLINOIS, IOWA AND MISSOURI)

The next meeting of the Tri-State will be held
 at St. Louis, April 2, 3 and 4, 1895.



PRELIMINARY PROGRAM

ALLISON, W. R.....Peoria, Ill
 ASH, J. R.....Brighton, Ill
 BABCOCK, ROBERT H....Chicago
 BARRIER, C. W.....St. Louis
 BEARD, CHARLES H.....Chicago
 BINNIE, J. F.....Kansas City
 BROCKMAN, D. C...Ottumwa, Iowa
 CALE, GEORGE W.....St. Louis
 CATTO, W. M.....Decatur, Ill
 CARTER, J. M. G....Waukegan, Ill
 CERNA, DAVID....Galveston, Texas
 CHASE, CHARLES S..Waterloo, Ia
 CONNER, J. J.....Pana, Ill
 COOK, GEORGE J...Indianapolis, Ind
 CORDIER, A. H.....Kansas City
 CORR, A. C.....Carlinville, Ill
 CROWELL, H. C.....Kansas City
 CULLEN, GILBERT I....Cincinnati
 DANA, CHARLES L.....New York
 DAVIS, EDWARD P....Philadelphia
 DEWEES, W. B.....Salina, Kas
 DEWEY, RICHARD.....Chicago
 DORSEY, F. B.....Keokuk, Iowa
 ESCHBACH, H. C.....Albia, Iowa
 ETHERIDGE, J. H.....Chicago
 FERGUSON, A. H.....Chicago
 GANT, S. G.....Kansas City
 GIBBES, HENEAGE....Ann Arbor
 GUTHRIE, W. E....Bloomington, Ill
 HARTLEY, H. A. S....Keokuk Iowa
 HEFLEBOWER, R. C....Cincinnati
 HENROTIN, FERDINAND..Chicago
 HENRY, W. O.....Omaha, Neb

Medical Evils.
 The Influence of Malaria in Rhinological and Laryngeal Work.
 The Open-Air Treatment of Consumption.
 Use of the Lever in Club-Foot.
 Treatment of Trachoma and Trachoma Sequelae.
 Subject unannounced.
 Tuberculosis of Bones.
 Subject unannounced.
 The Uterine Sound and Curette.
 The treatment of Functional Dyspepsia.
 Address: Recent Advances in Therapeutics.
 Food Adulteration—Its Cause and Prevention.
 Report of a Herniotomy.
 Inflammation of the Anal Canal.
 Diagnosis of Intra-Abdominal and Pelvic Pathological Conditions.
 What is Scrofula?
 Subject unannounced.
 Subject unannounced.
 Subject unannounced.
 Subject unannounced.
 Subject unannounced.
 Study of a Family of Four Degenerate Children.
 Injuries to the Pelvic Floor.
 Pleurisy with Effusion.
 Subject unannounced.
 Pathology and Treatment of Appendicitis.
 Treatment of Stricture of the Rectum.
 Parasitic Nature of Cancer.
 Mucocele of the Frontal Sinus.
 Rabies.
 Some Forms of Mastoid Operation.
 Subject unannounced.
 Indications for Laparotomy.

- HOLLAND, T. E. Hot Springs, Ark
HOLLOWBUSH, J. R. Rock Island, Ill
HOLMES, BAYARD. Chicago
HUTCHINSON, W. Des Moines Ia
- JAMES, J. A. J. St. Louis
JACOBSON, HENRY, St. Louis
- KELLY, WEBB J. Galion, Ohio
KELLY, HOWARD A. Baltimore
KEEN, W. W. Philadelphia
- LA FORCE, W. B. Ottumwa Ia
LANPHEAR, EMORY. St. Louis
LEWIS, E. R. Kansas City
LEWIS, BRANSFORD. St. Louis
LOEB, H. W. St. Louis
LOVE, I. N. St. Louis
LYDSTON, G. FRANK. Chicago
M'INTYRE, J. H. St. Louis
MALONE, L. A. Jacksonville, Ill
MATHEWS, J. M. Louisville
MEISENBACH, A. H. St. Louis
MINGES, GEORGE. Dubuque Ia
MILLIKEN, SAMUEL E. New York
- MOONEY, F. D. St. Louis
MEYER, ADOLF. Kankakee, Ill
MOYER, H. N. Chicago
- MUDD, H. H. St. Louis
NORBURY, F. P. Jacksonville, Ill
OLIVER, CHARLES A. Philadelphia
- PAQUIN, PAUL. St. Louis
PATRICK, HUGH T. Chicago
- PARK, ROSWELL. Buffalo
PERCY, JAMES F. Galesburg, Ill
PEARSE, H. E. Kansas City
- PUNTON, JOHN. Kansas City
- REDER, FRANCIS. Hannibal, Mo
RICKETTS, B. MERRILL. Cincinnati
- RIDLON, JOHN. Chicago
ROBINSON, F. BYRON. Chicago
- SISSON, E. ORRIN. Keokuk, Ia
STUCKY, T. HUNT. Louisville
WALKER, EDWIN. Evansville, Ind
WAUGH, W. F. Chicago
WEYMANN, M. F. St. Joseph
- WILDER, Wm. H. Chicago
- WIRT, WM. E. Cleveland, O
- WISHARD, W. N. Indianapolis Ind
WYETH, JOHN A. New York
- Some Thoughts on Elimination.
Subject unannounced.
Osteal Tuberculosis Without Arthritis.
The Economics and Ethics of Reproduction.
Subject unannounced.
Nocturnal Polutions and Spermatorrhea.
When Shall We Amputate.
Subject unannounced.
Professor Keen will hold a surgical clinic.
Subject unannounced.
Subject unannounced.
Ununited Fractures and Bone Lesions.
Subject unannounced.
To Spray or Not to Spray.
Subject unannounced.
Subject unannounced.
Subject unannounced.
Subject unannounced.
Excision of the Rectum vs. Colotomy.
Subject unannounced.
Subject unannounced.
Excision of the Elbow-Joint in Children.
Subject unannounced.
Subject unannounced.
Address on Medicine; The Relation of Infection to the Nervous System.
Subject unannounced.
Electrotherapy of Sexual Neurasthenia.
Prof. Oliver will hold an ophthalmic clinic.
Subject unannounced.
Hysteria and Organic Disease of the Nervous System.
Subject unannounced.
Subject unannounced.
Gastric Neuroses; Their Diagnosis and Treatment.
The Stigmata of Nervous Diseases and Their Utility in Diagnosis.
Subject unannounced.
(a) Epilepsy—Removal of Cerebral Cyst; (b) Typhoid Ulcer, Perforation; Operation.
Subject unannounced.
Address on Gynecology; Observations in the Peritoneum in Fifty Autopsies.
Ophthalmia Neonatorum.
Subject unannounced.
A Clinical Report on Thyroid Extract.
Narcophilia.
Treatment of Chronic Suppurative Middle Ear Disease.
Tumors of the Eyeball with Specimens.
The Hysterical Element in Joint Diseases.
Subject unannounced.
Address on Surgery.

COMMITTEE ON ARRANGEMENTS.

Drs. W. B. Outten, J. H. McIntyre, George W. Cate, H. W. Loeb, A. J. Steele, E. H. Gregory, C. H. Hughes and James A. Close.

CLINICS—Professor Keen will hold a Surgical Clinic; Professor Oliver, an Ophthalmic Clinic.

HEADQUARTERS—The sessions will be held in the Planters' Hotel.

REDUCED RATES—Reduced rates will be given on all railroads. Gentlemen should secure certificates from the local agent.

BANQUET—An elegant banquet will be tendered the visiting doctors by the medical men of St. Louis.

The American Academy of Medicine—Preliminary Program—

The twentieth annual meeting of the American Academy of Medicine will be held in one of the buildings of the Johns Hopkins University, Baltimore, on Saturday, May 4th and on Monday, May 6th, 1895. The headquarters of the Fellows of the Academy and the meetings of the council will be at the Stafford.

The meeting will open at 10 o'clock on Saturday morning with an executive session of the Fellows of the Academy exclusively; the reading of the papers will begin about 11. The morning session will close at 1 o'clock, and the session of Saturday afternoon will extend from 3 to 6. The Reunion session will be held on Saturday evening. By a standing rule the price of the tickets for the supper is fixed at two dollars. Attendance at the reunion session is not confined to the Fellows exclusively, hence any member may bring friends with him by arranging for their tickets with the committee. For the past two years ladies have been present at this session and have added to the enjoyment. The session of Monday will begin with a short executive meeting after which the reading of papers will be resumed; after a recess at 1 the afternoon session will begin at 3 and continue until adjournment.

Members of the profession and others who may be interested in the topics treated by the papers, are cordially invited to attend the open sessions of the Academy.

The following are the titles of the papers that have been promised:

1. The address of the retiring president, J. McFadden Gaston, Atlanta, Ga.
2. "Expert Testimony," Henry Leffman, Philadelphia.
3. "Hospital Management," W. L. Estes, South Bethlehem, Pa.

4. "The Proper Teaching of Physiology in the Public Schools as a Means of preventing Intemperance and Venereal Diseases," De Lancey Rochester, Buffalo, N. Y.

5. "The Problem of Dependency as Influenced by the Chinese in America," W. F. Southard, San Francisco.

6. "What Agencies Conspire to Check Development in the Minds of Children," J. Madison Tyler, Philadelphia.

7. "How to Avoid the Dispensary Abuse?" Emma B. Culbertson, Boston.

8. "Contract Medical Work and Fees," Charles P. Knapp, Wyoming, Pa.

9. "What Shall we do with our Alcoholic Inebriate?" J. W. Grosvenor, Buffalo, N. Y.

10. "Life Insurance in its Relation to one of the Dependent Classes," E. O. Bardwell, Emporium, Pa.

11. "Some Results of Competitive Medical Charity," George M. Gould, Philadelphia, Pa.

12. "Criminal Anthropology," E. V. Stoddard, Rochester, N. Y.

13. Title to be announced, Leartus Connor, Detroit, Mich.

14. "The Increase of Insanity," Gershon H. Hill, Independence, Ia.

15. "A Perfect Consultation," L. Duncan Buckley, New York.

16. "An Analysis of the Reports of the Examinations by the State Boards

The Real Value of the Medicinal Peroxide of Hydrogen Preparations Found in the Market—

My attention having repeatedly been called to several reports and analyses made by different chemists and published by some medical journals, I concluded to examine all the brands of peroxide of hydrogen which I could find on the market, in order to ascertain the real value of each when intended to be used as an antiseptic remedy, both internally and externally.

My opinion is, that a standard solution of medicinal H₂ O₂ must answer the following tests:

1. It should contain at least 15 volumes of available oxygen.
2. The quantity of free acids contained in 100 cubic centimetres should require not less than 1 c. c. and not more than 3 c. c. of normal volumetric soda solution, to be made neutral. Such a small quantity of free acid is not objectionable.
3. It should not contain any soluble baryta salts.
4. It must be free from sediment.

By referring to this table it is easily understood that sample No. 2, "hydrozone," is far superior to any other brand which has ever been made. not only on account of its containing a much larger amount of available oxygen, but also owing to the presence of a small quantity of several essential oils, the respective nature of which could not be determined, very likely because they have been submitted to the oxidizing action of peroxide of hydrogen before being used to make "hydrozone."

It is to be noticed that the brands No. 7 and No. 12 are valueless.

The brands No. 8 and No. 9 are not fit for medicinal uses, owing to the fact that they contain traces of soluble baryta salts.

The brand No. 3 has a heavy sediment of sulphate of baryta, which may be considered inert towards the

Sample No. 14 comes next to sample No. 5, but it is readily seen that the degree of acidity is entirely too large for a preparation which is to be applied to the most sensitive diseased mucous membranes.

Sample No. 11, called "Pyrozone" which contains 11.20 volumes of available oxygen, is quite similar to sample No. 6, with the exception that the latter contains a small quantity of salicylic acid. Very likely the salicylic acid has for its object to increase the bactericide power, but, unfortunately, I fear that it impairs the keeping properties of this preparation.

Brand No. 14, which is sold as a ten volume solution, is really twelve volumes, but it is too acid. Brand No. 5, which is sold as a fifteen volume solution, is really 16.55 volumes, viz.: About ten per cent. above the standard.

The brand No. 2, which is sold without any mention of volume, is really a 27.35 volume solution, viz.: Ninety per cent. above the standard.

None of the other brands come up to the standard, but on the contrary, they run from 35 to 55 per cent below—H. Endemann, Ph. D., Chemist, formerly with the Health Department of New York City, in Times and Register.

BRANDS.		Volume of Available Oxygen, determined by means of a solution containing 5.665 grams of Permanganate of Potash per liter of distilled water.....	Residue obtained from 100 C. C. of Peroxide of Hydrogen dried at 150 degrees C.	Acidity expressed in Cubic centimeters of Normal Volumetric Soda Solution for 100 C. C. of Peroxide.....	Baryta found in Soluble Baryta Salts contained in 100 C. C. of Peroxide.....
No. 1.	John Bene's Peroxide of Hydrogen Medicinal.....	10.50	0.1886	2.19	None
No. 2.	Hydrozone.....	27.35	0.2180	3.11	None
No. 3.	Larkin & Scheffer's Peroxide of Hydrogen Medicinal....	9.65	0.1206	6.75	None
No. 4.	Mallinckrodt's Peroxide of Hydrogen Medicinal.....	9.05	0.1408	1.43	None
No. 5.	Marchand's Peroxide of Hydrogen Medicinal.....	16.55	0.564	1.29	None
No. 6.	McKesson & Robbins' Peroxide of Hydrogen Medicinal.	10.95	0.0540	0.44	None
No. 7.	Merck & Co.'s Peroxide of Hydrogen Medicinal.....	10.50	0.2418	4.57	None
No. 8.	Oakland Chemical Co.'s Peroxide of Hydrogen Medicinal	10.50	0.0332	0.34	0.0017
No. 9.	Peuchot's Peroxide of Hydrogen Medicinal.....	10.60	0.4674	1.77	0.0018
No. 10.	Powers & Weightman's Peroxide of Hydrogen Medicinal	8.40	0.0830	2.03	None
No. 11.	Pyrozone, 3 per cent.	11.20	0.0534	0.76	None
No. 12.	Rosengarten & Sons' Peroxide of Hydrogen Medicinal...	5.10	0.1002	-0.25	None
No. 13.	Smith, Kline & French Co.'s Per. of Hydrogen Medicinal	6.15	0.0880	2.6	None
No. 14.	E. R. Squibb's Peroxide of Hydrogen Medicinal.....	12.40	1.004	12.04	None

THE TRI-STATE MEDICAL JOURNAL

By JAMES MOORES BALL, M. D.

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Vol. II.

SAINT LOUIS, APRIL, 1895.

No. 4.

ORIGINAL ARTICLES.

CLINICAL LECTURE—SEROUS PERIMETRITIS.

BY G. ERNEST HERMAN, M.B. LOND., F.R.C.P.

Senior Obstetric Physician to the Hospital, Etc., Etc. Delivered at the London Hospital
January 14, 1895.

IN beginning the discussion of this subject I wish to state that I have seen a number of cases in which serous perimetritis has been taken for an ovarian cyst. In one case I was called to a medical man's wife, who was suffering from general peritonitis. As the symptoms of this subsided a large fluctuating swelling became palpable on one side of the abdomen. We took it for an ovarian tumour. The error was the more easily fallen into because her husband had thought he felt a swelling there before her illness. One of the most renowned ovariologists in London saw the case in consultation, agreed in the diagnosis, and recommended operation. The operation was postponed, for reasons unconnected with the diagnosis, and in the interval the belly got smaller and softer, and the swelling finally disappeared. In another case I was asked by a medical man to see and take into hospital for operation a case of ovarian tumour. I examined the case, concurred in the diagnosis, admitted the patient into hospital, and fixed a day for operation.

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The patient was put on the table and anæsthetized. But I then found the tumour so much softer and less defined that I decided not to operate, and sent the patient back to bed. The swelling of the belly went quite away. Recently a number of cases have been published by others in books and periodicals, in which the same mistake has been made, and even the abdomen opened, and serous perimetritis found instead of the ovarian tumour which had been supposed to be present. I believe, consequently, that it is common in pelvic peritonitis for little spaces between adhesions to contain serous fluid. If we were obliged to use terms literally, we might call this "serous perimetritis." But in such cases the adhesions are the more important effect of inflammation: a few teaspoonsful of serous fluid are of no consequence. Such cases we call *adhesive perimetritis*. We mean by "*serous perimetritis*" cases in which the serous fluid effused is important by reason of its bulk.

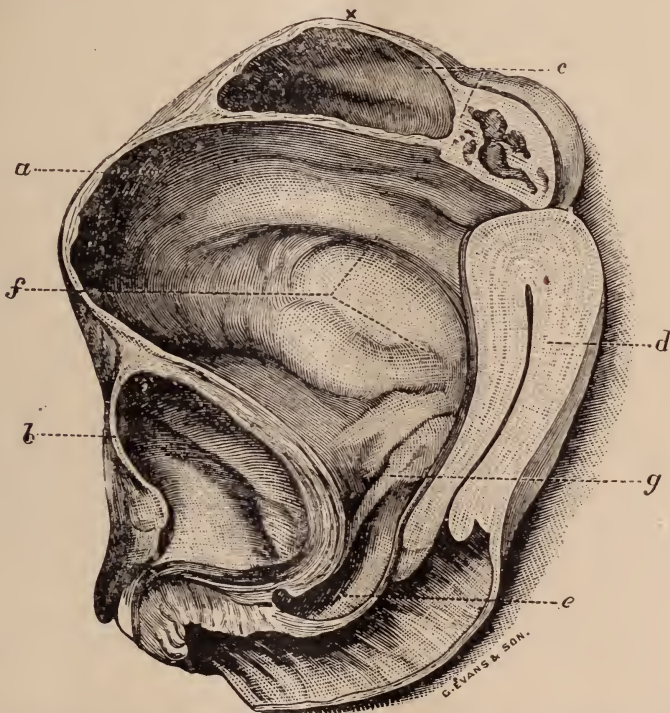
How serous perimetritis is produced. We know nothing of the special causes which produce, in a few cases, large exudation of serum, any more than we know why one pleurisy leads to adhesions and another to great pleuritic effusion. Perimetritis from any cause may be serous. Abscess of the ovary has been observed to cause it. The lymph that is first poured out becomes organized into fibrous adhesions, and then serous fluid is poured out under pressure, filling the space bounded by adhesions, and stretching tensely the parts which bound it. Why is so much serous fluid poured out? This pathological question is interesting, but at present unanswerable. The serous effusion is not a mechanical transudation, like the dropsy of heart disease, for the collection of fluid is so tense, and so displaces parts, that in the later stages of the disease it must be exuded against pressure. The transudation of much serum probably aids, in some way, the struggle of the phagocytes against the microbes, but we do not know how.

Special features of serous perimetritis. Serous perimetritis is important for two reasons: (1) Because it causes difficulty in diagnosis, and (2) because it leads to pressure symptoms. The collection of serum may be either (*a*) above the pelvis or (*b*) in the pelvic cavity. The accumulation of serum (*a*) above the pelvis more often leads to diagnostic difficulties; that (*b*) in the pelvic cavity—*i.e.* in Douglas' pouch—more often causes pressure symptoms.

1. *Diagnosis between serous perimetritis and ovarian cyst.* When fluid is under tension, its reacting pressure tends to make the cavity which contains it round; for the sphere is the shape which contains the largest contents in the smallest periphery. Hence serous perimetritis forms a round fluctuating swelling, which may be either above or behind the uterus, but is always close to it. Now, the most common round fluctuating tumour near the uterus is an ovarian cyst. Hence serous perimetritis has often been taken for an ovarian cyst. It is especially likely to be taken for an ovarian cyst if it is above the uterus, and not in the pelvic cavity; but it may, when in the pelvis

be mistaken for a cyst. Operation has often been advised for tumours which proved to be serous perimetritis.

The points in diagnosis are these: (1) In serous perimetritis the formation of the tumour is preceded by symptoms of inflammation—pelvic pain and fever. Small ovarian tumours cause neither pain or fever. (2) The tumour formed by serous perimetritis is fixed; a small ovarian tumour is moveable. (3) The tumour of serous perimetritis is usually bounded in front by coils of bowel matted by adhesions; therefore it is generally resonant on percussion, while an ovarian tumour is dull. Attention to these points will, in most cases, prevent serous perimetritis being mistaken for an ovarian tumour.



DRAWING FROM NATURE OF A PERIMETRIC EFFUSION IN FRONT OF AND ABOVE UTERUS.
By Permission of DR. W. S. GRIFFITH.

- | | |
|-----------------|---|
| a Cavity. | e Fluid pressing down between uterus and bladder. |
| b Bladder. | f Broad Ligament. |
| c Cystic Ovary. | g Ureter. |
| d Uterus. | x Point where Fallopian tube was adherent. |

Complex cases. But cases occur in which it is impossible to immediately say whether a pelvic tumour is ovarian or due to serous perimetritis. Perimetritis may occur in a patient who has an ovarian tumour. Then the tumour will be fixed; there will be a history of pain and fever; bowel may become adherent in front of the tumour, or the contents of the tumour may decompose and liberate pus, and the tumour will then become resonant in

front. In such a complex case the only criterion is the effect of treatment. Keep the patient in bed for a fortnight, and let the abdomen be painted daily with tr. iodi. If the tumour is ovarian, no difference will be produced; if it be serous perimetritis, at the end of a fortnight of this treatment it will be softer and smaller.

This diagnostic difficulty is of some historical importance, for probably some, at least, of the cases recorded by old writers in which ovarian tumours were thought to have been cured without operation, were cases of serous perimetritis.

Diagnosis of serous perimetritis from hæmatocele and from abscess. A serous effusion, an effusion of blood, and a collection of pus in Douglas' pouch, present the same physical signs. An effusion of blood into the peritoneum very seldom forms a tumour so large and tense as that sometimes seen in serous perimetritis; for in great intra-peritoneal bleeding the blood lies free among the bowels, and does not form a circumscribed tumour; and intra-peritoneal hæmorrhage small enough to be limited to the pelvis does not greatly displace the uterus or form a tense tumour. Hæmorrhage into the cellular tissue underneath the peritoneum forms a tumour, having the character of a parametric swelling, not of an intra-peritoneal effusion.

The diagnosis between a retro-uterine intra-peritoneal swelling containing *blood*, and one containing *serum*, is made by the history. Serous perimetritis is preceded by fever and pain; internal hæmorrhage comes on suddenly with faintness and pallor. An *abscess* behind the uterus, whether in the peritoneal cavity, the tube, or the ovary, if large enough to form a tumour like that of serous perimetritis, can only be distinguished from it by (*a*) its clinical course, which is that it shows no tendency to absorption; and (*b*) by puncture. Abscess behind the uterus is commoner than serous effusion.

Coagulum in serous perimetritis. Very rarely the serous effusion contains a fibrinous coagulum. Then the tumour will not distinctly fluctuate, but will feel solid or nodular. The possibility of some tumour other than an ovarian cyst will suggest itself. The diagnosis of this rare form of serous perimetritis cannot be made until the cavity containing the coagulum has been opened.

Pressure symptoms. The tumour of serous perimetritis is *fixed* in the pelvis, and the fluid is under tension. It may cause (*a*) protrusion of the posterior vaginal wall at the vulva, by pressing Douglas' pouch down; (*b*) retention of urine, by driving the uterus so forward that it compresses the urethra; (*c*) painful and difficult defæcation, and even obstruction of the bowels, by its pressure on the rectum; (*d*) elongation of the cervix by stretching over the front of the tumour, and (*e*) sloughing of parts of the cervix, vagina or rectum.*

* For evidence of these and former statements, see Williams, "Obst. Trans.," vol. xxvii.; Routh, "Obst. Trans.," vol. xxviii.; Griffith, "St. Bart. Hosp. Reports," vols. xxi. and xviii.; Duncan, "Obst. Journal," 1878, and *On Perimetritis and Parametritis*; Doran, "Obst. Trans.," vols. xxxi. and xxxiii.

The course of serous perimetritis. Inflammation which leads to large and serous effusion is of a severer kind than that which ends in adhesions—that is, there is greater fever, greater prostration, and the disease lasts longer. Serous perimetritis is sometimes fatal. Its termination greatly depends on treatment. If pressure symptoms are relieved, and, if in relieving them, antiseptic care is taken, dangerous effects will be averted. Remember that the serous effusion is an *effect* of the inflammation, and indicates that the stress of the disease is past and gone, the invading microbes have been defeated, and the work of the organism is to repair the damage they have done.

Treatment of serous perimetritis. So long as the tumour is not large enough to cause pressure symptoms, no treatment other than medical treatment is required. Under such treatment (the chief thing in which is rest in bed) the serum will be absorbed and the tumour disappear.

If pressure symptoms are urgent, the size of the tumour must be lessened by removing the fluid. Even if you are in doubt as to the nature of the tumour, as it is fixed in Douglas' pouch (and serous perimetritis does not cause pressure symptoms unless it is within the pelvis), no greater harm can be done by puncturing it here than by opening the abdomen. You may tap it with a fine trocar, or aspirate it. I think the former better, because the strong suction of the aspirator more quickly withdraws fluid, and causes greater disturbance of the parts. The advantage of using a fine needle is that there is less danger of wounding a vessel in inserting it. The disadvantages are (1) that the only information which either trocar or aspirator gives is the nature of the fluid inside the tumour; and (2) that if the tumour contains fibrinous coagula, they will not be got rid of. I think it is better to cut through the posterior vaginal fornix with scissors, to an extent enough to admit two fingers, then to cautiously make a small hole in the wall of the tumour, and enlarge this by tearing first with one finger, then with two. Thus all fluid and clot can be withdrawn. Then examine the interior of the cavity, empty it, and either put in a drainage tube or pack the cavity loosely with iodoform gauze, letting the end of the gauze hang down in the vagina. Daily wash out the cavity with a non-poisonous antiseptic. It will gradually close.

When serous perimetritic exudation is situated above the pelvis it does not cause pressure symptoms, and medical treatment is all that is required; rest in bed with laxatives and counter-irritation if there be pain.

Small-Pox Among Horses In Halifax. An epidemic is raging among horses in Halifax, N. S., and the disease is contracted by human beings who come in contact with the infected animals. Veterinarians pronounce the affection equinal smallpox. The government veterinary surgeon has the disease in his right hand. He says the disease is atmospheric and any animal is liable to contract it.

REPORT OF A CASE OF ABDOMINAL PREGNANCY, COMPLICATED WITH PYO-SALPINX—LAP- ARATOMY, RECOVERY.*

BY H. T. WILLIAMS, M. D., OF ROCHESTER, N. Y.



UR patient was Mrs. Geo. L., 29 years of age; married nine years; one child, now 8 years of age.

Menses irregular ever since birth of child. Menses ceased last December; some morning sickness followed; she increased in flesh. This increase was more noticeable after the sixth month. The abdomen increased in size until fore part of last April, when she had a sudden flow of water from her vagina which continued all of one day. Since that time her abdomen has gradually diminished in size; but ever since the flow of water from the vagina, she had had occasional sharp, shooting pains through the abdomen. Last July, noticed that her breasts were very large and contained considerable milk for two weeks, when it gradually disappeared and breasts grew smaller until at the time of her admission to hospital they had reduced to their normal size.

In August last, for two days, had severe pains in abdomen, which resembled labor pains; since then she has been comparatively comfortable, with the exception of occasional slight pains. In the early part of August, a few days after the attacks of severe pain, she menstruated normally, the flow lasting four or five days; she menstruated again September 1st, one week before operation.

Vaginal examination reveals a tumor somewhat irregular in shape, lying above and to both sides of the uterus, but by far the greater part of it to the right of the womb.

She was operated upon September 10, 1894. An incision three and one-half inches in length was made in the median line. The fetus (a male) was found covered with the amniotic sac (which was empty and firmly adherent to fetus) lying in the abdominal cavity on top of the fundus of uterus, and in many places adherent to intestines, which, however, were stripped off without much difficulty and the fetus easily removed. It was about the size of one of five months, but had evidently been dead for some time, and was considerably shrunken and macerated. One hand is adherent to top of cranium. The head is somewhat irregular in shape, rather triangular, and apparently there are no eyes, ears or nose, although this is undoubtedly due to the fact that the amniotic membrane is now so firmly adherent to the head and so much thickened as to obliterate them.

* Read before the Central New York Medical Association, Buffalo, N. Y., October 16, 1894. From the *Buffalo Medical Journal*, condensed.



1. Tube and Placenta.

2. Ovary.

3. Pus Sac.

4. Head, with left hand adherent.

WILLIAMS—ABDOMINAL PREGNANCY.

The placenta, which is of good size, was found in the expanded Fallopian tube, to the right of upper part of fundus of uterus. The umbilical cord passed through an opening in the tube to the umbilicus of the child. A part of the tube near the placental attachment was sacculated and contained several ounces of pus, which burst during removal, and some of the pus escaped into the abdominal cavity; the ovary on that side (the right) was healthy, but had to be removed with the tube. There were not many troublesome adhesions, and the tube with the placenta and ovary was ligated with silk ligature three-fourths of an inch from uterine attachment and removed, and the stump cauterized with paquelin cautery. Very little bleeding occurred during any part of the operation. The left ovary and tube were healthy and were not removed; the abdominal cavity was flushed with two or three quarts of warm sterilized water. The incision in peritoneum was closed with fine running catgut suture. The aponeuroses and small amount of muscular fibers closed with five silkworm gut sutures, which were tied with two knots, then cut short and allowed to remain; then a few intermediate medium-sized catgut sutures through anterior aponeurosis of muscles to perfectly approximate the two surfaces. Several large-sized catgut sutures were then passed through the skin and down to aponeurosis of muscle and the skin and then closed over the silkworm-gut sutures, in this way completely burying them; a few intermediate fine catgut sutures through skin entirely closed incision, approximating the surfaces nicely. This method of closing the incision in laparatomies is one I have used in a number of cases recently, and have been greatly pleased with the results. In all but two cases union has taken place by first intention, and in these two cases (of which the above case is one) only the skin separated for a short distance, but no separation of the muscles took place; the silkworm gut remains strong and unirritating, and it is almost impossible for a hernia to occur.

The patient made a rapid and uneventful recovery, with very little constitutional disturbance of any kind. The highest temperature, 100.4-50, occurred on the fourth day after the operation, and dropped to 99° after a free movement of the bowels had taken place. She was allowed to get out of bed on the twelfth day, and at the end of the third week was able to walk about.

19 CLINTON PLACE.

A Chicagoan Honored In India. Frank Van Allen, a young Chicago physician who went to India six years ago as a medical missionary, has been appointed bench magistrate of the city of Madura, India, by the British government, an unusual honor for an American. Dr. Van Allen has made a brilliant record as a physician, having established a dispensary where during the past year he treated 29,000 cases many of them from a distance, in one instance a woman being brought forty miles on a stretcher. He is now raising funds for a hospital.

TREATMENT OF DIPHTHERIA: PAPAIN: ANTI-TOXINE.

BY L. W. CAPE, M. D., OF ST. LOUIS.



ON December 25th '94 I was called to see G. M., age 20 months, whom I found suffering with diphtheria. I at once placed patient on usual internal treatment and used papain locally, although I could not apply it to membrane of pharynx as thoroughly as desired. I found that I could perceptibly dissolve membrane of that part, while the membrane in the most was completely dissolved.

On January 2nd '95 I was called to see R. O., who had been under domestic remedies for about forty-eight hours. Found membrane distinctly formed on tonsils and posterior pharyngeal wall. Used papain and next morning the membrane was materially thinned. So much so that I was somewhat doubtful of my diagnosis; however at this juncture the patient became somewhat rebellious and we were unable to use papain efficiently. The membrane became thick and came away in shreds.

To avoid details will say, that in the succeeding four members of the family who became affected we were able to apply the papain more or less thoroughly. The father being one of the victims we were enabled to make a thorough test of the papain, and found that we could keep the membrane almost completely dissolved though it continued to form for about five days. In this case there was a minimum systemic infection. All recovered; the only sequela being a post-diphtheric paralysis involving the palate in two of the children.

My internal treatment consisted of tincture of the chloride of iron and bichloride of mercury combined, alternating with benzoate of soda. In the mean time I kept the membrane dissolved as thoroughly as possible, allowing the medicine to pass over a very thin membrane and giving no drinks immediately afterward.

The seventh patient, M. W., age 7 years, I was called to see on Jan. 25th. Found patient with membrane on tonsils and soft palate. Had been sick for thirty-six hours, temperature 102° ; pulse 118; respiration 24. At 10 p. m. gave $12\frac{1}{2}$ c. c. of anti-toxine; prescribed a calomel purge and four per cent. boric acid irrigation. Returned at 11:55 a. m. next day and found pulse 99; respirations 21; temperature $100\frac{1}{2}^{\circ}$. Patient was calling for soup, very little change in membrane. Gave another $12\frac{1}{2}$ c. c. of anti-toxine; returned next day at 11 a. m. and found temperature $98\ 9-10^{\circ}$; pulse 93; respirations 21; membrane still intact but of a much whiter color and

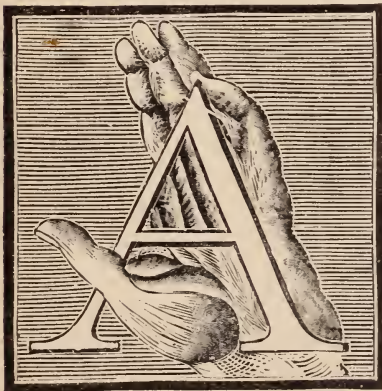
softened appearance. On the following day at 12 M. found membrane almost completely gone and patient feeling well with a good appetite. On the following day there was no vestige of membrane. After the twelve hours succeeding the first injection the patient's suffering was practically over, the only trouble being to prevent his eating too much. All the patients recovered without any untoward symptoms, and with very little lymphatic involvement.

They were all undoubted cases of diphtheria, the fifth and seventh being verified by Dr. Ravold, a bacteriologist. I will say in conclusion that in my opinion we have in anti-toxine a remedy, in which the medical world and suffering humanity may well rejoice. In the absence of anti-toxine we have in papain an excellent remedy and I believe that by a combination of the two we can practically rob that dreadful disease of its horrors. *Papain will destroy the membrane* and I think thereby modify the focus of infection, while anti-toxine it seems will antidote the toxemia.

AN APPARENTLY TRIVIAL INJURY OF A CHILD SERIOUSLY AFFECTING THE BRAIN.

BY I. N. LOVE, M. D., OF ST. LOUIS.

Professor of Clinical Medicine and Diseases of Children Marion-Sims College of Medicine; Professor of Theory and Practice, Woman's Medical College; Editor of Medical Mirror.



CASE recently coming under observation of a boy of eight years, who had been treated for three weeks for a low fever accompanied by a constant severe head pain as the most prominent symptom, has emphasized the importance of eliciting a complete history in every child where obscure symptoms persist continuously and where there is the least symptom pointing toward the brain or other vital part. The child had been taken with nausea and vomiting, and after he had been ill for several days the family physician was summoned, and found patient with a temperature a shade over a hundred, a coated tongue and marked pain in the head over the superior and posterior portions. Considerable malaria had been prevalent in the community and a diagnosis of malarial poisoning was made. Instructions were given to move the bowels, and quinine was administered together with bromide of potassium to relieve the headache. The mother had gone through parturition the day before, and it was the special anxiety of the family for her not to be apprised of the sickness of her boy. Indeed, the domestic conditions were such that he received very little attention for four or five days

thereafter, and being a manly little fellow, he uttered few complaints. By the ninth day of his illness the conditions had assumed such importance as to require complete attention. It was then realized that there was serious involvement in the case. The family physician, being a conscientious man, made a careful examination but could not determine the exact nature, and suggested a consultation.

On my first examination I noted a distressed expression of countenance, wrinkles and lines upon the upper part of the face about the eyes and across the forehead, a pronounced frown, coupled with an evident expression of mental obtundity. Photophobia was pronounced. The family physician and the nursery maid were of the opinion that his fever had not been continuous from the beginning, but that there had been an every other day expression of it (though it was admitted that the temperature had not been taken), and at no time did the fever seem high. The secretions were evidently perverted; tongue was coated and mouth dry. Upon opening of the eye lids there was evidently a slowness to respond, though the light in entering the eye caused pain. The head pain had been interpreted as neuralgia. Pressure about the scalp and face elicited no tenderness at any point. An interrogation of the various other organs of the body developed nothing.

Mentally my diagnosis was made that our case was one seriously involving the brain. With a view to more completely elicit the history, I abruptly addressed the query to the housemaid, "Has this boy had a fall upon his head?" The suddenness of this question resulted in its prompt answer in the affirmative by her to whom it was addressed. It was soon ascertained that on the day following the confinement of the mother, the boy, playing in the yard, had fallen from an out-building to the ground below upon his head. He was not knocked senseless, but vomited slightly shortly afterwards. The effort on his part and that of the servant was to suppress the fact for fear of worrying the mother. The child played about somewhat for the next day or two, though very evidently considerably upset. By the time the family physician was summoned the facts of the fall had been forgotten. The diagnosis,



I. N. LOVE, M. D., OF ST. LOUIS.

physician was summoned the facts of the fall had been forgotten. The diagnosis,

of course, was clear with a history of a fall upon the head, followed promptly by vomiting and shortly thereafter the development of severe pain in the head. With the mental and general obtundity and a continued elevated temperature, though not high, and the facial expression before us, there could be no question.

A prompt and thorough purgation was advised by means of calomel, shaving of the head was ordered and the application of a fly blister over the posterior and superior part of the scalp. We then decided upon the administration of an opiate, accompanied with ergot to secure complete rest and as thorough contraction of the vessels carrying blood to the brain as could be. The child was wonderfully relieved within the next twenty-four hours; the temperature was lessened by a degree, it having been 101° immediately prior to the treatment applied. Twelve hours of pronounced sleep and freedom from pain was secured and an uninterrupted recovery resulted. Care and judicious continuance of remedies for meeting the indications, of course, was necessary for one or two weeks thereafter.

The lesson which I re-learned from the patient was that in every case of continued fever in a child, particularly if the temperature does not range high, we have an obscure disease to contend with and need more to be on the alert than if our case is well defined and typical.

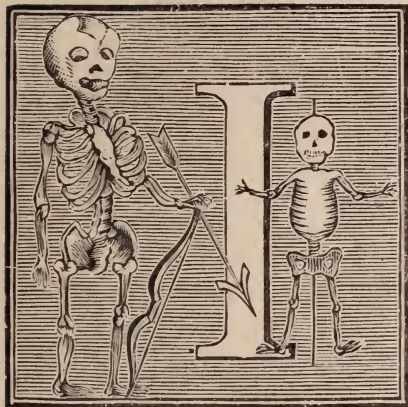
The facial expression of a bright and cheerful boy cannot be too closely scanned; persistent frowning and corrugation of the upper territory of the face, with general mental obtundity and persistent pain in the head, point in only one direction, the brain. In the home all the conditions should be investigated. The physician should play the part of a detective, and all the witnesses of the household, as well as those which are included in the personality of our patient, should be subpoenaed and closely catechized. Vomiting, where there is no reason in the stomach, can safely be referred to the brain.

The above case of injury to the meninges of the brain, followed by congestion and a sub-acute inflammation, could have been prevented by a prompt recognition and prompt meeting of all the factors in the case in the outstart.

Missouri Medical College. Sixty young doctors received their diplomas at the fifty-fourth annual commencement of the Missouri Medical College, which was held in the Germania Theater, March 19th. A large audience filled the hall, and the stage was a bank of lovely flowers festooned, garlanded and gathered in rich and odorous profusion. The following programme was carried out, omitting the choice musical selections: Prayer, Rev. E. B. Chappel, D. D.; conferring the degree of "Doctor of Medicine" by Prof. P. G. Robinson, M. D., L. L. D., dean of the faculty; presentation of diplomas, by T. F. Prewitt, M. D., president of the the Board of Trustees of the college; presentation of prizes, by Prof. H. Tuholske, M. D.; class poem, John Zahorsky, M. D.; faculty valedictory Prof. W. Hudson Ford, M. D., "The Present Status and Needs of Medicine."

EXCISION OF THE MALLEUS AND INCUS.*

BY ROBERT C. HEFLEBOWER, M. D., OF CINCINNATI, OHIO.



IN this paper upon the removal of the membrana tympani and the two larger ossicles, I shall refer to the history of the operation, in as brief a manner as possible, and give the views of those operators who have had experience with it. The operation of puncturing or making an opening in the drum membrane is a very old one, but that of removing the ossicles is of more recent date. Sir Astley Cooper is usually supposed to have been the originator of the operation, but about 150 years before his

time Johannes Riolanus,¹ of Paris, in the year 1650, observed the case of a deaf person whose hearing had been completely restored by the accidental perforation of the membrane by an ear spoon.

While dissecting the body of a man whom he had known in life, and who was known to have heard well, Cheselden, of London, in 1722, observed the membrana tympani to be half gone. He says, "Yet this man heard perfectly well." He was lead to destroy the membrane in each ear of a dog, and he was surprised to see that it did not abolish hearing, but on the other hand for some time the animal received strong sounds with great horror. Cheselden likewise refers to a case of St. Andre's, the anatomist, where the membrane was destroyed by disease, and one of the ossicles came away, without destroying the hearing. Cheselden seems to have been much impressed with his observations, and obtained permission to perform the operation upon a prisoner, who was to have his freedom in case he did not die from the operation. Much to the chagrin of the surgeon, however, the prisoner became too ill to have the operation performed.

In 1748 Dienert, of Paris, recommended paracentesis of the drum membrane to remove blood and pus from the tympanic cavity.

Eli, in 1760, appears to have been the first who performed the operation for the purpose of relieving deafness.

In 1788, Degravess, of Edinburgh, performed the operation, but it is unfortunate that the result is not given.

In 1800, quite independently of one another, two men performed the operation, as of special value in closure of the Eustachian tube; these men were Himly, of Braunschweig and Sir Astley Cooper. It was as late as

* Read before the Mississippi Valley Medical Association Hot Springs, Arkansas, Nov. 23, 1894.

¹ Roosa's Treatise on Diseases of the Ear, 1891, for much of the historical matter.

1806, however, that the former operated upon the living subject, but he reported a brilliant result from it then.

In 1797 Sir Astley Cooper reported a case of loss of the membrane and portions of the ossicles from suppuration, in a medical student, whose hearing remained good.

Cooper recorded four cases of partial deafness relieved by a puncture of the drum. His fame became noised abroad, as a result of these cases, and deaf persons from all parts of Europe besieged him for relief, but after operating on fifty additional cases with results more or less negative, he declined to treat more of them. Cooper's operations and results induced many other followers in his footsteps, but results did not warrant a continuation of this method.

Hunold, of Capel, punctured every membrane that presented itself to him, that would permit the operation, and claimed most excellent results in 70 cases out of 100. It was afterwards proved that he exaggerated his results and that real benefit was actually limited to a very few cases. Reports of these cases set the medical world ablaze with enthusiasm in this line, and everybody whose hearing suffered even the least departure from the normal, deaf mutes included, not only permitted the operation to be made, but actually sought it. The fad soon after died a natural death.

France did not escape from the perforation craze, and Itard, Boyer and Delau all handled the subject. Itard reports one case of improvement and 170 cases of negative results. He states that chronic suppuration may occur from the puncture. Delau reports 18 successful results out of 25 upon deaf mutes and others. This is more than doubtful.

Hendriksz, of the University of Gröningen, wrote a dissertation upon the subject in 1828, and says in some of the deaf and dumb institutions in Berlin, Vienna and Gröningen, the operation of perforation was made. In the last place, alone, 81 mutes were operated upon, and in 17 cases more or less betterment followed. This is difficult to believe.

Valleroux related, in 1843, two cases of death from the operation, and mentioned its dangers.

Wilde, in his text book, defends the operation.

In order to keep the opening patent, many were the contrivances to be inserted into the opening, such as eyelets, bougies, tubes, etc. Their use was not unattended by danger, for cases have been recorded where these bodies have passed into the tympanic cavity and created considerable disturbance.

Wreden, in 1867, removed the membrana tympani and at the same time excised the handle of the malleus, upon the principle that the membrane derived its chief supply of blood from along the handle, and that there would, therefore, be less probability of regeneration and consequent closure.

Voltolini employed the galvano-cautery to effect the opening, and though the operation did not aid the hearing, it seemed to show that the puncture

made in this manner would remain open longer than when made with the knife.

Gruber, in 1868, called attention to an operation, termed by him "myringodectomy," made by excising a flap of the membrana tympani.

Weber, in 1868, recommended tenotomy of the tensor tympani and severing such abnormal adhesions as might occur about this muscle, and later also advised that the ossicula be freed from abnormal adhesions. As to the method of dividing the tensor tympani there has been much discussion, but like in every other operation where there are several ways of accomplishing the same end, each particular method has its own adherents.

In the year 1871, Mr. Prout performed the operation of relieving adhesions between the promontory and the end of the handle of the malleus, and reported a good result.

Schwartz², after stating that the excision of the membrane and the ossicles is at present mostly employed in obstinate suppuration, says, "The fact that in consequence of a purulent process the hammer and anvil may be thrown off without any high degree of deafness resulting, must lead to the thought that otherwise irremediable hindrances in the conduction apparatus of the tympanum, lying outwards from the stapes and apparently caused by immobility of the hammer and anvil, might be remedied by the excision of these ossicles. My first experience with excision of the membrana tympani and extraction of the hammer, for sclerosis, dates back to 1873. The temporary result was unquestioned, but it was gradually lost by regeneration of the membrane."

In conjunction with the above, I would only refer to Kessel's method of preventing regeneration of the membrane by resecting a portion of the bone from the sulcus tympani by means of a chisel.

The revival of so useful an operation in America is due to the efforts of Drs. Sexton, of New York, and Burnett, of Philadelphia. As long ago as 1886 the former began his work in this line, and the Transactions of the American Otological Society³ for that year describes the operation and its results. About the same time or a little later, if I mistake not, Burnett also began his investigations, and the two have reported a large number of favorable results.

In the Archives of Otology,⁴ 1891, Sexton reports a series of cases of excision, showing excellent results, and in his work⁵ on diseases of the ear he records a series of cases, giving in tabulated form the conditions and the results.

In 1889 Burnett⁶ reported a case of necrosis of the head of the malleus,

² Schwartz, *Lehrbuch der chirurg. Krankheitend.* Ohres, Ed. 1885, p. 279.

³ *Trans. Am. Otol. Soc.*, 1886.

⁴ *Archiv. Otol.*, 1891.

⁵ *The Ear and Its Diseases*, Sexton.

⁶ *Med. News, Phila.*, 1889, vol. lv., p. 482.

causing chronic purulent otitis media and partial deafness, cured by the excision of the malleus and the membrane. In 1891⁷ he reported a case of chronic catarrhal deafness, progressive in character, in which a very satisfactory result was obtained by excising the membrane and the ossicles.

Colles,⁸ in 1891, reported that he had obtained, in three cases of chronic suppuration with deafness, cure of the discharge and decided improvement in the hearing.

Milligan,⁹ in 1892, reported four cases of excision of the membrane and the ossicles to relieve chronic suppuration and deafness, with complete cure of the former and marked improvement of the latter.

Jack,¹⁰ in 1892, reported three cases in which he removed the membrane and the ossicles on account of chronic suppuration, and gives the following deductions:

1. The removal is attended by but little annoyance to the patient.
2. The operation often produces marked improvement in the hearing.
3. Satisfactory results may be expected towards the relief of tinnitus and vertigo.
4. The results of the operation seem to be permanent.

Among those who reported the earliest results are Kessel, of Graz, and Lucae, of Berlin. Both have published very interesting reports, but that of Lucae is of especial interest, as he gives the details of each individual case.

INDICATIONS FOR THE OPERATION. Though there is a marked difference of opinion as to the value of the operation, there is but little as to the indications for its performance. Schwartze¹¹ says: "Excision of the hammer and anvil is indicated:

- a. As a means to be employed in chronic otorrhœa,
 1. With caries of hammer and anvil.
 2. In chronic suppuration of the atticus tympanicus, without positive signs of caries of the hammer and anvil.
 3. In cholesteatome of the tympanic cavity.
- b. For improvement of hearing and relieving subjective noises,
 1. In fixation of the hammer by total calcification of the membrana tympani, ankylosis of the hammer-anvil articulation, or synchia of the membrane with the promontory; but deeper hindrances to sound conduction, such as synostosis of the stapes and labyrinth affections, must be excluded. The patient must be able to hear the voice.
 2. In incurable closure of the Eustachian tube, where it is observed that an exploratory puncture of the membrane yields temporary improvement of hearing.

7 *Ibid.*, vol. lix., p. 14.

8 *Am. Jour. Med. Sci.*, 1891, vol. ci., page 477.

9 *Lancet*, Lond., 1892, vol. i., p. 136.

10 *Bost. Med. and Surg. Jour.*, 1892, vol. cxxvi., p. 545.

11 *Handb. der Ohrenh.*, Leipzig, 1893, vol. ii., p. 76°.

3. In sclerosis of the tympanum without indications of nerve-deafness, where after the use of the catheter there is each time an objective improvement of hearing, and a diminution of the subjective noises."

Bürkner¹² says: "The excision of the hammer and the anvil is indicated in sclerosis only when there is ankylosis between the two bones, the labyrinth is intact, and there is no synostosis of the stapes, so that after the removal of the hindrance to conduction, the stapes will be able to perform its excursions properly."

According to Burnett,¹³ the indications for the operation are as follows:

1. The deafness, tinnitus and vertigo of otitis media catarrhalis chronica, especially when adhesions exist between the membrane and promontory or there is evidence of synechia between the ossicles.
2. The suppuration, deafness, tinnitus, vertigo, headache und recurring earache of otitis media purulenta chronica.

Sexton gives practically the same indications as Burnett, and my own experience leads me to believe that they embody the entire class of cases that can be relieved by this operation.

Removal of the stapes is strongly advocated by some, among them Burnett and Jack, but my experience has been that it is in no way preferable to the removal of the two larger ossicles, and is greatly more dangerous, both to the hearing and the life of the patient.

PREPARATION OF THE PATIENT:

It is my custom to require the patient to remain quiet for at least a day before the operation, and to take a large dose of the citrate of magnesia solution so as to clean the intestinal canal as thoroughly as possible. The diet is a light one, and no stimulants are permitted.

THE INSTRUMENTS: For performing the excision I employ the set of instruments devised by Dr. Jack, of Boston, for the purpose of stapedectomy, as being, with some certain modifications of my own, those best adapted to the purpose.



ROBERT C. HEFLEBOWER, M. D.,
OF CINCINNATI.

pose. A large-sized ear speculum, one pair of bayonet-shaped ear forceps, one sliding angular foreign-body forceps, one pair of angular forceps, a knife for incising the membrane, a tenotome for the tensor tympani, two or three angular lance-shape knives for separating articulations, two incus hooks—one

¹² Lehrb. d. Ohrenh., Burkner, 1892, p. 194.

¹³ Jour. Am. Med. Ass'n, 1891, vol. xvii., p. 475.

right and one left—plenty of cotton-holders, and a good light. The electric lamp is very excellent for this work, but it has very serious drawbacks. It easily gets out of order, and may fail at the most important point of the operation. Then, again, storage batteries are a constant source of annoyance, and are quite as likely to refuse to work properly as the lamp. After all, the question of light is to a large extent one of individual preference. I use a lamp with an argand burner, the so-called German student lamp, with a bull's-eye condenser, and the ordinary head mirror, and find the combination to answer every purpose. I sometimes use ordinary daylight, but on the whole find the lamp preferable.

THE OPERATION: The ear is to be thoroughly syringed, and afterwards dried with cotton. The anæsthetic I usually employ is chloroform, though I have also used cocaine solution in the strength of ten per cent. This is applicable in cases of chronic suppuration, where the ossicles are not bound by adhesions to any great extent.

The patient is placed in the operating chair, in a sitting posture, and the anæsthetic applied; when thoroughly under, the operation begins.

The first step is to incise the entire circumference of the membrane with the knife for that purpose. This is not a difficult matter in chronic catarrhal and sclerosed conditions, where the tense membrane gives a distinct sound as the knife is thrust through. Only the point should be used for this purpose, as the inner wall of the tympanum may otherwise be injured. The next step is to sever the tendon of the tensor tympani. This is accomplished with the tenotome, and is followed by the separation of the incus from the stapes. This is done by passing the bent spear-shape knife down the process of the incus until it reaches the articulation, when the latter may be easily separated. The malleus is then freed throughout its entire circumference, adhesions destroyed and the bone separated from its surroundings, and it can be readily removed with the foreign-body forceps or a snare passed around the handle. The incus is next freed and removed with the forceps, in like manner. After the incus is freed, it not infrequently drops back out of sight but the hook can be turned gently around in the cavity, and the bone brought to view. It frequently happens that the incus is not readily dislocated, and that some considerable amount of force is necessary to effect its removal. This may be made without any danger, but the hook must always be passed from below, and in a direction backwards and upwards, so as to avoid as much as possible the possibility of interfering with the stapes.

The tympanic cavity is now cleansed of all blood, and a very narrow strip of iodoform gauze inserted into the meatus, well down into the tympanum.

AFTER TREATMENT: The after-treatment is very simple, and consists of merely keeping the patient quiet for two or three days, and avoiding stooping or other exertion of a similar nature. The strip of gauze is to be removed after 24 hours, and a fresh piece inserted. If there is any discharge,

the ear is to be syringed gently, and afterwards dried with a little cotton. In case there is an elevation of temperature, the citrate of magnesia solution or a little phenacetin may be given.

There is nearly always some suppuration after the removal of the ossicles, but this ordinarily does not amount to much, and it lasts but a short time; in some cases there is no discharge. Of course, I refer now to those cases operated for chronic catarrhal deafness. In those operated to relieve chronic suppuration, the period of discharge is longer and variable.

I desire to refer to a series of cases treated during the last year and a half, where I have made the operation of removing the ossicles for various purposes, and give the results obtained. The cases I report are not selected to show the beneficial results, but are taken from my record book just as they occur, and in the order they presented themselves for treatment. The cases were seen by others than myself, both before and after the operation, and the results verified by them.

CASE I. Woman, 49, has had chronic catarrhal deafness 12 years, and is gradually becoming worse. She is able to hear only a very loud conversational tone, and even this is heard with difficulty in the left ear. Examination shows thick and opaque membranes in both ears, and the left a little retracted. The tubes were free. Hearing with T.F., one-half inch, L.E. almost contact. The L.E. was operated on, in order to relieve, if possible, the increasing deafness. It was the intention, in case the result was favorable, to operate on the right ear at a later date.

No great amount of difficulty was experienced in removing the two ossicles, and there was only a trifling amount of hemorrhage. Hearing was decidedly better immediately after the operation, but the patient very imprudently exposed herself on the second day after the operation, and had a violent otitis acuta, that left her hearing in the same condition as it was before the operation.

CASE II. Young woman, 20. Has had otorrhœa for 11 years, following smallpox. She is deaf in both ears from the same cause. In both ears the lower two-thirds of the drum membrane is gone and the end of the malleus necrotic. On April 20th I operated and the hearing was greatly improved. Before the operation she heard a conversational tone only at about 6 inches, T.F. 2 inches, whisper not at all. Hearing same in both ears. After the operation she heard whisper at 4 inches, ordinary conversation at 3 feet. T.F. at 1 foot. The otorrhœa still continued.

CASE III. Young woman, 29. Chronic catarrhal deafness, both ears. R.E. membrane thick and opaque. H.P.T.F. 1 in., watch not at all, cannot distinguish conversational tone, but understands loud voice near ear. L.E. presents same conditions as R.E., but hearing is slightly worse. Both tubes open.

Removed membrane and ossicles in L.E. June 22, with no difficulty. Immediately after coming out from the anesthetic patient complained of

noise in street. Heard watch at 2 in., whisper 6 in., ordinary conversation at 2 feet. The ear remained perfectly dry until July 11, when a slight otorrhœa appeared, but lasted only 3 weeks. A few weeks after the operation a new membrane had begun to form, but I destroyed it, and it has not since made its appearance.

CASE IV. Young woman, 25. Is almost completely deaf from hereditary syphilis; can hear a loud tone, but cannot understand anything that is said. Complains of very loud and annoying subjective noises, for which she seeks relief. Advised removal of membrane and the two larger ossicles, to which the patient consented. Upon removing membrane I discovered that the ossicles were very firmly held together, and it was with great difficulty that I was enabled to remove the malleus. I did not deem it advisable to interfere further. There was a complete relief from the subjective noises, but, of course, hearing was not improved, nor was it expected.

The most interesting point in this case is the condition of the excised ossicle. It is almost completely covered with minute exostoses, more particularly about the head. This condition, which I have never heard mentioned before, may possibly shed some light upon the pathology of this form of deafness.

CASE V. Man, 35. Chronic catarrhal deafness for 7 years; can hear only a loud tone, almost a shout, in left ear, but understands not even that in the right. Operated on the left ear September 22, removing not only the malleus and the incus, but also the stapes, as I deemed that this would improve his hearing beyond the simple removal of the two larger ossicles alone.

No difficulty was experienced in the operation, but as the stapes was being removed the membrane covering the window came away also, and I could see the serous fluid welling up in the cavity. The ear was at once again syringed with a bichloride solution, and the usual strip of iodoform gauze put in. Upon recovering from the chloroform, to my amazement, he could hear a conversational tone without the least difficulty, and conversed with those about him. This condition continued till the night of the 23rd, when he had a chill and a subsequent temperature of $103\frac{1}{2}^{\circ}$. This continued with slight variations until the 28th, when the temperature became $99\frac{1}{2}^{\circ}$, and two days later he was able to leave the hospital for his home in the city.

During the first 36 hours after the operation, the oozing of serum which I referred to above continued in so large a quantity as to saturate completely six towels. The most unfortunate part of the affair was that hearing was completely abolished in the ear, and remained so for more than four weeks, when very loud sounds could be heard, but only slightly, and to no practical purpose.

CASE VI. Woman, 36. Chronic catarrhal deafness for five or six years, growing worse, particularly in the last year, and accompanied by distressing tinnitus and other subjective noises. Both drum membranes somewhat thinned and considerably retracted. Hearing in right ear, T.F. 2 in., watch

not at all, loud conversational tone at 2 ft., but not able to hear a whisper at any distance. The left ear is much the same as the right, but the acuteness of hearing is a trifle less. The patient relies on the right ear. The membrane and the two larger ossicles were removed in the right ear, and the ear dressed as usual. The temperature was not above 99° at any time. Hearing for watch, 4 in., for whisper, 8 in., for conversation, 6 ft. The subjective noises have all disappeared, and patient desires the other ear operated on this winter.

CASE VII. Young man, 21. Partially deaf from middle ear suppuration when very young. Both membranes have a large perforation in the posterior and inferior quadrant. In the right ear, the lower end of the handle of the malleus is grown to the promotory. In the left, other than the large perforation there is nothing abnormal to be seen except that the remains of the membrane are very much thickened. Hearing, R. E., T.F. 4 in., ordinary tone 1 ft., watch, contact. I attempted to remove the remains of the drum membrane and the two larger ossicles, at a recent date, but owing to the fact that, although the patient was fully under the influence of chloroform, the reflexes were not entirely abolished, I was only able to free the end of the handle of the hammer from its adhesion to the inner wall of the tympanum. This was done on the 12th inst., and when I again saw him on the 16th, he could hear a whisper at three inches, and a watch at 2 in.; conversation could be heard at 4 feet. At a later date I shall complete the operation, and also operate on the other ear.

There are other cases, but they are too recent to give. They all promise, however, to give as favorable results as those which I have reported.

In these 7 cases we have a variety of conditions dealt with, and the results of two different operations. Tabulated, they are as follows:

Case I.—F., 20 Chron. sup., deaf.—Result negative.

“ II.—F., 20, Chron. sup., deaf.—Result good.

“ III.—F., 29, Chron. cat. deaf.—Result good.

“ IV.—F., 25, Tinnitus.—Result good.

“ V.—M., 35, Chron. cat. deaf.—Failure (removal of stapes).

“ VI.—F., 36, Chron. cat. deaf, Tinnitus.—Result good.

“ VII.—M., 21, Chron. sup. deaf.—Result good. (hammer simply loosened at handle.)

Thus, in 7 cases, there have been 5 good results—71 per cent. But, taking other cases that I have not reported, the percentage of good results is brought up to 81.

In three cases there was some attempt at regeneration of the membrane. In case I., the membrane finally was almost completely formed, only a small opening remaining; as there was no reason for removing it in this case, the new formation was permitted to remain. In case III., a partial membrane formed, but was removed. It did not again appear. In case VI., a

membrane began to make its appearance, but upon being touched with a little silver nitrate, gave no further trouble.

I feel confident that in case V., if I had been satisfied with the removal of the two larger ossicles, alone, and had not removed the stapes, that the patient would have had a good result instead of being completely deaf and having been three days in intense agony and danger of losing his life.

From my experience with this class of ear cases, I would draw the following conclusions:

1. No bad results attend the excision of the malleus and the incus, but the removal of the stapes is not without the most serious danger, both to life and hearing.
2. That the removal of the malleus and incus, alone, is far preferable to the removal of the stapes.
3. That the operation is of extreme service in chronic suppuration, in suitable cases, frequently avoiding mastoid, attic and other disturbances of an equally serious nature.
4. It should be performed in cases where there is a high perforation, or where the membrana flaccida is perforated, and where the ossicles are necrotic.
5. Tinnitus, headache of aural origin, and vertigo are relieved.
6. In suitable cases it is invaluable for relieving deafness, whether from chronic suppuration, or from chronic catarrh and sclerosis.

Hospital Notes.—The Illinois Medical and Surgical Institute has been sued for \$60,000 by a dissatisfied patient. St. Anthony's Hospital, Rock Island, Ill., was destroyed by fire recently. Dr. Walton Watson has been appointed Superintendent of the Jacksonville, Illinois, Insane Asylum. It is said that work will be commenced at an early date on the Barnes' Hospital of St. Louis. The St. Louis Baptist Hospital will soon erect a new building.

Æsculapian Society.—The members of Alpha chapter of the Æsculapian Society in the University Medical College of Kansas City, installed the Gamma and Delta chapters in the College of Physicians and Surgeons and in the Beaumont Hospital Medical College of St. Louis, respectively. The society is purely a medical one, and its aims are the further research and investigation of the medical science. The society is a revival of the ancient Hermetic Brethren, who were the disciples of Æsculapius, and the ruins of whose temples have been found in Greece, Asia Minor, India and China. Among those members who showed the St. Louis neophytes the warp of the "alligator and hippopotamus" are: Drs. R. L. Greene, John Puntton, Leon Rosenwald, and J. Armstrong, J. A. Boarman, R. L. Boling, J. W. H. Moore, D. E. Clapper, Ralph Brown, J. L. Everhardy, M. Thayer, S. H. Woods, H. C. Lloyd, F. E. Dillenbeck, J. Lichtenberg, Claude Anderson, C. D. Ussery, G. W. Davis, H. L. Giles, J. E. Hymer, and others.—*Exchange.*

A DOCTORATE ADDRESS.

BY HON. W. W. DODGE, OF BURLINGTON, IOWA.



MEMBERS of the Faculty and Graduating Class, Ladies and Gentlemen: On an occasion such as this are we not forcibly reminded of those beautiful words of Longfellow, in his Psalm of Life,—

“Lives of great men all remind us
We can make our lives sublime,
And, departing, leave behind us
Foot-prints on the sands of time;
Foot-prints that perhaps another
Sailing o’er life’s solemn main,
A forlorn and ship wrecked brother
Seeing shall take heart again.”

This evening with pleasurable interest we have witnessed the President of the College of Physicians and Surgeons present to the graduates of the class of 1895, their diplomas. One can scarcely appreciate the heart throbbings of a graduate who receives this “letter of recommendation,” this “honor,” this “distinction” from the faculty of the college that has been the scene of his hours, days and years of study, and now like a fond parent witnessing the coronation of his successful labor, the graduate who worthily receives a diploma, which as its very meaning signifies, “is a letter of recommendation,” should esteem the event as one of the proudest and happiest of his life.

To the graduate, the young doctor, may I suggest that you guard with jealous care this precious parchment. Frame it, hang it on your office wall, there to remain as a pleasant reminder of the labor and toil of your school days. Treasure it as an incentive to industry, ambition, and the use of your God-given talents, so that in the autumn of your days, after you have witnessed the “leaves fall over the roots of the tree of life,” your fellow graduates may not only proudly point to you as a credit to your Alma Mater; but the rising generation may find so much that is noble, sublime and grand in your “Foot-prints on the sands of time” as to emulate you as an exemplar.

When I received an invitation a short time since from the faculty of this college to address you this evening, I felt that I had been particularly honored, especially as I am not a member of the medical fraternity, but only an humble disciple of Blackstone. Therefore, in the course of my remarks, confined to the time limit of thirty minutes, if I should inadvertently use the words “Injunction,” “Mandamus,” et al, referring to the medical method of the prevention of disease, instead of prophylactic or some pharmacopœia

*Delivered before the Graduating class of the College of Physicians and Surgeons, Keokuk, Iowa.

or *materia medica* term I crave you give me the benefit of all "reasonable doubt" as to the honesty of my purpose.

From recent statistics I learn that there are in the United States about 125 medical colleges now in operation, and that there are about 105,183 practicing physicians. In the state of Iowa it is said that we have some 3618 physicians in the active practice. There are seven medical colleges in Iowa. The oldest of these, if I am not in error, is the College of Physicians and Surgeons of Keokuk, and to-night we celebrate the fifty-fourth commencement exercises of this famous institution. It is the source of much gratification and pride, not only to the Faculty of this College, but to the city of Keokuk, that the number in the class for the past year is 225, being an increase of nearly one hundred per cent., and it is the largest class that has been here for twelve years. The past year shows an attendance of ladies twenty-one in number—two of whom have the honor of graduating in the class of 1895. The alumni of this College now numbers nearly three thousand. The high character of the members of the faculty of this College for learning and ability; the splendid and comprehensive course of study; a thorough equipment in all the essentials of its various departments; the past and present reputation for being one of the foremost, and best colleges in the country, is what has given a name to the "College of Physicians and Surgeons" of this city to attract to it the magnificent attendance of this year, and to warrant a large increase in the years to come.

When one searches the labyrinths of the past for the fountain source of the science of the "healing art," he is lead into the realms of tradition, the temples of the gods, and the wonderland of heathen mythology. The more one searches for the morning light, on the early struggles of this mystic art, the more he becomes impressed with the grandeur, the beauty, the beneficent purposes of the blessed science of medicine.

Away back in the dark ages of ignorance and superstition it seems that the power of God lighted but few of the intellects of those days, and even these favored ones of Him who could heal those that touched but the hem of His garment, were regarded by many as sorcerers, or possessed of the evil spirit.

To appreciate the curative methods of the modern physician, it is but for us to consider the means adopted by the ancient doctors of medicine in their mode of treatment of the afflicted. The priests, who were the medicine men in those days would establish themselves near thermal springs, or fountains, and among groves. Here would come the afflicted from every quarter seeking health. These places were nothing more or less than ancient health resorts, without the brass band and Wednesday evening ball of the present day health resorts. The healers of the sick would prescribe bleeding, purgatives, friction, and mineral waters. In many instances there would be recovery and benefit to health by reason of temperate habits, pure air, and bathing. It seems that avarice with the ancient physician, as well as the

modern, I am sorry to say, played an important part. If the complaint was obstinate in yielding to the ordinary methods of treatment the fees would not only be increased, but the patient would be taken into a temple there to be deluded into the belief that he must be purified by prayer, sacrifice and offering to the gods, before relief would come. The imagination of the patient played an important part, and if the ordinary treatment was slow in producing healthful results the priests would resort to the use of snakes and non-poisonous serpents that had been tamed for the occasion and these horrible creatures were made to play an important part in the healing art by causing dreams and impressions upon the minds of the deluded and ignorant patients.

As we turn the search-light of investigation into the perspective of the remote ages of antiquity, seeking for the truth and knowledge as to the early beginning of the science of medicine, we find helpful authority in the Bible as also in heathen mythology. Do we not recall the words of Job, spoken to

his tormentors, "Ye are forgers of lies, ye are all physicians of no value." And there is Jeremiah the Prophet, lamenting over the condition of his people and exclaiming, "Is there no balm in Gilead; is there no physician there? why then is not the health of the daughter of my people recovered?" We read in the scriptures that Joseph commanded his servants and his physicians to embalm him, this being about 1700 years B. C. Thus it is shown that the Egyptians possessed men who practiced the healing art and embalmed the dead, which both must have required a crude idea of general anatomy.

It is to Greece, the land of art, that much of the ancient history of medi-

cine can be traced, just as she furnishes every other art with the same historical advantages.

Of the early physicians *Æsculapius* is the most famous. By some he



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was considered the son of Apollo. A number of the cities of Greece contended for the honor of his birth-place as they did for that of Homer Æsculapius, owing to his learning and wide knowledge of the science of medicine, was given the title of the "God of Medicine." And there was Hippocrates, a great physician and philosopher, who was born in the year 460 B. C., and it is said lived a century. Because of his great learning and his wonderful discoveries in the field of medicine, and the fact, that it is stated that surgery was first practiced by him, he has been crowned the "Father of Medicine."

Galen was the most eminent physician during the second century and the people had such great faith in his teachings that they were as a guiding star to the healers of the sick for a thousand years following. The creeds of Hippocrates and Galen were accepted by the medical profession down to the time of that bold "Prince of Empirics," Paracelus, born in Switzerland in the year 1493. He was highly educated and made a professor of the School of Medicine at Basle, and while occupying this place, with solemnity burned the books of Galen, declaring at that time that he had discovered the "Elixir Vitae," by which life might be prolonged indefinitely. He was nothing more or less than a charlatan and practiced the vilest arts and having been dissipated in his habits died at the age of 48 years.

Of more modern physicians William Harvey will be recalled as the one who, in 1616 demonstrated the circulation of the blood. There is John Hunter, the famous anatomist; Edward Jenner, an English physician who made himself celebrated by the discovery of vaccination as a preventive for that dreadful disease, small-pox. This discovery was made by Jenner in 1776 while in the Alps watching the maids milking the cows. On the cow's udder were sores, likewise on the hands of the maids, and while the small-pox was raging in the neighborhood, the milk maids were free of the disease. Jenner reasoned that the women had been inoculated with the "cow-pox" which proved a prevention to the more terrible disease, small-pox. Pasteur, the great French scientist, gave to the world in recent years a preventive and cure for hydrophobia. Koch, the renown German physician discovered a "lymph" or tuberculine for the cure of tuberculosis. Americans point with pride to Dr. Samuel D. Gross, the "Nestor of American Surgery." There is Dr. Behring, a German physician and student of Dr. Koch, who is credited with giving to suffering humanity the "serum" or "anti-toxine," as a prevention and cure for diphtheria. This discovery occurred but a few months since. Thus I could continue to name the illustrious descendants of Æsculapius who adorn the pages of ancient and modern medical history.

If, when Paracelsus proclaimed to the world his discovery of the "Elixir Vitae" he had not in fact given to mankind a monstrous humbug, but a blessed boon, for indefinite continuity of good health and life, we would have but little use for the physician of today. It seems that the Almighty, in His

inscrutable wisdom did not intend to confer upon a human being, a power, divine in its character and effect. While such a blessing as an "Elixir of Life" has not come to us through human instrumentalities, let us not rail against the Divine will. While we consider the wonderful advancement in the sciences of medicine and surgery, the thousand and one discoveries for the amelioration of suffering humanity, it is as little as we can do to offer a thankful prayer to the Giver of all for these rich blessings to mankind.

How true are the words of that Latin maxim, "*Mens sana in corpore sano*," "A sound mind in a sound body." While the stability and maintenance of government depends upon the intelligence and virtue of its



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people, it must not be forgotten that the health, strength and physical development of the coming generations must be as jealously guarded. In the early days the Romans were so ambitious to have only the finest specimens of manhood that the strictest laws were enacted relative to marriage; the weak and ill-formed were absolutely prohibited from entering into the marriage state, and only those possessing perfect health and strength were allowed to become the fathers and mothers of the the warriors, statesmen and philosophers of those times.

In our day while no such marital restrictions surround the people, all nations are taking an advanced step in the direction of prevention of disease, as far as possible. This is exemplified in the laws of quarantine at our seaports, the establishment of State Boards of Health, city sanitation, the power given to the health officer, and local authorities to destroy buildings, fill up ponds, or do such other acts as may be necessary to stamp out the hotbed of disease, and thus prevent the spread of a pestilence. It is by such heroic means that an epidemic, which if unchecked, would carry death and destruction throughout the land is prevented. It is to the intelligent physician, aided by the enforcement of sanitary laws, that the community is largely indebted for its good or poor health. It is to the physician that we must look in municipal bodies, to have pointed out the sore spots that breed disease. Imperfect drainage, impure water, poor ventilation, densely populated tenement houses, where squalor, dirt and filth exist, are as dangerous to the health and life of the people as a dog with hydrophobia upon the streets of a city. Is it not true that physicians are the keepers of the public health and that by reason of their medical knowledge, their intelligence, and knowing that it is their duty to prevent as well as to cure disease they can enthuse the people, give a cry of warning, erect bulwarks of defense, and determine the

best methods to prevent an invasion of a dread disease? All honor, I say, to the educated, intelligent physician.

To speak of the "family doctor" is, as it were, to allude to a member of the family circle. He is near and dear to every one in the household. When dread disease or accident has suddenly stricken down a loved one, how anxiously we await his welcome foot-steps, how, with trustful heart we listen to his cheering words, how he inspires us with the hope of speedy recovery, how uncomplainingly do we follow his advice, and with hopeful smile we take the most detestable medicine he prescribes. His position in the family circle is one of sacred confidence. The secrets of a home are often imparted to him, while the happiness, love, and the all between man and wife are exposed to his honor or his treachery. He comes to the bedside of the suffering mother, when in her hour of untold agony and indescribable torture—when two lives are trembling in the hand of fate—to help with tender care in bringing into this bright and beautiful world of love, sunshine and happiness, a new life to gladden the home. It is from the cradle to the grave, a beck and call, the family physician comes to us in sunshine or storm, in daylight or darkness, like a ministering angel to soothe, comfort and cure. Do I not utter the sincerest of benedictions which come from the heart of mankind when I say, "God bless the dear, kind-hearted doctor."

Members of the graduating class, I fully appreciate that I can add but little to the wholesome advice and timely suggestions of your instructors during your collegiate course of study, however, I beg the indulgence of a word. Remember that the world owes no man a living, and that he who eats of the bread of idleness cannot hope to succeed. That professional advancement and aggrandizement depends on individual effort. If you desire to reach the goal of fame and riches, remember that ambition, honor, and the use of your God-given powers will do more to aid you, than to pray to Hercules to strangle the serpent of competition. If you do not prosper do not blame the rest of mankind. The philosopher Hobbes, of Malmesbury once said that "The natural state of man is war." Your professional education has equipped you for the battle of life; from this night on it will be your duty to fight. Whether you will rise above the well filled ranks of mediocrity depends on your own self, your willingness to continue the irksome search after knowledge, a persistent determination to surmount all obstacles, to keep your eyes toward the summit of professional emience, where inscribed in living light are the immortal names of the illustrious members of your profession. May heaven's choicest blessings be in store for you, may you live to enjoy a long, useful and happy life; may the hand of fate bestow on you fame, wealth and happiness, and in the yielding stone of time may your fondest dreams be carved.

Killed. Dr. Wm. G. Dyas, an old and respected physician of Chicago, was recently killed by a train.

TRI-STATE MEDICAL JOURNAL.

EDITORIAL DEPARTMENT.

Vol. II.

APRIL, 1895.

No. 4.

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LEWIS, BRANSFORD, GENITO-URINARY.	

A WORD TO OUR FRIENDS.

The undersigned desires to increase the subscription list of this magazine at once. Two gentlemen are now traveling in our interest. Every reader of the TRI-STATE MEDICAL JOURNAL can assist in the upbuilding of this publication. If every subscriber will kindly secure the subscription of one of his friends, before our next issue, our thanks will be his and he will hereafter have the pleasure of reading a larger and better medical magazine. This journal is owned, edited and controlled by myself, and has no connection whatever with any other medical journal or any other medical publisher. The policy of the TRI-STATE is too well known to require explanation. It stands for higher medical education, for a better and nobler profession, and aims to represent the young, progressive and scientific element of the medical guild.

JAMES MOORES BALL.

IOWA STATE MEDICAL SOCIETY.

The forty-fifth annual announcement of the Iowa State Medical Society has been issued. The program presents a goodly array of names, and is a credit to the chairmen of the respective sections, as well as the efficient secretary, Dr. J. W. Cokenower. Creston is said to be a delightful city, and its profession fortunately is united in welcoming the Society. We hope that the ethical questions left over from the last meeting will be adjusted amicably, and that the coming meeting will be a huge success.

A FOOL LEGISLATURE.

The Missouri Legislature carries off the palm as an aggregation of non-entities. It has done many things it ought not to have done, and has accomplished little that was beneficial or creditable to the State. Recently, the house passed a bill legalizing the peculiar set of bone-finders and menders, known as Osteopaths. The Mecca of these people is Kirksville, and their chief high priest and satellite bears the suggestive name of Still. Evidently Missouri is suffering from too much law plus too little sense.

MISSOURI STATE MEDICAL ASSOCIATION.

The thirty-eighth annual session of the Medical Association of Missouri will be held May 21, 22 and 23, 1895, in the city of Hannibal. Gentlemen who intend to read papers are requested to advise Dr. John H. Duncan, Union Trust Building, St. Louis, before May 1. The Committee on Scientific Program is composed of Drs. J. C. Mulhall, A. L. Fulton and John H. Duncan. Hannibal is such an easy place to reach, and bears such a good name for hospitality that the coming meeting should be largely attended.

A CHANGE OF DRESS AND OTHER ITEMS.

The attention of our friends is called to the new dress of this magazine. By using a different style of type and lengthening the page we are able to present in this issue almost double the amount of reading matter. Simultaneous with the donning of new apparel the publication office is changed from Keokuk, Iowa, to 810 Olive Street, Saint Louis, Mo. To print a journal in one city and edit it in another, causes much useless labor. Regardless of this removal, we claim to represent the Iowa profession to a greater extent than does any other journal.

THE AMERICAN MEDICAL ASSOCIATION.

This representative body will meet in Baltimore May 7—11. Doubtless the attendance from the West will be large. The choice of a route is worthy of consideration. The Big Four and C. & O. railways offer a combination of beautiful scenery and comfortable accommodations that cannot be excelled in this country. Many St. Louis doctors and a large number residing in other cities have expressed their intention of traveling over this line. Any information desired will be furnished by Mr. W. F. Snyder, Broadway and Chestnut streets, St. Louis; or Mr. E. B. Pope, Western Passenger Agent, C. & O. Railway, St. Louis.

PENNSYLVANIA ORAL SCHOOL FOR THE DEAF.

From Miss Mary B. C. Brown, principal of the Pennsylvania Oral School for the Deaf, we have received a report showing the excellent work

done in that institution. The school is located in Scranton and is free to all residents of the state. Pupils from other states are admitted on reasonable terms—\$260.00 per annum. Pupils are taught to speak and understand what is said to them by watching the lips. The number of pupils will be limited to one hundred, so that personal supervision can be given to each one, and the life can be more homelike than is possible when a greater number is taken.

Every physician knows some of these unfortunates whose parents would gladly educate them. To such the Pennsylvania Oral School for the Deaf is to be recommended.

A NEW GUN.

Military surgeons will be interested in the new electric gun which Mr. A. S. Krotz, of Springfield, Ohio, has invented.

The gun is a brass tube, open at both ends, and around which is wrapped insulated wire in a series of helices. An electric current, passed into the helices from one end of the tube and out at the other end, will cause iron balls brought near to the entrance end of the tube to become temporary magnets arranged with positive and negative poles on lines paralleled with the length of the tube and on the outside of the helices. The balls are attracted by the lines of force ahead of them and are repelled by the lines of force after them, giving them an ever-increasing impetus as they pass along the tube. The limit of the number of balls it will throw is the number that can be got to its breach consecutively within any given time. It is estimated that a five-foot gun under a 500 volt, 100 ampere current, will throw a one-pound ball 500 feet with a striking force of 100 pounds.

ERNEST HART IN A NEW ROLE.

Mr. Ernest Hart, editor of the *British Medical Journal*, globe trotter, and a "big gun" in the editorial circles of medicine, has been weighed in the balance and found wanting.

Some months ago it was stated with an appearance of authority that Lawson Tait, the great Birmingham surgeon, would remove to Chicago. It was quietly whispered that the reason for the proposed removal was a singular one; that Mr. Tait, being without issue, desired a male heir; that he thought best to go outside the family to secure the desired acquisition; that the other party who naturally would be most interested gave her consent; that a magnificently proportioned lady, who acted as nurse at Mr. Tait's private hospital, consented to become enceinte by him, with the agreement that if the child should be a boy she should receive \$50,000; if a girl, she would be supported by an annual stipend and be paid \$5,000. It was stated that the newcomer proved to be a girl, and that Mr. Tait refused to fulfill his contract.

Such was the story. Strange to say it was given credence by many. None of Mr. Tait's enemies in the profession—and they are numerous—questioned its truth. Now, however, it has come out that the whole tale is a lie, and that Ernest Hart was the father of the falsehood.

What language can justly describe the man who, owing to differences with a professional brother, will carry the brands of falsehood into that man's house; attack the fair name of all that is near and dear on this earth; and invade the innermost sanctuary? Surely, the fires of hell are not hot enough to mete out sufficient punishment to such a depraved creature.

THE NUDE IN ART.

Recently, in Philadelphia, Professor Thomas Eakins got into trouble through his devotion to the nude in art. The Professor secured a fifteen-year-old boy to exhibit to his class at the Drexel Institute. The students were fifty in number, divided equally between the two sexes. It was supposed that the figure would be partially draped, but suddenly the last veil was removed, much to the surprise and discomforture of twenty-one of the young ladies. The affair reached the ears of President James McAlister, who suspended the offender pending an investigation. The President says that a promise was made to the class that no nude figure should be presented. Professor Eakins is said to be one of the foremost lecturers on artistic anatomy in this country. Such, in brief, is the account of an episode which has stirred Philadelphians to anger.

The nude has a place in art, but the nude need not be carried to the point of indecency. If Professor Eakins promised his class to expose only the exposable parts of his model, and then basely betrayed their confidence, he should be severely punished.

GOVERNOR STONE ON OSTEOPATHY.

Every regular physician in Missouri owes a debt of gratitude to Governor Stone for the stand he took in vetoing the bill entitled, "An act to regulate the practice of the science of healing diseases and injuries without the use of drugs, known as Osteopathy." Missouri's fool legislature passed this bill and the followers of the so-called science of osteopathy would be today on an equal footing with the graduates of the best medical colleges if the Governor had not done his duty. In giving his reasons for vetoing the bill Governor Stone submitted some characteristic observations. Among other things he said:

"Medicine and surgery are sciences. A judicious or successful practice of them requires a good general education, and a thorough knowledge of anatomy, chemistry, physiology, the obstetric art, the use of surgical instruments, and the like. They would have been greatly imposed on by ignorant physicians, as well as by empirics and charlatans who play upon the fears and credulity of suffering humanity.

“The enlightened and learned men of the profession—those who despise deception and accept as true only those things that are demonstrated before the world—have labored assiduously for years to elevate the profession and to exclude from its ranks those who do not possess the knowledge necessary to qualify them to deal intelligently with matters directly affecting human life.

“By the force of public opinion and legal enactment much has been accomplished in this direction. The law is undoubtedly imperfect and I think it safe to say that men are to-day licensed to practice medicine and are not qualified to properly discharge the delicate and important duties imposed on a physician. This of course should be corrected.

“We now have a statute which forbids any itinerant vender of any drug, nostrum, ointment or appliance of any kind, intended for the treatment of disease or injury, to use the same in the treatment of disease, whether by prescription, manipulation or other expedient, without paying a heavy license, which is practically prohibitory, and subjecting him to heavy penalties for a violation thereof.

“The effect of this bill would be to practically repeal that statute. Any person licensed to practice osteopathy, whatever that may be, could anywhere in the State, treat any disease, injury or deformity by an appliance, manipulation or process not requiring the use of drugs or surgical instruments and call it the practice of the science of osteopathy.

“Who would know whether he was practicing osteopathy or something else?”

“Osteopathy, whether called a science, an art or by some other name, is a secret. Only those initiated into its mysteries know what it is or would know whether any person professing to practice it was acting in good faith or otherwise. Under this bill any licentiate would be authorized to establish a school of osteopathy and to issue diplomas.

“The principle of giving statutory recognition of and sanction to a secret process of treating human ills does not receive my approval. I do not believe any such thing should be designated in the law as a science, or that any mysterious contrivance or practice should be recognized by legislative indorsement.

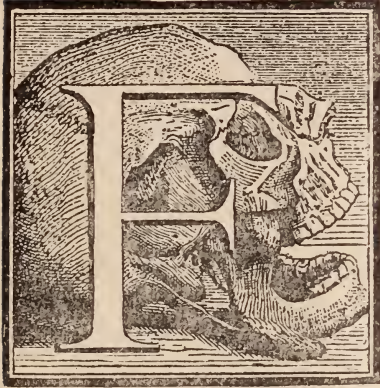
“With all due respect, I call attention to the fact that Senators and members have voted to authorize the establishment of schools of osteopathy, to empower them to issue diplomas, to regulate the registering of licentiates, and to forbid any person, under penalty, to practice the science or art, or whatever it may be, without a diploma from such a school, without knowing or being able to know what osteopathy is.”

It is very fortunate for Missouri, a part of which is yet uncivilized, that her chief executive is so clear-headed a gentleman as William J. Stone.

HISTORICAL SKETCHES.

Hieronymus Fabricius ab Acquapendente (1537—1619.)

BY JAMES MOORES BALL, M. D.



FABRICIUS was one of that noted line of Italian surgeon-anatomists whose researches have cast a halo of glory over the history of Italian medicine. Born at Acquapendente in 1537, he has taken his name from the place of his birth in order to distinguish him from another surgeon—Fabricius Hildanus—who lived in the same century. Educated at Padua, Fabricius was fortunate to have been the pupil of Fallopius. When this eminent teacher died Fabricius, at the age of twenty-five, was chosen his successor by the Senate of Venice.

At that time he was the professor of anatomy; at a later date surgery was added thereto. For almost half a century Fabricius taught anatomy and surgery. During this time students came from all Europe to hear him. Among them was Harvey. The Republic of Venice honored itself by honoring Fabricius. The Senate built a new and magnificent anatomical theatre upon which his name was inscribed. He was given an annual stipend of one thousand crowns and made a Knight of St. Mark. A golden chain—emblem of respect—was placed upon his shoulders.

Fabricius has been called the Father of Modern Surgery: all branches of medicine were enriched by him. The author of sixteen treatises, he gave the world a useful and beautiful volume in his *Opera Omnia Anatomica et Physiologia*, published at Leipsic many years after his death. This is a folio of nearly five hundred pages, containing hundreds of engravings, thirty-three of which are designed to illustrate his treatise on the formation of the fœtus. A tireless searcher after truth, Fabricius was a vivi-sectionist of wide renown. He wrote upon the language of brutes; the anatomy of the caecal appendix; on vision, voice and hearing; on the intestinal tract; on surgery; and upon the valves in the veins. It was the discovery of the existence of the valves which has rendered the name of Fabricius immortal. Harvey calls him, "the celebrated Hieronymus Fabricius of Acquapendente, a most skillful anatomist, and venerable old man," and gives him credit for first describing the valves which he calls *ostolia*. "Who indeed," says Fabricius, "would have thought of finding membranes and ostiola within the cavities of the veins of all places else, where their office of carrying blood to all parts of the body is taken into account?" He believed the valves were designed to prevent over-distension of the veins. "What first astonishes," he says, "is that these valves have so long escaped anatomists, ancient as well as modern, and so entirely escaped them that no mention was made of them, until the year 1574, when I observed them for the



FABRICIUS.

first time with great joy (*summa cum laetitia*).” Honest old anatomist that he was, Fabricius did not know that the valves had been observed by anyone before him. Yet it is certain that Jacobus Sylvius described them as *epiphyses venarum*. Etienne had seen valves in the vena azygos and hepatic vein; Cannanus and Amatus had observed those of the vena azygos, renal and iliac veins; while Sylvius had described those of the extremities and neck. Meryon (*History of Medicine* p. 289) gives the absolute priority to Etienne.

Although the valves are the anatomical proof of the circulation of the blood, yet Fabricius is acknowledged by a recent Italian writer “not to have had even the most remote idea of a circulation of the blood.” It is true that the Italian anatomists, even later than the sixteenth century, drew many of their physiological views from Aristotle and Galen. Such, however, was the condition of all Europe.

SURGERY.

BY GEO. W. CALE, M. D., F. R. M. S., LONDON.

SURGEON TO THE WOMAN'S HOSPITAL, CONSULTING SURGEON TO THE CITY AND FEMALE HOSPITALS, PROFESSOR OF SURGERY IN THE WOMAN'S MEDICAL COLLEGE, ST. LOUIS, MO.

Treatment of Hepatic Abscess.

In a recently published pamphlet (*Contribution a l'Etude de la Chirurgie du Foie: Traitement des Absces Intra-Hepatiques*) Pantaloni reports four cases of abscess of the liver successfully treated by operation. In one of these cases the abscess was situated in the left lobe, in the other three in different parts of the right lobe. The four patients were dwellers in Marseilles, and had never lived out of France. There was a clear case of dysentery in three of these cases. The author, in dealing with hepatic abscess usually makes a free external incision; but bearing in mind the uncertainty as to whether the contents of the abscess be sterile or not, he holds that in the absence of adhesions the abdominal or pleural cavity, as the case may be, should be carefully shut off from the seat of puncture by stitching the parietal peritoneum, or, when the opening is made through the chest wall, pleura, peritoneum and diaphragm, to the surface of the liver. In abscess of the posterior and superior part of the right lobe he would make a large opening in the wall of the chest. In one of the reported cases almost the whole of the eighth, ninth and tenth ribs were resected. In another case in which the abscess was seated near the upper surface of the right lobe, the seventh and three following costal cartilages were cut away. The opening into the abscess was in each case a free one, and in an instance of a very large cavity in the right lobe allowed the passage of the surgeon's hand. The author does not approve of instrumental scraping of the inner surface of the abscess, and objects to frequent washing out of the cavity. He advocates, however, a copious injection of a weak sublimate solution at the time of the operation.

Cancer of the Body of the Uterus.

Godart (*Bull. de la Soc. Belge de Gynec. et d'Obstet.*, No. 1, 1895) relates two cases in which Jacobs removed the uterus for this disease. Both

patients recovered from the operation, the first taking place on February 7th, 1894, the second on October 3d. In both cases the patients had borne several children, and had frequently miscarried. One was 29 years old, the other 40. Menorrhagia occurred in both. Primary cancer of the body of the uterus was until recently held to be very rare. Now that the microscope is freely used, so that gynæcologists understand the normal and morbid histology of the uterine tissues, the disease in question is not rarely detected. Godart makes the important observation that the curette is not a sure instrument for diagnosis. The scrapings in the above cases only displayed the appearances seen in chronic endometritis, with alterations in the glands. Diagnosis can only be made if tissue belonging to the muscular wall is scraped away. The presence of columns of epithelial cells in the muscular coat, the nuclei undergoing division, is the most distinctive appearance in cancer of the body of the uterus.

Dr. Robert T. Morris, of New York, read a paper before the American Gynecological and Obstetrical Association on:

Why Patients Recover from Tuberculosis of the Peritonæum After Operation.—These cases are becoming more and more frequent, so frequent, in fact, that we are ceasing to doubt the accuracy of the observers who report them, and Dr. Morris has made an interesting study on this subject. He claims that over 80 per cent. of the cases suffering from tuberculosis of the peritonæum recover after a mere section. Dr. Morris collected fluid from the abdominal cavity of patients with tuberculosis of the peritonæum, placed it in an incubator for forty-eight hours, and developed the bacteria of putrefaction which would ordinarily enter into such fluid exposed to the air. From this fluid Dr. Eiloart isolated a toxalbumin—the product of the growth of putrefactive bacteria in this peritoneal fluid. The toxalbumin employed to destroy tubercle bacilli in culture tubes destroyed them very promptly. A control experiment, which was not yet completed, was in progress for determining if these bacteria were absolutely dead. However, enough had been proved to show that tuberculosis of the peritonæum recovers after operation because putrefactive bacteria produce a toxalbumin in the fluid which is fatal to tubercle bacilli in the peritonæum. The reason why it is more effective in curing cases of tuberculosis of the peritonæum than tuberculosis of the knee joint is because the lymphatic anatomy of the peritonæum is such that any toxic agent absorbed by the lymphatics of the peritonæum is brought into close contact with the entire structure, whereas, in the knee joints the lymphatics are fewer and with more definite channels.—*Am. Gynecological and Obstetrical Journal.*

Modern Methods of Intestinal Resection and Anastomosis.

König (*Centralblatt fuer Chirurgie*, No. 4), whilst recognizing the fact that modern methods of establishing intestinal anastomosis by bone plates, metal buttons, etc., favor rapidity of operation, holds that a prolonged laparotomy does not lead to shock. He states that in the many operations he has performed for intestinal resection and anastomosis he has never met with an instance in which death could be attributed to shock. In this conclusion, he states, he is supported by a large majority of his German colleagues. For this reason he is not disposed to substitute for older and safe operations, which may take some time in their performance, rapid methods,

the safety of which seems to him to be doubtful. That the use of Murphy's button may serve to extend the practice of resection, and thus enable inexperienced surgeons to perform these operations, is regarded as being, as far as the patients are concerned, rather a disadvantage than an indication of advance.

Pregnancy and Operations on the Appendages.

Delageneniere of Le Mans (*Archives Provinciales de Chirurgie*, November, 1894) has performed three operations for diseases of the appendages in pregnant women, and all were afterwards delivered at term. In Case I the patient was three months pregnant, and was seized with symptoms of peritonitis. After the symptoms subsided a tumour was discovered. An operation was performed; an adherent ovarian cyst with twisted pedicle was discovered and removed. In Case III an ovarian dermoid was removed at the fifth month as it had grown very large. In the second case there was disease of the tube and ovary on both sides, and the patient at the fifth month was exhausted from pain. The abdomen was very tender. The appendages adhered to the uterus, and the intestines around them were also adherent. Both tubes and ovaries were removed. There was great trouble during convalescence owing to constipation. The patient was afterwards delivered at term of a healthy infant. A few hours later she felt severe pain close to the right side of the uterus, and there was nausea with pallor. All the trouble passed away at the end of an hour. A year later the patient was in excellent health. Henri Delageneniere concludes that pregnancy need never modify the indication to operate. It is a complication of the existing disease, rendering operation all the more necessary if not urgent.

Treatment of Fracture of the Clavicle by Suture.

Routier (*Rev. d' Orthopedie*) is strongly in favor of suturing in certain cases of fracture of the leg, with the aim either of facilitating reduction which cannot be effected by ordinary means, or of maintaining reduction when it would be otherwise impossible or difficult to keep the fragments in good position. In cases of simple fracture of the clavicle, on the other hand, he would in general trust to bandaging, as a slight deformity, due to a moderate deposit of callus, would be less objectionable than the scar left after the application of the suture. The author would not hesitate, however, to treat fracture of the clavicle by an open operation in any case in which there might be a risk of much consequent swelling and serious deformity; and, also, whenever it might be found impossible by ordinary means to overcome such displacement as would not only be unsightly, but also influence very seriously the innervation of the upper extremity. Exposure of the seat of fracture under such circumstances would enable the surgeon to place the broken surfaces in apposition, the application of a suture not being necessary unless it be found difficult to keep the fragments in place. A case is reported of fractured clavicle with extreme deformity due to over-riding of the fragments in a female patient, aged twenty-two, which was successfully treated by exposure of the seat of injury, removal of a detached fragment of bone, and suturing of the two main fragments of the broken clavicle. Three weeks after the operation there was a perfect union. The linear cicatrix was small and hardly perceptible, the shoulders were symmetrical, and the patient seemed to be free from the least trace of deformity.—*British Medical Journal*.



OUR BOOK TABLE.

Antiseptis and Antiseptics. By Charles Milton Buchanan, M. D., Professor of Chemistry, Toxicology, and Metallurgy, National University, Washington, D. C. Newark, N. J.; The Terhune Company, 1895. 352 pp. Price, \$1.25.

This little work has presents many things to commend, and displays considerable research. "The writer has for the past six months or more been in communication with the leading surgeons of the world; from this correspondence he has gleaned a symposium of their respective opinions upon the value of dry dressings in general." And then follow the opinions of a number of the prominent surgeons of the world. Its list of antiseptics, and their relative value, is conveniently arranged and gives a fund of information.

Instrument Guide. By A. S. Aloe Co., St. Louis, Makers of Surgical Instruments. Sixth Edition. Royal Octavo, 1071 pages full cloth.

This new book is in many respects a full and comprehensive treatise on Instrumental Diagnosis, Orthopædic Surgery and General Surgery, as well as a most instructive treatise on Hospital Armamentaria. The volume is much larger than the average work of this kind and is neatly and substantially bound. The typhographical work and the engravings are good, and an effort has been made to keep the illustrations on the same page as that containing the description of the instrument.

The book is fully illustrated and the text in explanation is concise and instructive as well as simply descriptive. Neither time nor expense seem to have been spared to make this a valuable addition to any medical library.

The terms upon which this book is furnished are very liberal indeed. To any physician who will remit 50c, the book will be delivered to his express office, all charges prepaid, or the publishers will forward the book to any physician who will advise them of his willingness to pay express charges upon receipt of the book.

Therapeutics: Its Principles and Practice: By H. C. Wood, M. D., LL. D., Professor of Materia Medica and Therapeutics in the University of Pennsylvania. Ninth Edition, Octavo, pp. 1007, Philadelphia; J. B. Lippincott Co., 1894.

It is now twenty years since the first edition of Wood's Therapeutics was offered to the profession. It is no idle compliment to say that every edition has represented the state of therapeutic knowledge at the time of its publication. Built upon the broad and secure foundation of physiologic experimentation, and at the same time not ignoring the teachings of empiricism, Dr. Wood's book has found thousands of readers in all lands. It is a colossal work. No man needs a better monument.

The present edition shows the same careful attention to the mechanical part for which the Lippincotts have been always noted.

Nervous Diseases in Early Syphilis: By G. Frank Lydston, of Chicago. Reprinted from the *Journal of the American Medical Association*, pp. 48.

This interesting monograph deals with an important class of cases in a methodic and complete manner. The brochure will be furnished by the author on application.

A System of Legal Medicine: By Allen McLane Hamilton, M. D., Consulting Physician to the Insane Asylums of New York City, etc., and Lawrence Godkin, Esq., of the New York Bar, with the assistance of many collaborators. Illustrated. Vol. I., Royal Octavo, pp. 657. New York: E. B. Treat, 5 Cooper Union, 1894.

After reading the greater part of this volume we have no hesitation in recommending it to our readers as a valuable text and reference book on legal medicine. For many years the writings of Taylor, Wharton & Stillé, Reese, Beck and others, were the accepted authorities. Of late the need of a new, up-to-date volume on legal medicine has been felt both by physician and lawyer. The system, whose title is given above, will fill the demand. The work is in two volumes.

Married.—The many friends of Dr. Harry E. Williamson, of Olathe, Kansas, will be interested to know that he was married Feb. 10th to Miss Bertha Maude Egleston, of the same city.

Re-incorporated.—The firm of Parke, Davis & Company, manufacturers of pharmaceutical products, has been re-incorporated with a capital stock of \$2,000,000, with \$1,200,000 paid in. The life of this successful corporation is extended thirty years.

A Spicy Journal.—The *Eclectic Medical Gleaner*, of Cleves, Ohio, has a smart man for an editor. Each issue contains spicy editorials.

Eligible—The Cleveland Medical Society has decided to admit homœopathic physicians to membership.

Medical Meeting.—The National Eclectic Medical Association will meet in Waukesha, Wis., June 18th, 19th and 20th, 1895.

Caught in the Act.—While the thirty-five members of the senior class of the University Medical College, of Kansas City, were being examined, Prof. Halley noticed one of the students fumbling with a small piece of tissue paper. Prof. Halley took it from him. It led to the discovery of an auger hole in the floor, and in the room beneath was the junior class at work with text-books. The students being examined in the room above would write the questions they were unable to answer on slips of tissue paper, roll them in balls and drop them through the hole. The junior class would make thirty-five answers on a mimeograph, roll them into a gutta percha thermometer case and shove it up on a wire. Before the examination began a graduating association had been formed by the students who determined that each man in the class should get a medical diploma by hook or crook.

TRI-STATE NEWS.

Four Years' Course at the Yale Medical School.—The Faculty of the Medical Department of Yale University has decided to extend the course of study from three to four years.

Crystal Water.—The surgeons of St. Louis make daily use of this pure water which is free from germs and can be applied with safety to all wounds. The druggists of the city always employ it when pure water is indicated by the prescriber.

Recovered.—Dr. John E. Owens, chief surgeon of the Chicago & Northwestern and Illinois Central railways, has recovered from his recent attack of appendicitis.

A Medical Building.—A project is on foot to erect ten-story office building in Chicago, to be known as "The Medical." The intention is to have the building given over to doctors for offices, and the rooms and conveniences are to be arranged with that object in view.—*Medical Record.*

Substitute St. Louis for Chicago and the above will be correct.

Elected.—Dr. Roswell Park, the distinguished surgeon of Buffalo, has been elected President of the Medical society of the State of New York. Dr. Park is a gentleman who will honor the office.

Married.—Dr. E. M. Sutton, of Canton, Ill., was recently married. Dr. C. S. Davis, of Whiteheath, Ill., has taken unto himself a wife.

Graduating Exercises of the Marion-Sims College of Medicine. The fifth annual commencement exercises of the Marion-Sims College of Medicine were held March 18th at Germania Hall in the presence of an audience that packed the building from pit to dome. The stage was a wilderness of flowers long before the curtain was rung up, and the greetings which the students and the faculty received were enthusiastic. The Germania Theater orchestra furnished excellent music, and the programme carried out included the following: "Our Navy March," Obendorfer; prayer, Rev. Leon Harrison; overture, "Fra Diavolo," Auber; delivery of prizes and address, "Prize Winners," Dr. Joseph M. Matthews; intermezzo, "Cavalleria Rusticana," Mascagni; valedictory address, "Hygiene," Dr. R. C. Atkinson; sextet, from "Lucia di Lammermoor," Donizette; announcement by the dean, Dr. Y. H. Bond; delivery of diplomas, Hon. Geo. Tansey; selections, "Bohemian Girl," Balfe; benediction, Rev. Leon Harrison; galop, Straus.

The following is the list of graduates: T. Lee Agnew, A. B. Mankanda, Ill.; Don A. Barnett, Darkville, Mo.; Aurelius Willard Bartlett, A. B., Virden, Ill.; Hubert Beedle, O'Fallon, Ill.; William Lilburn Bettis, Harrisonville, Ill.; John Julius Boehm, St. Louis, Mo.; Charles James Boswell, Anna, Ill.; William Alexander Brittin, Springfield, Ill.; Almon Wilbur Brown, Jefferson City, Mo.; Harry Hubbard Brookhart, Harrisonville, Mo.; John F. Cherrington, Bogord, Mo.; Simon Oscar Davis, Moun Etna, Io.; William Detatherage, M. D., Bella, Tex.; Thomas Hartt

Diven, Centralia, Mo.; Charles King Dutton, Morse, Mo.; Charles Beau-
reguard DeGroat, New York, N. Y.; Ezra Levi Evans, Springfield, Mo.;
John Richardson Farthing, Farina, Ill.; John Henry Fulgham, Jackson,
Miss.; Albert Eugene Greer, St. Louis, Mo.; Walter Addison Hancock,
Jake's Prairie, Mo.; William Peter Henrich, Ph. G., Mascoutah, Ill.; John
Joseph Hoffman, St. Louis, Mo.; Louis George Hummel, Warrenton, Mo.;
Franklyn Hyde, Memphis, Mo.; Thomas Leander James, Harrisonville, Ill.;
Thomaas Morton Johnson, Stone Fort, Ill.; Joseph B. Kenney, Ph. G.;
Larimore, N. D.; George H. Lane, Nashville, Ill.; Edward Kenton Lock-
wood, Linn, Mo.; James Joseph Morony, St. Louis, Mo.; Henry Barridge
Morton, Greene, Kans.; A. Foster Moore, Polo, Ill.; Charles Alexander
Moore, Edwardsville, Ill.; Allen Guliford McConkey, Albany, Mo.; Elbert
Wilbur Oliver, M. D.; Mulberry Grove, Ill.; Samuel Alexander Peake,
East Templeton, Canada; William Advance Potter, M. D. Lancaster, Mo.;
Haymond John Powers, Ogden, Utah; Thomas Joseph Ragsdale, Lone
Jack, Mo.; Herman Schmidt, Nashville, Ill.; William Ramses Smith, El-
sah, Ill.; Henry Wallace Taggart, Moscow, Idaho; Frederick Edwin
Tulley, Miles City, Mont.; Charles Henry Walters, Lowder, Ill.; Will
Lewis Whipple, D. D. S., St. Paul, Minn.; August George Wilhelmj, East
St. Louis, Ill.; Lincoln Abraham Yocum, Wooster, O.; Charles John Zitz-
laff, Indianapolis, Ind.

The following students graduated with distinction: First Medal—
Aurelius Willard Bartlett. Second Medal—John Julius Boeheim. George
H. Lane, A. Foster Moore, John Richardson Farthing, Herman Schmidt,
Charles James Boswell, John Henry Fulgham, John F. Cherrington, Char-
les John Zitzlaff, Joseph B. Kenney, Ezra Levi Evans.

Beaumont Hospital Medical College. The eleventh annual com-
mencement exercises of the Beaumont Medical College were
held March 19th, before a large audience that comfortably filled Me-
morial Hall, corner Locust and Nineteenth streets. The exercises consisted
of prayer by the Rev. Wm. Wort King; piano, solo by Charles Kunkel,
introductory remarks by Prof. Warren B. Outten, A. M., M. D., Dean;
Song to Sevilla, by Miss Maria Kern; conferring the degree of doctor of
medicine, by the dean; violin solo, by Fritz Gieb; valedictory address, by
Prof. Wm. Archibald McCandless, A. M., M. D.; piano solo, Mr. Charles
Kunkel; song, Mr. Otto Hein; benediction.

Seventeen young gentlemen were granted diplomas. The exercises were
of a most interesting and enjoyable character, and the audience congrat-
ulated the faculty upon its marked success by frequent applause.

The following is the list of graduates: F. C. Beach, B. B. Berry, R.
M. Boyd, W. C. Dixon, C. G. Hamel, G. W. Haverstick, G. A. Herzog,
F. W. Hilcher, E. F. James, B. F. Jones, G. E. Locker, H. Miller, A. C.
Picket, J. E. Stegmann, M. M. Young, T. Welch and G. Rowe.

Nebraska Meeting. The Nebraska State Medical Society meets at
Grand Island on the 21st, 22d and 23rd of May, 1895. The officers in
charge are, H. B. Lowry, of Lincoln, president; J. E. Summers, Jr., of
Omaha, 1st vice-president; W. B. Ely, of Ainsworth, 2d vice-president;
Geo. Wilkinson, of Omaha, recording secretary; W. R. Lavender, of Oma-
ha, corresponding secretary; W. M. Knapp, of Lincoln, treasurer.

St. Louis College of Physicians and Surgeons.—The commencement exercises of the St. Louis College of Physicians and Surgeons were held at Memorial Hall March 26th. Dr. James A. Close presided. After an invocation by Rev. Michael Burnham, D. D., Dr. Close made a brief announcement of the purpose of the gathering, concluding with a review of the college history for the term just closed. The presentation of diplomas followed, Dr. T. J. Portis delivering the charge regarding the duties and responsibilities assumed by physicians.

The class valedictory was delivered by H. O. Green, B. S., M. D., of Spencer, Iowa. It was an able effort. Dr. Green is a graceful, polished speaker and held the large audience to the close. Dr. Robert M. Funkhouser responded on behalf of the faculty.

There were forty-seven graduates. The first honors were carried off by H. W. Lyman of Missouri. Second honors were divided between A. H. Bartmer of Missouri and W. D. Donaher of Nebraska. H. W. Gobble of Illinois came third in the honorary list, followed by W. Q. G. Tucker of Illinois, W. N. Brooks of Texas and F. J. Vawter of Illinois.

Not Recognized.—The Iowa State Board of Medical Examiners has refused to recognize diplomas issued by the Keokuk College of Physicians and Surgeons.

Tri-State Medical Society.—A full report of the late meeting of this society will appear in our next issue.

Dr. Madden.—Dr. Thomas More Madden, of Dublin, Ireland, has sent us an article which will appear in an early issue of this magazine.

Will Participate.—Dr. C. H. Hughes, of St. Louis, has been invited to participate in the proceedings of the British Medical Association which will meet in London, July 30—August 2.

South Dakota Society.—The following officers will preside at the next meeting of the South Dakota Medical Society.: R. T. Dott, president; G. E. Martin, 1st vice-president; W. M. Edwards, 2d vice-president; W. J. Maytum, secretary and treasurer; E. Rice, assistant secretary and treasurer; C. B. Alford, G. W. Moody and J. C. Morgan, trustees.

An Appeal.—Dr. F. O. Broady, of Dallas, Texas, in *Sanative Medicine* for February says that the Chicago Physio-Medical College is in danger of annihilation at the hands of the Illinois State Board of Health. He states the case as follows: "There are no ifs or ands about the final legal success of the college at all. The college can beat the Illinois' State Board of Health if it has the money. No doubt about that at all. Hence the future of the Chicago Physio-Medical College depends upon what the Physio-Medical profession of America does during the month of February, 1895. If the profession wants a college at Chicago let it help its own; it will be too late for regrets when the college has stopped."

Dr. Broady "rubs it into" the Board as follows: "Is there anyone who doubts that the Illinois State Board of Health is made up of unscrupulous persons, bitter Allopaths, backed by any necessary amount of wealth, with a clear cut purpose to crush out Physio-Medicalism at any cost? Honorable men? Bah! Let suckling infants and fools prate about honor in an Allopathic organization." We feel sorry for the doctor.

Correspondence—A Letter From Glasgow.

29 LYNEDOCK STREET, GLASGOW, March 14, 1895.

To the Editor Tri-State Medical Journal.

DEAR SIR: A kind friend has forwarded to me the February number of your valuable journal, which I have read with very great interest and profit. If you will permit me, however, I would like very much to take exception to some of the remarks in Dr. O'Harra's paper upon "The Science of Medicine."

He states that "fever is a manifestation of the *Vis Medicatrix Naturæ*," and that "it is one of nature's means of defending* the system against the effects of *Materies Morbi*." Such statements appear to me to be altogether at variance with fact. No doubt the *Vis Medicatrix Naturæ* is frequently sufficiently powerful to overcome the cause of the fever, when, of course the fever naturally subsides. How, then, can the fever be a manifestation of the healing power of nature? Again, how does he come to the conclusion that fever is not the most important part of disease, when we know that it is the high temperature which co-exists, and is, in reality, the fever *per se*, which acts so injuriously upon the various organs, especially upon the muscular fibre of the heart. It is an indisputable fact that the continuance of a high temperature for an undue length of time generally ends fatally by producing degeneration of the heart tissues, and it is not only the fibres of the heart but those of the whole muscular system which are so affected. If the temperature is kept down the "ravages of disease" are so far restrained, and I unhesitatingly, in every instance of disease accompanied by fever, make it my prime object to keep the temperature down by phenacetine (which I hold is the best anti-pyretic that we possess), knowing that the depressing effects of fever upon the system are much more to be dreaded than those produced by such a reliable drug.

In what way phenacetine acts I am not prepared to affirm, but I think the paper, in the same number of your journal, by Dr. Byron Robinson, throws very considerable light on the subject. I come to this conclusion from the knowledge that phenacetine exerts a most potent influence upon neuralgia; moreover, I believe it has a decided antiseptic effect and thus retards the development, if it does not altogether destroy, the septic entities within the blood.

Few will gainsay that fever is due either to direct or reflex influences acting upon the vaso-motor system; thus we have fever arising from blood contamination, and again from some local mischief. In the reduction of fever, therefore, I conclude that phenacetine acts as a direct tonic to the sympathetic nervous system, probably exerting its influence directly upon the ganglia. By so doing the effects of the *casus morbi* are directly opposed when the *Vis Medicatrix Naturæ* asserts itself and is able successfully to combat the *Materies Morbi*. It is in consequence of this fact that the cold wet pack and cold affusion seem to exert their influence.

By all means "assist nature by stimulation," and in doing so in certain weak conditions of the heart I would employ digitalis, which I have never found to be a sedative, as Dr. O'Harra avers it to be, that is to say, if it is administered in proper doses. Indeed, in my hands, it has proved the most valuable heart tonic that we possess, and when combined with strychnia is invaluable. I am, Yours truly, ROBERT BELL, M. D., F. F. P. S., etc.,
Senior Physician to the Glasgow Hospital for Women.

THE TRI-STATE MEDICAL JOURNAL

By JAMES MOORES BALL, M. D.

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Vol. II.

SAINT LOUIS, MAY, 1895.

No. 5.

ORIGINAL ARTICLES.

*CLINICAL LECTURE—PYOSALPINX, APPENDICITIS.

By W. W. KEEN, M. D., OF PHILADELPHIA.

Professor of Surgery in Jefferson Medical College.

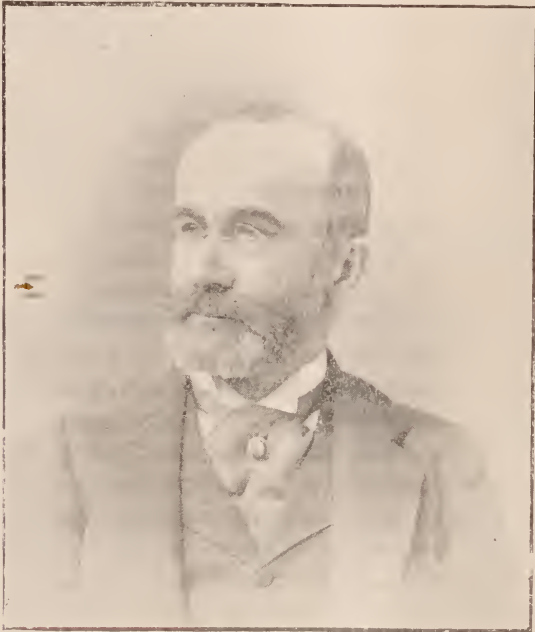
CASE I. PYOSALPINX.

I SHALL have the pleasure of bringing two patients before you to-day. Let me say of the first one frankly, that I am not quite sure what the exact trouble is. It is always better, I think, especially when we are talking to each other to confess very frankly our ignorance in many cases. My ignorance in this case is partly due to the condition of the patient and my unwillingness to inflict unnecessary pain upon her. She is a young girl, 20 years of age, unmarried. She states she was well until 15 years old, at which time her menstruation appeared for the first time, but then ceased for six months. From that time until the present she has had an apparent menstrual flow for a large part of the time. Sometimes it will continue for from two up to six weeks at a time with an interval of one or two, and, occasionally, three or four weeks. About a year and a half ago a physician removed what he stated was a small polypus

*Delivered at the St. Louis City Hospital, April 3, 1895.
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from the cervix uteri. I saw her yesterday for the first time. I found her suffering from a second trouble, namely, excessive pain in the left lower abdomen, which began about a week ago; for all of this continued hemorrhage from the uterus has been entirely unattended with pain. She admitted to me that there was a possibility of a gonorrhoeal complication, although she denies any knowledge of the actual existence of gonorrhoea at any time. There is, however, certainly a possibility, and, in my opinion, a strong probability of such an infection, and that it has produced a pyosalpinx which has now involved the abdominal cavity.

When the pain began, a week ago, she also had marked fever. She only entered the hospital two days since. Her temperature night before last was 103.8°; last night 102.8° and this morning 100.4°. Her respiration, also, has increased somewhat, and now is 28 to the minute. On examining



W. W. KEEN, M. D., OF PHILADELPHIA.

her abdomen I found that the belly wall was very tense, especially on the left side, and this corresponded with the area of greatest pain. Pressure on the left side markedly increased the pain; pressure on the right side also produced pain, not however where the pressure was made, but on the left side. I shall have occasion to recur to this again when speaking of the second case particularly. It is often important in our reports of cases not to state vaguely that "pressure on the right side elicited tenderness," but that "it elicited tender-

ness on the left side," that is to say, we should state two facts; first, the point at which the pressure was made, and, secondly, the point where the pain was felt, otherwise we are apt to suppose that the point of pressure and the point of pain are identical. When I examined her by the vagina I found the uterus fixed and on its left side a mass of induration excessively tender, so much so that even a very imperfect examination caused her to weep copiously. Accordingly I desisted from further examination.

You would ask me, perhaps, why am I willing to open a woman's abdomen without a thorough examination? For this reason, that the conditions revealed, both by abdominal and vaginal touch are such as amply to justify an exploratory operation, and the moment that the abdomen is opened the exact diagnosis can then be made. I could probably determine all the minute facts, such as the size of the uterus, whether there was an intra-uterine polyp, pyosalpinx or enlargement of the left ovary by using an anæsthetic, but to have anæsthetized her yesterday and again to-day, in view of her fever and pain and other diseased conditions, I deemed neither necessary nor justifiable. I have advised her, therefore, that I think she has probably a pyosalpinx which may even have ruptured and that an exploratory coeliotomy is necessary both for diagnosis and for treatment.

In entering the abdominal cavity I always go carefully. On one occasion I happened to open the bladder, it having been stated to me that a catheter had been used to empty the bladder, which I found later was not the case. I immediately, of course, closed the bladder by sutures, entered the abdominal cavity higher up, and no trouble resulted. Always since then I have avoided a similar catastrophe by careful incision rather than the "brilliant surgery" which opens the abdomen in one or two cuts and every now and then opens a bladder in consequence of the want of care. Now, in this case, as I near the peritoneum, it seems to me that there are adhesions either of the bladder or of the bowels to the abdominal wall, and if I do not go very carefully I shall open either the one or the other. I am always willing, especially in talking to my brother physicians, to admit the errors that I have made and to confess my surgical sins. When one of my brethren makes a mistake I am a great deal more lenient in my criticism when I consider my own past and see the errors and mistakes which I am free to confess I have not uncommonly made. Often facts stated in a distorted way by patients or their immediate attendant, members of the family, and so on, cause us to criticise our surgical brethren or be criticised by them very unjustly.

In the present instance, you see, that the bladder is adherent to the belly wall half way to the umbilicus, and had I not been as careful as you have observed, I should inevitably have opened the bladder. Passing my fingers now into the pelvic cavity I find them arrested by a large mass of adhesions on the left side of the pelvis; placing the patient in the Trendelenberg posture, I am now readily able to discover the uterus and tubes as the intestines fall away from them. Almost a single touch of the finger opens an abscess of considerable size, and now you observe that I have liberated from the adhesions the torn stump of the left Fallopian tube. Undoubtedly we have had here to deal with a pyosalpinx which has ruptured in consequence of the fragile condition of the tube, has produced extensive local adhesions with an abscess just precisely as in appendicitis we have

such local adhesions hemming in an abscess. The tube is torn a little beyond the uterus. Of course, it would be possible to remove the ovary as well as the tube which I now tie and cut off, but is it wise?

I remember very well a case almost similar to this in which a distinguished gentleman assisting the operator, declared that anything could be removed and passed in his fingers, tore loose and removed the ovary. In a very few moments the abdominal cavity was flooded with fæces. Months after, when the patient was a mere skeleton, resection of the intestine and intestinal anastomosis happily saved her from her dreadful condition. For myself, I prefer to treat such cases as this just as I treat cases of appendicitis. If the appendix can be found and released without unreasonable violence it should be ligated and removed. If not, it is much better surgery, in my opinion, to pack and drain such an abscess cavity and let nature take care of the appendix. Just so here, in my opinion, the proper thing to do is to search for the ovary, and if with reasonable force it can be removed, the cavity curetted and disinfected and drained, I should do so. If, however, the adhesions are very extensive, I should not attempt to remove the ovary nor destroy even the walls of the abscess, but drain it by a glass tube and iodoform gauze packing, or a Mickulicz drain. Finding that the ovary in this case is bound down by very dense and extensive adhesions, I shall follow the rule I have laid down, namely, drain and pack. Having at hand the glass tube, but unfortunately not the means for making a Mickulicz drain, I shall insert the glass drain to the site of the abscess and pack it around with iodoform gauze; as the pieces are small (hence I cannot use the Mickulicz drain), I shall tie one, two, three knots, and so on, in the various pieces of gauze so as to recognize and remove them in reverse order. I shall not attempt to close the abdominal wall except by a stitch or two at the two ends, but leave it widely open for the freest possible drainage. Of course, before it is drained and packed I wash it out very thoroughly by repeated flushings with quarts and even gallons of the normal salt solution.

The prognosis in this case is not at all favorable, but the prognosis with an open belly and free drainage is vastly better than with a closed belly such as hers was an hour ago.

CASE II. APPENDICITIS.

The second case that I have is one of appendicitis in a poorly nourished colored boy, 11 years of age. Sometime since the boy developed an interstitial keratitis undoubtedly of syphilitic origin. He came into the hospital only four days ago, and the very next day his attack of appendicitis began with pain in the right iliac fossa. The first thing I said to him was, "take one finger and show me the most painful point,"

when he placed his finger immediately upon a point $2\frac{1}{2}$ inches internal to the anterior superior spine and 2 inches below the omphalo-spinous line. Now, the so-called "McBurney's point" is 2 to $2\frac{1}{2}$ inches from the anterior superior spine on the omphalo-spinous line. This boy points to a spot 2 inches below it. I do not believe in the especial value of McBurney's point if by that is meant the exact spot described originally by Dr. McBurney, as indicated above. The spot of maximum pain and tenderness will correspond to the focus of disease. This is often at McBurney's point, but often far away from it. For instance, I have seen the spot of greatest tenderness just below the right border of the ribs in a case in which the appendix ran up behind the colon and terminated just below the liver where its tip had become gangrenous. On the other hand, I have seen the spot of greatest tenderness just above the pubes in a case of long appendix which tipped over into the pelvis and produced an abscess between the rectum and bladder because of gangrene of the tip of the appendix. I have seen the tenderest point just above the middle of Poupart's ligament corresponding to the focus of most intense disease of the appendix. I have seen it exactly at McBurney's point, but only when that corresponded to the focus of disease. I drew your attention, you will remember, in connection with the first case, to the fact that in her abdomen pressure in the right iliac fossa produced pain in her left. In the present case precisely the reverse is true. Pressure on this boy's left iliac fossa produced pain in the right. It is not, therefore, as I have shown you, sufficient to state that pressure in the left iliac fossa produced pain, but that it produced pain in the right iliac region. This is a point that I have not usually seen alluded to in papers or articles dealing with appendicitis, and I think it a very valuable one.

I am always suspicious of a beginning appendicitis when pressure in the left iliac fossa by forcing the bowels over into the right produces pain in the right fossa. Percussing over the boy's belly I find marked dullness from the level of the anterior superior spine downward reaching in a curved border over the middle line. I believe, therefore, that we have here an abscess already developed. If so, it is one of those cases where we dare not enter the belly cavity as in a case of recurring appendicitis by a vertical incision at the outer border of the right rectus, entering the peritoneal cavity boldly and intentionally; but on the contrary, there being an abscess we must be careful *not* to open the general peritoneal cavity. I shall do the operation originally proposed by Willard Parker in 1867, namely, make an incision parallel with Poupart's ligament and gradually work down layer by layer until I reach the abscess cavity. Having reached the abscess cavity if with reasonable force I can find and loosen the appendix I shall tie and remove it. If, however, the adhesions are such that it is buried so that it would require a large amount of force, or if on the contrary, the adhesions

are very soft and easily torn showing that they are recent, and that even a little force will separate the coils of intestine and open the belly cavity I shall deem it the part of prudence to retreat, wash out the cavity, pack it gently so as to drain it freely and let it alone.

Occasionally one comes across some very curious cases of appendicitis. Three or four months ago I had a very unique experience in a case of a patient in the Jefferson Medical College Hospital. The man within two years had what seemed to be a dozen or more attacks of appendicitis so far as I could judge from the history which he gave me. Of course, he was not under my care during any of them. I stated to the class that the man had recurring appendicitis, that I should open the abdomen, ligate the appendix, remove it, bury the stump and close the abdomen. After opening the abdomen I drew out the caput coli and not finding the appendix I drew out the ilium so as to be sure of just where I was, turned the caput coli over and hunted on one side, then on the other, then in front, then behind, hunted everywhere in fact, and failed to find any appendix whatever. The man had none. He was evidently one of the 20th century men born before his time without an appendix. I am very glad to say, however, that I got there just the same, for the operation has cured him entirely. It is, however, somewhat of a conundrum how a man without an appendix can have a dozen attacks of appendicitis.

In the present case I shall be very careful in making the incision not to extend it beyond the area of dullness as elicited by percussion. Therefore I want to fix that definitely. If I go beyond the area of dullness I shall be very apt to open the belly cavity and flood it with pus. Making the incision, I now have cut through the aponeurosis of the external oblique. Under it I find a moderate œdema, not so much as I had expected, but yet enough to indicate to me that pus is beyond. This inter-muscular œdema is to me very significant of pus. I next divide the internal oblique and transversalis and cut down upon the thickened peritoneum. Tearing this through you now see the pus which runs out in a moderate amount. Passing my finger in I find the adhesions are very easily torn, as easily as the slight adhesions of a recent pleurisy. In my opinion, in such a case as this it would be madness, it would be, in fact, the worst surgery that I could show you to make an extensive separation of such adhesions and thorough search for the appendix which I might find, it is true, but in doing so I might inflict upon this boy irreparable injury. It is exactly such cases as this with such easily torn adhesions which the "thorough" surgeon kills so easily. A slight search does not reveal to me the appendix as a recognized structure. I shall, therefore, simply wash out the cavity, pack it with iodoform gauze and drain. I shall ask my friend, Dr. Marks, the able Superintendent of the hospital, to give these patients his kind care. He will remove the packing in about three days, and lightly re-pack. If symptoms

of peritonitis appear he will give $\bar{5}$ ij Magnes. Sulph. every two hours till free purgation follows.

I thank you very much, gentlemen, for your courtesy in asking me to come all the way from Philadelphia and hold a clinic, and I trust that you have not at this early hour of the morning deprived yourself of sleep without receiving at least some corresponding benefit.

[NOTE—April 19, 1895. Both patients are rapidly convalescing.]

REMARKS ON THE GENERAL SUBJECT OF FRACTURES INTO AND NEAR JOINTS.*

BY ROSWELL PARK, A. M., M. D., OF BUFFALO, N. Y.

Professor of Surgery in the University of Buffalo.



O MUCH has been said this evening, that I desire to call your attention only to a few of the salient features of these cases. Let us speak first of the possible immediate consequences, of which I will attempt a partial list:

1. Too wide separation of the fragments by hemorrhage or effusion, this being permitted at the joint end as it could be in no other part, the condition of hæmarthros being sometimes excessive, and the blood not being resorbed quickly enough to permit

replacement of fragments before fixation in bad position has already occurred. This, of course, is only to be obviated by the use of the aspirator, or possibly by aseptic incision.

2. Complete or partial rotary displacement, or displacement in some other direction, by which bone surfaces are no longer apposed. This is frequently a fertile source of trouble, scarcely any joint being exempt by virtue of its construction from danger of this character.

3. Interposition of fibrous or of soft tissues between bone surfaces, by which bony union is necessarily prevented, as is perhaps most often the case in fractures of the patella and of the olecranon. It is notorious that this is particularly true in the former case, as I have many times observed in operating for fractured patella—an operation which, by the way, I recommend partly for this very reason.

* Made before the Surgical Section of the Buffalo Academy of Medicine.

4. The absolute intra-articular character of certain fractures, which means that fragments are broken off which have little or no blood supply remaining, and which must remain at least as inert foreign bodies, or possibly become irritants and doing much harm. This is the case, for instance, in certain rare fractures of the anatomical neck of the humerus; it may also obtain at the elbow, possibly elsewhere. Not only is the fragment completely detached, but it is bathed in fluid, which prevents anything like fixation by adhesion, and, acting as an irritant, it frequently provokes the exudation of much more serum.

5. Exuberance of callus, which may occur to such an extent within a very few days as to practically imbed the bone ends in a kind of cement, which may not easily be disposed of.

6. The reverse of this i. e., absence of callus, which often refuses to appear when bone ends are saturated in joint fluids.

These are some of the undesirable things which may occur within the first few days. Study now some of the possibly more remote consequences:

1. Exuberant callus may form much later as the result of too early attempts to move the parts, as a consequence of a delayed callus formation, or from other causes.

2. Separation of fragments may be quite extensive and wide enough to absolutely preclude possibility of bony repair. This is true, again, particularly in the case of fracture of the patella or the olecranon, but may be true of other parts as well.

3. When the effusion is too fibrinous, or when it consists mainly of blood, as the result of condensation and the well-known properties of fibrin, we may get adhesion of joint surfaces which at first is not strong, but which later brings about a condition of pseudo-ankylosis, the consequences of which are well-known, as well as the difficulties in dealing with it.

4. Adhesion of tendons, which may be the result of the same process, of adhesion to surrounding callus, or of adhesion to their sheaths because of extension of the adhesive process from neighboring joints.

5. Displacements of bone ends or fragments and vicious union, which bring not a few physicians into court as defendants in malpractice suits. For some of these resulting deformities, undoubtedly the medical attendants are morally responsible; in other instances, however, they certainly are not so. The deformity at the elbow which results from neglect to place the arm in the proper position after fracture of the internal condyle is, in most instances, due to ignorance or carelessness on the part of the attendant, but the deformity and vicious union which may follow an intercondyloid fracture or a comminuted fracture of the elbow joint is something for which the doctor probably is in no wise to blame.

6. *Exostosis and osteophytic outgrowth.* These frequently complicate the fractures with which we are dealing to-night, but are seldom due to any

fault on the part of the medical attendant, except such as may come from too early manipulation from mistaken notions.

7. Absorption of bone likewise is a thing for which the doctor can scarcely ever be considered responsible. It occurs notoriously after many fractures of the neck of the femur; it may be met with under other circumstances as well. I have, for instance, a specimen in my possession of practically total disappearance of the neck of the femur after a fracture, the head being engrafted on the end of the shaft. In fact, I have in my cabinet several specimens which show more or less of this action, and I think it occurs oftener here in manifest form than in all the other joints of the body put together. You can well imagine that more or less disability as well as deformity may result.

Yet other changes may be noted, as follows:

8. Involvement of nerves by pressure of callus. This occurs perhaps oftenest about the elbow joint, but may be met with about any of the joints.

9. Thrombosis of veins, which may lead to obliteration of the deeper vessels and more or less permanent enlargement of the superficial veins.

10. Oedema, which may result from the above condition, or from simple pressure without preceding thrombosis.

11. Chronic hydrarthrus, which sometimes almost defies all attempts to subdue it, or at least entails upon the patient long care and attention.

12. Arthritis deformans traumatica, which has been described by various authors, and which is the occasional result of fracture, though a remote one. These are the cases, for instance, where at the expiration of a year or two one finds the result very different from that which he saw when he dismissed the case. The changes, the expansions, and the alterations in shape which may be thus produced are simply astonishing; and many cases of progressive deformity and disability following fractures in old people are unmistakably due to this condition, whose origin is obscure.

13. *Necrosis*. A very recent case in my own experience has proven to me that this is a not impossible sequel of fractures near joints, since within a week I have been compelled to make a long incision for the purpose of removing an irregular sequestrum from the lower end of a femur which had been broken months ago.

14. *Malignant changes*. That I am not wrong in saying that this is also one of the possible causes of malignant disease is proven by photographs of a case which I pass around, the case being that of a young man who sustained a simple fracture of the femur some nine months or so ago, and who now has an enormous tumor, evidently malignant, evidently springing from and involving the part of the bone which he says was originally broken. The diagnosis is evident that I have to deal in his case with a sarcoma of the thigh; and I may say, incidentally, that I expect within a day or two to make a hip-joint amputation in the endeavor to save his life.

The above is by no means a complete list, but will probably do for the present.

Study now some of the pathological features involved in these cases. First of all, callus is not thrown out with the freedom nor in the same way that we see it in fractures of the shaft of long bone. This fact is due partly to the absence of a periosteum on the articular surface, and partly to the



ROSWELL PARK, A. M., M. D., OF BUFFALO, N. Y.

fact that both bone surfaces are more or less bathed in synovial fluid, by which not only would union be interfered with, were there no fluid accumulation, but by which also bone fragments are sometimes separated. In cases of fracture running both within and without the joints, this statement perhaps is not quite so true; but, at all events, the absence of periosteum on so much of the articular surface as is exposed in the break means that no callus will be formed at that point. Thus when union takes place it must be rather by the granulation process than by ossification of callus. Hence too, this granulation process often failing, we get a union by tissue which is

fibrous, and sometimes get no union at all. Furthermore, even when we have by accident or happy circumstance a bony union within the joint, the line of the same is not covered by cartilage and is often marked by a groove. In course of time fibrous tissue may to a certain extent replace the lacking cartilage, but cartilage by itself is a tissue which does not form to compensate for defects of this kind. In occasional instances the cartilage has been dislodged; or, sometimes disappearing, we get the actual presentation of exposed bone within joint cavities. The consequence of this is very frequently, the condition which pathologists call "eburnation," and, were I demonstrating specimens, I could show you those where this process has taken place to an almost complete extent, and the exposed bone surfaces are not only polished smooth but are nearly as hard as ivory. When we inquire into the causes of complete failure of bony union in these fractures, I presume it is due most often and first to separation and mobility of fragments; next most often, to the deterring influence of synovia; then to insufficient blood supply; and, finally, to a lack of external or ensheathing callus which shall hold together and steady the fragments.

Another curious phenomenon noted in some of these instances is the partial or complete resorption of a loosened intra-articular fragment, which seems to disappear by a sort of rarefying process in bone, coupled with some solution and disposition of the material thus produced. Minute explanation of this is lacking, but many evidences can be seen in post-mortem specimens. I have, for instance, in my own possession the result of a fracture of the neck of the femur. The upper end of the shaft is simply rounded off, all semblance of neck being lost. It looks more like the upper end of an ordinary round ruler, only a slight knob showing where the neck was originally imbedded. This was held in its place in the original condition by fibrous tissue, the patient having what must have been a reasonably useful false joint or fibrous union. In the acetabulum was a portion of the original head of the bone, its spongy or cancellous tissue much rarefied, the fragment being held there apparently by the original connection with the ligamentum teres. What had become of all the cancellous structure between this fragment of head and the shaft—of course no one can exactly say; but I can only explain its disappearance by some such process as that above alluded to.

I would like also to insist on the more general clinical recognition, or at least the acceptance of the pathological reason, for certain phenomena noted after injury or suspected fracture, where the specimen itself is not yet under inspection. Most of you will remember the celebrated malpractice suit in this city, some years ago, where a woman and her dishonest attorney attempted to blackmail a leading member of our profession. This creature undoubtedly fell, and was injured in some way about the hip. It is barely possible that she sustained originally an impacted fracture, though this is doubtful. At the time of her injury, there was neither shortening nor any other significant sign of fracture. Yet a year or two later, we are assured by competent observers that there was considerable shortening, and that other obscure changes existed about the joint. This case might be the text for quite a talk on the indirect and obscure consequences of injuries in the neighborhood of joints. I imagine the condition in this poor creature's case to be one of arthritis deformans with more or less absorption, or at least change in the shape of the bones, with resulting disturbance of function, impairment of motion, and possibly some of the pain of which she complained. That her complaints, however, were mostly manufactured for the occasion is a matter upon which evidence was competent and abundant, and the whole case was a deliberate attempt to blackmail one who was utterly innocent of the slightest responsibility in the matter, and will not soon be forgotten by many of us who were deeply interested. I do not doubt but that similar instances may come under the observation of many men, and I think it well to impress the fact that in and about the joint after such injuries similar lesions may happen.

Finally, a few words with regard to treatment. Next to the question of the exact position, in which the parts are to be dressed, and exactly how they shall be dressed, *i. e.*, the question of position and of splints, or character of dressing, I take it that more vexation is produced by the question of how soon to begin passive motion. I desire here to state my own convictions, although knowing that they may not be shared by all of you. If I have gradually settled down upon any practice in these cases as the result of observation, it is this: I am convinced that more harm comes from too early efforts at passive motion rather than from too late. Put it to yourselves in this way: Suppose a man with a broken femur, who is confined for weeks in bed in immovable dressings. On recovering the upright position, his joints, especially the knee and ankle are sure to be stiff and almost immovable at first. Yet in such cases how quickly does nature atone for the enforced rest, and how quickly, ordinarily, and more particularly how completely, is mobility regained. Now it seems to me that the first question in dealing with fractures implicating joints is to give the most absolute possible fixation with the most correct possible approximation of fragments, to which ideal results everything else is subordinate. It is a mistake, then, to move these parts before such fixation has occurred, since thereby irritation is produced, callus production is perhaps increased, more swelling occurs, and the result is, in almost every respect, unsatisfactory. I believe as thoroughly in passive motion as do any of you, but I plead only for care in resorting to it as well as reasonable delay. I have never had occasion to regret waiting, and I have more than once regretted resorting to it too early. The other feature of treatment to which I ask your attention for a moment is the adoption of plaster of Paris as a dressing material in fractures of the upper extremity. I know that it is common practice with general practitioners to resort to artificial or ready-made splints of felt, tin, or other material, which are sold in all instrument stores, and which are largely made for fractures in various parts of the arm. I want to remind you, however, that plaster of Paris can be used so as to make a more comfortable, serviceable, and more accurate-fitting splint than any of these. For this purpose I practically never use the roller, but always surgeons' lint, cotton flannel, or some such material, which is cut out in a rude way to the required size, at least two layers, sometimes three, being used. These are thoroughly moistened with water, are then thoroughly worked in plaster of Paris cream, and while still wet and plastic are moulded over the arm, shoulder, or forearm, while the hands either of the surgeon himself or of a reliable assistant maintain accurate approximation of bone fragments and keep the limb in proper position. In fractures of the inner condyle, for instance, only by some such method as this can the accurate maintenance of the so-called "carrying" function be secured. To do this both arms are stripped, and the well one is regarded as a standard by which to fix the

position of the injured one. And in fractures of the inner condyle, by the way, as well in the nearly extended position, and again in the treatment of Colle's fracture, I always maintain that accurate reposition of fragments is the secret to success. Taking it for granted that this has been first made, under chloroform if necessary, I have found no splint more serviceable or comfortable than one moulded over either the anterior or the posterior aspect of the forearm and the hand, extending nearly to the knuckles, but made in this general fashion. These wet splints are held in position with such bandaging as may be required during the few moments necessary for their hardening. The limb may then be rested for a few hours until the splint is absolutely dry and hard, after which it may be removed, the edges neatly trimmed with scissors, any inequalities filled out with fresh plaster; after which the edges may be covered with strips of adhesive plaster to prevent irritation, and you have then a splint which is made for that particular individual and for no other, which fits him like a skin-tight garment and in which, providing only the first requisite, that is, accurate reduction, has been provided for, the limb may rest for so long a time as is required. These splints, gentlemen, give me more satisfaction for almost any fracture between the shoulder and the knuckles than any others that I have ever used.

ON LEUCORRHŒA: ITS CAUSES, VARIETIES, AND TREATMENT.

BY THOMAS MORE MADDEN, M. D.,

Obstetric Physician of Mater Misericordia Hospital, Dublin.

The subject of leucorrhœa is one deserving of fuller consideration than is generally accorded to it. In a large proportion of instances the symptom that first directs attention to the ordinary forms of gynæcological disease is some abnormal mucoid exudation from the genital canal. Such symptomatic discharges are frequently so prominent a feature of those cases, or are so obscure in their causation, so intractable in their treatment, or so far-reaching in their consequences, as to occasion many of the diagnostic therapeutic difficulties encountered in this special branch of practice. It may, therefore, not be useless to review, from the standpoint of a somewhat long clinical experience, our knowledge of the general pathology of leucorrhœal complaints, their various forms, their common course, possible results, and the methods available for their treatment. In this connection no special reference need be made to those mere hyper-secretions from the genital mucosa, that, irrespectively of any pathological condition, may be physiologically occasioned by the local hyperæmia normally consequent on ovulation or

pregnancy, or by the menopause. The term leucorrhœa should therefore be restricted to such non-hæmorrhagic or mucoid discharges from any portion of the genital lining membrane as contain morphological or other elements foreign to healthy mucus, and that are of pathological significance.

Vulvar Leucorrhœa—This, according to the writer's observation in the Children's Hospital, Dublin, with which he has been connected for twenty-three years, is most frequently brought under notice in pediatric practice, and more usually is of constitutional or strumous origin, although it not also unfrequently arises from topical causes, whether catarrhal or simple inflammatory traumatic or specifically infective, such as gonorrhœa. From whichever of these causes vulvar leucorrhœal discharges may arise, it too often happens that they are ignored, or are not submitted to proper treatment in their early stages. The frequent result of this is the ultimate extension of the complaint to the uterus or its appendages, and hence in after years in numberless instances cases of dysmenorrhœa, sterility, endo-uterine, and tubal disease are brought under gynæcological treatment that might have been obviated by due attention to the leucorrhœal troubles of early life.

Vaginal leucorrhœa may be ascribable either to any of the local exciting causes of genital hyperæmia, or to any abnormal constitutional condition by which the tonicity of the vaginal vessels is so impaired as to give rise to non-hæmorrhagic exudation therefrom. The most common of the former causes are catarrhal and simple inflammatory vaginitis; and next in frequency is gonorrhœal infection. The distinction between these is generally a matter of difficulty, or is often an impossibility in actual practice, and in many instances we must rely more on the history, symptoms, and probabilities of the case than on any differentiation from the readily ascertainable presence or absence of gonococci in the discharge. Whether specifically infective or not, however, the treatment of these cases is practically identical. In either instance our primary object should be to secure as far as possible the asepsis of the affected parts by the free use of warm antiseptic injections, such as lysol or boric acid (1 in 25), or corrosive sublimate (1 in 2,000), so as to sterilise and cleanse the vaginal surface from the discharge which, even if not specifically infective, if allowed to accumulate or decompose must act as a direct source of irritation, as well as a possible *nidus* for pathogenic micro-organisms by which the entire genital tract may be infected. In the second place, the same indications may be carried out most effectually immediately after each douching by vaginal insufflations of ioretin, salol, or boric acid powder, or so-called "dry treatment." And thirdly, the parts in the intervals between these applications should be kept well separated by strips of antiseptic gauze saturated with dilute liquor plumbi, or with hazeline, the patient in the meanwhile being restricted to bed, and placed on such constitutional treatment as may be indicated in each case.

Vaginal as well as uterine leucorrhœa may, moreover, also occur, irrespectively of any recognisable local cause of irritation or hyperæmia, as the result of anæmia, chlorosis, strumous diathesis, and other general constitutional conditions, or as a direct consequence of arrested menstruation, lactation, or as a distinct metastasis of gouty and rheumatic disorders, &c. In this connection the vaginal leucorrhœa of pregnancy may also be mentioned, as, although commonly it should be regarded as a physiological consequence or symptom rather than a disease of pregnancy, in some instances it assumes a more serious form, and in the latter months often gives rise to most distressing pruritus of the pudendum. For the relief of this, the writer would again suggest the local application of the methylene blue lotion, which he has recently recommended as one of the best of all topical analgesics in pruritic affections generally.

Cervical leucorrhœa is very frequently of special importance in connection with the causation of obstructive dysmenorrhœa and sterility, in which cases the cervical canal may be so sealed by an abnormally viscid and hyperalkaline exudation from the Nabothian follicles and cervical endometrium as to interpose mechanical obstacles to either menstruation or conception. In our local treatment of such cases, therefore, our chief reliance should be placed on the free use of the cervical curette, before which the writer recommends the thorough dilatation of the canal by means of his rapid dilator, and immediately after curetting then applies iodized phenol or salol bougies to the affected surfaces. Lastly, in this, as in all other forms of chronic leucorrhœa, it is most essential that whatever topical measures are found necessary should be enjoined with these general remedies which may be specially indicated by the constitutional state of the patient, by which such discharges are often occasioned, or to which still more frequently their continuance is due. In many instances of this kind a mild course of bichloride of mercury given in tincture of bark is especially serviceable. In the greater number of cases, however, chronic leucorrhœa is essentially a disease of debility, and for its curative treatment requires the exhibition of ferruginous tonics, as well as rest, general and local, together with suitable hygienic and dietetic measures. For a complaint so many-sided in its etiology as this, it is needless to observe that there can be no special remedy. Nevertheless, in a large proportion of instances I have derived more distinctly beneficial results from the long-continued employment in small doses of arsenical preparations or combinations, such as Donovan's solution, than from any other class of medicine employed in the constitutional treatment of chronic leucorrhœal cases generally.

Called.—The editor acknowledges a call from Dr. J. F. Graham, of Malvern, Arkansas. The doctor is a genial gentleman and enjoys a large practice in Central Arkansas.

THE TRUE CONSERVATISM.

By O. B. WILL, M. D., OF PEORIA, ILL.

THE title of my subject assumes that there *is* a true conservatism, as applied to the practice of medicine and surgery. A principle of conservatism, based upon the recognition of the normal human mechanism as the ideal of human physical perfection. In its connection with the art of healing the term "conservatism" has long been so grossly misused and abused that no surprise need be felt at the ridicule into which it has fallen. Under its guise ignorance and indolence have sought and do yet frequently seek to hide their shame. But to distort meaning and applicability is one thing, and the legitimate application of a legitimate term is quite another. The conservatism that I seek to advocate is something more than a blind faith in the *vis medicatrix nature*, and something less visionary than an equally blind adherence to fatuous effort. It means more than simple deliberation, and something less exalted than speculative assumption. True conservatism represents loyalty to the fundamental, generic principle of anatomical and physiological integrity. It means the preservation as nearly as may be of normal organic and systemic structure as vital to the best and idealistic interests of the whole. It means a most deliberate and scientific study of all aberrations of structure and function, and an equally accurate and systematic adjustment of remedial measures, with a view to the conservation of structural integrity and vital energy.

Egotism and fanaticism have not been guiltless in widening the breach between true conservatism and what may be called efficient radicalism. It has long been a surprise to the writer to see those whose knowledge of the vacillating features of medical history should temper their judgment, unhesitatingly accept a dictum, shadowed, to say the least, by prominent unexplained if not unexplainable facts. On the other hand, equal surprise has been occasioned by an apparent indisposition to consider legitimate propositions simply because they seemed to conflict with pre-conceived ideas. These most unscientific positions are the constant bane of true, logical advancement in our art, and the causes of much antagonism and mischief.

Whatever the injury inflicted in a negative way by a tentative conservatism, or however the facts may be explained or condoned, the truth seems to be that the desire for velocity in the practical advancement of medicine and surgery is the strong influence interfering materially with proper reflection and the application of the principles of a sound conservatism, and thus gives rise not only to many false conclusions, but many practically disastrous results. In the face of hundreds of antagonistically suggestive circumstances and occurrences the feverish excitement continues. A mild protest from some observing companion in the ranks is rebuked with the assertion that no brother of spirit and energy will thus seek to delay the ad-

vancement of his chosen profession. Worst of all, he is treated to the scornful charge of pinning his faith to precedent, and indulging in retrograde tendencies. He is informed that the greatest difficulties encountered by the progressive element in our profession have always been and are the prejudices and so-called conservatism of such as he is. Thus has it come to be the fad to sneer at the word "conservatism," and it has sometimes required a deal of courage to face the look of pitying condemnation that greeted an expressed doubt of the real necessity and legitimacy of anything ingenious, novel and startling in the line of therapy or what not. But can it be substantiated that a wise forethought of reasonable difficulties—even a hesitancy in accepting ultimately established truths—has ever really retarded substantial progress? Can it not with more certainty be proven that adherence to the principle of conservation of forces calculated in advance has oftimes saved the reputation of the profession and the one-idea enthusiasts

themselves? Is it true that the path of scientific observation is so narrow that we can at once comprehend all its relationships while going at a headlong speed? Am I a barrier and a stumbling block in that path if I sometimes call for a halt long enough to consider adjustment to natural conditions? Long enough to take an inventory of casualties and position! It is one thing to devise and quite another to adjust and revise.

The fact is that no class of intelligent and educated men and women have more certainly succeeded in making themselves appear ridiculous in the eyes of all sensible, thinking people inside and

outside of the profession, than have the medical men of this land. They are justly gayed from all quarters for their apparently implicit faith in all sorts of representations, and their equally apparent abhorrence of all scientific method. The gullibility of the profession as exemplified in the application of all sorts of pharmaceutical tricks is becoming embarrassingly notable, and appliances of the most erratic type meet with much too ready an acceptance. The doctor is asked derisively about the fall and winter fashions in



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surgery, and whether or not the anti-conception or anti-something else fad in the materia medica sphere has yet found its way into that mongrel mess yclept the modern prescription. It does seem to the writer that no honest, right-minded member of the profession who stops to think can possibly countenance the present tendency to wild, speculative, ill-considered, non-scientific therapeutic measures in the department of either medicine or surgery. He must feel prostrated with shame at such evidences of loose thought or no thought in the conduct of his calling, and that, too, in the face of the prevalence of so-called advanced educational methods, and the "higher" demands of the different colleges of the nation. A more firm adherence to the demands of true conservatism would obviate this state of affairs, and promote a wholesome respect for professional acts and opinions. A course founded upon the legitimate genealogy of data alone, well digested and appropriated under a knowledge of correlative dependence, must provoke a self-respect, and self-consciousness of duty performed that will ennoble both the individual and his art, and compel a just recognition of the value of both. It is the unbiased, unrestricted logic of facts permitted to run to their natural conclusion that constitutes the basis of the true conservatism. It is in contradistinction to the active but narrow-minded radicalism that can see but one point, or the selfishness and pernicious activity of personal aggrandisement, that like an energetic but vicious colt must be reined into submission in order to secure a legitimate and profitable result. The wisdom of ages is congealed in the mighty adage to "make haste slowly." Building castles in the air as it is called, may often be a pleasing pastime, but not sufficiently substantial for this utilitarian age. A high ideal is necessary to the attainment of the greatest perfection in any art, and in none more so than that of medicine and surgery; but to pin our practical faith to illusive theories is fallacious, and bound to bring ruin and disgrace. This latter is the antithesis of true conservatism, and in the opinion of the writer, just what is constantly occurring at the present time. For instance, in medicine proper, agents and combinations of agents are being produced and pressed upon the notice of the profession with startling rapidity and persistency, based, some of them on false and vicious theories not verified by the test of cautious and trained experimentation and observation, and others wholly, it would seem, on the unqualifiedly insatiable desire on the part of a large body of the profession for "something new." Thus our whole therapeutic system (if such it may be called) has become vitiated, honey-combed with corruption and fraud, and unscientific and unreliable in the extreme. In the department of operative surgery the same spirit has prevailed and is prevailing, though perhaps in a somewhat lessening degree. Procedures of a major character have been frequently resorted to without a judicious calculation of chances and results, but worse than that, without stopping to consider the probably equally beneficial effect of less hazardous and less maiming, albeit less heroic measures.

There has been an apparent stampede to excel in the number of cases and recoveries regardless of other considerations vital to the patient's welfare. The pendulum, however, has now barely begun to swing the other way, and some regard and attention is at last being given to the fact of the vast number of invalids remaining as monuments to antiseptic skill and surgical inefficiency—evidences of a fad-like mania that failed to take into consideration ultimate results of severe anatomical mutilation, to say nothing of failure to recognize established associate conditions proving greater factors in the patient's misery than the one recognized; thus subjugating the first principles of true conservatism. But with returning reason the latter are beginning to triumph. Not so, though, in medicine, as yet, as stated. Its therapeutics continue to run riot, and with all the new anti's, the organic extracts, the bacterial products and hypnotic and other similar influences, true conservatism stands almost dismayed. But as truth in any form "though crushed to earth must rise again," so must we be yet hopeful of a satisfactory adjustment of the multiplex conditions invading and surrounding this most important sphere of professional development and effort. True conservative principles must predominate, in that nothing should be attempted without some well-defined and definite object in view, action being based upon well-authenticated facts, and with a view to the rather reinforcing and conserving the natural forces of the economy.

Let us acknowledge, then, in a commanding scientific spirit, that there is a true conservatism, a judicial principle, a principle demanding full consideration of every phase of human ill, and a correlative judgment involving not only immediate but remote results. A principle demanding in the realm of surgery, an eye single to the preservation and conservation of anatomical and physiological integrity—an adherence as closely as may be to the ideal (nature's model); and in practical medicine strict adherence to well-established diagnostic and therapeutic principles, reinforced as rapidly as may be by new and more powerful influences, first tried and passed upon by an intelligent tribunal working solely in the interests of truth, or by an individual effort inaugurated and justified by a most conscientious regard for the patient's welfare, and a firm conviction that the course pursued is in the direct line of scientific exactitude and inference.

To recapitulate: The true conservatism has for its ideal the naturally perfect man. To preserve his integrity is its watchword. To remove the cause and source of his ills with the least possible disturbance of anatomical integrity and functional activity is its aim. It recognizes the occasional necessity for extreme measures in a surgical sense, but regards them, especially when they involve any sacrifice of organs or tissue, as a necessary evil; an excuse for ignorance, and to be eradicated from the methods of the healing art as time and knowledge advance. The true conservatism courts the approach of the day when the physician's knowledge and forethought

will be so perfected that diseased conditions will be largely prevented. When nature will have yielded up to him her secrets of tissue formation and change to an extent that will enable him to control such processes in the interests of systemic integrity and genetic law.

Such, I take it, is the ideal of the true conservatism. A nearer approach to which is foreshadowed, to some extent, by our advancing knowledge of the great forces of nature—light, heat, electricity—researches into the realm of organic chemistry, and the effects of its products upon the underlying vital manifestations of the human economy. With such increasing knowledge comes greater exactitude, and thus may we hope in time, to be spared the erratic and even senseless notions now so frequently advanced for purposes either of self-interest or pure sensation. Let us be “level headed,” as the saying goes, and not give too much immediate credence to the promulgations of even those having a high standing in the profession, for experience has taught us that even the comparatively mighty are not infallible. A truly conservative course will give us increased power and influence, as well as knowledge.

CATARACT: MORPHINE HYPODERMICALLY, AS A MEANS TO PREVENT PROLAPSE OF THE IRIS IN SIMPLE EXTRACTION.

BY EUGENE SMITH, M. D., OF DETROIT, MICH.

Professor of Ophthalmology and Otology in the Detroit College of Medicine, Ophthalmic Surgeon to St. Mary's Hospital; Surgeon-in-Chief to St. Mary's Hospital, free Eye and Ear Infirmary, etc.

THE desire to do away with mutilation of the iris in cataract extraction has for a long time interested ophthalmic surgeons. The following extracts from the writings of several leaders in ophthalmic science indicate the principal danger at the present day, which is the probable reason why not *all* ophthalmic practitioners make *simple extraction* their common method.

In my own efforts at simple extraction during the past three years, covering nearly one hundred cases, I have met with the experience which others have had, and how to eliminate this *bête noire* has caused much thought. Have I found a method? I think I have, for certainly it has acted most charmingly in my hands so far.

Wecker says: “L'extraction simple prendrait immédiatement le premier rang, si on arrivait à éliminer les prolapsus de l'iris.” Also: “L'emploi de l'esperine, ne m'avait pas donné une garantie suffisante contre les prolapsus et les enclavements ultérieurs de l'iris.”

Knapp says: “The liability of prolapse of the iris is the weak point in

simple extraction''; and again: "If, in spite of reiterated trials of reposition, the pupil does not become circular, or is deformed by the movements of the eye, iridectomy is indicated."

Noyes says: "Prolapse may be caused by efforts of the patient to keep his eye still, the discomfort causing unconscious efforts, and it may be caused by traction of the recti or pressure of the orbicularis."

It has been remarked by many that a simple extraction requires a greater



EUGENE SMITH, M. D., OF DETROIT, MICH.

degree of tranquillity on the part of the patient, a condition of which many are incapable, for ordinarily there is pain or discomfort for five to six hours after operation.

As bearing somewhat upon my method I will state that in the hospital I operate in the amphitheatre, from which the patients walk three or four hundred feet to the male ward, or, if females, five to six hundred feet to the elevator, thence two or three hundred feet to their beds.

I began this treatment the latter part of October, 1893, and have operated upon sixteen cases, taken as they came, without selection, operating upon most of them before my class in the hospital.

In one case the wound did not close for four days, but eventually healed with *perfect result*, the pupil remaining contracted till after the wound healed.

In another case I had operated upon the left eye a year before and had prolapse of the iris. The iris of right eye, after the flap was made, both *before* and *after* the extraction of the lens, showed a peculiar lack of tonicity, and a most remarkable tendency to get into the wound. I called the attention of my class to the fact, and also stated that I considered it a typical case for experiment. I had replaced the prolapse three times with the spatula, after dropping a one grain solution of eserine *upon the prolapse*. This case healed with perfect results, as did one more with similar peculiarity of the iris. The balance of the sixteen cases presented nothing peculiar, but all healed perfectly. Two cases had rather severe *coughs*. My manner of operating offers nothing new; the incision comprises the upper half (or nearly) of the cornea. I still like to extract part of the anterior capsule with my capsule forceps, which I have modified by putting the teeth *on a plane with the blades*, not setting them backwards as at first; there is now no difficulty or awkwardness in using them. After the toilet of the lens, I drop a one grain solution of eserine (salicylate of physostigmine) in the conjunctival sac, give a *hypodermic injection of $\frac{1}{4}$ grain of morphia sulph.*, wait a few minutes, then let the patients go to bed, where I like to keep them from twenty-four hours to two days. Eight hours after the first hypodermic injection of morphia I give another, and the following morning a third. This generally keeps the pupil contracted *ad maximum* from thirty-six to forty-eight or more hours.

The morphine injection also relieves the discomfort immediately following the operation, produces tranquillity, checks a cough if present, and does away with involuntary traction of the recti or orbicularis muscles. Given hypodermically morphine *does not produce vomiting*. Whether the effect of morphine in producing contraction of the pupil be due to its sedative action upon the sympathetic nervous system, in consequence of which the capillary vessels of the iris become somewhat engorged, and the pupil contracts strongly, or the contraction be due to a stimulation of the motor-oculi centres, I do not know, but that it seems to fulfil many indications and has a most happy effect I have demonstrated to my own satisfaction in the sixteen cases in which I have employed it.

Since above was written (November, 1894), I have operated over fifty times, using the morphine injections with the same results as above given. I have, however, modified the dose, and time of repetition. Now I use $\frac{1}{8}$ of a grain every three hours till four doses have been taken. I have seen in

two cases slight nausea, but no vomiting, I am so pleased with its action that I would not do a simple extraction without it.

130 LAFAYETTE AVENUE.

INTERESTING CASES IN SURGERY.

BY G. FRANK LYDSTON, M. D., OF CHICAGO..

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FATAL HEMATURIA, PROBABLY OF MALARIAL ORIGIN, FOLLOWING PERINEAL SECTION; FATAL NARCOSIS, PROBABLY DUE TO CEREBRAL HEMORRHAGE FOLLOWING ETHER ANESTHESIA.



THE prevalent fashion in clinical reporting seems to be the presentation of cases with favorable results, I fear I am somewhat out of the fashion in describing the cases at present under consideration. Believing as I do, however, that more is to be learned, in some instances at least, from cases which result disastrously than from those which are easy and successful, I venture to report two of the most interesting cases which have ever come under my observation.

CASE I. Gentleman, 40 years of age, consulted me regarding a follicular prostatitis of a chronic character and vesical irritation of many years standing, which had followed an old-time gonorrhea. There was also a history of traumatism of the deep urethra experienced during boyhood. The patient had had syphilis and was suffering from chronic malarial poisoning, he having had from time to time quite severe chills, followed by the usual phenomena of ague. Examination showed an extremely irritable urethra, with a stricture in the bulbo-membranous junction. This was irritable and resilient, elastic, and admitted a 27 French sound, but with considerable difficulty and pain. There was a moderate amount of vesical infection; there was no history of hematuria. The patient was extremely neurasthenic. This case had been treated by dilatation from time to time for a period of years, and inasmuch as I believe gradual dilatation to be ineffectual in cases of this kind, I suggested urethrotomy. According to my usual custom, I

counselled against internal incision of the stricture, believing as I do that in such deep contractions external section is by far the safer. The operation was consented to and duly performed. There were no special features worthy of mention in connection with the operation. The amount of hemorrhage was trifling; the extent of the incision in the perineum and urethra much less than in the usual perineal urethrotomy. There was slight oozing of blood for the first twenty-four hours and a moderate amount of hematuria from reflux of blood from the tube back into the bladder. This disappeared in several days; the urine was clear; the dressings were changed on the third day, and the tube removed, after which time the urine was passed by the ordinary route. Sounds were passed up to the size of



G. FRANK LYDSTON, M. D., OF CHICAGO.

35 (French) without provoking hemorrhage, at which time the patient was passing urine quite comfortably through the normal channel. The patient was attacked by a congestive chill, followed by a temperature of 106° , with the usual typical sweat; there was, at the same time, considerable vesical tenesmus; the urine became very scanty and high colored, and within a few hours contained a small amount of blood. Under appropriate treatment the patient became very comfortable by the next day, the temperature within thirty-six hours subsiding to normal. The hematuria, however, continued to a slight extent. At the time the chill came on, the patient had a severe nose bleed, and within a few hours several attacks of vomiting, during which blood was vomited. The patient appeared very much alarmed about

his condition and seemed to be of the opinion that a fatal issue was impending. I laughed at his fears, as indeed I felt myself justified in doing, as the death of the patient was farthest from my thoughts. On the evening of the 10th day the patient was suddenly taken with vesical tenesmus, apparently due to an accumulation of fresh clots in the bladder. These clots were extruded with such force as to tear open the perineal wound, and following the clots came a profuse discharge of urine and blood. The bladder was frequently evacuated, but was rapidly refilled. Within the space of half an hour the patient had lost an enormous quantity of blood and became almost exsanguinated. I was sent for, but the hemorrhage had apparently stopped, the bladder being evidently filled with clots. I put the patient under the influence of opium and remained with him during the night with the understanding that, if necessary, a suprapubic section with tamponning of the bladder should be performed in daylight. The patient passed the night quite comfortably. There being no attempt at micturition, there was no hemorrhage. When he awoke in the morning, a straining effort at micturition came on, a catheter was passed, with the result that a free hemorrhage with expulsion of large clots began. I immediately opened the perineal wound and tamponned it tightly, then placed the patient on the table and performed suprapubic section. I found the bladder full of clots. The patient acted so badly under chloroform that I found it impossible to ascertain the precise source of the hemorrhage, and so hurriedly tamponnaded the bladder and returned the patient to bed. There was profound shock, and the shock in combination with the immense loss of blood he had sustained proved fatal in about three hours after the operation. Transfusion with saline solution and hot rectal enemata containing stimulants, with hypodermic injections of digitalis and strychnia failed to bring about reaction. No autopsy was permitted, which is unfortunately too often the case in private practice.

In reviewing this case I am confident that the hemorrhage was due to causes only indirectly connected with the operation. In this, I think, the reader will agree, when we take into consideration the fact that the course of the case was that of the ordinary successful perineal section up to the time of the development of the congestive chill above described.

CASE OF DEATH FOLLOWING ETHER ANESTHESIA AND PROBABLY DUE TO
CEREBRAL HEMORRHAGE.

CASE II. The patient, a man, 56 years of age, had suffered for some time from obscure abdominal trouble, finally referred to the liver. The liver was enlarged; there was more or less circumscribed enlargement in the vicinity of the gall bladder which justified the suspicion that the latter was affected or some condition producing distension. There was a history

of paroxysms of pain referred to the epigastrium. Some of these paroxysms had been followed by slight jaundice. The patient was slightly icteric and considerably emaciated; appetite was almost *nil*; his digestion was fair. For some months he had been having from time to time chills, followed by fever. The fever was more or less of a remittent type, the evening temperature being about $102\frac{1}{2}^{\circ}$, in the morning about 101° . There was moderate tenderness over the liver; the tongue was heavily coated. There was some sweating. This was not well marked, and was chiefly nocturnal. There was no severe pain complained of. The symptoms were decidedly suspicious of hepatic abscess or empyema of the gall bladder following gall stones, but no positive opinion was given. An exploratory operation was suggested and consented to. Ether was the anesthetic selected. Anesthesia was speedily and pleasantly produced. Exploratory operation revealed an immensely enlarged liver, the left lobe of which presented in such a manner as to explain the localized swelling which had been mistaken for the gall bladder. The liver was enormously enlarged, and aspiration in a dozen different directions failed to detect pus. There were abundant adhesions with evidences of old peritonitis in the duodeno-hepatic region, and the organs being matted together in this situation in such a manner as to indicate the inadvisability of proceeding further. The gall bladder was found to be perfectly healthy; the wound was immediately closed, the entire exploration occupying perhaps less than twenty minutes. Instead of reacting from the anesthetic the patient remained in a comatose condition. In a short time the right pupil became dilated to the maximum degree, respiration became stertorous, the pulse became slow, full and compressible, and showed no signs of flagging for about two hours after the operation, when it began to fail. The coma continued, and the patient died seven and a half hours after the operation in spite of very energetic efforts at resuscitation.

As in the previous case, autopsy was refused, but it is my opinion that cerebral hemorrhage is the only plausible explanation of the patient's death. The patient had complained of vertigo and tinnitus aurium with a sense of cerebral fulness for about three weeks prior to the operation. This, however, was only elicited after the patient's death. It is logical to infer that a considerable degree of cerebral congestion existed, and this associated with the diseased condition of the cerebral vessels predisposed to cerebral hemorrhage which was immediately excited by the ether narcosis.

An autopsy in this case would have been of the greatest value, but it was impossible to procure it without serious controversy with the patient's friends.

Graduated at Iowa City.—The twenty-fifth annual commencement of the medical department of the Iowa State University was held in Iowa City, Wednesday evening, March 13th. A class of 43 was graduated.

THE MEDICINAL TREATMENT OF MUSCULAR INSUFFICIENCIES.

BY R. C. HEFLEBOWER, M. D., OF CINCINNATI, O.

There is no affection of the entire ocular apparatus that is more difficult to treat successfully than the various insufficiencies of the ocular muscles. There is of course some cause for this, and it is usually to be found that most insufficiencies are really only symptomatic in their significance, and should be treated accordingly. I do not mean to belittle any of the measures that have been used to relieve this annoying condition, but merely wish to call attention to several facts that are not infrequently overlooked in treating those who are unfortunate enough to be the victims of one or the other of the different forms of muscular insufficiency.

I stated a moment ago, that nearly every insufficiency is symptomatic in its nature: that it depended, for its origin, upon some other abnormal condition of the body. Look, for a moment, at the cases of insufficiency that present themselves to the specialist, day after day, and it will be observed very readily that they, as a class, are not in the best of bodily health. If this be the case, and it surely is, anything that will remove the original cause of the trouble will quite aid in removing the insufficiency.

This view has long appeared to me to be the correct one, and it has therefore been my custom to look after the patient's general condition as assiduously as the muscular apparatus. For this purpose, I first ascertain the exact form of heterophoria that exists, together with the kind and the degree of the optical error; and second, I investigate the patient's general condition. In a large percentage of cases, it will be found that some deviation from perfect health exists, and careful attention to this will almost invariably, after a longer or a shorter time, prove beneficial. For this reason, I do not think it wise policy to prescribe prisms combined with the correcting lens, or prisms alone, at the time the first lenses are ordered. I do not mean that prisms may not be given the patient for the purpose of regular exercise of the muscles, for this is not only a beneficial procedure but a rational one as well.

The constant current has proved of much service in this class of cases, and more particularly when some one or the other of the general tonics is given for a time. I prefer those in which there is either iron, strychnia, malt or the hypophosphites. For some time I have been using Maltine with Coca Wine, and have found it not only a very palatable preparation, but a thoroughly effective one as well. It is especially useful in neurasthenic women and others of sedentary habits.

It is extremely important, in my opinion, that no case of insufficiency should be looked upon as an operative one, until all in the way of medicinal therapeutics has been thoroughly tried. This will insure an ultimate

condition of absolute or comparative comfort that would probably not be attained by other measures.

132 WEST EIGHTH STREET.

Chemical-Metrical Madrigal.

A SONG FOR THE SENIORS

I know a maiden, charming and true,
With beautiful eyes like the cobalt blue
Of the borax bead, and I guess she'll do
If she has another reaction.

Her form is no bundle of toilet shams;
Her beauty no boon of arsenical balms,
And she weighs just sixty-two kilograms
To a deci-decimal fraction.

Her hair is a crown, I can truthfully state,
'Tis a meter long, nor curly nor straight,
And is yellow as plumbic chromate
In a slightly acid solution.

And when she speaks from parlor or stump,
The crowds which gracefully gambol and jump,
Sound sweet like the water in Sprengel's pump
In magnesian phosphate ablution.

One day I said, "I will leave you for years,"
To try her love by rousing her fears;
She shed a deciliter of tears,
Turning brown the tumeric yellow.

To dry her tears, I gave her, you know,
A hectogram of candy; also
To bathe her eyes, some H_2O .
She said, "You're a naughty fellow."

I have bought me a lot about a hectare,
And have built me a house ten metres square,
And soon, I think, I shall take her there,
My tart little acid radicle.

Perhaps little sailors on life's deep sea
Will be the salts of this chemistry,
And the lisp of this infantile A, B, C,
Be the refrain of this madrigal.

—H. W. Wiley in *Leucocyte*.

TRI-STATE MEDICAL JOURNAL.

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Vol. II.

MAY, 1895.

No. 5.

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CRANKS AND HONEST EXPERT TESTIMONY.

There can be no question that there is a demand for honest expert testimony. The opinion has gotten abroad that medical expert testimony is a commodity which can be purchased by the longest purse. This should not be. Those who set themselves up as medical experts should be not only intelligent but honest. Recently in the trial of Prendergast certain experts showed that they were honest, much to the discomfiture of the attorneys who had retained them. The honest action of these experts will go far toward reviving confidence in expert testimony. In a recent article upon "Crank and Honest Expert Testimony," Dr. M. Nelson Voldeng, Assistant Superintendent of the Iowa Hospital for the Insane, Independence, Iowa, says:

"In examining into the mental condition of one of these criminals for the purpose of determining whether or not he is a responsible agent, justice to the criminal himself and to society demands honest expert testimony. It seems to be the theory of some of our criminal lawyers that you can hire a medical expert to prove just what you want him to prove, even as, if you have money enough, you can hire an eminent criminal lawyer to attempt to prove anything that you want him to attempt to prove. Unfortunately, it has come to be believed that certain real or pretended experts do swear accordingly as they are hired to swear; hence, expert testimony has fallen

into disrepute. Some of the experts, however, who were summoned by the prosecution in the case of Prendergast seem to have been men of conscience. Having examined the prisoner, they came to the conclusion that he was insane. Having come to this conclusion, they boldly went on the stand and testified for the defense, and not, as was expected, for the prosecution by whom they were summoned. This the chief counsel for the prosecution denounced as an act of treachery."

The recent Duestrow trial did not tend to exalt expert testimony in the eyes either of the profession or the laity. It is to be hoped that distinguished neurologists will hereafter conduct themselves in such a manner as will correct the impression formed by their conduct at the trial of Duestrow.

Our entire system of procedure in medico-legal cases is wrong. When doctors shall be placed on juries to decide questions of insanity; when the giving of an opinion in advance shall not be tolerated, and when the giving and accepting of enormous fees, presumably for the purpose of influencing an opinion, shall be looked upon as bribery, medical expert testimony will be valuable—for it will then be honest.

DEATH OF DOCTOR ALLEYNE.

One of the kindest and noblest men in the medical profession of St. Louis has gone to his reward. Full of years and honors Jeremiah S. B. Alleyne was gently touched by the hand of death. Graduated by the St. Louis Medical College in 1848, Doctor Alleyne was for many years a professor in his alma mater, and at later dates he taught in two other schools of medicine. A man of broad and generous impulses, deep erudition and unswerving integrity, to know him was to respect him. The writer of these lines will not forget a pleasant call which Doctor Alleyne made him only a few months ago. As the conversation touched upon one and another topic, both medical and non-medical, an irresistible idea crept over the minds of all who heard him talk, that this was indeed one man whose heart had been unseared and undisturbed by the professional trials of nearly fifty years. He was a noble character.

THE OMAHA CLINIC SPEAKS POINTEDLY.

We respectfully call the attention of Doctor John B. Hamilton to the following editorial note to be found in the *Omaha Clinic* for April:

"The *Journal of the American Medical Association* is rather adverse to "tri-state" organizations because they rather detract from and weaken the state societies, and because if any thing of moment is to be accomplished in influence by the medical profession it would come about through the local, state and national society—the A. M. A.

It would appear to us to be in better taste if the *Journal* said nothing on this point, for the object looks selfish. It may be right, but these "tri-state" organizations may also have a mission. If nothing more, to correct some of the faults of the American Medical Association.

They are really national organizations just as the American Medical Association and the Mississippi Valley and others. Every tub on its own bottom. Opinions will do nothing, merit only will win."

Whatever of merit may be in the American Medical Association will come out without denunciation of other medical bodies or resort to the clap-trap methods of the medical politician.

LET IT BE CLEAN.

Either the American Medical Association should conduct a cleaner journal, occupying a higher plane, or it should go out of its journal business. The *Cincinnati Lancet-Clinic* hits the nail on the head when it says:

"Unquestionably it is the bounden duty of the Trustees to carry out the instructions of the Association. About this there can be no dispute. On the other hand, the Trustees may assert that the instructions given would, if carried into effect, so handicap them as to greatly impair their financial conduct of the *Journal*. The argument made by them that whatever is done by other publications may be justifiable, as expedient on their part, will not do. The Association *Journal* is the representative exponent of certain principles in the art of medicine, and, as such official exponent, should have a standard from title to fourth cover-page, and that standard should not be allowed to waver, the effect of which may be advantageous or detrimental. In either case the *Journal* management would not be responsible so long as implicit instructions are followed.

"In comparison, other publications are not conducted under instructions from a national or other association, and hence have no restrictions than those made by their proprietors."

It is a fact that for several years the destiny of the *Journal of the American Medical Association* has been in the hands of a lot of medical politicians who boom each other ad libitum et ad nauseam. As long as the *Journal* is conducted by medical politicians and edited by a medical politician the wishes of the members of the Association will be nullified.

DEATH OF IOWA'S FIRST DOCTOR.

There died recently at Minneapolis a doctor by the name of Frederick Andros, who was the first physician possessing a diploma to locate in Iowa. Born in 1804, he received his degree in 1824 from the Parsons Medical School which then formed the Medical Department of Brown University. Nine years later he located in Dubuque. Some of the irregular sons of Æsculapius had preceded him. Writing to a friend in 1876, Dr. Andros detailed many amusing stories of the character of surgical practice at Dubuque in the early days. In this communication he said:

"I send you a few cases of diagnosis and practice which came under my own observation—they are strictly matter of fact in which I have 'naught to extenuate or aught to set down in malice.'

"Case 1. Was called to visit a man who had been injured in a drunken broil. It was forty hours after the injury. The night was cold, and on arriving at the residence of my patient found the attending surgeon already there. I seated myself by the capacious fire-place and requested the doctor to remove the dressings while I was getting warm. I could hear the stertorous breathing of the patient in an adjoining room. I well knew the indications—for who that has ever heard the breathing attending a compressed brain will ever forget the sound? In a few minutes the doctor came to the door and remarked that he 'thought the indications were more favorable, as the wound was suppurating freely.' As I passed in to examine the case I replied 'suppuration has been very rapid.' Soon as my eye caught sight of the discharge I said, 'Doctor, his cranium is full of *that kind of pus*'—brain was oozing from the wound. The patient had received a blow from a heavy negro hoe, penetrating the parietal bone. On applying a trephine I found a smooth cut through the outer table, but a portion of the inner table, an inch or more in length, was driven into the substance of the brain. It is unnecessary to add that my patient died in a few days.

"Case 2. Was called to see a man living about 40 miles distant whose skull had been badly fractured by being thrown from a wagon. On arriving found the patient dead. The attending *surgeon* (excuse the profanity of the word) had attempted to trephine with a carpenter's center-bit! He had succeeded in cutting through the outer table of the skull, but the pressure necessary to make it cut, was so great that the inner table gave way and the instrument with the piece of the outer table was driven deep into the brain—another victim of quackery. The doctor had left before my arrival, so I lost the extreme pleasure of d—g him.

"Case 3. Was called to see a patient, who, as the messenger informed me, had a large 'tumor' in the bowels. On my arrival I found the patient with stercoraceous vomiting and 'in articulo mortis.' The 'tumor' was covered with a large poultice; on removing it found *Inguinal Hernia*."

JUSTICE TRIUMPHS.

The recent meeting of the American Medical Association was one of the most important ever held. Several vital questions were disposed of in a manner which can leave no doubt as to the wish of the majority. The attempt of a few low-grade medical schools to retard the onward progress of higher medical education met with ignominious defeat. The report of the Trustees met with unanimous approval and contained the following:

"During the year no advertisements of secret remedies have been accepted that were not accompanied with a formula, but to still further comply with what appears to be the desire of a large number of those interested in the highest success of the *Journal*, the editor, with the termination of present contracts, has been instructed to accept no advertisements of medicinal preparations the proprietors of which do not give a formula containing names and quantity of each composing ingredient, to be inserted as a part of the advertisement."

A resolution to strike from the Code of Ethics the clause pertaining to the patenting of surgical instruments was indefinitely postponed.

Thus the Association has declared in tones of thunder that the code of the fathers is good enough and broad enough for the sons; that the cause of higher medical education shall be supported by that body which best represents the medical profession of the United States, and that the course heretofore pursued by the editor of the *Journal* and the Trustees in admitting questionable advertisements to the columns of the Association's organ will be tolerated no longer.

We respectfully call the attention of the *Medical Mirror* to the fact that the "jeering Jeremiahs," as the *Mirror's* editor calls them, who run the *Pittsburgh Medical Review*, are on top; and the medical politicians who have so long attempted to manipulate the Association and its organ have met a deserved defeat.

A WORD FROM DR. KELLY.

In assuming the editorship of the Railway Surgical Department of the JOURNAL, I take this opportunity of thanking my many friends for their able assistance in the past, and hope to merit a continuance of the same. This department will be run as a railway surgical department, free from cliques, and open to any one who has anything that will further the interests of the railway surgeon, and which will tend to elevate the science which he represents. Please send all manuscript intended for this department to my address,

WEBB J. KELLY,
Galion, Ohio.

MISSOURI BAPTIST SANITARIUM.

This splendid institution with accommodations for two hundred patients has been built up so quietly that many of the readers of this magazine have scarcely known of its existence; and yet it is one of the leading charitable and surgical institutions of St. Louis. It was originated about ten years ago by the present Surgeon-in-Chief, Dr. W. H. Mayfield. Started in a small way it has steadily grown in size as well as in professional and popular favor until it now compares favorably with any denominational hospital in the West. Its substantial progress dates from October, 1889, when Mr. Frank Ely, now deceased, pledged himself to raise fifteen thousand dollars from St. Louis Baptists, provided the brethren outside the city would raise the same amount. The early death of Mr. Ely cast a gloom over the project. However, the money was raised, and the present valuable site was purchased in July, 1890. Among the largest contributors were Mr. A. D. Brown, who gave twenty thousand dollars, and Mrs. Frank Ely, who contributed five thousand dollars. The Sanitarium commands the skill of many of the ablest physicians and surgeons of St. Louis. At present eighty patients are receiving treatment. Doubtless this number will rapidly increase.

HISTORICAL SKETCHES.

JOHN KAYE (Caius).

BY JAMES MOORES BALL, M. D.



UP TO the beginning of the reign of Elizabeth, the development of medical literature in England was far behind that of the Continental countries. The dearth of English medical literature in the sixteenth century was in keeping with the state of general literature. "The renaissance had done little for English letters." (Green). Comparatively speaking, the Englishmen of the first half of the sixteenth century were barbarians. The two men who may be regarded as the fathers of English medicine were Thomas Linacre and John Kaye.

Linacre, seeing a noble profession monopolized by illiterate monks and pretenders, besought the aid of Cardinal Wolsey and through the efforts of the latter Henry VIII., in 1518, granted letters patent to six London physicians, incorporating a body known as the Royal College of Physicians of London. This organization has ever guarded the best interests of both the profession and the laity. Linacre, "a philological pedant," as Erasmus styled him, translated many Greek and Latin works, visited the Italian schools in search of knowledge, and endowed chairs of medicine in Oxford and Cambridge.

John Kaye, trained in the schools of Bologna and Padua, returned to England a strong supporter of Galen and Aristotle, and was summoned by Henry VIII. to deliver anatomical lectures to the surgeons of London. It was he who obtained an annual grant of the bodies of criminals for dissection. A benefactor of the College of Physicians, it was he who wrote the annals of the College from memory after a destructive fire. In 1554 his book on the muscles appeared: *Librorum de Motu Muscularum*. Nothing new was con-



JOHN KAYE (Caius).

tained in it or in any other anatomical works issued in England during this century. While the medical schools of France and Italy boasted of famous anatomists, the schools of England could point to no such names. In fact, with the exception of Harvey and Hunter, it was only within the last hundred years that much progress in anatomical research was made in England.

DEPARTMENT OF RAILWAY SURGERY.

BY WEBB J. KELLY, M. D., OF GALION, OHIO.

Secretary of the American Academy of Railway Surgeons.

Dr. C. W. Tangeman, of Cincinnati, Ohio, has very recently been appointed oculist and aurist to the Big Four Railway.

The Medico-Legal Society, of New York, announces that it will hold a Medico-Legal Congress, at or near the city of New York, during the last week of August, or first week of September. There will be a Department of Railway Surgery.

Within the next few weeks there will have been promulgated an order, establishing a full surgical corps on one of the leading Eastern lines, which traverses the State of New York. This has been brought about by the favorable impression created by the Railway surgical organizations, and especially by the American Academy of Railway Surgeons, the proposed chief surgeon being a Fellow of this organization.

Dr. Frank H. Caldwell, the genial and efficient chief surgeon, of the Savannah, Florida and Western, has recently been appointed chief surgeon of the Plant System, his jurisdiction extending south of Dupont and Palatka. This is an excellent appointment, and among other things will abolish the alcohol habit, permitting the expression, on this system. It will also bring to this system the hospital car, of which the Doctor is very proud.

The plea for expert administration of anesthetics is certainly a move in the right direction. The policy of permitting students and others not skilled in the administration of an anesthetic to have charge of this very important part of an operation is a very poor one. Another thing that should never be done is for an operator to insist that an assistant must give ether when he is accustomed to nothing but chloroform. This is just as foolish as trusting it in the hands of a student who has never administered it.

The eighth annual meeting of the N. A. R. S. met recently in Chicago; while the attendance has fallen off considerably, especially from the East, on account of the action of the traffic associations agreeing to grant transportation to only a limited number, the spirit has moved those in attendance to do justice to the program. As it has been shortened very much this year, and as there is always a falling off of those "who have promised," a golden opportunity has been afforded for good work. The address of the President, Dr. S. S. Thorne, of Toledo, O., was a voluminous document and contained many recommendations. The paper of Dr. J. B. Murdoch, of Pittsburgh, Pa., on "Amputations Consecutive to Traumatism" called

forth a prolonged discussion, which occupied the greater part of the first session. In the next issue of the JOURNAL, we hope to give a full report of the meeting.

Second Annual Meeting of the American Academy of Railway Surgeons.

The second annual session of the Academy will be held in Chicago, September 12th, 13th, and 14th. It bids fair to be one of the most interesting sessions of railway surgeons ever held in this country. The number of applications for fellowship now exceeds the limit, and someone will be left. The well-known policy of this organization has brought within its folds the cream of the profession. The managements of the different trunk lines knowing, as they do, that the object is to elevate the scientific work in railway surgery, are always glad to open the doors and grant transportation to the *actual membership*. This year transportation will be granted over lines controlling over 100,000 miles of road.

SOCIETY REPORTS.

The St. Louis Meeting of the Tri-State Medical Society. —

The most important meeting ever held in the history of the Tri-State Medical Society was that which convened in St. Louis, April 2, 3 and 4, 1895. Not only was the attendance large but an unusually large number of the leaders were present. With such men as W. W. Keen, Edward P. Davis, John A. Wyeth, Joseph Eastman, J. H. Etheridge, Harold N. Moyer, Robert H. Babcock, B. Merrill Ricketts, T. E. Holland, and Fred. Byron Robinson any society would have been a success.

The sessions were held in the ladies' ordinary of the Planters Hotel. Promptly at 10 o'clock, April 2d, the President, Dr. James Moores Ball, called to order. He introduced Hon. C. P. Walbridge, Mayor of St. Louis, who welcomed the doctors in an appropriate speech. Mayor Walbridge is always equal to any occasion. He was followed by the eminent and eloquent Dr. P. Gervias Robinson, of St. Louis, who extended a welcome as a representative of the local profession. The President called upon Dr. Woods Hutchinson, of Des Moines, to respond to both addresses. Dr. W. B. Outten, Chairman, submitted the report of the committee of arrangements. An invitation from Health Commissioner Homan, to visit the ambulance car was then read. The scientific program began with a paper by Dr. S. G. Gant, of Kansas City, entitled,

“Treatment of Stricture of the Rectum.”

After considering the causes and prognosis of rectal stricture the author described at length the palliative and operative treatment. In conclusion he said: “That colotomy is the best of all operations yet devised for the immediate and permanent relief of stricture benign or malignant, cannot be doubted. It has been my good fortune to see a number of patients who were almost dead from exhaustion, as a result of increased diarrhœa, tenesmus, and pain restored to comparatively good health after operation. After

colotomy impacted feces can be washed out, ulcerations treated by medicated solutions passed through the rectum and out at the groin or vice versa. In conclusion I wish to enter a protest against the prevailing belief that a person who has an artificial anus is constantly annoyed by the discharge of feces through the same."

"Sero-Therapy and Accessory Treatment in Tuberculosis.—This paper was read by Dr. Paul Paquin, of St. Louis. Dr. Paquin described the treatment of tuberculosis by blood serum and cited a large number of cases in which great benefit had followed the injection of the serum. "Sero-therapy in tuberculosis has produced the effects stated in my paper. How did it do it? By what mode of action can the serum of the blood of a horse rendered more strongly immune than it is naturally, arrest tuberculosis? It is, in my judgment, on the one hand by infusion in man's system of a certain quantity of the protective or defensive substances secreted by the cells of the horse during the process of immunization, the property of which is to protect this animal against the disease; on the other hand it is probably by the action of the nuclein of the serum, which stimulates the cells of a human body to greater physiologic action against the germs of tuberculosis. It is, in a word, a form of germicidal nutrition of double value obtained by a physiologic process. Over three thousand injections of serum produced under my direction have been made in human beings, and not a serious accident resulted. In six injections there resulted disturbance of capillary circulation as evidenced by flushing of the face, dizziness and weakness. These lasted but a few seconds,"

"Treatment of Diphtheria with Antitoxine" was the subject of a clinical paper by Dr. W. T. Blow, of St. Louis. The doctor described a case in which antitoxine was used.

"To spray or not to spray."—Dr. H. W. Loeb, of St. Louis, gave his views of the use of the spray in various cases of nasal and laryngeal disease.

"Primary Nephrectomy in Wounds of the Kidney."—DR. A. C. BERNAVS, of St. Louis: While nephrectomy has been quite often performed for injuries to the kidneys, operation being made a long time after the injury when septic symptoms have arisen, primary operation is very rare indeed. In more than five hundred published reports in Europe and America, only five cases of primary operation for bullet wounds are recorded. The mortality of nephrectomy is good except in malignant disease; the justifiability of secondary operation is unquestioned, but he wished to urge primary operation, at least of an exploratory character, whenever it is pretty plain that the kidney is injured, the objects being (1) to check hemorrhage, which may prove fatal; (2) to prevent sepsis, and (3) to overcome danger of uræmia.

The conclusions drawn were (1) it is best to make primary nephrectomy in every serious case of injury to the kidney; (2) in case of doubt exploratory incision should be made; (3) transverse incisions are preferable to longitudinal ones, as generally advised; (4) operation, if done quickly, does not add to the danger; if slowly, the long-continued anaesthesia may cause a fatal termination.

DR. W. W. KEEN, of Philadelphia, commended the use of air as a

means of diagnosis of wounds of the bladder. He once suggested filtering the air through antiseptic cotton, but this is really not necessary, as, if not torn, air does not injure the bladder, while if torn, the air passing through the injured bladder is no more than the air admitted at the laparotomy, which is absolutely indispensable. The same procedure is valuable in making suprapubic cystotomy, being much better than the introduction of water, as it does away with the rectal bag, lifts the bladder better, is more easily recognized by percussion, entails much less risk of rupturing abnormally the bladder wall and does not obscure the field of operation at the time of its escape when the bladder is opened.

“Address on Medicine; Relation of Infection to Diseases of the Nervous System.” DR. HAROLD N. MOYER, of Chicago, says: “The relation of micro-organisms to the production of nervous diseases presents a vast field for investigation. Certain things may now be taken for granted, though still not positively demonstrated. Two groups of infective nervous diseases may be mentioned: (1) A truly infectious disease, the morbid manifestations being due to the action upon nervous tissues, such poisonous alkaloids being dependent upon micro-organisms in the system. The bacteria themselves need not be specially deleterious even when in the circulation, but they generate toxins, which produce most pronounced nervous phenomena. (2) Nervous diseases dependent upon auto-infection. Here there is simply a retention of toxins normally produced in the body. By reason of some disease of the excretory apparatus, or even a simply functional disturbance of certain organs, these poisonous substances are not eliminated and the nervous system bears the brunt of the burden. These two groups so overlap each other in many instances that no distinctive lines can be drawn between the one and the other.”

DR. F. P. NORBURY, of Jacksonville, Ills., called attention to the nervous symptoms sometimes met in phthisis pulmonalis. He believed that neurasthenia has certainly been proven to be of toxic origin, and felt quite sure that some insanities are of similar origin—notably, that of typhoid fever; the effect is due in both to the chemic action of the toxic agent upon the nerve centers.

DR. EDWIN WALKER, of Evansville, Ind., declared the term “reflex” to be entirely too prominent in current medical literature, and too many “cures” have been reported following operation for removal of irritating influences. The profession followed too implicitly the path mapped out by Sayre in his “cure” of apparent hip-joint disease by circumcision; by Emmett in his operation for lacerated cervix and perineum, and by Hegar, Tait and Battey, in removal of the uterine appendages for hystero-epilepsy. The present indications are that it will soon be proven that most nervous diseases are dependent upon either auto-infection from retention of poisonous materials, or the action of toxins produced by germs introduced from without.

DR. WOODS HUTCHINSON, of Des Moines, suggested that the term “auto-intoxication” is better than auto-infection in the second group of diseases. The influence of investigations in this line cannot be over-estimated, as it will mark the decline of specialism—many nervous and other diseases now claimed by specialists will be relegated to the domain of general medicine.

DR. HUGO SUMMA, of St. Louis, remarked that he was interested in the essay of Dr. Moyer the more as he had practically taken part in the elucidation of some of the questions touched upon by the essayist. In 1891, he asked Professor Ziegler, the great pathologist, to give him some theme for investigation. He decided to have him examine whether or not in cases of chronic consumption degenerative processes might develop in the spinal cord. Seven cases of chronic tuberculosis (in turn, just as their corpses were sent to the pathological institute) were carefully examined, macro, and microscopically, and in five out of seven there was found exquisite fatty degeneration scattered throughout the whole length of the spinal cord, as well as throughout the whole transverse section, but with distinct predilection for those parts which are nowadays considered as conducting sensitive nerve fibres. Of course these degenerative processes ought not to be confounded with the pathological conditions which develop after a direct infection with the specific bacillus tuberculosis. Syphilis, with its supposed syphilis-bacillus, as well as tuberculosis, may both affect the spinal cord, or rather, as in most cases, primarily, the meninges of the spinal cord, with a secondary extension into the spinal cord proper. But there we get the well-known pathological formation of syphilomata on one side, miliary tubercles or single tuberculoriata on the other. Those degenerative processes in the spinal cord he alluded to are not due to a direct infection, but must be explained as being due in all probability, to toxæmic influences.

DR. EMORY LANPHEAR, of St. Louis, said the chief evidence in favor of the infectious nature of chorea is the fact of its apparent communicability—that when one case occurs others are apt to follow among the closest associates of the patients; besides this, the long known relation of chorea to endocarditis should have called attention long ago to the true character of chorea, especially as certain forms of endocarditis have been recognized as infectious in character; and lastly, the peculiar effect of arsenic is entirely suggestive of the action of certain remedies upon infective diseases.

“Some Thoughts on Ununited Fractures.”—By DR. E. R. LEWIS, of Kansas City. He first reviewed the causes of non-union in broken bones, as given in text-books on surgery, as (1) a change in the normal osmotic index of the blood, which so impairs the blood's reparative power that union is impossible; (2) lack of proper apposition; (3) failure of attempts at immobilization. To these he wished to add a fourth cause: syphilis in the secondary stage—a cause hitherto unnoticed in medical literature. In a rather extensive experience in the treatment of ununited fractures, he had met with two cases of non-union clearly due to this cause. In discussing operation for ununited fracture he gave preference to ivory pegs made from crochet needles, sterilized; they have given the very best results in every case yet used. An ordinary Brainerd drill is used, the pegs driven into the fragments and cut off even with the surface of the bone and left.

“Uterine Sound and Curette.”—DR. CATTO, of Decatur, Ill., believed the sound and curette to be too often used, and only too frequently abused. Yet the sound is indispensable in making a diagnosis in certain cases, and the curette in the treatment of some diseases. The sound reveals the length, shape and direction of the uterine canal, the presence or absence of abnormal tendencies, the condition of the mucosa, the existence of atresia, the existence of tumors, etc., as well as determining the difference be-

tween inversion of the uterus and polypus. The condition under which it should never be used are (1) when menstruation has ceased; (2) when the patient is menstruating; (3) when pyosalpinx is known or suspected to exist; (4) when the uterus is bound down by adhesions, and (5) when the patient has gonorrhœa. In any case no force must ever be used, and the sound must be surgically clean. Its use in treatment is now very limited. The curette has, however, come into great popularity, and is being employed more and more every day. It is indicated for removing retained placenta, for scraping away granulation tissue and shreds of membranes, for the cure of small tumors and for the extraction of foreign bodies. In retained placenta it should be employed within twenty-four hours if possible, the os being well dilated by artificial means if necessary, and the uterus carefully irrigated with bichloride solution. In cases already infected there should be no delay in its use. In granular endometritis and subinvolution there is no treatment so effective as curettage followed by irrigation and tamponing with iodoform gauze. Membranous dysmenorrhœa may also be cured by the same means.

DR. EMORY LANPHEAR, of St. Louis, objected to the use of the uterine sound for diagnostic purposes. The finger should be so educated as to determine all the points covered by the "indications" given for the use of the sound.

DR. JOSEPH EASTMAN, of Indianapolis, also condemned the use of the uterine sound on account of its mischief-making possibilities, and objected to the use of bi-chloride solution, even weak, in the uterus. Plain hot water or salt solution is all that is needed except in septic cases; then some of the less poisonous antiseptics should be used.

"Tumors of the Eyeball."—DR. WILLIAM H. WILDER, of Chicago, read a very elaborate essay. He first described tumors of the cornea—springing always from the sclero-corneal junction—as (1) dermoids; these are not cystic, as are dermoid growths in other parts of the body, but solid tumors containing hair follicles, elastic fibrous tissue and sebaceous glands; they are not malignant, and so do not recur after thorough removal, the only rational treatment. (2) sarcomata; these are never primary; they grow from the limbus or the sclero-corneal margin; they are generally melano-sarcomata, and simply grow over the surface of the cornea without infiltrating it; and so can be easily removed; yet the prognosis is not good; first, because they are very apt to return, and (2) because secondary sarcoma is apt to develop in the liver or elsewhere and cause death; (3) epitheliomata are much more frequent; appear at the junction of superficial layer of the cornea and the conjunctiva; they also do not infiltrate the tissues very early, and so can be removed readily, but recur often. Tumors of the iris are very uncommon, though tuberculosis is sometimes found and demands removal by iridectomy. Tumors of the choroid, ciliary body and retina are the worst. Eighty-five per cent. are sarcomata. If recognized very early and the eye enucleated and the orbit thoroughly cleansed out, there is good show of recovery, although recurrence is noted in 13 per cent. of even very early operations; if done late, speedy return is certain. Glioma attacks the retina only, and is the tumor met most often in children. There is a trifling chance of saving life by very early operation; and removal late in the disease is justifiable to check the pain, though the parents and friends should be told that it offers no hope of prolonging life.

“Total Obliteration of the Uterine Os.”—DR. E. R. LEWIS, of Kansas City, reported a case where he was called in consultation to deliver a woman by Cæsarian section if necessary, as the attendants could find no on-coming head to which to apply forceps, yet the mother was at full term and almost exhausted from the violent and long-continued labor pains. Examination showed no evidence of a cervix or os, or anything that resembled them in the least; the only thing that could be felt was a huge, round, smooth mass which covered the head of the child, which was well engaged in the superior strait. Questioning revealed the fact that the woman had been long married with no children; that a cutting operation was done for stenosis and the neck thoroughly curetted. She became pregnant before healing took place, and the result was that the opening completely closed up—there was total occlusion or obliteration. As the pelvis was roomy, he cut directly through the side of the uterus presenting in the vagina, performed version and safely extracted the child. As the woman has since menstruated, the artificial os thus made is probably doing good service.

“Sloughing of an Ovarian Tumor.”—DR. J. H. ETHERIDGE, of Chicago, reported the case. Whether due to the embolism of the artery supplying the tumor or to other cause there was no means of determining. He also reported a case of “Spontaneous Extrusion in Ectopic Pregnancy.” A case of tubal pregnancy went to about the fifth month with final death of the fœtus. Several months later stinking pus began to discharge through the bladder, and finally numerous bones have passed, including one femur. The patient seems to be doing well, so no operation has been made.

DR. B. MERRILL RICKETS, of Cincinnati, regarded the case of sloughing of the ovary as a very unique one—probably without a duplicate. In the case of extrusion of the decaying product of extrauterine pregnancy, he believed it would have been better practice to remove the fœtal bones in spite of the stinking, foul pus. In two cases in his own work he had done this in one patient and left the other to recover spontaneously. The latter did poorly, came near dying of sepsis, and only recovered after many months of suffering; whereas the former got along nicely in spite of the terribly offensive pus found. By shutting off the abdomen by an abundance of gauze before touching the fœtal sac, he was able to get along without infecting the peritoneum; and if one were not able so to do, the pus is no worse than that found in appendicitis sometimes, or even in some cases of pyosalpinx.

DR. ETHERIDGE replied that he was deterred from operation only by the undoubted virulence of the pus and by the fact that nature seemed to be doing the work as effectively, and much more safely than the surgeon could possibly do.

“Axial Rotation of Ovarian Cysts.”—By DR. GEORGE W. CALE, of St. Louis. Such cases are not rare, 6 per cent. of all ovarian tumors being so affected, and it is a frequent cause of death. He regarded an extra long pedicle as the chief cause, especially when the tumor has no adhesions. Pregnancy, complicating ovarian tumor, also acts as a cause, especially after delivery. Rotation may also be traced to peculiar positions of the patients, as was clearly proven in the cases recorded in his own practice. The symptoms are: sudden and violent pain in the abdomen with vomiting and

marked shock. The tumor may be found changed from its previously known position. Hemorrhage into the sac may be so severe as to give positive signs of its existence. The surgeon must differentiate from ruptured tubal pregnancy, intestinal strangulation, gallstone colic, renal colic and perforated appendix. Spontaneous recovery has been known to occur, but such termination is so rare as to cut no figure, and the rule should therefore be to have operation made as soon as an experienced abdominal surgeon can be called to the patient's bedside.

DR. J. H. ETHERIDGE, of Chicago, related three cases in his own work operated upon promptly and saved. He favors operation always, but a few hours may be allowed to pass in order to secure competent surgical help.

DR. JACOB GEIGER, of St. Joseph, Mo., related the details of a similar case, in which the condition was due to the treatment adopted by the attending physician, who regarded the trouble as ascites, and put the patient in all sorts of positions for examination, besides manipulating the tumor to a marked extent. Some hours later she was taken with the symptoms described by Dr. Cale, and upon section the large, free, ovarian cyst was discovered with its pedicle twisted two and one-half times around and strangulated. The pedicle was nearly three inches across, was transfixed and tied and tumor removed. There was no further trouble. (*To be concluded.*)

Iowa State Medical Society.—This Society met April 17, 18 and 19 at Creston, with a large attendance. Great credit is due to Drs. H. E. W. Barnes, J. D. R. Reynolds, J. P. Claybaugh, F. E. Sampson and E. Schifferle, of Creston, and Samuel Bailey, of Mt. Ayr, for the excellence of the arrangements. The session was opened by Vice-President, D. S. Fairchild, of Clinton, in the absence of President A. L. Wright. Rev. Robert E. Schwartz gave the invocation and Mayor J. M. Scurr delivered an appropriate address of welcome. He was followed by Dr. Barnes, who (among other good things) said: "It is a pleasurable part that has fallen to me to welcome the Iowa State Medical Society in behalf of the local profession, to the place of charming homes, enterprising men and handsome women, the gem of the summit, the metropolis of the blue grass region, the hospitable city of Creston." The "Report on Practice" was made by Dr. F. M. Hiatt, of Red Oak. This was followed by a paper, "The Physician," by Dr. F. M. Stults, of Wiota. Then followed a symposium upon "Diphtheria," in which Dr. W. L. Bierring discussed "Modern Treatment;" Dr. F. W. Porterfield wrote upon "Anti-toxine;" Dr. A. A. Rawson took as his subject "Diphtheria and Membranous Croup," while "Intubation" was handled by Dr. Smouse. "The General Practitioner" was the subject of an able paper by Rebecca Hanna, of Red Oak. Next came the valuable paper of Dr. C. B. Powell, of Albia; subject: "The General Practice of Medicine." This was one of the most interesting papers presented at the late meeting. Dr. T. P. Stanton, of Chariton, considered the "Treatment of Epilepsy" in an exhaustive paper. Dr. T. J. Maxwell, of Keokuk, read an important paper on "Myxœdema," basing his conclusions on the treatment of two cases of the disease. At this point the Ethical Committee reported, advising that the charges which had been preferred against Dr. C. J. Lukens, of Oskaloosa; G. H. Eiskamp, of Washington; A. R. Amos, of Des Moines, and Lewis Schooler, and others, of Polk county, be dropped. The report

was adopted. The scientific program was resumed by Dr. Emmert reading a "Report on Surgery." Adjourned.

SECOND DAY'S SESSION.

The first paper was one on "Operative Treatment of Hernia" by Dr. L. Schooler, of Des Moines. Dr. W. D. Middleton followed with a paper on "Bassini's Operation." Stricture of the Rectum" was considered by Dr. Ruth, and Dr. C. C. Allison, of Omaha, considered "Tubercular Fistulæ." Dr. D. W. Finlayson read a paper on "So-called Neuralgia of the Rectum." Under the subject, "Fractured Long Bones," Dr. Fairchild considered "Pathology," and Dr. Torrey, of Creston, spoke on "Fracture of the Patella." This part of the program ended with a paper on "Treatment of Compound Fractures" by Donald Macrae, Jr., of Council Bluffs.

At the afternoon session Dr. F. S. Thomas, of Council Bluffs, presented a paper on "History of Insanity." Dr. F. B. Hoyt read an interesting paper on "Diagnosis of Insanity," while "Prognosis" in these cases was considered by Dr. G. H. Hill. Dr. E. Hornibrook, of Cherokee, took up the question of "Treatment of Insanity." Dr. H. L. Getz, of Marshalltown, presented an exhaustive "Report on Obstetrics and Gynecology." Dr. Van Eman, of Kansas City, read an important paper on "Endometritis." Following this came a paper by Dr. F. B. Dorsey, of Keokuk, on "Repair of Injuries of the Pelvic Floor." One of the best papers of the meeting was by Dr. J. H. Etheridge, of Chicago, on "Conservatism in the Use of Forceps." Dr. A. A. Rawson, of Corning, read an interesting paper on "Occlusion of the Vagina."

The report of the nominating committee was received. It named the following officers: President, Dr. D. S. Fairchild, Clinton; First Vice-President, F. S. Thomas, Council Bluffs; Second Vice-President, H. E. W. Barnes, Creston; Treasurer, G. R. Skinner, Cedar Rapids; Secretary, J. W. Cokenower, Des Moines; Assistant Secretary, E. L. Stevens, Des Moines.

Dr. H. B. Young, of Burlington, presented a highly scientific paper on "Diagnosis of Locomotor Ataxia from Optic Nerve Atrophy and Absence of Knee Jerk." Dr. W. C. Pipino, of Des Moines, read on "Direct Trituration for Ripening of Cataract."

THIRD DAY'S SESSION.

Dr. F. E. Sampson, of Creston, presented a paper on "Management of Ear Complications in Infectious Diseases." The "Report on State Medicine" was made by Dr. J. S. Braunsworth, of Muscatine. "Sanitation" was discussed by Dr. A. G. Field, of Des Moines. Adjourned.

NEW MEMBERS.

Among the gentlemen who joined at the recent meeting we noticed the names of the following: T. W. Mulhern, Greenfield; W. L. Bierring, Iowa City; C. W. Stewart, Washington; W. A. Wright, Thayer; T. C. Cole, Thurman; D. Graves, Gilman; C. W. McGavren, Missouri Valley; J. A. Gibbons, Keokuk; B. A. Torrey, A. J. Mauran, J. A. Rawls, L. S. Groves and A. I. Groves, Creston; J. E. Howe, Greenfield; H. L. Cokenower and E. T. Farrens, Clarinda; W. S. Grimes, Wapello; H. G. Lynch, Arbor Hill; J. W. Holland, Osceola; J. W. Lauder, Afton; H. M. Norton,

Kent; R. C. Gregg, Murray; W. L. Hooper, Milo; J. F. Herrick, Ottumwa; R. N. Cresap, Bonaparte; J. P. Scroggs, Lenox; C. C. James, Centerville; C. H. Bryant, Corning; O. Kessler, Carroll; J. W. Coakley, Mt. Etna; J. E. Conn, Ida Grove; M. N. McNaughton, Villisca; A. L. Olive, Corning; E. C. Ayres, Lamphear; S. H. Garfield, Algona; R. D. Mason, Missouri Valley; F. E. Potter, Corning; A. W. Sherman, Lamoni; H. E. Bone, Grand River; B. R. McAllister, Lamoni; A. J. Schofield, Macksburg; F. O. Jackman, Mt. Pleasant; B. D. La Force, Ottumwa.

MALTINE EXHIBIT AT THE TRI-STATE SOCIETY.

The Maltine Company, of New York, had an exhibit of Maltine with Coca wine in room 306 at the Planters, to which the representatives gave close attention. It was noted that Maltine with Coca wine was appreciatively sampled by a large number of the members of the Society.

The Maltine preparations have been in use by the profession for 20 years, and when Maltine with Coca wine was added to the list a few months since, it was cordially received, and it is already very extensively prescribed. Few manufacturing chemists have as large and interesting collection of literature as the Maltine Co.

THE EXHIBITS AT IOWA STATE SOCIETY.

Parke, Davis & Co. were ably represented by Mr. E. Plummer, whose genial countenance is pleasing to look upon.

The exhibit of Charles Truax, Greene & Co., was held in a room of the Hotel Ewing. It was in charge of Messrs. E. E. Wood and C. S. Chapin, whose hospitality was appreciated by scores of doctors.

Mr. C. A. Dana was in charge of a splendid exhibit of Frederick Stearns & Co.'s products.

Dr. George B. Thompson, a gentleman who knows every doctor in Iowa, looked after the interests of Fairchild Bros. & Foster.

William R. Warner & Co. made a fine exhibit. Mr. J. Davison was in charge.

Mr. S. W. Wright represented the Searle & Hereth Co., of Chicago.

One of the most attractive booths was that presided over by Mr. Rush E. Blackman, representing the well known firm of John Wyeth & Brother.

Mr. Woods, of the enterprising Iowa firm, The Woods Company, was present, pushing Woods' wine of cod liver oil.

Dr. Willis H. Davis, of Keokuk, showed a large line of surgical instruments.

Messrs. E. H. Colegrove & Co., of Chicago, were present with a large line of medical books.

Mr. Johnson, of Omaha, looked after the interests of the Mercer Chemical Co.

The TRI-STATE MEDICAL JOURNAL, whose growth has been phenomenal, secured a large number of new subscribers at the Creston meeting.

Horlick's food was dispensed as a pleasant drink at one of the booths. Mr. C. S. Hitchcock was in charge.



Hospital Note.—The German Hospital, of Kansas City, treated 321 patients during 1894.

Going to Europe.—Dr. R. E. Conniff, of Sioux City, Iowa, intends to spend the summer abroad.

Editor.—Dr. S. W. Moorhead, of Keokuk, has retired from practice to become editor of a weekly newspaper.

A Dead Journal.—The *Deutsch-Amerikanische Medizinische Zeitung* is no more. Perhaps the name killed it.

Missouri State Medical Association.—This Society will meet at Hannibal May 21st, 1895. A large attendance is expected.

Who Will Help Him?—Dr. T. B. Ellis, of Bethany, Mo., wants numbers 1, 2 and 3 of volume I. of the TRI-STATE MEDICAL JOURNAL.

Resumed Practice.—Dr. George Homan, whose term as Health Commissioner of St. Louis has recently expired, has resumed the practice of his profession.

St. Louis Medical College.—This old and honorable institution graduated 22 doctors on March 28. The valedictory address was delivered by Dr. Frank A. Glasgow.

Located.—Dr. S. P. Walbridge, a prominent physician of Decatur, Ill., has moved to St. Louis, and occupies offices in the Union Trust Building. We wish him success.

Ann Arbor Note.—The University Hospital (Ann Arbor) reports the total number of patients admitted during the past year as 1,502, of whom 869 were males and 633 females.

Will Close.—The faculty of the Council Bluffs Medical College have decided to close the institution. There seems to be a tendency to reduce the number of medical colleges in Iowa.

New Chair.—The Board of Visitors recommends the establishment at West Point of a chair of anatomy, physiology and hygiene, after the plan in operation in the Naval School at Annapolis.

Deaths in Iowa.—The following Iowa doctors died recently: C. D. O'Brien, Ackley; J. F. Smith, Taintor; Frank Benham, Shelby; L. M. Tidrick, Winterset; and Orimal F. Hill, Epworth.

New Hospital for the Insane.—Plans have been prepared for the new St. Joseph's Hospital for the Insane at Asbury, Iowa. The building will accommodate 210 patients and will cost nearly \$75,000.

Indian Territory Medical Association.—The semi-annual meeting will be held in South McAlester, I. T., Tuesday and Wednesday, June 4 and 5, 1895. An excellent program has been prepared.

Death of Dujardin-Beaumetz.—Dujardin-Beaumetz, of Paris, died at Nice, France, February 15th, aged 61. He was a well-known writer on therapeutics, and had many friends among the medical profession of America.

College of Physicians and Surgeons of Chicago.—Dr. Bayard Holmes has resumed the position of Secretary of the College of Physicians and Surgeons of Chicago, formerly occupied by him with such ability and credit.

Appointed.—Dr. Carmon A. Newcomb has been appointed Assistant City Physician on the Dispensary staff. In the future two physicians will wait on the patients between the hours of 9 and 5 o'clock instead of only one, as heretofore.

Omaha Medical Society.—The following officers were recently elected: President, S. K. Spalding; Vice-President, C. C. Allison; Secretary, Henry B. Wilson; Treasurer, W. R. Lavender; Censors, J. B. Lord, B. F. Crummer and Frank S. Owen.

Surgical Chair Free.—Any person who desires to procure a surgical chair free of cost, can do so by sending us a sufficient number of paid-up subscribers. For full particulars address BUSINESS MANAGER, Tri-State Medical Journal, 810 Olive street, St. Louis.

Accident.—Dr. H. C. Spencer, of St. Louis, Professor L. McGuire, of Atlanta, Ga., and an unknown man attempted to cross Clinch River to Clinton, Tenn., in a wagon. Dr. Spencer was saved by a ferryman, but Professor McGuire and the unknown man were drowned.

Eastern Iowa District Medical Society.—The twenty-fourth annual meeting will be held at Fairfield, June 27, 1895. Papers are promised by Drs. Angear and Robinson, of Chicago; and Lanphear, Lutz and Ball, of St. Louis. Dr. Roger N. Cresap, of Bonaparte, Iowa, is the secretary.

Elected.—At the meeting of the District Medical Society of Central Illinois, held in Pana, April 30th, the following officers were elected: President, Dr. George N. Kreider, Springfield; Vice-President, Dr. J. J. Conner, Pana; Secretary, Dr. J. M. Nelms, Taylorville; Treasurer, Dr. J. H. Miller, Pana.

New Hospital.—The new Mercy Hospital of Des Moines, was opened April 23d, with speeches by Hon. F. D. Jackson, Governor of Iowa; Hon. W. M. McFarland, Secretary of State; Hon. J. A. T. Hull, M. C.; Mayor H. Vollmer, of Davenport; and Doctors L. Schooler, J. W. Cokenower and R. A. Patchin.

Important Translation.—Dr. George W. Cale, of this city, will soon begin the publication in the *St. Louis Medical and Surgical Journal* of a series of articles upon special methods in staining in microscopy. These articles were originally written by Dr. P. G. Unna, the celebrated dermatologist, of Hamburg.

The Medical Building.—A project is on foot to erect a ten-story office building in St. Louis, on Seventh Street, between Olive and Pine streets, to be known as "The Medical." The intention is to have the building given over to doctors for offices, and the rooms and conveniences are to be arranged with that object in view.

Celerina.—There is no better remedy as a nerve tonic, stimulant and antispasmodic than Celerina, which has enjoyed such a large degree of popularity for a long time. Some of the most able and conscientious medical men in the country use it as a daily remedy, and no physician who has ever given it a fair trial will ever quit it.—*Med. Progress.*

Hospital Training School.—The fourth annual graduating exercises of St. Luke's Hospital Training School for Nurses were held Friday, May 3d, at 8 p. m., in St. Luke's Chapel, St. Louis. The class, numbering eleven, is the largest yet graduated by this school. The Rt. Rev. Bishop Tuttle delivered the diplomas, and Dr. Shapleigh, of the medical staff, made the address.

Dr. Boisliniere Dangerously Ill.—Dr. L. Ch. Boisliniere is lying seriously ill at his home, 3509 Olive street, St. Louis. He has been suffering from a complication of kidney troubles for some time, which assumed a more serious character about ten days ago, and he has been confined to his bed since. The physicians in attendance do not express much hope of his recovery.

College of Pharmacy Officers.—The St. Louis College of Pharmacy has selected the following officers for the ensuing year: President, E. P. Walsh; Vice-President, Thomas Layton; Treasurer, Solomon Boehm; Secretary, Dr. John C. Falk; Corresponding Secretary, Wm. K. Ilkhardt; Trustees, Charles Gietner, Henry W. Sheffer, Adolph Braun, Wm. C. Waldeck, J. E. Hilby and H. F. A. Spilker.

Confirmed.—The following gentlemen, nominated by Mayor Walbridge, have been confirmed by the St. Louis City Council:

Dr. W. S. Blickhahn, Superintendent of City Hospital.

Dr. H. S. Crossen, Superintendent of Female Hospital.

Dr. E. C. Runge, Superintendent of Insane Asylum.

J. L. Overbeck, Superintendent of Poor House.

American Academy of Medicine.—The officers elected for the ensuing year are: President, Henry M. Hurd, of Baltimore; vice-presidents, Woods Hutchinson, of Des Moines, Iowa; John B. Roberts, of Philadelphia; Emma B. Culbertson, of Boston; W. F. Southard, of San Francisco. Secretary and treasurer, Charles McIntire, Easton, Pennsylvania; assistant secretary, Edgard Moore Green, Easton, Pennsylvania.

Removals in Iowa.—Dr. Woods Hutchinson, of Des Moines, will move to Iowa City; Dr. Jay L. Winsett will leave Nevada for Ames; Dr. J. A. Young, formerly of Acasto, Mo., has settled in Bonaparte; Dr. A. W. Thorpe, of Sterling, Ill., has located in Rock Rapids; Dr. H. C. Payne has removed from Albia to Swan; Dr. E. G. Renner, of Minneapolis, has located in Boone; Dr. R. W. Selby, has removed to Corning from Clarinda.

Hospital Staff.—The following is the staff of the Detroit Children's Free Hospital for 1895: Physicians, Dr. Henry A. Cleland and Dr. C. A.

Devendorf; Neurologist, Dr. Justin E. Emerson; Surgeons, Dr. D. La Ferte, Dr. J. K. Gailey; Oculist and Aurist, Dr. Leartus Connor; Consulting Surgeon, Dr. F. M. Thompson; Assistant Physicians, Dr. R. A. Newman and Dr. A. P. Biddle; Consulting Surgeon, Dr. Donald Maclean; Consulting Oculist and Aurist, Dr. G. E. Frothingham.

Fox River Valley Medical Association.—The Fox River Valley Medical Association held its sixtieth semi-annual meeting at the Northern Insane Hospital, at Elgin, Ill., May 7th. There were about fifty physicians in attendance from all the towns and cities of this district. Dr. Arthur Loewy, of Elgin, and Dr. C. B. Slator, of Aurora, were chosen as delegates to the State Association.

The next meeting occurs at Aurora the first Tuesday in November.

Removal.—Messrs. Wm. R. Warner & Co. have removed their New York Branch to the more commodious and convenient quarters, No. 52 Maiden Lane. This change became imperative, the space at their former salesrooms having at last become inadequate to admit of the proper conduction of their largely increased business. There will constantly be on file a complete list of the leading Medical and Pharmaceutical Journals of the United States, and a cordial invitation is extended to the profession to consult them at any time.

Iowa Central Medical Association.—This Society met in Marshalltown, Iowa, March 26th, President H. L. Getz in the chair. The following delegates were elected to the Iowa State Medical Society: Dr. Boucher, Marshalltown; Dr. Thompson, Tama; Dr. Allen, Tama; Dr. L. D. Clarke, Marshalltown; Dr. Cottle, Marshalltown; Dr. Dobson, Le Grand; Dr. Lierle, Marshalltown; Dr. W. Newman, Grinnell; Dr. Graves, Gilman; Dr. Duffield, Marshalltown. Important papers were read by Drs. Mehlig Clarke, Getz, Ellis and Lierle.

Southern Illinois Medical Society.—The twenty-first annual meeting of the Southern Illinois Medical Association met May 9th and 10th, at Carbondale, Ill. The officers elected for the ensuing year are as follows: President, Dr. John T. McAnally, Carbondale; first vice-president, Dr. A. Wetmore, Waterloo; second vice-president, Dr. S. W. Marshall, Sparta; secretary, Dr. J. O. Decourcy, St. Libory; assistant secretary, Dr. H. L. Gault, Oakdale; treasurer, Dr. H. C. Mitchell, Carbondale. The next meeting will be held at Anna.

Woman's Medical College.—This flourishing St. Louis institution recently graduated five physicians, four obstetricians and three nurses. The degree of Doctor of Medicine was conferred upon Louise E. Macklind, of St. Louis; Emma W. Morehouse, Appleton City, Mo.; Ella T. Colby, Rhodes, Mo.; Etta Charles, of Indiana, and Sarah W. Richardson, of Lyons, Kansas. The Obstetrical Degree was conferred upon Pierrette Cransette, Julia Wolf and Mary Mullen, of Mo., and Louise McKinney, of Ark. The nurses who graduated were Mary J. Minnis, of Lamar, Mo.; Miss Mangles, of St. Louis, and Miss Kiltner.

Western Illinois Medical Society.—The quarterly meeting of the Medical and Surgical Society of Western Illinois, was held in Alton, May 10th, and officers were installed as follows: A. K. Van Horn, of Jerseyville, president; John N. English, of Newbern, first vice-president; G. F.

B. Willard, of Roodhouse, second vice-president; A. P. Meriwether, of Jerseyville, secretary and treasurer; Waldo Fisher, H. G. Gledhill, and H. W. Chapman, Board of Censors. Dr. Van Horn addressed the meeting upon "The Recent Developments in Medicine and Science," and papers were read by Dr. C. Du Hadway, of Jerseyville and Dr. Waldo Fisher, of Alton.

Dr. Starkloff Remembered.—On Thursday evening the newly appointed Health Commissioner, Dr. Max C. Starkloff, was the recipient of a handsome diamond stud, presented by his many friends of the Thirteenth Ward, the presentation taking place at the Carondelet Gun Club Hall. The speech was made by Mr. John Krauss, in a few well-chosen words, expressing the friendship and esteem in which his many friends held him, and then presented him with the magnificent sparkling gem. Dr. Starkloff was greatly surprised, and expressed his thanks to all for their token of regard, saying that it gave him great pleasure to be the possessor of a gift from his friends and schoolmates, who have known him from boyhood.—Exchange.

A Compliment.—A recent issue of the *St. Louis Medical and Surgical Journal* says: "The Tri-State Medical Society, which met in this city during the early part of April, was a good illustration of the method practically carried out. With two daily sessions, entirely devoted to the reading and discussion of papers, and the holding of clinics, a most profitable and enjoyable, as well as harmonious meeting was held. The attendance was large, the membership of a high order, and all in all it was a most pronounced success. What was the reason of this? Simply, that all the available time was devoted to scientific work; and this it was which kept up the interest and which kept down all wrangles, and contributed so much to its success."‡

Central District Medical Society.—This Society met in Sedalia, Mo., April 4th, Dr. C. W. Head, of Windsor, presiding in the absence of President Cooper, of Boonville. Dr. A. F. Dresel, of Sedalia, officiated as Secretary. The attendance was large and much interest was manifested in the following excellent program:

"Diseases of Memory," paper by Dr. W. O. Dunlap, of Sedalia; "How I Treat Croup," paper by Dr. O. P. Kernodle, Knobnoster; "Report of Cases," by Dr. E. F. Yancey, Sedalia; "Intubation," paper by Dr. J. P. Burke, California; "Antitoxine," discussion opened by Dr. W. J. Ferguson, Sedalia; "Purpura Hemorrhagica Simplex," paper by Dr. J. P. Thatcher, Pisgah.

American Medical Association.—The American Medical Association elected the following officers for the ensuing year: President, Dr. R. Beverly Cole of California; first vice-president, Dr. J. J. Chisholm, of Maryland; second vice-president, Dr. J. G. LeGrand Cole, of Alabama; third vice-president, Dr. Augustus B. Clark, of Massachusetts; fourth vice-president, Dr. T. C. Satterwhite, of Kentucky; treasurer, Dr. Henry P. Newman, of Illinois; secretary, Dr. Frank Woodbury, of Pennsylvania; librarian, Dr. G. E. Wire, of Illinois. For members for the Board of Trustees, Dr. Alonzo Garcelon, of Maine; Dr. I. N. Love, of Missouri, and Dr. James E. Reeves, of Tennessee. Next year's convention will be held in Atlanta.

THE PUBLISHER'S DESK.

A New Surgical Dry Dressing.—The progressive Campho-Phenique Company, of St. Louis, has favored the profession with a substitute for Iodoform. It is a chemically pure impalpable powder, containing the antiseptic virtues of liquid Campo-Phenique, which has been the reliance of dentists and aurists for many years. This powder is an absolute germicide, and its inventor will receive the gratitude of a long suffering profession for supplanting the nauseous Iodoform. It is especially adapted to hospital use for amputations, ulcerations, chancres and wounds.

Antikamnia in Malaria.—There are a number of ailments, not closely defined, which are due to the presence of the malarial poison. All such conditions are greatly benefited by the use of antikamnia and quinine. In headache (hemicania), in the neuralgias occurring in anæmic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition, the regular administration of this combination will produce the most happy results. In cases of malarial fever it should be given as a prophylactic and cure.

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Robinson-Pettet Co.—This house was established in Louisville fifty years ago, and enjoys a widespread reputation as manufacturers of high character. We do not hesitate to endorse their preparations as being all they claim for them.

Cath-lax Co.—This is an addition to the chemical houses of St. Louis. The company will manufacture CATH-LAX TABLETS, a remedy for constipation. The tablets contain some of the most efficient remedies known to the materia medica, among them being wahoo, blue flag, cascara sagrada, salicylate of sodium and phosphate of sodium. Any physician who desires to try the tablets will be furnished samples by sending his name and address to CATH-LAX Co., 1805 Market street, St. Louis.—Advt.

Melachol.—Melachol was designed to be synonymous with calomel from Greek *Mel* or *Mellis*, sweet honey, etc., and chol, bile; meaning, therefore, sweet bile or sweetener of the bile. This is truer of Melachol than of calomel, for Melachol has a specific action upon the liver, an action which to calomel is denied by some of the best investigators.

Iodia.—Walter W. S. Corry, M. D., L. R. C. S., I. & G., Rosedale Abbey, Pickering, Yorkshire, England, writes: "I have used Iodia, and am satisfied that it is a very powerful alterative, and a great improvement on the old combination of iodide of potassium and sarsaparilla, the latter drug itself being most doubtful in its effects, while the preparation is valuable also as a diuretic; a thing of no small consideration in most of the diseases in which it is indicated."

Quionin.—Physicians are requested to write to the Paris Medicine Co., St. Louis, Mo., for free samples of Quionin, a tasteless form of Amorphous Quinine. It is absolutely tasteless and is specially adapted for children who can't take the latter sulphate, and for lady patients who object to taking capsules. See their advertisement in this issue.

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DOSE.—One or two pills, to be taken three times a day, after meals.
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Pil: Phosphori cum Ferro et Quinia. ℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Quinia Sulph., 1 gr. - -	1 10	5 35
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DOSE.—One or two pills may be taken three or four times daily, at meals.
THERAPEUTICS.—This combination is prescribed in cases of consumption, accompanied daily with periodical febrile symptoms, quinine and digitalis exerting a specific action in reducing animal heat. Patients should, however, be cautioned as to the use of Digitalis, except under the advice of a physician.

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Crystal Water.—This reliable water is in daily use in all the hospitals, clinics and hotels of St. Louis. It is free from germs.

A Fine Fit.—This is what French, the Tailor, 202 N. 8th st., St. Louis, guarantees. Doctor, if you want a neat suit, go to French.

Lithia Water.—The natural Bromo-Lithia water can now be obtained in St. Louis. Write to Mr. O. M. Parrish, St. Louis, for a sample gallon.

Kutnow's Anti-Asthmatic Remedies.—Trousseau, the leading French writer on clinical medicine, recommended the use of cigarettes by asthmatics. Messrs. Rutnow Bros., 52-54 Lafayette Place, New York, prepare such cigarettes as well as an anti-asthmatic powder.

Paul Paquin's Vaporizer.—A new vaporizer for use in all throat and lung affections has been designed by Dr. Paul Paquin and is manufactured by the Holecamp-Moore Instrument Co., of No. 915 Olive street, St. Louis. This instrument is a self-feeding continuous vaporizer, will run all night and is a valuable aid in the treatment of croup, diphtheria, tuberculosis, tonsillitis, etc. Write to the manufacturers for literature.

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THE TRI-STATE MEDICAL JOURNAL

By JAMES MOORES BALL, M. D.

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Vol. II.

SAINT LOUIS, JUNE, 1895.

No. 6.

ORIGINAL ARTICLES.

ABDOMINAL SURGERY WITH CASES AND COMMENTS.*

BY JOSEPH EASTMAN, M. D., L. L. D., OF INDIANAPOLIS.

Late Professor of Anatomy and Professor of Diseases of Women and Abdominal Surgery,
Central College of Physicians and Surgeons.

IN reporting the following cases which have recently occurred in my practice I do so with the hope of eliciting discussion by some of the practical abdominal surgeons present.

CASE I. Mr. K., aged 63, had suffered for many years from an oblique left inguinal hernia for which he had worn a truss. As he was manager of one of our express offices he often found it necessary to lift heavy packages. His family physician was called on the evening of February 11th, and found the hernia had become strangulated, making a tumor nearly as large as a cocoanut. Gentle efforts were made to reduce the hernia by taxis, not only by the family physician, Dr. Patterson, but also by Dr. Gal-
loway, a near neighbor. Both of these medical gentlemen I know from long acquaintance to be both competent and conscientious in the discharge of their professional duties. The following morning I was asked in consul-

*Read before the Tri-State Medical Society, at St. Louis, April 3rd, 1895.

tation, found the patient with most of the subjective symptoms and objective signs of strangulated hernia, although the vomiting had not yet become stercoraceous. After examining the mass (making no attempt at reduction by taxis, for I am firm in the belief that this is wrong in most cases), every preparation was made for an aseptic operation. The patient was placed under chloroform and an incision made over the hernia some four inches in length. I found nearly a pint of bloody serum in the hernial sac and the loop of intestine dark purple, almost black, though not yet macerated to the extent of the destruction of the endothelium. Passing the finger up to the point of constriction, with the hernial knife I made a free severing of the ring and extended the incision fully an inch above. This allowed the bowel to retract easily into the abdominal cavity. The color of the intestine not improving, I drew it out again and found the loop of bowel still constricted by a portion of the greater omentum, which was firmly wrapped around and somewhat adherent. This I carefully separated and to my delight the intestine soon resumed an almost normal appearance. Believing that in nearly all such cases the saving of the life should be supplemented by a radical operation for the cure of the hernia, I proceeded at once to dissect out the sac and close the wound in such a way as to prevent any further danger from the old hernia.

At this stage of the operation the question came up as to what to do with the spermatic cord. I cut sufficiently down into the scrotum to draw out the testicle and found that organ very much atrophied. I at once trans-fixed and tied off the spermatic cord, removing the testicle and closing the serous membrane around the pedicle. Then with three silver wire sutures I brought together the pillars of the abdominal ring after having split their aponeurosis so as to make a deep and firm adjustment. The silver wire sutures were fastened with the canula two inches in length which served the double purpose of holding the deep wound firmly together and at the same time making very perfect drainage so that any seepage from the wound, caused by the retention of blood serum in the hernial sac or from any possible infection, could have readily escaped. The skin and connective tissue was brought together by cat-gut sutures. The comments which I would make upon this very ordinary emergency case are:

First, operations for strangulated hernia should be included in the specialty of abdominal surgery. As Dr. Patterson suggested to the friends of this patient, "I want to send for a doctor who is handling live bowels about every day." The abdominal surgeon will not be afraid to make free incision, note whether or not the bowel has an additional constriction by the omentum. He will note whether the bowel has become gangrenous or not. If so he will resect the gangrenous piece by some of the more approved methods of intestinal approximation. But more important than all, he will not be afraid to open the peritoneal cavity when life is threatened. He will

not countenance efforts of taxis, or jeopardize the patient's life with ice packing and other means which are to my mind more dangerous than a proper operation in the hands of the abdominal surgeon. Second, a patient with a hernia can never know when his life is to be jeopardized by the hernia becoming strangulated. The time of strangulation should be seized as the opportune moment to make a radical operation for the cure of the hernia. One of the difficulties in the success of the operation for radical cure of hernia is the unsatisfactory results obtained by buried suture, especially where the strangulation has existed a long time and the hernial sac undergoing inflammatory changes. A canulated silver wire, which I here



JOSEPH EASTMAN, M. D., LL. D., OF INDIANAPOLIS.

show you, leaves nothing to be desired by way of a combined buried suture and drainage for the wound.

Third, the one question paramount to all others is what to do with the spermatic cord. All authorities on hernia admit that this is the one great difficulty in the way of radical cure. I am firmly of the opinion that there has been too much sentimentality mixed up in the scientific discussion of this question. For example, suppose a patient was far advanced in years and had an enlarged prostate gland. Would not the removal of the testicle

be an important step in the direction of cure? Suppose we were looking into the pelvic cavity and lifted up an ovary that was slightly cystic. Would there be a moment's hesitation as to what was to be done? As conservative a man as Dr. Thomas Keith advocates the clamping of broad ligaments and tubes in the abdominal wound and the sacrificing of one ovary for the cure of retroversion of the uterus. Of course where it is desirable to leave the testicle, after closing the wound with the canulated silver wire, I make a new channel for the cord in the subcutaneous connective tissue.

CASE II. From recent literature on appendicitis one might suppose the last word would soon be spoken. The technique of this operation, however, will not be satisfactory until with aseptic hands, aseptic instruments, aseptic abdominal integument, we shall be able to continue our asepsis to the peritoneal cavity, keeping infecting fluids from healthy surfaces. True, Dr. Murphy, of Chicago, in a recent article in the *Journal of the American Medical Association*, has endeavored to show that all kinds of pus do not carry infection to healthy serous membranes. This gives us more assurance in many cases, but how are we to know in a given case what variety of bacteria may be lurking in some nook or cranny where the pericecal abscess has been burrowing about the field of our operation.

In the early part of March, 1895, I was called in consultation with Dr. J. B. Shultz, of Logansport, Indiana, to see Mr. K., aged 50, a very fleshy man weighing about 225 pounds, by occupation a liquor merchant who had been attacked four days before my visit with what he supposed was la grippe, that disease being very prevalent in the city of Logansport at that time. An area of dullness with some indefinite pain over the cecum; elevation of temperature, rapid and irregular pulse was about what we had to guide us in determining we had a rapidly progressive, probably suppurating, appendicitis. While operating on a patient in another county a few days previous, on lifting up the lower end of the cecum as carefully as I could (after having packed the parts with gauze), at least a pint of pus and fluid fecal substance from the cecum poured out into the wound. I discovered that the appendix had rotted its way so nearly through that by the most gentle lifting of the cecum I had an opening to close which would have readily admitted my finger. The dread of this together with the fact that my patient had at least four inches of fat on his abdomen, and had used liquor daily for many years, induced me to call a halt when I had cut down to the sub-serous areolar tissue. Then with the handle of this scalpel, which I had made some years ago, I worked my way down between the peritoneum and the abdominal muscles until I believed the end of the handle was directly beneath the cecum where I believed the sloughing appendix and the pus accumulation were located. Then pressing suddenly and forcibly upwards with the end of the handle I soon had not less than a pint of dark greenish stinking pus pouring out on the table. Withdrawing

the handle of the scalpel I introduced my finger, broke up all the partitions between pus pockets and brought out a portion of the appendix with my finger; mopped out the sinus with sponge and packed the very bottom with iodoform gauze around a drainage tube. Having drained off the pus from beneath the cecum I had expected to open the peritoneal cavity if it seemed necessary, but did not do so in this case. I believe in similar cases that as a preliminary step to opening the peritoneal cavity such procedure as I adopted to be of great advantage, because as early as the fourth day in suppurative appendicitis I believe the chances of infecting the peritoneal cavity by lifting up the cecum to get at the appendix to be very great, and where this seems necessary, the dangers, in my judgment, would be materially lessened by going down between the weather-boards and the plaster, and then breaking through the kitchen floor directly under the cook-stove. And if it should prove that the pus was not beneath the cecum burrowing up the colon, but in the iliac fossa above the cecum, no great harm would be done in any case. The patient made an excellent recovery.

THE HÆMATOZOAN OF MALARIA.

BY J. FRED. CLARKE, A. M., M.D., OF FAIRFIELD, IOWA.



INCE I have had peculiar opportunities for the microscopic study of the casual organism of malaria, I presume to present the result of my observations, believing this parasite to have received little notice in Iowa. It seems of sufficient importance to be worthy your attention.

In 1717 Lancisi said that parasites enter the blood of man and cause malaria; but not until 1881 was this demonstrated by Laveran in Algiers, who described three forms of an hæmatozoan. Many observers have since extended the study, until to-day the life of this parasite while in the blood is well known and its casual relation to malaria well established. The following remarks being mainly confined to personal observation, limited to some fifteen cases, leave unnoticed much that has been observed on the subject by Osler, Councilman, H. Vandyke Carter and other students of Europe and the eastern United States.

Having prepared specimens of the blood from a series of malarial cases in the usual manner, the following forms of the hæmatozoan were found:

First and most commonly was seen an ameboid body within the red

blood corpuscles. This body was transparent, colorless, jelly-like, and about one-fourth to three-fourths the size of the containing blood cell. At times two or three parasites were seen in one blood corpuscle. At times the organization was homogeneous, but more commonly it was supplied with numerous pigment granules which showed active Brownian movement. The granules also changed position by the protoplasmic movement of the organism itself. When the parasite was without the containing corpuscle was little changed, but the blood cells containing the pigmented organisms were larger and paler than normal red corpuscles. Such observations led me to conclude that the granules of the protozoan were the altered hæmoglobin of the blood disc, and this seemed the key to the production of the anæmia of malaria.

At times this same ameboid organism was seen free in the plasma. It underwent ameboid movements which continued for two hours on the microscopic stage. It multiplied by fission in a manner similar to the common amœbæ of our pools.

These bodies can be stained with aniline dyes. I stained some individuals with pyoktanin and they maintained an active motion for forty minutes after assuming a brilliant blue and probably became quiescent then because not on a warm stage. This observation, taken in course with the studies of Dr. Guttman, who at the Halle congress, 1891, reported malaria cured by the internal administration of methyl blue, would seem to show that his cures were not due to the direct germicidal action of the drug. And if pyoktanin destroys bacteria this observation may show it to be less potent with animal life.

The second distinct form of the parasite found in the blood was a pigmented crescent. These were hyaline bodies, crescentic in shape, about double the size of a red blood cell and containing in the middle of the long diameter a group of pigment granules which were capable of active motion, the grouping being markedly changed at different observations. The crescent had no motion of its own from place to place. However, while remaining stationary, it changed its shape. The poles would at times approach and the organism become circular or oval in a short time. In the blood of one patient the bodies seemed to be spherical and crescentic on alternate days. Sometimes a line joined the limbs of the crescent which seemed to be the edge of a delicate membrane. By bleeding the patient into a four per cent. solution of nitric acid, allowing the corpuscles to settle, and then replacing the acid solution by glycerine, a fairly good permanent preparation of the crescents was obtained. Osmic is said to be better than nitric acid.

The third, and, in my case, most rarely seen form of the monad, was a flagellate body. This was some smaller than the red blood cell, round, containing pigment granules and supplied with one, two, three or four fla-

gellæ. These being two or three times the diameter of the body, were violently lashed about and by their motion propelled the organism among the blood cells.

In my studies of the blood there was frequently found a small, actively moving, colorless, comma-shaped body about one-fourth the size of the red cells. This seemed to be not characteristic of any disease, being found so generally. I have seen no mention of it in literature.

Such, then, are the observed forms of a parasite found uniformly in the blood of malaria patients and not found in cases of tuberculosis, pyelonephritis and other septic diseases which are characterized by rigors and other symptoms at times only distinguishable from malaria by this microscopic test. In acute malaria with quotidian, tertian and quartan chills, the ameboid bodies were seen, and most numerous, just before a rigor; while in chronic forms of the disease, with irregular types of pyrexia, the crescents and flagellate forms were shown. In one case of marked quotidian fever, when the blood showed only the ameboid bodies, quinine was given. The chills were immediately checked. One month later the patient again presented himself with an irregular intermittent fever, and the blood, though having no amœbæ, was full of crescents; fifty-seven being counted in one small drop.

That this organism is an animal, and that the various forms are but stages in its growth, seems well determined. It has been put in the genus *Hæmatomonas*, making the name: *Hæmatomonas Malariae*.

From whence is it derived? I have seen malaria contracted by bathing in a stagnant pond. Being animal, the life conditions of this parasite are much restricted, and a narrow range of temperature and humidity is probably required for the organism to flourish. Districts in Jefferson county that fifteen years ago were well infected by malaria have, since the farms were well cultivated and tiled, become entirely freed from disease. Ingested by air or water it seems probable that, by this monad, a poison homologous with the ptomaines is produced. This when in sufficient quantity could cause the crisis called chills, and by its irritation the hyper-plasia of many organs, as is found.

Incidentally in these studies of malaria, several drugs commonly used in its treatment were tested. The oil of Eucalyptus seemed of no value. Quinine given in one dose of twenty grains checked the chills, but instead of destroying the plasmodium it seemed only to cause it to assume a partially quiescent state (perhaps the crescent form). Quinine given by the mouth had to be ingested several hours before the chill time to check the rigor, but a single hypodermic injection of fifteen grains of the bimuriate of quinine and urea, given one-half hour before the chill time, checked the paroxysm, and none recurred for some days. Fowler's solution in five drop doses every three hours for two nights and a day checked tertian chills and

so reduced the plasmodium that it could with difficulty be found. In chronic cases this solution of arsenic given for a month reduced the crescents so in number that a hunt through a dozen slide preparations was necessary to find a single monad. Removal from a malarious district alone cured several cases. In these, is it probable the white blood cells devoured the enemy?

VALEDICTORY ADDRESS.

DELIVERED BY R. C. BLACKMER, C.M., M.D.,

Professor of Legal Medicine, Barnes' Medical College, March 16th, 1895, before the Graduating Class.

GENTLEMEN: You have finished the measure of your time in college and are now about to sever the cables and stays that moor you to the shores of your Alma-Mater, and drift away, alone and independent, to accomplish your destiny. For three years we have associated together in the relation of teacher and student, and it has been our duty, our responsibility, our pleasure and our pride to feed, clothe, educate and minister to that which you will all acknowledge to be your highest and noblest part. It seems meet, therefore, for us, now that we are about to separate, to give you a few words of advice and counsel, a few words of admonition and encouragement concerning that portion of your voyage over which we have already passed, and to which you so soon will come and wish you God-speed on your journey.

I have been selected by my companions for the work, not on account of any peculiar fitness on my part, but because there was no one in the faculty who held the relation of which I speak more dearly at heart than does your professor of Legal Medicine.

You have chosen a profession of which you may well be proud; a profession over which your souls may glow and your hearts swell with inspiration—a profession, the name of which kings have not been ashamed to bear, a profession in devotion to which just as noble and heroic martyrs have laid down their lives with no thought save that of duty and humanity, as ever suffered in the cause of patriotism or religion, a profession for which the wise and good of every age have spent their daily toil. It is worthy your ambition, worthy your self-sacrifice, worthy all the midnight oil you have wasted to gain it; worthy of your health, worthy of your lives, and I charge you that as you hope in your future career to retain the support and respect and love of us, your intellectual parents, that you never let your eyes grow dim nor your ears dull to the honor, glory and reputation of your high calling. And I assure you, in return, that though your future path lie not in green pastures but in a dry and thirsty land, though privation be

your lot and ingratitude your portion; though your friends forsake you and your foes crush you down to the ground, yet the very consciousness of having been a follower of the man of Samaria, the very consciousness of having relieved the suffering of humanity, will cheer and comfort you—aye! and it will bring you back to a better and more profitable life and be a hand and a wing under you through all the storms of adversity that will never pass away.

Sir Astley Cooper was wont to say that that three things were necessary to a truly successful physician's life: industry, learning and morality. Without industry success is impossible; without learning undeserved, and without essential moral qualities success, though attained, can gain neither pleasure nor satisfaction.

Let us consider for a moment these three phases of a physician's life:

The great difference between a living tree and a dead one is in its tendency. The living tree tends to grow, spread forth its branches, blossom and bear fruit; the dead tree to wither and crumble back to dust. The same tendency is manifest in what we call the human mind; the lively, industrious, busy, working mind tends to grow in power, beauty and comprehension by its own exercise, while the idle, lazy, shiftless, indolent mind is dead already, and tends only to dissolution and decay.

In your early years of practice you must continue your habits of earnest, careful, systematic work, or all that you have acquired here will be like seed sown in rocky soil, springing up to be scorched and starved and blasted by the blazing sun of energetic competition.

You must learn to work scientifically, thoroughly and well, and put some thought in it. You must be ready and able at all times to defend your actions by good and sufficient reasons, if necessary. There is a right way and a wrong way to do everything. The wrong way is a primrose path, easy as oil. People naturally drift into it out of sheer indolence. The right way requires some effort to attain, but it pays for the effort a hundred fold in the products of your labor.

A homely story often serves to point a moral, and that which I relate may have been an allegory, but it should have been the truth:

"A ragged and penniless wanderer once called at the home of an old Vermont farmer and inquired for work. He was asked what he could do, and he said he could do anything. The old farmer asked him how he laid stone wall. He replied that anybody could lay stone wall, that was easy enough and required no special education—all you had to do was to put one stone on top of another. The old farmer responded that he had judged from his appearance that such was about the way in which he laid stone wall and had done everything else, and informed him that the proper way to lay stone wall was not to put one stone on top of another, but to put one stone on top of two, thus binding the different parts of the wall together."

This little anecdote will serve to illustrate the idea that I wish to impress upon you. In order that your work may seem truly successful to yourself, your affection must be in it. You must be willing to sacrifice your temporary comfort and pleasure for it. If you venture nothing you gain nothing. To win a vantage ground in the practice of medicine costs a struggle to which your eyes should not be blinded, but the end in view is worth all the endeavor. Now that you have once embarked in this enterprise you must push the battle on to victory; and as the Douglas of old cast his richest treasure into the midst of the Saracen foe, crying "Lead on! oh heart of Bruce! I follow thee!" so you must throw your whole heart into the business, and you can never fail.

It is an old saying that in time of peace we should prepare for war, so in the comparative leisure of your early years of practice you will have the time, which lately you have lacked, to re-read and digest the many lessons which we have striven to impart to you here. If you fail to take advantage of this you will find that it will require a vast deal of wit and artifice to make up for it in the busy days that you all hope will come after. You must spend your leisure hours in your office, building yourself up, and taking advantage of every opportunity that your locality affords, rather than by the rust and disuse of your faculties allow them to retrograde, shrivel and disappear like the muscles of your ears. You must work steadily; you must work continuously; you must learn to profit by your mistakes, and you must not expect to attain to any very remarkable eminence at first.

The heights by great men reached and kept,
 Were not attained by sudden flight,
 But they while their companions slept
 Were toiling upward in the night.

Standing on what too long they bore
 With shoulders bent and downcast eye,
 They now discern, unseen before,
 The path to higher destinies.

Nor deem the irrevocable past
 As wholly wasted, wholly vain,
 If rising o'er its wrecks at last
 To something nobler we attain.

Many physicians have attempted to substitute the sparkle and glitter of finesse for real true learning, and to our sorrow some have succeeded financially in this way, but there is always a disappointment and a shame when you find this sort of a man out. You recognize the trait of character as despicable and never wish to see his face again. You much prefer an ignorant man who makes no show of pretended knowledge. These men invariably deceive themselves and come at last to believe in their own false

ability, but they are a deceit and a fraud and a snare; their gains are stolen and their success is undeserved.



R. C. BLACKMER, C. M., M. D., OF ST. LOUIS.

When dread epidemics have enshrouded our ill-fated cities in darkness and gloom and despair, you have all seen these imposters and quacks and humbugs that hang upon the outskirts of our army, these parasites that fleece the public and fatten upon fraud, flee from the scene of desolation leaving the brave soldiers standing alone at their posts among the dead and dying, and to their honor be it said that whether the march lead into the tented field or into the battle's shock, there are they found, standing by their companions, shoulder to shoulder, striking the last blow and falling in the last charge. If you would be honest, if you would be

brave, then imitate their glorious example and stand with them as witnesses to the ages as they pass, that simple duty has no place for fear.

Gentlemen, I will tell you a secret. The curriculum of the Barnes Medical College does not comprise all the learning there is in the world, though our recent conduct may have led you to suppose so. There are other branches of education that are equally necessary to the truly successful physician's life. A doctor, and especially a country doctor, is expected to know everything. A good, thorough, complete, scientific and literary education is never out of place, and will do much towards convincing the people among whom you reside of your real qualifications as a medical man. All the natural collateral sciences lie very close to medicine, and should receive a good share of your attention. They will assist you to understand the many problems which you must daily solve in your general practice, especially comparative zoology and botany. A good appreciation of the beauties and worth of general English literature will make your stay in your office pleasant to you, take the place of company, of which, to some extent, you will be deprived, and prevent your seeking companionship in less profitable places. In addition to these I present for your consideration the study of Legal Medicine. During the brief time which we have been able to devote to this entrancing subject, I trust I have succeeded in opening your eyes to some of the beauties of the path which it pursues. The lawyer and preacher are continually before the public, and the laity have a good chance to judge of what they know by what they say, but the physi-

cian has few opportunities to distinguish himself publicly, and the financial success of a medical man by which the people frequently judge of his qualifications, is often due to anything else than real merit. It is in open court, then, as a medical jurist, that you will have your first and only opportunity to vindicate before the world a worthy profession and a noble manhood and gain for a reputation and a name. It is here, also, that you may meet with the first great temptation of a physician's life, for the sake of a rich man's gold to prostitute the honor of your profession and shield the guilty from the merited consequences of their crimes.

Here is one part of your occupation where you can truly say that honesty and intelligence, diligence and perseverance count for everything. In the sick room fraud and ignorance and deception, like death, may be triumphant without being called to account, but in open court they can hope to find neither protection or security, but must certainly be exposed. In treating disease, both nature and fate may be against you, but in the detection of crime they work on your side. It is an old saying that murder will out, and the truth in all things finally comes to prevail. Daniel Webster once said: "The whole creation of God holds neither nook or corner where the unhappy murderer can hide his awful secret and say it is safe." It is here, therefore, that you will have a chance to show what manner of man you are, the extent of your knowledge and how you handle and apply it, and how you reason upon the facts in your possession, and if you have the real solid elements of knowledge and worth. At this time these qualifications are bound to be proclaimed and owned. If you are worthy the position which you occupy, the value of your services to individuals and to the public is inestimable. As a citizen of this great nation you are supposed to be protected by its laws. It is your duty, therefore, to assist in seeing them duly executed. Fraud and violence must be detected and punished so that truth and virtue and right-living may meet with their just reward. So, also, must unmerited infamy and death be prevented; the widow and orphan saved from ruin, virgin purity and chastity and innocence protected; conjugal harmony and happiness restored, and unjust demands on the service of your fellow-countrymen obviated. Character and reputation, the most valued of possessions of humanity, are placed in your keeping, and to all these requirements your acceptance to-night of these parchments binds you to be faithful.

You are to practice medicine cautiously, fearlessly, intelligently and uprightly. Gentlemen, there is but one code of ethics, no matter what may be written or declared to the contrary, and that was framed by one wiser and better than we: "Whatsoever ye would that men should do unto you do ye even so unto them." The observance of this rule will make you honored and respected, aye, it will make you beloved, so that you will live to a good and noble purpose, with pleasant memories for your past and a

glorious future. Be diligent, prudent, temperate and discreet. Be the friend of the friendless and the helper of the helpless, as those have been who have gone before you—one to whom the unburdened heart can pour out its sorrows and in whom the crushed and broken spirit may find a shelter and a rest.

I wish you all might have a hopeful, happy, contented, even disposition, always looking on the bright side of things and seeing all the good there is in them. Not overwhelmed by a trifling disappointment, not flushed and rattled by a temporary conquest. In order to attain to this state of mind and feeling it is necessary that your own health be attended to and carefully preserved. A healthy ignorant man may be happy and may be useful, but a high, noble, ambitious soul chained down to earth by a weak, feeble, decrepit, pain-ridden physique, is no comfort to himself nor any one else, and leads a most pitiable existence. An enlightened mind in a vigorous robust body is the keystone to all other blessings. Avoid, most of all, giving way to sudden fits of anger, though your provocation may be great; remember the present condition of things will not last forever and your turn will come at last.

When wafted on by fortune's breeze
 Through endless peace thou seemst to glide,
 Prepare betimes for rougher seas
 And check the boast of fooling pride;
 Though passing joy be thine to-day,
 Remember this will pass away.

When all thy sky is draped in black,
 And beaten by tempestuous gales,
 Thy shuddering ship seems all awrack—
 Then trim again thy tattered sails;
 To grim despair be not a prey,
 Remember this will pass away.

And so, my sons, be not o'er proud,
 Nor yet cast down, judge thou aright,
 When shines the sun, expect the cloud;
 In darkness wait the coming light—
 Whatever be thy lot to-day
 Remember this will pass away.

These, gentlemen, are some of the moral qualities of a successful physician, and they exert a force and influence for good to those who possess them, but, gentlemen, there is a moral force in the universe that ever works for good, to you and to all. Way back before the days of the fire mist it commenced its labors to bring order out of chaos. The old earth is scarred all over with the marks of this conflict, but the forces of moral right and truth prevailed, and on the solid ground thus formed a man appeared to continue the battle. The moral force of the human race finally concentrated

itself in one people, who never gave up the fight. Broken and wounded and bruised and bleeding and ground to powder, they rebuilt again and again their shattered empire. The iron hand of Rome, at last, crushed out their national life, and then the moral force of this people incarnated itself in one man, a humble Nazarine. Him they killed as dead as they could and buried as securely as they could, but he burst the fetters of the tomb to seize the moral scepter of the world, and has wielded it over sixty generations of the earth's strongest people. Yes, gentlemen, I recommend to you the religion of your fathers. I am neither competent nor worthy to advise you in it, but you must not despise that divine comfort which has upheld so many in the darkest hours of life. Study its legends, they are richer than gold. Cling to its truth, that truth shall make you free! Follow its precepts, for the happy reflections consequent upon a virtuous and well spent life will be, in age, your only consolation.

Gentlemen, one word as to the future of your profession. Surgery has reached approximate perfection. It has accomplished all, and more than all, already than we could have reasonably expected of it. Operations in ancient times deemed the most dangerous and the most fatal, when performed with care, are now performed with safety. But, gentlemen, the future of medicine is indeed glorious. We seem even now upon the threshold of a great discovery, and honor and fame galore await the man who makes the disclosure. The curtain is, as yet, but slightly drawn aside, but the fingers that beckon us onward are distinctly seen. Bacteriology, antitoxine, and more than all these, hypnotism and mental or suggestive therapeutics. Its splendor is just beginning to dawn upon our startled vision, but when the perfect day shall come and the human mind, long groveling in the darkness of the material sphere, shall have risen into the sun-illuminated heights of a lofty spirituality, it will baffle disease by the majesty of its power. Do you doubt it? Then study the pages of history. All along the highways of the past there stand out in bold relief illustrations and hints that are but fingerboards pointing to its supreme truth that will one day flash upon our mortal sight and enlighten our art with celestial beauty. This, gentlemen, is the ultima-thule of science, and this, though far off and dimly seen, it may be, is the future of your profession, and to this future we lovingly dismiss you.

Ladies and gentlemen, we are glad to have you with us this evening, and we feel grateful for the interest you take in us and in these young men, the work of our hands. We love these young men, and we send them out in the world among you, anxious and solicitous for their welfare. We ask no favors for them which they do not richly deserve. We only ask for them justice, and plain, ordinary, neighborly kindness. We have thus far received every recognition at your hands that we could expect, greater than our most sanguine dreams had ever pictured, and that we may continue to merit this approval is our most earnest prayer.

HYPNOTISM VERSUS CRIMINOLOGY.

BY P. C. REMONDINO, M. D., OF SAN DIEGO, CALIFORNIA.

THE late murder case of the killing of a woman in Minneapolis, wherein the murderer *de facto* set up as a defense that he had been hypnotized by the instigator of the deed, is, after all, but another example of that which Lombroso terms the "stupid indifference" that characterizes the acts and life of the constitutional criminal. How far this blunting of the moral sense may affect an individual, or to what lengths such a "stupid indifference" may permit one to commit the most dastardly crime, is simply astounding, when considered in relation to beings in civilized society, and points to the need of the State taking a more decided and practical part both in the education as well as in the classification of the individual. How criminally inclined some not-actually-criminal may become through this "stupid indifference," is well exemplified by an analogous case that occurred in Belgium some years ago, and which belongs to '*causes celebres*' of that country. An old gentleman by the name of Vanot, a well-to-do manufacturer of miners' tools, married a very young woman. This woman, soon after her marriage formed a violent attachment for one of her husband's employees, named Vehent, and a corresponding loathing for her husband.

As a result of this possibly natural but immoral attachment the guilty couple began to wish that old Mr. Vanot might be translated to a happier world, but the young man did not feel inclined to make himself liable by personally committing the act, but with that remarkable stupidity that characterizes ninety-nine per cent. of all criminals at some stage of their career he proposed the old man's murder to a number of his associates in the works, to whom he confided his plans and desires. As strange as it may seem, none of these seem to have exhibited any feelings of horror at this proposal; the want of sufficient personal interest in the deed or in the way of pecuniary results as well as the fear of the assured punishment in case of after detection being the only reasons that prevented most of these from murdering the old man or becoming an *active* party to the murder. Stranger still, all of the class with whom Vehent associated, were perfectly and fully cognizant of the true condition of affairs and that it was only a question of finding a willing tool so that Vehent could step into the domestic and business shoes of old Mr. Vanot, and still neither Vanot, nor anyone outside of Vehent's circle, nor the police entertained the least inkling of that which was being premeditated and sure to occur.

One of those to whom Vehent had proposed the murder actually went so far as to enter the room of the old man for the purpose of committing the deed, and then at the moment relinquished the idea of committing the crime, owing to a lack of sufficient personal incentives.

Madame Vanot who was the more persistent of the pair in her desire to rid herself of the old man's presence on earth, become impatient and began to entertain the idea of poisoning her husband, when Vehent secured a willing criminal by the name of Dewilde. This latter after two attacks of "heart failure," as to the business, finally was nerved up, and with two hundred dollars paid down in advance, entered the old man's room, armed with a hammer, handed to him by Vehent, struck the victim two fatal hammer blows, *a la Bender*, and retired, having accomplished all that he had bargained to do; he left the disposition of the remains—another evidence of the "stupid indifference" peculiar to most of the criminally constituted—to the ingenuity of the guilty couple. Vehent now secured the assistance of a brother-in-law, who seems also to have looked upon the whole affair in the light of a regular business transaction, in digging a grave in the garden and in burying the body; the woman meanwhile gave out that her husband had suddenly taken it into his head to go and had gone to America; Vanot, mouldered away in his grave which was well covered with a pile of manure, and the unruffled Vehent calmly stepped into the undisturbed management of the business and everything went on as before. The relatives of Vanot—a factor that neither of the pair seem to have taken into any previous account—did not accept the tale of travel put forth by the wife and darkly hinted their suspicion of murder. This seems to have annoyed the poor wife very much in one direction. With the greatest exhibition of *sang-froid* and of hypocrisy she visited the village *Cure*, informing him of the rumors afloat and of her great distress in thinking that if it should be as rumored that the poor man really had been murdered that he had died without the consolation of religion and the receiving of the last sacrament.

The good woman seemed in the end to have possessed more wit and determination than her partner, as she caused the quiet and secret removal of the body from their own premises to those of the obliging brother-in-law at some distance, and she even suggested to Vehent the desirability of murdering one of his confidants, whom she suspected as being dangerous to their safety. A rumor of the affair finally found its way into the hands of the Belgian police, resulting in the wholesale arrest of all the parties passively or actively implicated, when the authorities were no little puzzled as to what to do with those who by their knowledge of the intended crime were morally as culpable as were the direct perpetrators.

One of the prisoners hanged himself in the jail and the *de facto* criminals were sentenced to execution. The sentence was changed, however, to life imprisonment, into which the whole party was sent. Here was an example of a wide-spread "stupid indifference" in a moral sense, affecting a good part of a whole village. All of the accused had more or less, directly or indirectly, profited either by the prospective crime or by its com-

mittal, and yet neither its monstrosity, its unnecessary nor its being contrary to all moral or technic laws seems to have ever occurred to the least of them. Our Courts will do well not to permit any too far fetched hypnotic



P. C. REMONDINO, M. D., OF SAN DIEGO, CALIFORNIA.

suggestions that may be advanced in the future on the defense of criminals to displace the natural willingness to criminality that may be exhibited or permitted by the seemingly unaccountable "stupid indifference" to the

rights of others, that possesses the natural born criminal. That there are no reasons, personal motives nor apparent interest, for the commission of a crime on the part of a criminal, needs not of necessity drive us into the theory that the person has criminally been hypnotized for a solution, as we have in that "stupid indifference" of the criminal class, so well pointed out by Lombroso, a sufficient explanation.

Whilst Du Maurier in "Trilby" has done much to advance the adaptation of hypnotism in a popular a sense, just as the Nancy school has spread its ideas in a scientific sense, we must not forget that Mesmerism and hypnotism are now practically out of the mists of occultism, and of speculation where they have so long tarried, but that they now occupy an allotted space in the accepted sciences and now form an integral part, both in established medicine and in anthropology, as well as that we must not ignore that which criminal anthropology has fully established, or permit ourselves to explain on hypnotismal ground reasons for those occurrences which criminology sufficiently makes plain is certain. There are tenable and untenable grounds to cross or to occupy when we invoke hypnotism in the trial of cases pertaining to the domain of legal medicine which are as well defined to the skilled physician as the orbit of a star is to the skilled astronomer. Du Maurier has well exemplified this in his scientific study of "Trilby," where we find that he has carefully weighed each psychological cause and effect before introducing it into his book. He carefully has chosen a proper subject from its ancestry down through to its surroundings; he endows her with the psychological conditions necessary for the scientifically evolved developing of the plot. The incident and details requisite to prepare the subject so that she may become the passive and listless subject in the hands of Svengali are most carefully and minutely constructed in all of their pathological bearings and the physical accompaniments of an extreme case of hypnotic somnambulism are most skilfully portrayed in the end. Nothing is missing, from which we may well infer that Du Maurier, as incredible as it may seem, had well and thoroughly mastered the subject from the standpoint of observation reached by Charcot, Bernheim and Liegeois. All the hysterical antecedents required to reach the necessary condition are most graphically arranged and detailed and nothing is left out.

This is the difficulty with most readers of "Trilby"; they are reading a skilfully and scientifically constructed book for whose full comprehension their knowledge of anthropology and of psychological medicine is fearfully inadequate.

It necessarily follows that but few, even among the legal fraternity, are in a position to discriminate between assumed cases of hypnotism or cases in criminology wherein there is not the least possible probability of any hypnotic influence having been exercised, and those wherein hypnotism has really played the part of an undisputed criminal factor. This makes it

daily so much more apparent that we cannot much longer defer the day when legal medicine must have a more definite and stable establishment in our judiciary. At present, legal medicine is but a phantom, as law and medicine have no real connection in fact, nor has the judiciary of the land any organized purely scientific and well trained medico-legal body upon which it can lean for advice, or look to for any impartial information. The chaotic condition of this branch of our social and legal fabric is simply a disgrace to our boasted advanced enlightenment and alleged social progress, and sadly needs that some initial steps should be taken towards placing us in this regard on the same level with other civilized nations.

THE TACHYTOME AND ITS USE.

BY WILLIAM NIEGARTH, M. D., OF PEKIN, ILL.

PHYSIOLOGICAL experiments have demonstrated that no painful sensation is produced by mechanical irritation of a sensory nerve except when the application is prolonged through a definite length of time (beyond $\frac{2}{3}$ of a second). In other words: in dividing a sensitive tissue like the skin our patient suffers pain for the sole reason that, no matter how quickly we may do the cutting, the time consumed in the act is still in excess of the fraction of a second consistent with freedom from pain.

The correctness of this statement is established by every day observation, for no pain is experienced when an injury is inflicted in a very rapid manner, f. i. a cut from a sabre, no matter how extensive the wound may be or how sensitive the tissues affected.

The application of such experiences to surgical practice seemed natural, and for this reason the author has devised an instrument designed to enable the surgeon to make his incisions with the dispatch required to avoid the infliction of pain in the operation.

A description of the apparatus may therefore be of interest to the profession.

Reference to the cut will render clear the construction of the Tachytome.

It consists essentially of a knife blade, Fig. I, B, propelled very rapidly by means of a spring; being adjustable, the blade can be set as required, thus permitting a great variety of incisions as to length and depth, and wide range of application is thereby secured. The cuts made are in the shape of segments of a circle, Fig. III, for this form ordinarily serves the purpose best, but they can readily be modified as illustrated in Fig. V, by adding the attachment shown in Fig. V. By its special construction the knife can be made to stop in the middle of its course, producing sections as illustrated by Fig. IV.

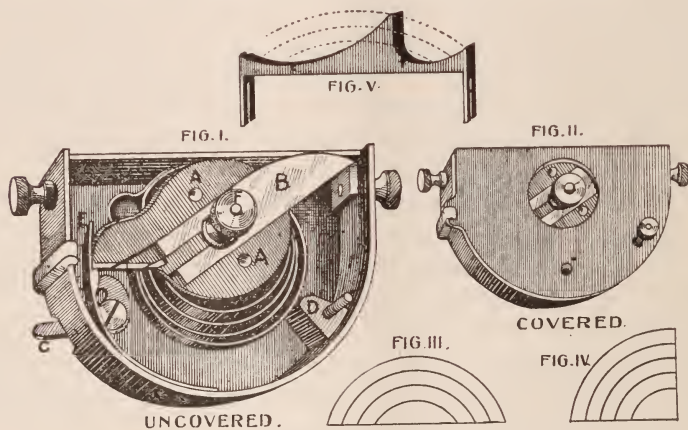
After having determined the length, depth and shape of the cut desired, the surgeon sets the blade accordingly, and winds up the spring with the key. All that is needed then is to apply the apparatus to the surface and finally to release the spring by sliding the trigger, Fig. I, C.

The instrument thus combines extreme rapidity of action, without causing pain, with the additional advantage of not conveying the impression of a cutting instrument, a matter sometimes of considerable consequence in persons afraid of a knife. In such a case it can readily be made to pass for some other, f. i. electrical device.

While the uses of the instrument are indicated with sufficient clearness from the forgoing remarks and are naturally left to the discretion of the physician in every case, it may not be amiss to briefly suggest a few instances in which it may be employed with particular propriety.

THE TACHYTOME OF DR. NIEGARTH.

(Manufactured and sold by Geo. Schuirmann, Pekin, Ill.)



Price, \$6.00.

In a general way it is applicable wherever a simple incision satisfies the demands of the case, in conditions too trivial for general anæsthesia, yet too painful to be operated satisfactorily with the scalpel in the usual manner, and where local anæsthesia would prove ineffectual or inconvenient.

Of inflammatory affections belonging here I will mention: goodsized *abscesses*, *phlegmons*, *furuncles* and above all *carbuncle*. However desirable or urgent a thorough surgical treatment calculated to abort the disease may be, we know how difficult it is to secure the patient's consent. He may allow an incision to be made, but it often proves to have been inadequate; the pain inflicted in the operation had stayed our hand too soon, and a repetition of the procedure is energetically resisted by him.

Right here the difficulty is removed by the Tachytome. After once being properly adjusted it secures with the greatest certainty the length and depth of cut suitable for the case, nor is it so hard to gain consent for the little operation as contrasted with the fearful prospect of being cut with the gleaming bistoury.

Next to these inflammatory diseases we find the Tachytome particularly indicated in *swellings of a cystic nature*, f. i. in *hydrocele, ganglion*, and in the *atheromatous cysts* of the scalp commonly called *wens*.

While in hydrocele the simple wide incision and subsequent open treatment of the wound is generally conceded to be the method most sure of success, and is universally practiced, the same method has become almost completely obsolete in the treatment of wens and ganglion. That it should have been superseded by methods so unnecessarily complicated and radical as the enucleation of the tumor under general or local anæsthesia for instance, would be incomprehensible were it not for the severity of the pain inflicted during the incision made with the knife.

The newer operation, doubtless, is both elegant and nearly safe, but no one can deny the disproportion between the magnitude of the operation and insignificance of the affection which it is to remove. No wonder the operation is proposed so often but actually done so rarely, for few, indeed, of our patients can be made to understand the necessity or propriety of a complicated enucleation urged by the surgeon for the cure of the small sized trouble which is hardly more than an inconvenience. On the other side our patient can be readily induced to submit to a quickly-done single incision especially when assured that it is practically painless with the use of the Tachytome.

However, it is not alone on account of the pain connected with the method of incision that it has become obsolete, but against it has been urged the rather frequent return of the trouble and the liability to the formation of fistulous tracks. Now, it will be admitted that nothing can so effectually guard against these unfortunate results as large incision and open treatment of the wound.

This fact is clearly shown in the operation for hydrocele. None but a free opening will enable us to completely destroy the epithelium lining the sac and thus to avoid the leaving of a fistula, or a recurrence so common when a small, rapidly healing opening had been made.

Briefly the operation will be as follows:

Open the cyst in its entire length by means of the Tachytome; stop hemorrhage by compression; completely evacuate the contents; wipe out and tampon the cavity with a wad of cotton or cloth soaked in strong solution of carbolic acid or chloride of zinc; dress the wound. After the epithelium is destroyed the cyst wall become atrophied and disappears of itself, its extirpation thus being unnecessary.

True, the method just described may require an after-treatment somewhat longer than that following extirpation, and its results may not be quite so satisfactory from a cosmetic point of view, but these drawbacks are more than overbalanced by the reduction to a minimum of the operative part proper of the procedure, and the removal, as a consequence, of the patient's main objection to any interference. Other advantages not to be lightly weighed are the utter absence of danger and the ease with which it may be executed.

I have endeavored in the above remarks to give the main indications for the use of the Tachytome in place of the open knife. The physician, however, must decide for himself under what circumstances he may profitably apply the instrument, for it is neither adapted to all cases requiring an incision, nor intended for all.

The specialist in surgery may do very well without it, but I am convinced of its utility in the hands of the general practitioner, for such it has proven in my own.

AXIAL ROTATION OF OVARIAN CYSTS.*

BY GEO. W. CALE, M.D., F.R.M.S., LONDON,

Surgeon to the Woman's Hospital, Consulting Surgeon to the City and Female Hospitals, Professor of Surgery in the Woman's Medical College, etc., St. Louis.

HISTORY. In 1865 Rokitansky published a paper on the "Strangulation of Ovarian Tumors by Rotation." The tumor frequently turns upon its axis, and the pedicle is twisted sometimes as much as two or three times round.

Rokitansky has given the particulars of thirteen cases, eight of which he found in making autopsies after fifty-eight deaths from ovarian disease. Cases have been reported by Spencer Wells, Keith, Tait, Greig, Smith, Doran, Charlot, Robinson, myself, and others.

Wiltshire, of England, in 1868, first made the diagnosis of rotated ovarian cysts, and operated successfully upon a case of that kind. The direction of this rotation is not at all constant; sometimes being inwards toward the median line, sometimes the reverse. The tumor may also rotate obliquely. In outward rotation, the Fallopian tube, if not adherent to the tumor, becomes spiral round the pedicle; if adherent, round both tumor and pedicle. In inward rotation the first half-turn pushes the tube inwards and backwards. Should the rotation continue, the tube forms a spiral round the back of the tumor. These motions sometimes take place suddenly, while in the majority of cases evidences are presented that would indicate the lapse of a considerable period of time during rotation.

* Read before the Tri-State Medical Society, at St. Louis, April 3, 1895.

ÆTIOLOGY. The exact cause of rotated ovarian cysts is not known, but it is certain that a long pedicle is one of the prime factors. As the tumor grows, the natural attachments which contain many and large blood vessels, become stretched and elongated, thus allowing it greater and more extensive movements. Mr. Tait has set forth the claim that the repeated displacements of the tumor caused by the passage of the fæces along the sigmoid flexure and rectum finally amount to complete rotation; pressure on the tumor by contractions of the abdominal muscles and movements of viscera may also favor displacement and rotation. It is a well-known fact that twisting of the pedicle takes place often when pregnancy complicates the case. This is especially true after delivery of the child. Rotation is also caused by the position of the patient, as I have found in two instances.

The results of axial rotation depend entirely upon the degree of compression on the vessels in the pedicle.

The veins are first compressed and blood continues to pour in by the arteries.

Congestion, exudation of serum, extravasation of blood into the cysts and rupture follow in rapid succession, and unless prompt surgical interference is at hand, the patient soon succumbs. If the rotations are so complete as to strangulate the arteries of the pedicle, gangrene is inevitable. These conditions are found after more sudden twisting. If, however, the rotations take place slowly, nutrition is only impeded, and shriveling of the sac with absorption of the contents, may occur. Adhesions are sometimes formed between such tumors and hollow viscera, omentum or abdominal parietes, by which they are kept alive even after complete severance of their pedicles. It is probable from this fact that many dermoids have been removed from the abdominal cavity and reported as non-ovarian. I have seen such a case. Inflammatory adhesions binding down the pedicle have also, without twisting, brought about the atrophy of ovarian tumors. Small fluid cysts rotate most easily. The shiny and white appearance of the cyst is lost after strangulation and the contents become dark and bloody.

The symptoms of strangulated ovarian cysts are sudden and violent pain in the abdomen, vomiting and shock. The tumor may be changed in its position and possibly grow rapidly large. Hemorrhage into the sac may be so great as to produce positive signs of its occurrence. Several of these symptoms occurring in a patient known to have an ovarian tumor, are sufficient to establish a diagnosis of rotation of the same, and to demand immediate operation for its relief. The diagnosis in these cases is comparatively easy; but these symptoms occurring in a patient who is seen for the first time by the surgeon, or who denies that she ever had an abdominal growth, even if demonstrated at the examination, are, to say the least, somewhat obscure. In these cases we must differentiate from ruptured tubal pregnancy, intestinal strangulation, gall-stone colic, renal colic and per-

forated appendices. The abdomen may or may not suddenly enlarge. Cases have happened, however, where ovarian tumors have become righted, and the patient entirely recovered from the attack, as I shall presently relate. Rotation takes place in about six per cent. of all ovarian tumors.

CASE 1. Healthy girl of 20 years was taken with severe pain in the abdomen, with vomiting. Her physician treated her for colic, and she died on the third day. The autopsy revealed an ovarian cyst the size of a child's head, which had become twisted and gangrenous, from the effects of which she died promptly. Skene states that so far no case of gangrene from twisting of the pedicle has been reported.

CASE 2. Mrs. R., age 30, married five years. Had always enjoyed good health. In October, 1889, while riding in a street car, was taken with severe abdominal pains and vomited at intervals for three or four days. The pain continued so severe that the patient could not move. Five days after the attack she began to improve, and had entirely recovered at the end of two weeks. The attack occurred about three months after the birth of her first child, and was caused, I take it, by the rotation of an ovarian cyst. In 1892 she had a miscarriage at the third month, probably brought on by heavy lifting while moving. Menstruated after this time every three weeks, the flow continuing about three days. On Friday, January 27th, the patient began to menstruate; this had almost ceased the following Sunday. Sunday night while she was turning over in bed she was seized with severe pains in the right iliac region, which radiated toward the liver. She also vomited a number of times during the night. The next morning she noticed that her abdomen was swollen and hard. Dr. A. S. Barnes saw the patient, and on Tuesday, January 31, sent for me. On examination I found a tumor on the left side of the abdomen, round, tense, smooth, dull on percussion, fluctuating and about the size of a man's head. The abdomen was painful on pressure, and the patient laid with the thighs flexed on the abdomen. The bowels acted normally. The patient denied all knowledge of abdominal tumor, and said that while her abdomen was a little larger than some of her friends', she never dreamed of it containing anything abnormal. Coeliotomy was advised, as the diagnosis was rotated ovarian cyst, but as she had passed through a similar attack before, she hoped to get well this time without an operation. Operation was consented to and performed on the morning of February 3d. After the usual method of rendering the abdomen aseptic, an incision two and one-half inches long in the median line was made, and the dark red, congested wall of the cyst presented itself. This was quickly emptied through a large trocar and the sac withdrawn from the abdominal cavity. The fluid in the bottom of the cyst was much darker in color than that which was first removed. The pedicle was found to be twisted twice, and was almost black. While the tumor laid on the left side, it was found to be of the right ovary, which had

fallen behind the uterus, and to the left. The pedicle was transfixed and tied in two halves, and then en masse with cable twisted silk and the tumor cut away.

The left ovary was examined, found adherent in the pelvis, twice the normal size, and cystic. Its pedicle was tied with a Staffordshire knot and the tumor cut off. Not a drop of fluid entered the abdominal cavity during the operation, and the wound was closed without drainage, requiring four silk sutures. The entire operation consumed less than fifteen minutes. Chloroform was the anæsthetic. After the operation the patient vomited from the chloroform but had not another bad symptom. The night before the operation the temperature was 100° and the pulse 130. Evening of operation the temperature 101.5°, pulse 118. The following day temperature dropped to 99.5°, and never rose above that point. The pulse ranged from 80 to 95. From now on the recovery was rapid, and when I called on the eighth day I found the patient up and dressed, walking about the room. I insisted that she go immediately to bed and remain at least one week more, which she did. In April she menstruated, and when I saw her a few days since she was in perfect health.

4403 WASHINGTON BOULEVARD.

State Board of Health.—At a recent meeting of the Missouri State Board of Health Dr. Frank J. Lutz, introduced a resolution designed to cause the immediate establishment of local boards of health.

The board also struck a blow at a certain class of medical colleges by resolving that "A college in good standing shall be one in which the course of instruction is graded," and the secretary was instructed to request the various medical colleges of the State to furnish proof that they were complying with this regulation. All schools failing to furnish such proof in the manner laid down in the resolution shall not thereafter be recognized by the State Board of Health as in good standing.

After revoking the certificate of Dr. N. C. Williams, of Clifton Hill, Mo., on the grounds of unprofessional and dishonorable conduct, the board adjourned to meet again at the State University, Columbia, Mo., June 4th, to confer with the Board of Curators of that institution and to witness the method of preparing anti-toxin.

Row in Keokuk.—The College of Physicians and Surgeons of Keokuk is having a tussle with the Iowa State Board of Medical Examiners. Dr. Scroggs, a member of the Board, is the Secretary of a rival medical school. A local paper says:

"Late this afternoon Judge Burk gave judgment for the College in the Judkins case and granted a writ of mandamus on the Board to issue him a certificate on his diploma. This ends that case in the lower courts. The Board gave notice of appeal to the Supreme Court."

HOW TO MORE PERFECTLY DEVELOP AMERICANS PHYSICALLY.

BY H. LANDIS GETZ, M. D., OF MARSHALLTOWN, IOWA.

THE question at once arises where shall or must the task begin? Surely not with the aged, nor yet with the infant in the cradle; while environments during infant, child, youth and early man or woman life have influences for good or bad as the case may be, yet this is not the place to begin; it must be in the progenitor if the progeny shall be improved and brought to a condition resembling uniformity in physique, mental ability and morals.

“As the twig is bent, so is the tree inclined,” is a saying very old, and it is in fact only partially a truth. There is more truth as I would suggest, “as the tree is rooted, so it is inclined.” The latter not figuratively speaking, but in fact. Let the twig when transplanted have root all to one side and it is very apt to be as an individual with but one leg, not well protected to withstand storms from all sides with equal ability, any more than the individual would be able to withstand the pushing about of his fellows in play or any other encounter. There is the constant tendency with a twig imperfectly or half rooted, however often it may be bent or pulled into a strictly vertical position, to grow crooked and eventually will, in spite of all effort, make a more or less crooked tree.

There is in this declaration as much truth as in the saying “wolves may lose their teeth, but never lose their natures;” figuratively speaking now, the babe who is but half rooted and perhaps much less than half through inheritance of disease and crime on the part of one parent and as it is not infrequently the case, on the part of both, is certainly without a foundation upon which to grow upright and strong, and without ability to bring forth fruit of a sound quality, physically, mentally or morally, even though it survive to man or womanhood.

You may train and train and throw about this individual constantly environments of a healthful nature, moral and physical, and it will ever be as the imperfectly rooted twig, a more or less crooked individual, and when opportunity presents will not infrequently manifest the disposition, at least, of the toothless wolf; if in fact the ability of the toothed one is not displayed when opportunity presents.

Argument of this kind I well know is calculated to be discouraging to those who are ever striving to make the world better out of that material with which there is to do, or as I would term it, *cradle goods*. My faith in the possibilities of great good being accomplished is much shaken, and these conclusions are the result of an experience as a physician extending over a period of twenty years, and during this time having a special op-

portunity to observe as a member of the Board of Trustees for Iowa's State Reform or Industrial Schools, during a term of about seven years.

You will say, if it is not with the element there is to do with, as above indicated, that is, children conceived, carried and born in disease and crime, how will you better humanity?

Would a man of sense put a rope about an infant's neck and dangle it from the limb of a tree? Yet, there are many who thoughtlessly do even more than this, marry one who is the progeny of and a type of the tuberculous individual, and if both have a record of similar nature is it not worse than the hanging of a child to take the chances of bringing into existence a human being who, although the offspring may live on for years, will never enjoy a day of health, passing through prolonged suffering to untimely death?

A woman will marry a man she knows to be a confirmed drunkard and if she lives, to see her progeny follow directly in the footsteps of the father, can she say "I am not to blame?"

I believe that through the enactment of proper hygienic laws, people can be educated so that they will no more think of falling in love and getting married before consulting a competent physician or jury of competent medical men than they now do of getting married without first obtaining a license. Better consult the doctor before than after marriage upon the principle that "an ounce of prevention is better than a pound of cure."



H. LANDIS GETZ, M. D., OF
MARSHALLTOWN, IOWA.

Courting should be done more cautiously, if not in fact always after it had been determined that there was no insufferable obstacle to matrimony and very certain it is that the progeny of these people in several generations would be much improved over the present, with the probabilities that fewer doctors would be needed, that health resorts and lunatic asylums would be almost a thing of the past and that our Public Health Associations

would be engaged in other occupations.

Bovinine.—Liquid Bioplasm, obtained from the blood corpuscles of the ox, can again be had in St. Louis. It is a tissue builder, with few superiors, in wasting diseases. In local ulcerations hypodermically injected around a chronic sore, retrograde processes are at once changed into healthy granulation.

OSTEOMYELITIS OF BOTH TIBIÆ.—OPERATION.— COMPLETE REPAIR.

BY W. H. MAYFIELD, M. D., Surgeon-in-Chief, Baptist Sanitarium.

JOHN R. B—, aged 17, native of the United States, was comparatively free from the diseases of childhood, never having suffered from scarlet fever or measles. During adolescence he complained frequently of pains in various parts of the body, which were styled, "rheumatic." He seems,



W. H. MAYFIELD, M. D., OF ST. LOUIS.

however, never to have been prostrated, never to have had any acute pains, swelling or redness of any of the joints. Earache was of frequent occurrence while still a babe, discharges appearing at an early age. Nothing noteworthy occurred up to October, 1892, when after passing the summer and fall in the ordinary pursuits and pleasures of a lad living in a country village, he was one evening attacked by a very severe pain in the right hip, which yielded to a mustard plaster, "being driven down," as he expressed it, "thereby, into the leg." Here the pain became intense. Swelling, redness and heat were noticed early. Fever constant and

progressively increasing set in on the following day. The highest temperature was 104 degrees and was accompanied by delirium. The tongue was dry and coated and a typhoid state was soon established. The local inflammation passed on to suppuration, rupture occurring in the course of several days; first, at a point a few inches below the tubercle of the tibia and then in the lower third. The left tibia was attacked at about the same time as the right, passed through the same phases and discharged in the upper third. Large quantities of pus came from all the openings with a reduction of tension and consequent alleviation of pain. The discharges continued copiously up to the times of presentation at the Sanitarium. Particles of bone of the character of sand and at times larger pieces were intermingled with the fluid.

The general health had been greatly reduced, anæmia and the characteristic appearance that goes with long continued suppuration and confinement, having been unable to leave his bed until the April following—were quite prominent.



CASE OF OSTEOMYELITIS—BEFORE OPERATION.



CASE OF OSTEOMYELITIS—AFTER OPERATION.

Upon arriving at the Sanitarium, one and a-half years after the acute illness, he presented the above conditions as regards general health. The right leg was the site of two sinuses, one in the upper third and one in the lower third, through which considerable purulent fluid was discharged, and the probe disclosed roughened stone and entered numerous cloacæ. The left leg had a sinus in the upper third, through which a sequestrum protruded, and the probe came upon roughened and bare bone. Operation being acceptable, sequestrotomy was accordingly performed on March 14.



One large sequestrum protruding from the left tibia was chiseled away and the loose granulations lying below scraped away. Each sequestrum was surrounded by an involucrum, which was chiseled away. The necrosis extended to the epiphysis, nothing but a shell remaining after the sequestra had been removed. The cavity was thoroughly packed with iodoform gauze, and aseptically enclosed in surgical dressing. Healing occurred by granulation, and to-day the cavities are filled and a solid shaft replaces the removed bone. This case has gone on to excellent recovery and constitutes one of a hundred sequestrotomies with good recovery.

New Preparation.—The Rutter Pharmacal Co., of St. Louis, is manufacturing an elegant preparation, known as Pheniline. It is a valuable antiseptic and is used both internally and as a topical application.

TRI-STATE MEDICAL JOURNAL.

EDITORIAL DEPARTMENT.

Vol. II.

JUNE, 1895.

No. 6.

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TRI-STATE MEDICAL SOCIETY.

The Secretary of the Tri-State Medical Society, Dr. Frank Parsons Norbury, of Jacksonville, Ill., informs us that an excellent program is being prepared for the annual meeting, to be held in Des Moines early in October. Dr. Howard A. Kelly, of Baltimore, has consented to deliver the address on Gynecology. Dr. Nicholas Senn will be present, and will probably conduct a clinic. The Secretary is now corresponding with other distinguished gentlemen, and doubtless will receive papers from many of them.

MEDICAL CENTERS.

There are numerous cities of this country which with justice may be called medical centers. The importance attained by any medical center is dependent not so much upon the size of the population as upon the thoroughness with which instruction is carried out, and available advantages utilized. Thus many of the smaller of the cities of the United States present schools of medicine well equipped with laboratories, instructors and hospitals. To obtain a complete medical education it is no longer necessary that the student should attend New York, Philadelphia, Chicago, Baltimore or St. Louis schools. In Ann Arbor, Iowa City, Columbia, Omaha, Louisville, and many other places of like size medicine is taught correctly and

thoroughly. The title of medical center belongs no longer to the great cities. Years ago, when medical teaching partook of the glamour of the stage, it was different. Now nobody cares about eloquent lectures and spread-eagle clinics. What the student needs is a teacher in all that the word implies. The recitative plan of teaching anatomy, physiology and materia medica, the laboratorial instruction in biology, histology, chemistry, bacteriology, surgery and anatomy; the grading of the instruction and, above all, the enforcement of preliminary entrance examination, in the absence of something better, will revolutionize the medical teaching of the future. The four years' requirement going into force this fall will be succeeded in a short time by a five years' requirement.

It is precisely along the lines of recitative and laboratorial instruction that many schools located in small cities will gain at the expense of the large, unwieldy colleges. Thus the number of honorable medical centers may be expected to increase in the near future.

Now a word about the American Medical College Association. No doubt the Association contains many honest men who are doing all in their power to build up higher education in medicine. Unfortunately there are not a few schools, members of the Association, which will accept and graduate almost any illiterate person. Such schools are always found among the shouters for reform. One hypocritical school in Iowa boasts of its membership in the Association, yet it is known to have graduated students who cannot read and write the English language. The old hypocrite who runs this college ought to be branded with the seal Ananias and run out of the profession.

WILLS EYE HOSPITAL.

Through the kindness of Dr. Charles A. Oliver we have received the first of a series of reports to be issued by the surgeons of the Wills Eye Hospital, of Philadelphia. From it we learn that the hospital was completed in 1833; that sixty new cases were treated in 1834; and that sixty years later (1894) the new cases numbered thirteen thousand. We note the following with pleasure: "As it is impossible to adequately describe the value to the community of the legacy of James Wills, so also is it if anything more impossible to describe the self-sacrificing labors of the many noble surgeons and physicians who have devoted a very large share of their lives to obtaining the highest results for the hospital." Dr. Littell and his son-in-law, Dr. Hall, jointly served the hospital for sixty years. Doctors Harlan, Keyser, Norris, Goodman and McClure have given up three afternoons a week for the last twenty-five years. The labors of these men have placed the Wills Eye Hospital in the front rank of similar hospitals of the world.

NEW COLLEGE DEAL.

The St. Louis College of Physicians and Surgeons has been purchased by Drs. Waldo Briggs, E. E. Furney and C. C. Morris. The following faculty has been secured: Louis Bauer and Waldo Briggs, Professors of Surgery; C. C. Morris, Gynecology; E. E. Furney, Medicine; James Moores Ball, Ophthalmology; J. A. J. James, Otolaryngology and Rhino Laryngology; Bransford Lewis, Genito-Urinary Surgery; W. C. Ussery, Chemistry; W. A. Hall, Physiology; Arthur E. Mink, Neurology; George H. Thompson, Therapeutics; A. C. Robinson, Emergency Practice and Sanitation; Thomas O. Summers, Anatomy and Histology; Edward B. Kinder, Pathology and Bacteriology; R. M. King, Obstetrics.

The new deal insures a greatly increased clinical service and complete control of the new St. Louis Baptist Hospital which will have two hundred beds. Dr. Waldo Briggs has been elected Dean and Dr. J. A. J. James, Secretary. These gentlemen are now preparing the annual announcement. Heretofore the college has been under the control of laymen. We understand that hereafter it will be run by medical men. From present indications all the medical schools of St. Louis will have large classes and thoroughly equipped laboratories for the next session.

IN BAD FORM.

A certain St. Louis medical college is said to resort to untruthful statements in order to secure new matriculants. Recently the secretary of the school in question informed several visiting medical students that a rival college was dead to the world and that many of its former teachers had consented to enter the faculty of the school which was visited.

There are too many liars in the medical profession. Such tricks may win for a year or two but in the end the quiet, gentlemanly gentiles will win and the loud-mouthed falsifying fakirs of the St. Louis profession and the liars will be given a back seat. The secretary of the college of liars is certainly in bad form.

THE PATHOLOGY OF INFLAMMATION.

In the *Medical Record* of June 8, 1895, there appeared a most instructive and progressive article by Dr. Roswell Park, of Buffalo, entitled "On the consequences of Hyperæmia and the Pathology of Inflammation and Suppuration."

The ancients recognized the four cardinal symptoms of inflammation, viz: *rubor, calor, tumor et dolor* to which has been added the *functio læsa* of more recent writers.

The changes which take place to produce these symptoms have been

credited in turn to the blood, the tissues, the bloodvessels and the nerves. The well-known *cellular pathology theory* of Virchow produced a revolution. Conheim's theory of molecular change in the vessel walls had its adherents while Thoma and Recklinghausen ascribed the change to disturbances of the vaso-motor nerves, especially the action upon their centres in the inflammatory area.

The latest, most important and to my mind the only cause of inflammation is the action upon the tissues of pathogenic micro-organisms or their ptomaines or both.

It will be observed that the terms *true* inflammation and *infective* inflammation are qualifying adjectives which should be discarded as they are misleading.

In none of the late textbooks on the principle of surgery or surgical pathology do we find the statement, that inflammation is due to pathogenic germs or their products alone.

They all describe *simple* inflammation which may result from an injury and run its course without the presence of pathogenic germs. One exception can be made to this statement and that is the book of Senn. In it he says—page 68: "We have restricted the term inflammation to the succession of changes which occur in a living tissue from the action of pathogenic germs or their ptomaines." It will be seen from this that he does not consider the existence of redness, pain, swelling and heat in a part alone sufficient to produce an inflammation.

Park insists in even stronger terms than Senn "that the term inflammation should be restricted to one distinct class of lesions, namely, those produced by micro-organisms, and that for other lesions into which the questions of infectious micro-organisms never enter, be they acute or chronic, mild or destructive, the term 'inflammation' should never be applied but that we should call such lesions what they really are, that is, that the name applied should be based upon the pathological condition."

For the past three years I have taught my classes at the College of Physicians and Surgeons and at the Woman's Medical College that inflammation could not exist without the presence and action upon the tissues of pathogenic germs or their ptomaines.

Dr. Park is to be congratulated on his able and timely article and deserves the earnest and hearty support of the entire profession.

G. W. CALE, JR.

Not Interchangeable.—The Supreme Court of Michigan has decided that the term "dentist", and "physician or surgeon," as the latter are used in a statute regarding privileged knowledge, are not interchangeable, and that a dentist's relations with his patients cannot be considered confidential, as is the case with a physician or surgeon.

HISTORICAL SKETCHES.

William Cheselden (1688—1725.)

By JAMES MOORES BALL, M. D.



HESELDEN, who must be placed among the most distinguished surgeons of the eighteenth century, was born in Leicestershire, England, and studied under Cowper and Fern in London. When only twenty-two years of age, he began to deliver lectures on anatomy and surgery. Surgeon to Queen Caroline, it was to her that he dedicated his *Osteographia, or the Anatomy of the Bones*, a magnificent work, which appeared in 1733. Twenty years before this time he had issued another work: *The Anatomy of the Human Body*, which rapidly grew in favor and passed through many editions. Surgeon to St. Thomas's and

the Chelsea Hospitals in London, and de Chirurgie, noted for his wonderful tenderness of a child. Distinguished and particularly as a lithotomist that he will be remembered. His dexterity was the wonder of his contemporaries and stories are told of his having cut a patient for the stone in fifty-four seconds. Early in his career he made the high operation according to the method of James Douglass but this was soon superseded by the lateral method which, introduced by Friar James (Frère Jacques), was practiced by and buried as a secret with Rau or Ravius. Unlike Rau, Cheselden announced his method to the world. In 1723, his "*Treatise on the High Operation*" appeared. Seven years later he published a "*Short Historical Account of Cutting for the Stone*." Cheselden cured six out of every seven upon whom he operated, while by the old methods in use in Paris two in five died in a series of eight hundred operations.



WILLIAM CHESELDEN.

The operation known as iridotomy was introduced by him.

DEPARTMENT OF RAILWAY SURGERY.

BY WEBB J. KELLY, M. D., OF GALION, OHIO.

Secretary of the American Academy of Railway Surgeons.

Notes.

The Chief Surgeon's condensed clinical report on the Plant System of Railways for the month ending May 31, 1895, shows number of patients treated, 411; number of patients discharged cure 395; number of patients under treatment 16; number of deaths, none.

Coming Session of the American Academy of Railway Surgeons.

The Publication Committee, including Drs. Cole, Galbraith, Daniels, Kibler, Reed, and Kelly, met at Galion, Ohio, June 1st, and mapped out a program for the coming meeting which when published will be a genuine surprise. The date of the meeting was changed to September 25th, 26th and 27th. All papers will be limited to twenty minutes and each individual debator to ten. The program will be divided into three parts: Medico-Legal, Surgical and Sanitary.

President J. B. Murphy.—The National Association of Railway Surgeons has greatly honored itself by electing as its president Dr. J. B. Murphy, of Chicago. Of the available candidates no better selection could have been made. Dr. Murphy's election will go far in restoring harmony. It will strengthen the old and attract new blood to the body which has placed him at its head. Dr. Murphy will preside over the various sessions of the National Association with his usual dignity, grace and ability.—*International Journal of Surgery*.

Meeting of the Big Four Surgeons.

The Big Four Association of Railway Surgeons met in the parlors of the Hotel Dennison, Indianapolis, Ind., June 5, 1895. The meeting was called to order by President Marsee at 11 A. M., with about forty members present.

Minutes of last meeting were read and approved.

Surgeon Belknap, of Niles, Mich., moved that a committee of three be appointed to draft Constitution and By-Laws. The motion was carried and the president appointed Surgeons Belknap, of Niles, Mich.; Bain, of Kenton, O. and Henderson, Covington, Ind.

Chief-Surgeon Ford reported that the "Hospital System" which was to have been inaugurated Feb. 1st, was in the hands of the Directors of the Company and nothing would be done until they made their final report. He said they expected to go on with the work but could not tell how soon.

President Marsee made an earnest plea for every one to take an active interest in the work of the association. He thought that the association could do much valuable work, but it was necessary for each member to be willing to do any work that might be assigned him.

He thought that every member of the surgical staff should become a

working member of the association, and that any surgeon who was unwilling to attend the meetings with reasonable promptness should not have a place on the staff.

Chief-Surgeon Ford will assist the officers in every way possible in getting all the surgeons of the system to join the association.

At 1:30 P. M., Surgeon Bain read the report of the committee on Constitution and By-Laws which was adopted.

The Executive Committee was authorized to call the next meeting during October.

Surgeon A. T. Barnes, of Bloomington, Ill., addressed the meeting on the advisability of placing tourniquets in all trains so that in case of accident they could be used, if necessary, by some of the employes.

Surgeon Barnes was in favor of so doing. He reported a case in which amputation was necessary on account of an employe placing a handkerchief around an injured arm and tightening it with an iron poker.

Chief-Surgeon Ford did not approve of the idea as he believed much harm might be done. He preferred the use of a rubber bandage.

President Marsee was not in favor of placing instruments in the hands of employes as the practice was productive of more harm than good.

Remarks were also made by Surgeons Bain, of Kenton, Ohio; Wiggins, of East St. Louis, Ill., and others, against the practice.

A number of papers were promised for the October meeting, and we are assured of a good program.

Meeting adjourned to meet in October on call of the Executive Committee.

T. C. KENNEDY, Secretary.

The Treatment of Injuries to Fingers.

If we were to exclude injuries to the fingers from the list of personal injuries sustained by employes of the railways, the practice of a railway surgeon would be very limited; and, again, there is probably no injury that causes so much uneasiness and, at the same time, after recovery, is as much of a walking advertisement for a surgeon, as injuries to the fingers.

Surgeons who are located at the terminals of divisions probably see the importance of not only the after treatment, but of "first dressings" to injured fingers more than any one else. It is too much a custom of the local surgeon, located along the line of the road, when called upon by an injured brakeman, as these employes are the ones to suffer more than any other class from this particular injury, to hurriedly examine the case and place upon the fingers what they designate as a temporary dressing, and ship the patient as soon as possible to the surgeon located at the terminal of the division. Often times these patients come seventy-five or eighty miles upon a freight train to reach their homes, and when they first come under our care the parts are swollen and distorted to such a degree that it is almost impossible to fully determine the extent of the injury.

It shall be our purpose to give you the treatment usually employed by me in both the first dressing and the after treatment.

A brakeman comes to my office with "crushed fingers" and here arises a point that sometimes escapes the notice of those not having daily experience with these cases, and that is the manner in which the injury was sustained. We have "crushed fingers" in brakemen resulting from one of three causes:

First. Fingers caught between the dead-woods.

Second. Fingers caught between the draw-bars.

Third. Fingers caught behind the pin.

There is always, as a rule, a difference in the extent of injury between the three different forms.

It has been my experience, and I believe it is the experience of other surgeons, that the most serious injuries incident to brakemen are when the fingers are caught between the draw-bars. As I stated a moment ago, he comes to your office with injured fingers. We will now take the case step by step until his recovery. I place him on a table, reduce him to a state of surgical anesthesia with chloroform, and it has been my custom for sixteen years to use nothing but chloroform, and the reason of this I would simply state has been because I have thoroughly studied the effects of its administration and have become thoroughly conversant with its use, and I can now say that in all that time, with one exception, I have never seen any bad results from its administration—and in that case it was administered by a physician whose experience was very limited, and I was otherwise engaged to such an extent that I could not watch the effects upon the patient. I certainly believe that where a great mistake is made by physicians in the administration of an anesthetic is that they attempt, and, not only attempt it, but do switch from one to the other so often that they do not thoroughly understand the effects of either one.

After having thoroughly anesthetized the patient, and I do this in all cases of injuries to the fingers, the parts are thoroughly cleansed with sterilized water and examined in minutiae, all devitalized tissue is then carefully removed, and if there is a fracture of the phalanges, the extremities of which are rough and jagged, with bone forceps I carefully smooth these extremities so that there will be no irritation during the process of repair. If any nails have been injured to such an extent that they will ultimately come off, these are carefully removed at the first dressing. It is certainly a mistake to allow them to remain and harbor pockets of pus.

After having removed all such tissue, the parts are thoroughly irrigated in warm sterilized water, being careful that the water is not too hot, as there is no question in my mind, although some surgeons think to the contrary, but what you can fairly cook the soft tissues that are injured by the use of too hot water, and if you do this you must of necessity have sloughing of these parts. There is no question but what it is unreasonable to recommend for soft, raw tissues what the cuticle unbroken will not tolerate. After irrigation of the parts all oozing is stopped. If necessary torsion being used. I never use ligatures in the fingers, and I think I can truthfully say I have not done so in five or six years, and as a consequence have had less sloughing, and better results. If there is too much oozing from small blood vessels a twist or two with the forceps will stop it. After all the oozing has been stopped the parts are dusted with a powder consisting of equal parts of iodoform, bismuth and boracic acid. This powder I find much nicer than either the pure iodoform or boracic acid.

Unless there is very extensive laceration I seldom use any sutures at all, and if it is an absolute necessity, I use the silkworm gut, as moisture does not cause it to swell and thereby cause a shortening of the suture itself, and consequent strangulation of the flaps. In adjusting your sutures be very careful not to get them too tight. The operator, in an endeavor to

perfectly coaptate his flaps, is very likely to get his sutures too tight. This gives the patient a vast amount of unnecessary pain, and causes a too early removal of the same.

The finger is then carefully wrapped with two or three thicknesses of moist corrosive gauze, and then placed in a splint. The splint used for this purpose is one that I have had made at the shops, and consists of a thin strip of walnut extending from in front of the tip of the finger back to a line drawn across the palm of the hand from the web of the thumb. On this piece of walnut I have tacked a piece of soft zinc of such size that when padded with absorbent cotton the finger can be almost completely enveloped in the case. This dressing, splint and all is covered with corrosive gauze, after which a bandage is wrapped around the whole. The end of the splint in the palm of the hand is made fast by having a piece of wire formed into a loop on the under surface over which a roller bandage is passed, extending it completely around the hand and then back to the wrist. This holds the splint in position and completely produces that which is most desired in all injuries to fingers, perfect rest. Without perfect rest you certainly cannot get the best results.

This dressing is changed two or three times a week, as necessity requires. If the case runs some time with a raw surface that apparently ought to heal, and does not, I use an ointment consisting of juniper pomade to which I add, as the case indicates, either aristol or boracic acid.

W. J. K.

SOCIETY REPORTS.

Missouri State Medical Association.

FIRST DAY'S SESSION.

The thirty-eighth annual session of the Medical Association of Missouri convened at Hannibal, Tuesday, May 21, about two hundred members and visitors in attendance. The meeting was called to order about 10 A. M., by the president, Dr. J. M. Richmond, of St. Joseph. Mayor Albertson, of Hannibal, delivered an address of welcome on behalf of the city, extending to the association the freedom of the city. Dr. J. N. Baskett welcomed the society on the part of the medical profession of the city. Dr. Richmond responded. The first paper was by Dr. Hal Foster of Kansas City, subject:

“Adenoid Vegetations of the Vault of the Pharynx, and Their Relation to Middle Ear Disease.”

The next paper,

“Signs of Degeneracy in Various Diseases of the Nervous System,”

by DR. FRANK R. FRY, of St. Louis. Degeneracy means a loss or impairment of the natural or proper qualities, or of qualities peculiar to a race or kind or type. The theory is that marked signs of this degeneracy are manifested in stigmata. By means of this it is claimed that it can be told

whether a man is of stable or unstable character, a normal person or a degenerate. About 5 per cent of all individuals have some stigma. The object of the paper is to indicate the practical application of facts already well known; but this must be rather unsatisfactory as we are not yet able to go into the refinements of the subject. All stigmata may be classed under one of three heads:

1. Somatic or anatomical.
2. Physiological.
3. Mental.

DR. M. P. SEXTON, of Kansas City, expressed himself as an optimist as regards the degeneracy of the Nation; while individual degenerates are becoming more numerous the world as a whole is moving in the right direction.

“Rational Medicine.”—BY DR. W. F. MITCHELL, of Lancaster. He inveighed against professors in medical colleges, claiming that most teach not for profit nor yet for the advancement of science, but for personal gratification and advancement; he believed the time has come when we should put a stop to this kind of work by ceasing to seek consultation, etc., with these self-elected “leaders” of the profession. Many of them give testimonials for patent medicines—just as bad as the doctors of divinity. He made an attack on newspapers for helping quack doctors and medical college professors for free advertising, etc., and ended with a plea for rationalism in practice. The doctor who practices rational medicine, he said, is the one who saves the innocent and delivers the criminal over to justice; who stands by the injured in determining the capacity of individuals to dispose of property; who prevents hanging of the truly insane and removes lunatics from the jail to the hospital; who educates the blind, deaf and dumb; who instructs the people as to food, and hygiene; who prevents epidemics; who condemns the use of alcoholic liquors as beverages; who treats dipsomania, cures women of their ailments, employs systematic massage, Swedish movement, avails himself of the advantages of hydrotherapy, electrotherapy and prescribes such remedies as his judgment dictates.

DR. T. E. MURRELL, of St. Louis, considered it an outrage the way patent medicines are endorsed, advertised and sold. There are many doctors in the country who actually dispense patent medicines to their patrons, and many in the city who do just as bad, prescribing “Castoria,” “Pond’s Extract,” and the like. It is the duty of the physician to educate the people against the use of such preparations.

“Pathology of Tubercular Arthritis.”—BY DR. J. F. BINNIE, of Kansas City. He regarded the fact as now well established that strumous joint disease owes its origin primarily to the bacillus tuberculosis, brought into activity by a slight trauma, a light inflammation, or by an embolism which usually is located in the epiphyseal ends of bones, primary synovial tuberculosis being rare. So if osteal tuberculosis can be recognized and located before the proper structures of the joint become implicated much trouble can be prevented by early operation. In old people the tendency of tubercle in joints is always to break down into pus at an early day—hence the prognosis is not so good as in young subjects. In adults the tubercle sometimes affects the synovial membrane first; these are the cases which yield so readily to iodoform injections, cure being effected by absorption of

the diseased tissue and replacement by healthy granulation tissue. In osteal disease the same result may be obtained and even small sequestra may be absorbed and replaced by healthy bone tissue provided there be no mixed infection—that is, infection with the staphylococci of pus. The liquid, caseous matter which is sometimes met in aspiration of joints or in operation, should not be regarded as true pus unless the microscope reveals the peculiar organisms of pus; the lesson is not to relax aseptic precautions simply because a creamy, purulent-like liquid is found to be present.

“Treatment of Tubercular Arthritis.”—BY DR. T. F. PREWITT, of St. Louis. He favored immobilization by fixation, especially in young subjects; also injection of iodoform emulsion or a solution of bi-chloride of mercury into the peri-articular tissues. Too little attention has of late been paid to hygiene, fresh air and internal medication. Codliver oil is a time-tried remedy usually given in too large doses. Guaiacol and creasote have given excellent results—the latter particularly. Hypophosphites, in the form of the compound syrup, acts well where oil is not well borne. But in older patients fixation of the joint and intra-articular injections frequently do not check the disease. When this is the case operation must be resorted to. The operation now most in vogue is curretage, which is always advisable where the bone only is diseased, the synovial membrane not yet being attacked. Later erosion, or a typical resection is indicated opening the joint freely under irrigation, cutting away all diseased areas, packing the cavities with dry iodoform and draining with gauze. Excision or resection, and amputation must be left as the last resort, particularly in children.

DR. A. L. FULTON, of Kansas City, could not believe that a slight trauma is the cause of the local tuberculosis—it is preposterous. Every case of joint tuberculosis originates outside the joint, the tuberculous focus being found nearly always in the cancellous tissue where the lymphatics are numerous, the tissue exceedingly vulnerable and histologically so constructed as to be not easily repaired; this is what really constitutes the so-called “locus minoris resistenciæ.”

DR. A. J. STEELE, of St. Louis, declared he could say amen to all that had been said excepting the injection of iodoform. If the disease, as is claimed, is extra-articular, the chances are greatly against the iodoform reaching the affected tissue. There can be no doubt as to its efficacy in curing synovial tuberculosis when the bone is not very seriously diseased. But in primary osteal tuberculosis, especially in young persons, early immobilization and good internal treatment and food will cure a large proportion of cases. Air and sun seem really the best treatment, even in little children.

DR. JACOB GEIGER, of St. Joseph, agreed as to the majority of these cases being extra-articular in the beginning, though a few are unquestionably primarily synovial in origin. But slight injuries are certainly the exciting cause as has been clearly demonstrated many times; a lowered vitality and other signs of a “strumous diathesis” are present in these cases. Extension and fixation are essential, generally, to prevent deformity. Tar is a good remedy for tuberculosis, but creasote is a delusion.

DR. BINNIE believed immobilization good in early tuberculosis—no one can doubt that it is Nature’s method of cure. Zinc chloride injections have

given almost as good results as iodoform, but the latter possesses the advantage in that if it does not do any good as a curative measure it prepares the joint excellently well for operation.

DR. PREWITT thought there has been too much confusion as to the pathology. Whether it manifest itself as a fungous arthritis, a hydrops articuli, a synovitis, or otherwise, it should be considered tuberculosis regardless of the manifestations—they are all one and the same thing as to character. The chief question is: How to deal with a chronic joint inflammation?

“Immunity from Disease—Natural and Acquired.”—By DR. L. J. MATTHEWS, of Carthage. This was a valuable paper. It was discussed by Dr. C. Lester Hall, of Kansas City.

“Three Cases of Pleuritic Effusion,” was the title of a paper by DR. J. P. THATCHER, of Pisgah. From these cases the conclusions are drawn that *a*) Resection is never justifiable in simple effusion. *b*) Aspiration is all that is needed for serum and for fluid blood. *c*) Simple drainage is all that is needed in many cases of empyemia. *d*) Resection should be reserved for patients beyond middle life.

“Ainhum.”—By DR. A. H. OHMANN-DUMESNIL, of St. Louis, presented a specimen of “Ainhum,” and remarked that many more specimens might be secured if physicians were more familiar with the disease. It is an affection limited to the pigmented races—by some authors said to be limited to the negro alone. It is a chronic disease which begins by a constriction about one of the toes; this gradually grows deeper and deeper until all the arterial blood is excluded from the extremity of the toe which then undergoes dry gangrene and spontaneous amputation. One by one all the toes may become affected until none are left. No two seem to be undergoing the dying process at the same time unless the two feet be simultaneously involved when corresponding toes upon either side may be implicated. It is a disease of the trophic nerves, though the exact pathology is not yet thoroughly understood.

DR. EMORY LANPHEAR reported having seen one case in a Cherokee Indian; the diagnosis was unmistakable, as it corresponded exactly with a case he had seen abroad some years ago.

“President’s Address.”—DR. J. M. RICHMOND, in the evening, delivered the President’s Address. He made an earnest plea to leave the Code of Ethics as it now is, as it is a safe chart to guide and denies no proper privilege; it is sufficiently liberal for anyone who regards his profession as a high one and is not seeking to take undue advantage of a neighbor. He spoke in favor of supporting the present attempt to increase the requirements for graduation, as there are now three doctors in the country where one is needed, and the supply must be curtailed. He commended Gov. Stone for vetoing the bill favoring “Osteopathy” and was vigorously applauded. He believed there are too many medical schools in the country. For example, there are 14 in Missouri instead of the five which ought to exist.

“Auto-infection from Intestinal Putrefaction.”—The ptomaines and toxins he believed must be important as well as prominent subjects pertaining to the etiology of disease. Epilepsy, neurasthenia, melancholia

and hysteria are now all classed as the result of toxæmia. The absorption of the products of putrefaction in the intestinal canal plays no small part in their production; though some still are in doubt as to whether the intestinal ptomaines cause the nervous conditions or are the result of them.

"Bronchitis from Intestinal Auto-infection."—This paper was read by DR. H. C. SHUTTLEE, of West Plains.

"Wherein and to What Extent the Wearing of Glasses is Abused."
—BY DR. T. E. MURRELL, of St. Louis. It was a reply to a similar one presented by Dr. J. H. Thompson, of Kansas City, last year, the latter having claimed that many children have been fitted with glasses when a little care in the extent of their studies and reading is all that is needed, nature overcoming the difficulty in time. Dr. Murrell held to the contrary. Too many children were formerly forced out of school on account of hyperopia and astigmatism—the result greatly of faulty light in school rooms and over study.

"Appendicitis."—DR. O. B. CAMPBELL, of St. Joseph, opened the the discussion on appendicitis, drawing these deductions from his own work:

(1.) Statistics cannot be relied upon in rating the mortality in cases treated medicinally or surgically, on account of the indefinite ideas some physicians have of the pathology of suppurative inflammations of the right inguinal region.

(2.) The chief factor in the production of appendicitis is fecal impaction.

(3.) Complete resolution and spontaneous recovery in cases of appendicitis due to impaired circulation from impaction is an extremely rare occurrence and should not be anticipated.

(4.) Many cases which have been believed to have terminated in resolution have ended in encysted abscess; which may give rise to no symptom; and which may cause trouble long afterwards.

(5.) Peri-appendical abscess may occur without pronounced primary systemic disturbances; may remain long in abeyance, and may subsequently give rise to suppurative cases of acute appendicitis, apparently primary in character, but really an extension of infection from an old encysted abscess.

DR. EMORY LANPHEAR, of St. Louis, said: Dr. Campbell has asked me to open this discussion, probably because he knows I limit my work exclusively to operative surgery, and so will probably support his position. This I can heartily do with the exception of his third conclusion; namely, that all cases of appendicitis should be operated upon as soon as the diagnosis is made. I have seen too many cases of appendicitis get well—and remain well—to doubt that a large proportion of cases recover without surgical treatment. I believe I can recognize appendicitis in most cases; and I want to say that I have seen more cases in consultation that I have not operated upon than those in which I have done so, and with the exception of one case I have never had occasion to regret my refusal to cut when called to do so. Nor are these cases refused operation because they are too desperate to hope for cure. I cannot too severely censure the surgeon who refuses operation because the

chances of recovery are slim and so liable to lower his death record. A human life at stake is far more to me than my record in abdominal surgery, and I would never refuse to operate unless the patient was already in a dying condition. But the cases in which I have not cut have been those in which there seemed to be no special indication for operation—no tumor—no evidence of abscess—no signs of peritonitis. I follow this practice in spite of my prediction in favor of operation in a general way, because I am convinced that some cases get well without operation, and I am not yet ready to admit the truth of Dr. Campbell's statement that "the happy termination of well defined cases of appendicitis is something to be hoped for but very seldom realized." I am sure I should get 98 per cent. recoveries if I followed the rule of Dr. John B. Murphy, of Chicago, to operate in every case of suspected appendicitis—where the three symptoms of belly-ache, excessive nausea and tenderness at McBurney's point are present.

DR. A. H. CORDIER, of Kansas City, said: I am surprised and sorry to hear a man like Dr. Lanphear make such assertions in this society. I am sure we are taking a step backward if we adopt his position. If we operate upon every case of appendicitis as soon as a diagnosis is made we save 98 per cent. of our cases.

DR. PARRISH inquires: Why are there so many more cases in the city than in the country? And especially why so many fatal results? In a practice of twenty-seven years in the country I have seen many cases, but had only one death. Such observations make the country practitioner agree with Dr. Lanphear.

DR. CORDIER: The most of the cases I see are in the country, not the city. They are often recognized. Most of the cases called "typhoid fever" which run an erratic course are instances of appendicitis; and many attacks of "colic" are mild appendicitis.

DR. CAMPBELL: I am astonished that a man with a reputation as a skillful operator, such as Dr. Lanphear has throughout the west, should assume such a "conservative" attitude. He certainly would have been expected to agree with Dr. Murphy. And I believe we will all come to that opinion at last—that appendicitis is strictly a surgical disease and should be operated on as soon as recognized or even suspected. The statistics are not reliable and should not be made to lead us astray from the correct method of treatment.

(TO BE CONTINUED.)

Will Not Teach.—Regardless of all reports to the contrary, Dr. James A. Close, of St. Louis, will not teach in the Marion-Sims or any other College during the coming session. Dr. Close intends to start a school of his own, in a humble way, for practitioners of medicine, and he will give special and private instruction in microscopy, clinical chemistry and bacteriology. For further particulars see this JOURNAL for July.

Dr. Frank Ring.—This well-known and popular teacher of anatomy will not be connected with the Marion-Sims Medical College, as has been reported. Dr. Ring finds that his practice and insurance work keep him busy.



Moved.—Dr. M. R. Horwitz has moved from 1237 to 1702 Wash street, St. Louis.

Private Hospital.—Dr. Heine Marks has opened a private hospital at 2930 Morgan street.

Married.—Dr. A. J. Hobson, of Hampton, Iowa, was married to Miss Isabella Milroy, May 4th.

New Journal.—The *West Penn Clinic* is the title of a new monthly medical journal, published at Pittsburg, Pa. We wish it success.

Said to be Insane.—Dr. Jeffry Martin, of Clinton, Iowa, was recently arraigned on a charge of insanity. He was discharged.

Physicians In General.—“They are in general the most amiable companions, and the best friends, as well as the most learned men, I know” — POPE.

New Instrument.—Dr. E. H. Williams, of Decorah, Iowa, has recently designed a uterine scissors to take the place of Skene’s “hawk bill” instrument.

Large Library.—The Medical Library at Washington contains 114,567 bound volumes, including every medical work in this country, and 183,778 monograms.

Catalogue.—The J. Ellwood Lee Co., of Conshohocken, Pa., have issued a handsome catalogue of physicians’ goods, that will be sent free to our readers upon application.

Elected in Iowa.—At the May meeting of the State Board of Medical Examiners Dr. E. H. Carter, of Des Moines, was elected president, and Dr. J. F. Kennedy, secretary and treasurer.

A Case of Glycosuria.—Under this title Dr. J. M. Shaffer, of Keokuk, Iowa, a staunch friend of the JOURNAL, contributed a record of an important case (*Med. and Surg. Reporter*, May 18, 1895).

Very Amusing.—It is amusing to note the efforts which the two-dollar monthly medical journals make to hold their subscribers. The fact is that one dollar is enough to pay for almost any medical magazine.

Iowa State University.—The annual announcement of the Medical Department of the Iowa State University has been issued. This school is splendidly equipped and the validity of its diplomas has never been questioned.

Elected.—Dr. M. Dwight Jennings has been elected to the chair of Bacteriology in the Barnes Medical College. Dr. Jennings has had several years' experience as a teacher of this subject, and doubtless will give satisfaction.

Love on the Jew.—Dr. I. N. Love devotes a large part of the May *Mirror* to the Jew. "And why have I written this stuff, a weak tribute to the Jew?" he asks. Many of the readers of the *Mirror* doubtless will ask the same question.

Intra-Cranial Surgery.—Dr. Emory Lanphear, of St. Louis, has written a series of interesting lectures on intra-cranial surgery. The lectures are being published in the *Journal of the American Medical Association*.

Important Article.—Mr. William Paul Gerhard, C. E., in the *Sanitarian* for June, contributes a valuable article on the sanitary engineer in time of epidemics, in time of war, and in sudden calamities in civic life. Mr. Gerhard's address is 36 Union Square, New York.

Clinton County (Iowa) Medical Society.—The next meeting will be held July 2nd. The following program will be presented: "Typhoid Fever" by Dr. G. A. Smith; "Fracture of the Patella" by Dr. H. G. McCormick; "Appendicitis" by Dr. A. Reynolds; "Chronic Catarrh" by Dr. J. Martin.

Died.—Dr. Willis N. Green, of Webster City, Iowa, died May 9th, at the age of 39; William Waite, of Kappa, Ill., died May 17th, aged 30; W. H. Winter, of Princeton, Ill., died May 15, aged 69; J. W. Larrabee, of Skidmore, Mo., died May 10th; M. S. Butler, of Chorokee, Iowa, died March 2nd.

St. Joseph College.—Two St. Joseph Medical Colleges (there are only three in that village), are in bad odor. The diplomas of the Ensworth Medical College have been refused recognition in Iowa. The Missouri State Board of Medical Examiners, for a second time, has refused to recognize diplomas issued by the Northwestern Medical College. We hope the good work will continue.

Elected.—Officers of the Iowa Board of Health were elected for the ensuing year: Dr. E. A. Guilbert, of Dubuque, was made president; Dr. J. F. Kennedy, secretary; L. F. Andrews, assistant secretary; J. Christian Bay, bacteriologist. The election of a state chemist will occur in August. Regular meetings of the State Board of Health are held the first Thursday in February, May, August and November.

Pension Examining Surgeons.—Pension examining surgeons were appointed June 6th, as follows: Dr. C. I. Eberle, Webster City, Io; Dr. J. H. Wroth, Albuquerque, N. M.; Dr. C. M. Anderson, Booneville, Ky.; Dr. C. F. Champion, Enid, Okla.; Dr. J. J. Griffin, Sault Ste. Marie, Mich.; Dr. W. S. Wiggins, Northville, Mich.; Drs. R. E. Darnell, J. C. Darnell and R. G. Black, Kalama, Washington.

Tri-State Society.—This society will meet in annual session at Des Moines, Iowa, October 1 to 4, 1895.

Keokuk Medical Colleges.—The Iowa State Board of Medical Examiners is in a contest with the Keokuk College of Physicians and Surgeons, the Board having refused to recognize diplomas issued by that school. Just now the case in the courts and the College seems to be on top, owing to alleged irregularities in the Board's method of procedure. Should the case be decided against the College, it would be only an act of fairness for the Board to close up several other schools in Iowa.

Physicians Licensed.—The State Board of Health has issued licenses to practice medicine and surgery in Illinois recently to J. E. Pencil, E. E. Tansley, B. A. Taylor, J. A. Tripple, S. L. Smith, L. M. Miller, H. E. Wagner and A. T. White, Chicago; E. M. Hood, Mason City; M. L. Horn, of McLean; J. M. Thornber, Powellton; A. L. Herron, Washington, D. C.; C. W. King, Riverton; W. T. Dickerson, Rafe Town; E. C. Rennick, Rock Island, and H. Wittaker, of Vienna.

Rush Medical College.—Rush Medical College, Chicago, graduated 198 students at its fifty-second annual commencement May 22d. The exercises were held at Central Music Hall in the afternoon, and in the evening the faculty and alumni held a banquet at the Auditorium hotel. The speakers for the evening were: Dr. J. McLean, of Fayette, Iowa, and Howard Lester Smith, Mayor Geo. B. Swift, the Rev. James Vila Blake, Dr. James Jay Pattee and Dr. Ephraim Ingals, of Chicago.

In Hard Luck.—The diplomas of the College of Physicians and Surgeons, Keokuk, Iowa, and the Northwestern Medical College, of St. Joseph, have been refused recognition by the respective Boards of Health. This is the second time the latter school has failed to meet the requirements of the Board. It graduated a class of fourteen this spring.—*Medical Herald.* Why not tell the whole truth and add that diplomas issued by the Ensworth Medical College, of St. Joseph, are not recognized in Iowa?

The Pasteur Institute of Chicago.—In his annual report Dr. Lagario states that since the Institute was opened in 1890, that preventive treatment has been used in 366 cases, as follows: 341 were bitten by dogs, 9 by horses, 7 by cats, 5 by skunks, 2 by wolves, 1 by a mule and one by a pig. The resulting mortality of 0.54 per cent. (there being but two deaths) is extremely gratifying. The Institute will thankfully acknowledge any assistance or donations from private individuals or institutions contributed for the relief of the poor.

Indian Territory Medical Society.—The Indian Territory Medical Society convened in annual session at South McAlester, June 6th. About thirty delegates were in attendance. Many papers upon medical and surgical matters were read and discussed. The following officers were elected for the ensuing year: J. S. Fulton, president, Vinita; G. R. Rucker, first vice-president, Eufaula; G. A. McBride, second vice-president, Fort Gibson; J. G. Rucker, secretary and treasurer, Claremore. The next place of meeting is Eufaula, I. T.

Illinois Physicians' Certificates.—The State Board of Health has recently issued State certificates entitling to practice medicine and surgery in Illinois to the following physicians: B. A. Arnold, W. D. Arnold, R. S. Martin, W. C. Melig, A. K. Olsen, M. Reichman, G. T. Carson, J. C. Turek and E. A. Weimer, Chicago; H. C. Campbell, Lynville; H. A.

Chapin, White Hall; I. S. Cole, Monmouth; I. M. Linker, Arenzville; P. S. Kaadt, Anna; L. A. Miller, Palmer; T. Morgan, Vienna; Benjamin Rea, Bethany; C. Bennett, Mattoon, and A. B. Morris, East St. Louis.

Kansas Medical Society.—The Kansas Medical Society held its annual meeting in Topeka, May 17th. Thirty-four new members were added, making a total membership of over 350. The following officers were chosen: President, R. S. Black, of Ottawa; first Vice-President, M. M. Gardner, of Greenleaf; second Vice-President, Andrew Sabine, of Gardner; Corresponding Secretary, G. A. Wall, of Topeka; Treasurer, L. Reynolds, of Horton; Member of the Judicial Council, W. H. Matflis, of Waverly. The members of the Association residing in Topeka tendered the visiting members a banquet.

Pineoline in Erysipelas.—My experience with Pineoline proves that it will cure erysipelas as well as eczema and hemorrhoids. A case of erysipelas of the face in the case of a woman of 55, was cured in one week's time. I applied the ointment well over and beyond the inflamed area, and kept the part constantly protected. I cannot say that the result was surprising, for one familiar with the remarkable properties of *Pinus Pumilio* must be prepared for surprising results. It allayed the itching and burning, preventing the formation of bullæ, and caused prompt resolution. As an antiseptic and anodyne application *Pinus Pumilio* (Pineoline) is unexcelled. G. H. THOMPSON, M. D., Prof. Materia Medica, Col. of P. & S.

Harrison County Medical Society.—A medical society was organized recently in Harrison, Mo. Officers were chosen as follows: President, A. H. Vandivert, Bethany; First vice-president, C. W. Robertson, Ridgeway; Second vice-president, N. E. Sutton, Blue Ridge; Secretary, M. S. Reynolds, Hatfield; Treasurer, T. B. Ellis, Bethany; Executive committee, Drs. A. H. Vandivert, M. S. Reynolds and T. B. Ellis.

The meeting was harmonious and enthusiastic and those present felt that a good beginning had been made. The next meeting is appointed for June 20th at which time by-laws, etc., will be adopted and the organization perfected. It is hoped that all the physicians in the county, who are strictly in accord with the code of ethics of the American Medical Association, will join at once and thus give the society the benefit of their influence.

College Commencement.—The Sioux City College of Medicine closed its fifth annual course of instruction April 4th. The commencement exercises were held at the Y. M. C. A. auditorium, and the Degree of Doctor of Medicine was conferred by Rev. G. W. Carr, Chancellor of the University of the Northwest, upon the following named gentlemen: J. H. Robbins, J. L. Puffet, C. J. Holliday, F. H. McEwen and W. D. Gibbon, Jr. Dr. J. N. Warren, of the College faculty, delivered a very able doctorate address to the class. W. D. Gibbon, Jr., delivered the valedictory address for the class. Later in the evening a sumptuous banquet was served at the Hotel Garretson by the faculty to its class, the examining board and invited guests. The following is a list of the toasts: Sioux City College of Medicine, Judge Larimer; Reply, Dr. H. A. Wheeler. The Graduate, Dr. Hornibrook; Reply, Dr. J. H. Robbins. The Faculty, Dr. J. C. McMahon; Reply, Dr. J. M. Warren. The Examiners, Dr. Frank J. Murphy; Reply, Dr. R. B. Hart. Law and Medicine, George Argo; Reply, Dr. L. Phelan. The Public and the Profession, Frank McNulty.

THE TRI-STATE MEDICAL JOURNAL

By JAMES MOORES BALL, M. D.

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Vol. II.

SAINT LOUIS, JULY, 1895.

No. 7.

ORIGINAL ARTICLES.

SPONTANEOUS RECOVERY OF A CASE OF HUMAN ACTINOMYCOSIS INOCULATED INTO A RAT.

BY GEORGE MINGES, M. D., OF DUBUQUE, IOWA.

IN the human subject the development of the ray-fungus as a rule is said to be accompanied by much more suppuration than in the bovine family. Hence it comes that while in the beef we find the formation of immense actinomycotic tumors, whence the popular name of lumpy-jaw, the clinical history of human actinomycosis, except in the event of prompt surgical interference, has hitherto generally been that of extensive burrowing abscesses with the formation of fistulæ and sinuses, extending over a course of years, or perhaps more rarely that of pyæmia with multiple abscesses or other effects due to the absorption of pus or its products. This secondary invasion by pyogenic bacteria, although it probably, as a rule, ends disastrously, is perhaps really only an ineffectual attempt at a natural cure, and in rare cases may lead to a complete expulsion of the original fungus and a consequent cure, as the following case will demonstrate:

Sept. 12, 1892, I was called to see Ida L., æt. 6 years, American, of German parentage, apparently suffering from quinzy. There was redness and great swelling of the left tonsil and adjacent tissues and of the corresponding submaxillary gland. Both the upper and lower teeth were in bad condition. I prescribed Tr. Chlor. Iron internally. On the 17th I found the whole left cheek very hard and swollen, having much the appearance seen in mumps. The breath was so foetid that it was almost impossible to remain near the patient. Ordered hot linseed poultices. By the 26th there was distinct fluctuation, and I lanced the swelling at its most dependent point, in the region of the submaxillary gland, a large quantity of most penetratingly foetid pus escaping, and appetite and sleep were restored.

After a few days I discontinued my visits, as they no longer seemed necessary. On the 15th of October patient was again brought to me with the cheek swollen as much as ever, very hard and livid, almost gangrenous, but showing only a small fluctuating point near the angle of the lower jaw, crossed by a network of dilated veins, the whole looking very much like a sarcoma. The left eye was closed by extensive œdema of the lower lid. The incision made by me more than two weeks before, was still open, and the pouting appearance of its granulation made me suspect necrosis of the bone, for which I made search on the following day, assisted by J. F. McCarthy, M. D., who gave the anæsthetic, and my brother, Hermon Minges, D. D. S. The first permanent and second temporary molars were first pulled, the former sound, the latter much decayed, but the origin of the disease was not found. Then I opened the abscess, which contained only a few drops of pus, and cut down upon the lower maxilla, which I scraped some with a sharp spoon. Linseed poultices were continued. A day or two later I was very much surprised by finding that the scanty pus on the poultices contained the minute, sulphur-yellow granules characteristic of actinomycosis, so that it looked as if lycopodium had been mixed with it. The microscope and the inoculation of a white rat confirmed the diagnosis. The source of infection, as usual, could not be found; all that could be elicited was that the child had been in the habit of putting into its mouth different varieties of grass which grew in the yard, and possibly the fungus grew upon these.

Immediately after the operation there was a short temporary improvement, but at the end of ten days the cheek was again very much swollen, consisting of several hard, tender, brownish-red elevations, the lower lid forming one, separated from each other by streaks of white skin. The child felt fairly well and lively during the day, but complained of drawing pains in the legs at night. The treatment was confined to the giving of iron internally, with opiates at night p. r. n., and the application of linseed poultices. I gave an unfavorable prognosis, but advised against further surgical interference, as the removal of the whole disease would have caused

great deformity of the face, which would have been a very serious matter for a girl.

Having been absent from the city for almost three months, I did not again see the patient until Jan. 17, 1893. During this time she had only received an occasional anodyne from regular physicians. For about a month, however, she had been taking constantly three kinds of lozenges, one before, the second after and the third between meals, given by a spiritualist physician, whose diagnosis and prognosis, based on the inspection of a lock of patient's hair, varied at each visit; these lozenges being apparently the same three kinds which this medium gives in all cases of disease of any kind. The disease seemed to be progressing, for, although the œdematous swelling had subsided and the eye was now open, yet there were some half-dozen regular hemispherical brownish-red tumors from three-fourths to one inch in diameter, one being behind the ear. The original incision was still discharging.

I was anxious to try the iodide of potassium treatment which in the meantime had been so highly extolled in the treatment of bovine actinomycosis, but the parents refused, and continued the lozenges for another month or so. The nodules gradually opened, one by one, discharged and healed, leaving smooth, shining, red cicatrices, without any deformity, and by the middle of summer the last sinus at the side of the neck, the one caused by my first incision, had definitely closed. During all this time, six or seven months, flaxseed poltices had been constantly applied, and to these the parents gave the credit of having effected the cure.

About two months ago, in connection with some sore throat, patient's cheek again became somewhat swollen, and as a precautionary measure I let her take small doses of iodide of potassium for about a week, but now nothing remains except a slight induration of the left submaxillary gland, and the scars are of almost the same color as the normal skin, and without any contraction, wrinkling or adhesion.

The inoculation experiment undertaken by me in connection with the foregoing case, is interesting from several points of view, wherefore I beg you a few more minutes to devote to its consideration:

During the last days of October, 1892, a single actinomycotic granule from the pus of Ida L., was introduced into the peritoneal cavity of a female white rat, four months old, through an incision made under antiseptic precautions. At the end of about two and one-half months a slight thickening could be felt in the scar left by the laparotomy. In the course of another six weeks this slowly developed into a hard, nodular tumor, of the size of a filbert, and extending into the abdominal cavity. This rapidly softened in the course of a few days and opened during the night, and the contents were lost. The abscess closed in a few days, inclosing a number of yellowish granulations remaining in its wall. At the same time a small

superficial actinomycotic abscess, about one-eighth inch in diameter, had opened and healed in the integument of the left side of the chest.

The abdominal tumor rapidly recurred, and in two or three weeks another abscess had opened.

July 6, 1893, almost two months after the second suppuration, four large tumors could be felt in the abdominal cavity. During all this time the rat seemed to feel well, but appeared to grow somewhat more slowly than the other members of the same litter. I now began to feed the animal iodide of potassium in milk, and soon had increased the dose to one grain three times a day. The rat weighing about one-half pound, this would be equivalent to a man of 150 pounds taking 300 grains three times a day. After ten days of this treatment the tumors appeared to be much smaller, then the rat refused to take the drug. The tumors rapidly increased in size again and coalesced, and about two weeks later I lanced one of them, allowing the escape of about half a drachm of pus, full of the characteristic granules with which I inoculated two other rats in the same way, failing, however, to reproduce the disease.

A tumor of the size of a marble remained in the abdominal cavity, and one of the size of a pea in the scar. Fed iodide of potassium again for awhile until the rat tired of it. The fourth abscess opened about two weeks later.

In about another month the whole abdominal cavity was again filled with a large mass, and in a short time the fifth abscess had discharged.

After this not a trace of a tumor could be felt anywhere for about six months, so that I began to look upon the rat as cured, when a swelling began to appear over the right upper jaw. Fluctuation soon developing, I killed the animal with chloroform. The tumor of the face consisted of a spherical cyst, the size of a small pea, situated between the muscles, lined by a smooth membrane, and filled with a dry, putty-like substance which was nothing but one mass of densely packed actinomycotic granules without any real pus or liquid of any kind. No bones or teeth seemed to be involved.

The principal points of interest in the above experiment are:

1. The length of the period of incubation, almost three months.
2. The great number of recurrences in the short period of eighteen months.
3. The comparatively slight interference of the disease with the general health.
4. The apparent absence at one time of trace of disease for six months.
5. The inefficacy of immense doses of potassium iodid, unless the failure to inoculate two other rats could be traced to this remedy.
6. The final appearance of the tumor in the usual locality, over the jaw, although primarily inoculated into the abdominal cavity.

THE INFILTRATION METHOD OF LOCAL ANESTHESIA IN GENITO-URINARY SURGERY.

BY BRANSFORD LEWIS, M.D., OF ST. LOUIS.

Professor of Genito-Urinary Surgery and Venereal Diseases, College of Physicians and Surgeons; Genito-Urinary Surgeon to the St. Louis Baptist Hospital; Consultant in Genito-Urinary Surgery to the Missouri Pacific Hospital, the City Hospital, the Female Hospital, and to St. Mary's Infirmary, St. Louis.

Read before the American Association of Genito-Urinary Surgeons, at Niagara Falls, N. Y., May 28, 1895.

IN July, 1894, at the German Congress of Surgeons (afterwards presented in the *Therapeutische Monatshefte*, No. 9, 1894), Dr. Schleich announced and detailed a new method of producing local anesthesia by the use of intra-cutaneous (rather than sub-cutaneous) injections of very dilute solutions of various drugs; and he indicated the distinctiveness of the method by terming it Infiltration Anesthesia. Later, in a monograph entitled "Schmerzlose Operationen," Berlin, 1894, the author treated the subject more extensively, and gave the results of its use in some three thousand operations, minor and major.

During 1894, the method received some attention from the American medical press, and was put to practical test by American surgeons. Dr. H. V. Würdemann, of Milwaukee, presented the subject in an admirable manner in the *Journal of the American Medical Association*. December 29, 1894.

The principle of the method consists in injecting intra-cutaneously certain solutions and dissipating the sensibility of the peripheral nerves by the pressure of the infiltrating fluid, by the anemia which it causes, and by the comparatively low temperature at which it is injected—three effects secured by the *fluid itself* rather than by any drug which it may contain. As a matter of fact, the drugs used are of only incidental importance.

It has long been known that the injections of fluids in some considerable quantity would cause a deadening of the sensibility of the part; but the induction of this insensibility has not been sufficiently controllable to place it within the limits of wide surgical practicability; and the initial pain to which it would give rise, was another objectionable feature which discounted its usefulness.

By thought and much experimentation these problems, as well as others, have been practically overcome by Dr. Schleich; so that for the kind of surgery to which the *injection* of anesthetizing fluids is applicable, whether "minor" or "major", the use of the older cocainizing methods is liable to be entirely superseded by the infiltration method; and the position of chloroform and ether narcosis is already being assailed by those who have made practical use of it.

If a syringe-needle be inserted obliquely into the skin, the point reaching just below the epidermal layer, and a few drops of the proper fluid be injected there, an elevated wheal, looking like a mosquito-bite, will be the result; and tests with a needle or knife immediately afterwards will show the entire area of the wheal to be absolutely insensible, while the sensibility of the skin just beyond the edematous area is not disturbed in the least.

Experimentation has shown that the promptitude and practical efficacy of the anesthesia so induced depend on several factors: (1) The density of the fluid used; (2) The character and strength of the drug or combination



BRANSFORD LEWIS, M. D., OF ST. LOUIS.

of drugs embodied in the solution; (3) The temperature of the latter; (4) The condition (of health or disease) of the tissues to be anesthetized; and, (5) The maintenance of complete edema of the tissue to be operated upon.

DENSITY OF THE FLUID. It has been found that a physiologic salt solution, 0.6 per cent, would cause a wheal but not an anesthetic one; while a 0.2 per cent salt solution produced sufficient anesthesia to allow of the removal without pain, of a nevus from the neck of the eminent Dr. Bergmann. Solutions of sugar, 3 per cent; potassium bromide, 3 per cent; morphine, 0.1 per cent; carbolic acid, 0.5 per cent; and caffeine, 2 per cent;

all show markedly anesthetic effects, while above and below those strengths they become irritative and painful. This develops the second-named factor,

THE CHARACTER AND STRENGTH OF DRUGS USED. While it is a fact that the various agents mentioned will produce anesthesia after a certain length of time, the first and primary effect of some of them is irritative, and they excite pain until their secondary, anesthetic effect begins to prevail. In order to obviate this difficulty, use is made, in the formula, of certain drugs (cocaine, morphine) which in proper strength have an immediate anesthetic effect, thus doing away with the transient irritative effect of the other, secondarily, anesthetic drugs in the combination. This is especially important when considered in connection with

THE CONDITION (OF HEALTH OR DISEASE) OF THE STRUCTURES TO BE OPERATED UPON. While the difference in the primary-irritative and the secondary-anesthetic effect may not be so sharply marked in normal, healthy tissues, as in the removal of a nevus, in the case of inflamed structures (crucial incisions into a carbuncle), it is markedly prominent; and unless it were prevented, it would defeat the purpose and advantages of the method. Happily, this is accomplished in either of several ways: By using such drugs in the combination (cocaine, etc.) as have an immediate anesthetic effect, even though diluted to the degree mentioned; by beginning the anesthesia in healthy structures and continuing it by successive injections into the unhealthy ones; by producing a temporary spray-anesthesia of the inflamed structures, sufficient to allow of the introduction of the infiltrating fluid. Of these, the first will be found to be most commonly useful; and it is for that reason, chiefly, that cocaine is used at all. However, the point must be emphasized that though cocaine is used in this way, it is vastly different from the manner of using it hitherto in vogue; since, instead of using a strength of from two to ten or twenty per cent, the strength entirely capable, by this method, of producing the anesthesia desired is that of one or two *hundredths* per cent; and instead of a very few drops producing a toxic (perhaps a highly dangerous) effect, one or two or three *ounces* may be used without the slightest systemic symptom.

TEMPERATURE OF THE INJECTED FLUID. It has been observed that the same strength of solution, when used cold, is much more highly anesthetic than if it is warm. For this reason, it is advised to keep the bottle of fluid on ice before and during the operation.

COMPLETE INFILTRATION. Every tissue of the body, without exception (skin, muscles, glands, mucous membrane, nerves, etc.), becomes insensible to pain when infiltrated in the manner described. This obtains for bone and the hard structures, as well as the soft ones. Bone is reached either through infiltrating its periosteum or by injecting into the medulla. Nerve trunks are anesthetized separately, first by applying five per cent

carbolic acid solution, and then, through this, inserting the needle and fluid.

Only the infiltrated, artificially edematous tissue is anesthetic, the tissues just outside of which retain normal acuteness of sensibility. Consequently, in the course of an operation, with absorption of the infiltrated fluid, it is necessary to renew the injections or extend their area co-incidentally with the operative field. After infiltration, the anesthetic condition lasts from fifteen to twenty minutes.

With the proper fluid, anesthesia ensues *immediately* on its being introduced into the tissues, and lapse of time is not requisite for developing insensibility. This, again, is in marked contrast to the effect of the older methods of producing anesthesia. Its advantage is great.

HEMORRHAGE. Anemia being one of the effects of the method, it may be supposed that there will be less bleeding (oozing) than under ordinary circumstances. This is the case. And distortion of the tissues from the infiltrated fluid does not cause any especially increased difficulty in securing and tying or twisting bleeding vessels. Nevertheless, in operating in deeper structures, the use of the syringe-needle involves the risk of piercing blood vessels, nerves, etc., for which care must be observed.

FORMULÆ. In his various surgical procedures, Dr. Schleich finds the following three solutions of graded strengths to answer all purposes:

STRONG SOLUTION, NO. 1.

R̄	Cocain. muriat.,	-	-	-	-	-	gr. iii.
	Morph. muriat.,	-	-	-	-	-	gr. i-3.
	Natr. chlor.,	-	-	-	-	-	gr. iii.
	Aq. dest.,	-	-	-	-	-	ad oz. iii.
ḡ.	Sterilisat., adde sol. acid. carbolic., 5 per cent, gtt. iii.						

MEDIUM-STRENGTH SOLUTION, NO. 2.

R̄	Cocain. muriat.,	-	-	-	-	-	gr. iss.
	Morph. muriat.,	-	-	-	-	-	gr. i-3.
	Natr. chlor.,	-	-	-	-	-	gr. iii.
	Aq. dest.,	-	-	-	-	-	ad oz. iii.
ḡ.	Sterilisat., adde sol. ac. carbolic. 5 per cent, gtt. iii.						

WEAK SOLUTION, NO. 3.

R̄	Cocain. muriat.,	-	-	-	-	-	gr. i-6.
	Morph. muriat.,	-	-	-	-	-	gr. i-12.
	Natr. chlor.,	-	-	-	-	-	gr. iii.
	Aq. dest.,	-	-	-	-	-	ad oz. iii.
ḡ.	Sterilisat., adde sol. ac. carbolic. 5 per cent, gtt. iii.						

Solution No. 1, Dr. Schleich uses for operating on inflamed or hyperesthetic areas; No. 2, for most operations; No. 3, for superficial operations on nearly normal tissues.

To carry out the aims of asepsis, he recommends that only sterile solutions be used; and to this end, he advises that the reservoirs be sealed with scorched-cotton stoppers, and that from these smaller vessels should be filled at the time of operating.

I have made use of the infiltration method in operating on buboes (enucleation); in opening a prostatic abscess through the perineum; in circumcisions and some other minor procedures.

In working in superficial structures, its effect is all that one could wish and beyond criticism. While in the deeper parts of wounds such as met with in evacuating prostatic abscess, enucleating buboes, etc., it is more difficult to secure complete and absolute anesthesia, on account of the care necessary to prevent the injury of deep-lying structures; still, with the increased skill obtained by practice, objections on this line are removed and local anesthesia is effected with proportionately increasing success. It appears to me that testicular ablation, for instance, could be done without a particle of suffering on the part of the patient.

The after-pain I have not found to be greater than with other modes of anesthesia; and the other disagreeable after-effects of general anesthesia are, of course, avoided. Two of my patients were over sixty years old, yet they felt as well after as before the operations. No symptom of intoxication has become evident in any case that I have observed, and I have not been sparing in the use of the fluid.

I have made use of a larger syringe and longer needle than that recommended by the author, and I think this facilitates matters considerably, obviating numerous successive punctures in order to fill up the tissues sufficiently. The infiltration may be begun with a small syringe and fine needle and continued, without pain, with the larger.

1006 OLIVE STREET.

THE BOWEL AND MESENTERY OF THE ARTERIA MESENTERICA INFERIOR.

BY FRED BYRON ROBINSON, M.D., OF CHICAGO.

THE inferior mesenteric artery is the lowest of the three visceral arteries. It supplies the bowel which extends from the flexura colienalis to the anus. This portion of the digestive tract is known as the descending colon, the sigmoid flexure and the rectum. In my examinations in autopsies I definitely learned as did others half a century ago, that the rectum and S-romanum cannot be practically separated, and hence, what I shall term rectum is that part of the lower end of the bowel not covered by peritoneum completely. The segment of the bowel supplied by the inferior mesenteric

artery, the posterior visceral blood vessel, is a very variable one. The portion known as the descending colon varies some, but the chief variation lies in the loop known as the sigmoid loop. The sigmoid loop and the descending colon originally had their insertion directly in the mid-dorsal wall,



FRED BYRON ROBINSON, M. D.,
OF CHICAGO.

but about the fourth and fifth embryonical month the sigmoid and descending colon are shifted to the left lateral region of the abdomen. The forces which appear to perform this act are the left kidney whose rapid growth steals away the mesentery of the descending colon and appropriates it while the larger liver and pocket of small intestines gradually push the sigmoid loop into the left iliac fossa. In regard to the view whether the left blade of the meso-colon and meso-sigmoid coalesce with the dorsal parietal peritoneum or whether the fold of peritoneum comprising the left blade of the meso-colon descendens and meso-sigmoid and the dorsal parietal peritoneum is shifted to the left by displacement or readjustment I will not presume to settle.

However we will speak of the adult condition of the bowel and mesentery supplied by the inferior mesenteric artery. So far as my embryologic investigations reach, the peritoneum has reached the adult state at the sixth foetal month of gestation.

In the excellent writings of Toldt, of Vienna, it is asserted that man and apes are analogous in regard to the region supplied by the mesenteric artery inferior. Dr. A. Zetlitz, of Sioux Falls, S. D., was kind enough to allow me to examine the body of a monkey in which I could not detect any variation from man. It may be asserted that the presence of a separate and distinct arteria mesenterica inferior from the arteria mesenterica superior is a sign of a higher scale of mammalian life. The deviations of the mesentery of the inferior mesenteric artery will be in the cases of *situs inversus visceralis* deficient coalescence or readjustment of the left blade of the mesentery, especially noticeable is the S-romanum. The sigmoid is a very variable loop of bowel. In one hundred autopsies I found it averaged between 16 and 18 inches long. The shortest was 5 inches long and the longest was 32 inches. The shortest mesentery was a little over an inch and the longest was 6 inches. The final position of the root of the meso-sigmoid is very variable. A determining element is a fold of peritoneum reaching from the root of the mesenterium to about the middle of the sigmoid loop. I suggest the name, Gruber's fold, in honor of the St. Petersburg anatomist who so well described it. It may be noted that the blood vessels of the meso-colon descendens and meso-sigmoid are covered only on the anterior surface by the shining layers of peritoneal epithelium. This

layer of peritoneal epithelial cells is lost on the right or posterior surface by displacement of the left blade of the meso-colon and meso-sigmoid or coalescence. Yet it can easily be seen that the blood vessels run in the membrana mesenterii propria of the meso-colon, though this real neuro-vascular visceral pedicle lies directly in contact with the dorsal wall. The inferior mesenteric artery is quite constant in man, but it may vary within short limits as regards position; so far as the ascending colon is concerned in over 200 cases I found a very few subjects which could be said to have a partial mesentery. In the left side of the meso-sigmoid about its middle base is frequently found a cone-shaped fossa—the inter-sigmoid—which varies very much in position and size. I would call attention to the frequent remains of peritonitis found in the meso-sigmoid. These peritonitic remnants occur according to my examinations in 75 per cent. of adults and especially around the site of the inter-sigmoid fossa. I have attributed the frequent local peritonitis in the meso-sigmoid to the condition and relaxation of the psoas muscle as predisposing factor.

APPENDICITIS OF UNUSUAL ETIOLOGY.

BY GEORGE HOWARD THOMPSON, M. D., OF ST. LOUIS.

Professor of Materia Medica in the St. Louis College of Physicians and Surgeons;
Member of the St. Louis Medical Society.

ON November 25, 1892, I was called to treat Mike R., an old man of 73, for a broken rib. He had slipped on the ice in front of his dwelling, and had sustained his injury. Previous to this he had been many years a cripple, and at the time was suffering from emphysema and bronchorrhœa of old age. After making a thorough examination, I found a fracture of the sixth rib, and applied the usual adhesive plaster dressing, kept the patient quietly in bed, and administered opium in the form of the sulphate of morphine, gr. 1-6 every four hours, to quiet the cough and steady the breathing, my aim being naturally to hold the chest walls in as fixed a position as possible. The patient's diet was limited to soups and milk, with very soft boiled eggs. Four days later, pills for moving the bowels not having acted, I ordered an enema, which I believe was not given. On the fifth day the patient complained of pain and swelling in the right iliac region. Examination disclosed an elongated swelling not unlike a "wien-erwurst" in shape and size, and extending downwards. Patient had also complained of nausea, but had not vomited. The swelling was not characterized by redness, though the pain was severe and greatly increased on pressure; and although there was slight local elevation of temperature, there was no systemic rise nor cardiac disturbance.

Diagnosis of appendicitis was made and confirmed by two well-known surgeons. Laparotomy was urged as the only safe procedure in the case. Patient hesitated and deferred from day to day, the inflammation meanwhile increasing. Treatment tending to abort the disease had been early instituted. An ounce of magnesium sulphate was administered in two doses, with characteristic result. The swelling was painted well with Tr. Iodine repeatedly. The patient was seen twice a day and the case carefully watched. On the eighth day the swelling apparently reached its height, and though operation was still urged and patient's consent had been given, at the



GEORGE HOWARD THOMPSON, M. D., OF ST. LOUIS.

last minute patient refused to be operated. He continued his treatment and the swelling gradually went down, only to relapse. The patient was then, some three weeks later, taken to the hospital and operated with successful recovery.

The point of interest in this case is the question of causation. What caused the appendicitis? This was the patient's first attack. There were no nuclei of foreign substance in the small fecal concretions found in the appendix. The patient had sustained absolutely no abdominal injury in his fall on the ice. His subsequent diet had been such as would be fol-

lowed by a minimum of fecal residue. In my investigations of the etiology of appendicitis I find no mention of constipation as a factor. I believe that in this case constipation was the real cause. Opium administered to quiet the breathing, check coughing, ease the pain and check the bowels, did its work well. The bowels were checked, but, in spite of the diet, the fecal matter slowly accumulated and impacted the appendix, with the above described result.

1475 HAMILTON AVE.

AN IMPORTANT ELEMENT IN ELIMINATION.*

BY T. E. HOLLAND, M.D., OF HOT SPRINGS, ARK.

ELIMINATION in the treatment of disease is the process by which the pathological deposits in either of the fluids, solids, or semi-solids of the body are thrown off through the excretory organs.

Of course, there are pathological conditions at all stages of disease, but I refer in this paper more particularly to those which occur in chronic conditions. The machinery which serves the vital forces in man is intricate, complicated, and wonderful; so intricate that the exact functions of many of the organs, and glands, have eluded the most scientific researches of our physiologists, up to date; complicated because of the diversified function of some of the organs, and wonderful in the provision made for the relief and repair of disabled organs, by vicarious action and otherwise, without stopping or shutting down for a moment the great engine of life. At times the great driving wheel, the heart, assumes a wonderful and frightful velocity; again, it becomes slow, laborious and irregular. At these crises the physician is called to the helm, in the one case to steer our human craft out of, and away from the breakers into the smooth pacific waters; in the other to conduct the yacht, verily out of an eddying cess pool, into the current of the living stream.

The above crises are logically results of pathological conditions and not accidents, hence, when relief has been obtained, it is then our opportunity and our duty, to ascertain what parts of the mechanism are out of order, and how best to repair them.

In chronic diseases and in chronic conditions of ill health I note this distinction; some diseases are not ushered in by acute symptoms, but are of a chronic character from first to last; while ill health may be the result of change of tissues or deposits during some acute illness and still a very fruitful source of ill health is found in excessive habits which lead to perverted functions. Hence, we have organic lesions and functional derangements to deal with. To correct or modify a lesion or an obstruction of the

* Read before the Tri-State Medical Society of Iowa, Illinois and Missouri, St. Louis, April 3, 1895.

body is to adjust the running gear of the vital mechanism, promote perfect metabolism of all injesta, that process which abstracts, digests and assimilates all that is nutritious, repairing the worn out tissues with new, and at the same time precipitating into the sewerage channels the refuse, the inert and innocuous.

Perfect digestion can exist only where there is perfect elimination. Health is the product of perfect assimilation, and perfect excretory action combined, while disease follows just as logically upon the failure of any organ, or organs to perform their functions.

There is a natural agent, I will not call it remedy, which I believe has not been properly applied in the great battle for health; I refer to water, and more particularly to hot water; hot water taken into the stomach before meals stimulates the process of digestion, hastens assimilation, promotes rapid endosmosis, and exosmosis; taken in large quantities between meals it acts as a diaphoretic, a diuretic and a laxative; in other words, stimulates the excretory organs: when applied externally in the form of a hot bath, it stimulates the functions of the skin, the largest and one of the most important, and certainly the most neglected organ of the body. I use neglected in connection with the skin, advisedly. What provision do we find in our charity hospitals, or even in our private hospitals, for bathing, and how often is bathing prescribed, or administered?

For the past few years my residence has been in a locality where a premium has been placed upon its thermal waters. While it is not the purpose of this paper, to discuss any of the special characteristics of any of our natural thermal waters, and while the natural heat may be in many instances far better than the artificial, my experience has taught me that in the treatment of chronic diseases, whether organic, functional or constitutional, hot water has no equal as a tonic, as an alterative or as an eliminator, when properly, frequently and vigorously administered.

“TO BE, OR NOT TO BE, THAT IS THE QUESTION.”

BY LOUIS BAUER, M.D., M.R.C.S., ENG., OF ST. LOUIS.

Senior Professor of Surgery in the St. Louis College of Physicians and Surgeons.

THE discovery of the tubercular bacillus has greatly added to our knowledge of micro-organisms. Besides it has exploded the strumous incubus which had misguided the medical profession for decades.

The lesson so unceremoniously taught was unfortunately soon forgotten. Without delay the bacillus was installed in the influential position just vacated by the scrofulous dogma and endowed with all the pathogenic attributes ascribed to the former. The opinion soon prevailed that the scrofulous legions of the past had really been of tubercular character, and the exclusive work of the famous bacillus.

In the course of time quite a number of eccentric peculiarities were added to its pathological mission, constituting the bacillus the absolute arbiter of human misery.

In the beginning the presence of the bacillus was exacted as indispensable evidence of tuberculosis and the morphological and clinical manifestations as of mere *collateral* import.

But the diagnostic stringency has been relaxed as tiresome and readily dispensed with. With a few comparatively estimable exceptions most practitioners adhere to old diagnostic methods and prejudices, preferring, however, modern terms. Even leading men of our profession have set the example of indifference to scientific requirements. Thus, Professor Bruns, of the University of Tübingen, has ventured tubercular diagnosis from the anterior pathological results of six hundred cases of coxitis which he found reported during the last forty years in the clinical institutions of the University. From the same sources of information he collected the evidence that fifty-five per cent. of the cases recognized by him as tubercular, had been cured by symptomatic and conservative treatment, that is, by nihilistic methods within an average time of four years.

These are indeed strange revelations from such an eminent source. (*Berliner Klinische Wochenschrift*, Nos. 18-19, 49.)

Such extreme positions cannot fail in provoking controversies for "les extremes ses toucher."

In "*The Times and Register*" (29, No. 6, Phila.) we find an article of that description by the pen of our esteemed friend, Professor O. G. Phelps, of New York, in which he disposes of the tubercular bacillus as a mere scavenger of *intra-human filth*. He summarizes his position in the following sentences:

"Tuberculosis is not caused by the tubercle bacillus; it is *neither infective nor contagious*; it is *not hereditary*; its causes come from *within* the body, *not from without*; it is both a *preventable* and a *curable* disease."

We have perused the article carefully, weighed its premises, arguments, evidence and logical consistency, and candidly admit its convincing force. The author does not stand alone in his views. Wittier has hinted at them. Sena has admitted some of the important premises of Phelps, and we have disputed the prevalence of tuberculosis in articular affections.

The time is ripening for a fair and thorough discussion of the doctrine. Dogmatic assumptions are out of place and should not be tolerated in natural science.

Tri-State Medical Society.—This well-known medical organization will meet in annual session at Des Moines, Iowa, the first Tuesday, Wednesday and Thursday of October, 1895. The Chairman of the Committee of Arrangements is Dr. James Taggart Priestly, of Des Moines. Dr. Frank Parsons Norbury, of Jacksonville, Ill., is the Secretary of the Society.

A CASE OF GLIOMA OF THE RETINA.

BY JAMES MOORES BALL, M. D., OF ST. LOUIS.

Professor of Ophthalmology in the St. Louis College of Physicians and Surgeons; Professor of Ophthalmology in the Woman's Medical College of St. Louis; Oculist to the City Hospital; President of the Tri-State Medical Society of Iowa, Illinois and Missouri.

THE child whose case I am about to report was a boy of four years of age. He was brought to the clinic of the St. Louis College of Physicians and Surgeons, September 21, 1894, seeking relief from a large tumor growing from the right orbit. The mother said that fifteen months before the child had stuck his finger in the eye, causing lachrymation and redness lasting one week. At the end of this time "the eye turned yellow and looked like a cat's eye." Following this there was pain and loss of vision. During the past winter, following a severe cold, the parents noticed swelling of the eye. About January 15th (one year and a-half ago) the parents consulted an oculist, who advised enucleation of the diseased eye. The pa-

rents would not consent until July, when the eye was removed. Removal was almost immediately followed by recurrence. Another operation was performed; soon the disease returned. A third and also a fourth operation gave the same result. Such, in brief, is the history of the little boy whose condition, at the time of my examination, may be judged from the accompanying photo-engraving. The diagnosis was recurrent glioma, and the case was considered an inoperable one.



GLIOMA OF THE RETINA.

REMARKS: A glioma is a tumor growing from the neuroglia, or glia, the frame-work of the brain and cord. It is found primarily only in connection with the brain, spinal cord or nerves. The retina is essentially nervous tissue, and glioma is the only

neoplasm to which the retina is subject. Microscopically, a glioma is in no wise different from a sarcoma, having small, round cells. Almost invariably this disease occurs in children less than five years old. Few cases are recorded in which the patients were above sixteen. Merrill observed glioma in a young man of twenty-one. So far as I know this is the only observation recorded of glioma at that age. The disease has been observed

as a congenital condition. Usually the first symptom is a peculiar reflex from the interior of the eye which, from its resemblance to a cat's eye shining in the dark, was named by Beer *amaurotic cat's eye*. At the same time diminution or complete loss of vision is noticed. Nothing about the appearance of the eye at this early stage would indicate the presence of a malignant growth. The pupil may be slightly dilated. The ophthalmoscope shows an intra-ocular growth, whitish, reddish or reddish-yellow in color. It may be smooth or nodulated. In the first stage there is no pain; tension is normal. Growth of a glioma is slow. It may require months for the mass to fill the globe, thus completing the second stage. Now increased tension, pain and redness are noticed. The little sufferer becomes feverish, emaciated and cachectic. The glioma enmeshes all the ocular tissues and finally breaks out either at the corneo-scleral junction in front or at the optic nerve entrance behind. Once out of the globe it grows rapidly, forming a large ulcerated, painful mass which bleeds readily at the slightest touch. The glioma now grows very rapidly, the extension being either by continuity or metastasis. By continuity the optic nerve furnishes a ready road to the brain; by metastasis the liver is the organ most often affected. Glioma may be uni- or bilateral.

In making a diagnosis, we must consider three conditions: glioma, pseudo-glioma, and tubercles in the choroid. All occur in childhood, all begin painlessly, all produce blindness, and at least the first and second cause the cat's eye reflex. In pseudo-glioma the vitreous becomes solid and opaque. Occurring in childhood, pseudo-glioma is usually met with in those who have just recovered from an attack of cerebro-spinal meningitis. The chief diagnostic sign between true and pseudo-glioma is that in the former there is an increase of intra-ocular tension commensurate with the growth of the neoplasm; while in pseudo-glioma the tension either is normal or sub-normal. In distinguishing between glioma and tubercles in the choroid we must take the history of the case into consideration as well as the ophthalmoscopic appearances. Miliary tubercles of the choroid usually appear in distinct spots or nodules, situated near the optic nerve entrance or in the region of the macula. The tubercular masses appear as whitish or yellow masses, or nodules, in the stroma of the choroid. A rare condition is solitary tubercle of the choroid, which appears as a nodule and resembles sarcoma.

The prognosis in this disease is always grave. Without an operation all these cases die; with an early operation a few recover permanently. Generally, however, with an early operation there is a recurrence of the glioma.

The treatment of glioma must be early and heroic. Only by such measures can we hope to save life. In the case of this little boy an enucleation was made. This treatment agrees with the teaching of our authori-

ties. I wish to go farther than they and advise, in a case of glioma where the disease is confined to the eye ball, not only enucleation, but complete removal of the orbital contents. I believe that such an extreme measure is justifiable, even in an early case. Of course, in cases of glioma in which perforation has occurred, no surgeon would hesitate to remove the contents of the orbit. Unfortunately, however, such cases are almost always followed by a return of the growth. If the child's parents, in a case of glioma of the first or second stage, should object to exenteration of the orbit, the surgeon will be obliged to limit his efforts to the enucleation. Should this be the case, I would advise the excision of all the orbital portion of the optic nerve—an operation which I have often done in cases of panophthalmitis, where sympathetic ophthalmia was feared. After removal of the eye the operator can feel the end of the nerve, grasp it with a pair of forceps firmly, pass a pair of scissors alongside it, and snip it off at the apex of the orbit. Excision of the optic nerve adds to the chances of a successful issue, but will not take the place of complete removal of orbital contents.

810 OLIVE STREET.

A New Way to find the Fissure of Rolando.—At the recent meeting of the Mitchell District Medical Society Dr. A. V. Morgan, of Indianapolis, showed a new and unpublished method of determining the location of the fissure of Rolando for trephining purposes. All that is necessary is a piece of tape or string. The distance from the lower edge of the external meatus to the mid-line (measuring directly upwards) is determined. This same distance measured backward from the glabella gives the upper end of the fissure. And a line drawn from this point to the angle of the zygoma with the malar bone gives the exact course of the Rolandic fissure. It is the simplest rule yet devised.

Married.—Dr. L. W. Littig, of Iowa City, Iowa, was married June 4th, to Miss Amy Duggett, of Utica, N. Y. Dr. and Mrs. Littig will spend the summer in Germany.

Elected.—Dr. Donald Macrae, Jr., of Council Bluffs, Iowa, has been elected to the chair of anatomy in the Omaha Medical College.

New Asylum.—The Sisters of Mercy, of Dubuque, Iowa, will build a private hospital for insane at an expense of \$125,000.

Called Away.—Dr. E. E. Dorr, of Des Moines, Iowa, a constant reader of the JOURNAL, was recently called to Colorado by the sickness of a brother.

WHEN SHALL WE AMPUTATE ?

BY WEBB J. KELLY, M.D., OF GALION, O.

Professor of Operative Surgery and Surgical Anatomy in the Ohio Medical University.

IT is not the intention, in this short paper, to touch upon anything but the particular time at which the operation should be performed, and here give a word of warning. It seems to me that in the hurry and bustle of "specialism" in surgery that many things appertaining to the practice of the general surgeon have been overlooked. In other words, he has apparently been lost in the "shuffle."

A patient with disease of the uterine appendages can usually await the mature deliberation of learned counsel; a patient with disease affecting the right iliac region will usually keep two or three days; but when a patient



WEBB J. KELLY, M.D., OF GALION, O.

gets under a locomotive or a set of box cars, and has his legs or arms crushed and mangled, something must be done. He must receive immediate surgical attention, and I believe I make no rash assertion when I say that a patient suffering from this form of an injury in the city and in a small railroad town are two different patients.

Did the thought ever suggest itself to you that in small railroad towns a man who is injured upon a railway receives attention much more promptly, as a rule, than he does in a city?

It frequently happens that a patient is under my care in fifteen minutes after having received an injury, where I am sure that it is not an infrequent occurrence to have patients of

this character waiting one, two, or even three hours on the surgical staff of a hospital in a large city.

Let us take for a moment the statistics as collected by Dr. Estes:

C. T. Dent and W. C. Bull, St. George's Hospital, 400 cases, mortality 21 per cent.

A. E. Barker, University College Hospital, 50 cases, 8 per cent. mortality.

Frederick Page, Royal Infirmary, New-Castle-on-the-Tyne, 272 amputations, 12.09 per cent. mortality.

Dr. A. G. Gerster gives 43 cases with 4.65 mortality.

Ashhurst in the 1893 edition of his *System of Surgery* gives the following statistics:

French Hospitals 57.93 per cent. mortality.

English Hospitals 40.98 per cent. mortality.

American Hospitals 31.95 per cent. mortality.

Woelfler collects 704 uncomplicated amputations done by Bruns, Volkman, Busch, Esmarch, Aeuter and Schede, mortality 15.6 per cent.

Dr. Estes' own mortality in all amputations for injuries was 4.73 per cent. Recently this has been cut down to 2.77 per cent. by a strict observance of the ænemic stage of shock or collapse.

Dr. Daniels, of Buffalo, one of the strongest advocates of immediate operations, has had seven double synchronous amputations without a death. In his last double synchronous amputation of both thighs at the junction of the middle and lower thirds, the patient was in bed in just forty-eight minutes, this being all the time that was consumed in operation, ligation of vessels and applying dressing.

And so we might go on and give statistics at great length. But as stated before I hardly believe that hospital and private statistics should be placed together. It is true the hospital has the advantage of appliances and trained nurses, but what great benefit does the patient receive from this prompt attention in private practice? He receives what to my mind is the greatest of all things in these cases, and that is attention that prevents loss of blood. Dr. W. L. Estes, in his article favoring early amputation quotes Billroth as having said in one of his clinics "that with aseptic practice and Esmarch's tourniquet a surgeon is at fault if he loses a case on uncomplicated amputation—if the patient dies after he recovers from the immediate effects of the operation." Why not leave off the latter clause and say that with these advantages no case of uncomplicated amputation should die? For it is nearly true. When we say complicated we mean that loss of blood complicates a case just as much as any other accessory. In a very large railroad injury practice covering a period of sixteen years it has seemed to me that the one thing important in a severe injury is to prevent loss of blood. It has come almost as second nature to look with suspicion upon a case where there has been loss of blood, and where the patient complains of either great thirst or great cold. These cases are cared for very tenderly.

What is shock? What produces traumatic shock? We are taught that we must never operate during the active stage of shock. We are told that "it is a sudden depression of the vital functions, especially of the circulation, due to the nervous exhaustion, following an injury." It seems

to me that were we to use the word "collapse" in these particular cases of extreme traumatism with hemorrhage that we could more fully and explicitly define ourselves. It is rather awkward to say we found the patient in a state of partial shock and waited for reaction and then attempt to explain what we mean; but we could say, we found the patient partially collapsed and define in a few words what was meant. It at once gives the impression that the symptoms are those found where severe injury is present and if used, in this connection, to mean had lost blood. It is the loss of blood that frequently kills in these cases. You may say, what has this to do with the time of amputation? The facts are, it has all to do with it. It has been my method to adopt the following practice, everything else being equal: If the patient has not lost a great amount of blood operate *at once*, and by that is meant just what it says, *at once*. If there has been great loss of blood then I wait until the so-called reaction sets in. To be more specific. If I am called to see an injury involving the loss of a limb—if there is any pulse—if there has been no great loss of blood, I amputate at once. Now, by doing this what do I gain? I stop all hemorrhage; the offensive member that is transmitting through the nerve centers impressions that are retarding reaction is removed; all crushed nerves are removed; the patient is placed in comfortable quarters; he can be shifted from one position to another without provoking pain.

Who is there present but has seen a weak, flabby, irregular pulse become stronger, more full and regular under the influence of an anesthetic? It is a common expression to hear an assistant say, "Doctor, the pulse is better than when I commenced the anesthetic." What should you do to assist that struggling heart during the operation? Gentlemen, if ever there was a time when neatness and dispatch were called for, it is here. Then it is that we see the true operator, the man who is perfectly acquainted with his anatomy and thoroughly understands his operation. I believe to-day that nearly, if not as many, patients die from the result of long drawn out operations as from true traumatic shock or collapse. During the past winter I saw a gentleman who holds a chair of surgery in a Medical College consume one hour and forty-two minutes in the making of a thigh amputation. What chance, gentlemen, I would ask you, had that patient under such circumstances?

Another evil, and we can call it nothing else, is taught our students by nearly all the teachers in our medical departments, and that is the too free use of stimulants—both alcoholic and in the form of strychnia—in cases of injury. I have seen cases, and all of you have seen the same thing, where men and even children have suffered the loss of a limb without one symptom of shock or collapse. Ask a recent graduate, and for that matter many older practitioners, what would be the first thing they would do in a case of injury, and the ever ready answer is give a hypodermic of strychnia to

bring about reaction. Gentlemen, strychnia will kill and so will atropia. If your patient *is not* suffering *too much* collapse better omit these and give strong coffee.

Another mistake that is often made, not always by the attendant but by well meaning friends, is the too free use of alcohol. In my surgical practice we use nothing but chloroform—and have used nothing else for years—but how we dread to give it where the patient has been given alcohol freely. They do not combine well within the human anatomy, although their separate action is very similar.

My friend, Manley, of New York, says we amputate too soon—that we should await developments. With all due respect to his ability as a surgeon, and no one questions it, it has been my observation that the waiting surgeon is the one who has successful operations but the patients die.—

A General Feeling of Buoyancy.—Dr. J. M. Reese, of Phillipsburg, New Jersey, reports an interesting case as follows: “Miss N—, school teacher, came under my care in April. Anæmic, nervous system very much depressed by reason of extra work and the strain attendant upon preparing for the annual examination. She was suffering from sub-acute Laryngitis, the vocal chords relaxed. She would not give up her work, which required great exertion of the vocal organs. I used a course of tonics and other customary remedies without giving relief. I then put her on maltine with coca wine and she responded promptly. The hoarseness disappeared and she has improved constantly ever since she began to use this preparation; her general condition improved in every respect; increase in weight was marked and she often spoke of a general feeling of buoyancy. It appears to me that we can always depend upon getting good results in this class of cases from maltine with coca wine. The tonic and sustaining effect of the coca, added to the diastasic properties of the maltine, makes it just exactly what we need in so many diseases of modern life.”

Montana State Medical society.—The next meeting will be in Bozeman on the third Tuesday in April, 1896.

The following officers were elected for the ensuing year:

President, Dr. J. F. Spulman, of Anaconda.

First Vice-President, Dr. L. E. Holmes, of Butte.

Second Vice-President, Dr. B. F. Sandow, of Neihart.

Recording Secretary, Dr. Wm. C. Riddell, of Helena.

Corresponding Secretary and Historian, Dr. W. M. Bullard, of Wickes.

Treasurer, Dr. W. H. Campbell, of Livingston.

Judiciary Committee, Dr. G. C. Douglas, of Anaconda; Dr. G. T. McCollough, of Missoula, and Dr. Wm. Treacy, of Helena.

Collaborators to be named by the President.

TRI-STATE MEDICAL JOURNAL.

EDITORIAL DEPARTMENT.

Vol. II.

JULY, 1895.

No. 7.

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FAKIR JOURNALISM.

Fakirism exists in medical journalism to an alarming extent. To the uninitiated the field of medical journalism is an undiscovered country. It is only after one has been on the inside that he can properly discriminate between those medical magazines which are conducted upon an honest basis and those which claim the earth while possessing little of it. Unfortunately for the respectable, deserving and honest journals, fakirism often presents a guise so attractive, a dress so deceptive, that the cloven hoof is not easily seen. However, sooner or later, the true inwardness of things can be made out and our confidence is once more shaken.

There are different ways of running and building a medical journal. One way is to resort to exaggeration to deceive the advertiser: "In less than thirty days our books showed a list of 5,800 paid subscribers," is the statement made by one journal which went up like a rocket, and is now coming down. Such statements would cause Don Quixote and Munchausen to hide their faces in shame. Yet this is a mild-mannered misstatement compared with some. A certain journal is known to claim a circulation varying from 7,800 to 10,000, and yet never prints more than 1,000 copies, including sample copies and exchanges. And so the tricks resorted to by some might be multiplied indefinitely.

There is only one correct way to conduct a medical journal. That is

to be honest with yourself, honest with your subscribers and honest with your advertisers. In the course of events this plan will outstrip all others, and will result in the permanent prosperity of the journal and the journalist. One subscriber gained and kept is better for all parties concerned than ten sampled or one hundred claimed by a Munchausen sheet.

The inserting of the pictures of nude women within the advertising leaves cannot be condemned too severely. It is an insult to the doctor and to the reputable advertiser. Based upon the supposition that doctors delight in the nude and lewd, it is a reflection upon the morality and good sense of the profession. The "female form divine" may look well upon canvas placed in a metropolitan gallery of art, but certainly is out of place in a medical journal which reaches the eyes of the doctor's family, and often is read by the doctor's patients. The frantic efforts of a job printer to herald his lack of good taste are very much in evidence. We hope soon to see the last of this kind of fakir journalism.

PLAIN TALK IN THE LAY PRESS.

The St. Louis *Mirror*, a weekly lay publication, can boast of an editor who knows his business. He is a plain talker. Recently he presented arguments to show that bicycle riding promotes immorality, and was roundly denounced therefore. However, it is not this phase of the problem to which we wish to call the attention of our readers, for it is still an open question whether riding a wheel like riding a horse may not be injurious to some whose sexual instincts are unduly fed by an exaggerated nervous system, and, furthermore, the discussion of this question can by no means be limited to and settled by the medical press. But we do desire to quote the following:

"As to the statement of some of our lady correspondents that such matters should not be called to the attention of the young, the answer that *The Mirror* is not a paper for the extremely adolescent, ought to be sufficient. But in so replying another reflection may be indulged in for the benefit of parents. The time appears to have passed when a false delicacy caused mothers to allow their daughters to go into the world in a blissful but dangerous ignorance of what life in its fullness would mean for them. The time has passed when the daughter dawning into womanhood is put off with fairy-tales as explanations of the simplest and yet the gravest things of life. Knowledge is power in the sense that to be forewarned is to be forearmed. Nothing is so inquisitive as Ignorance. To know the facts of life and its continuance is not pollution when the knowledge comes from the natural protectors of the young. It is in the search for explanations of subtle movements of being among the ill-informed that pollution is brought about. It is the finding out for themselves that ruins so many girls. If every mother would at the proper time take her daughter into her confidence, and

let some light, uncolored by any glamour of mystery or of romance, into her daughter's mind, she would not lessen her child's purity of soul, but would strengthen it to resist the insurgent passions of the heart. The father who will, in time, talk to his boy and tell the youth that pleasure is passing, and always bought with pain, that the glister of vice is all false, and its attractions all destined to turn upon the follower in curses, will never live to see his son ruined by excesses, will never have to buy him from a siren's clutches, never have to meet forged checks for wine and song. I wonder how many people reading this will say 'True, but it ought to be put in a medical journal.' It has appeared therein often and often, but medical journals are for medical men, and people do not consult medical men, usually, until it's a matter of cure rather than prevention."

We are glad to note that laymen are beginning to see what educated physicians have always known, that ignorance of things sexual is the cause of much misery; that physiology taught in the public schools is largely a farce by reason of the omission of everything bearing upon the genito-urinary tract. By securing lady teachers for the girls, and gentlemen for the boys, these things can be presented in a way that will not shock decency or injure good morals. Let the day come soon when human physiology in its entirety may be taught to American girls and boys.

PROFESSIONAL ETIQUETTE IN SAINT LOUIS.

Recently a young oculist had under treatment a case of keratitis with ulceration. The case progressed favorably, healing took place and the young oculist was about to discharge the patient when a sister of the latter insisted that the patient consult an old oculist. The old oculist tore off the dressings, stamped on them, pawed the air, denounced the treatment employed and ended the tirade by affirming that he could do nothing for the eye until after the effect of the medicine (atropine) used by the young oculist had passed off. The old oculist also is said to have promised the patient to remove a large corneal scar, which, by the way, involved almost all the layers of the cornea.

Such is an example of exaggerated professional etiquette as it prevails in St. Louis. The old oculist in question has been for years known more for his boorishness than for his knowledge. Often he has insulted helpless women and children. Ladies have been known to faint in his office on account of insults. Men have repeatedly slapped his face for just provocation; and good men in the profession have damned him *ad libitum* because of his unprofessional, unethical and quackish methods. Yet this man is a teacher in an ancient and honorable St. Louis medical college; people of rank and culture still consult him, and he is monarch of almost all he surveys.

When the leaders will violate the code of ethics and steal patients from young men, it is time to call a halt.

THE PITTSBURGH REVIEW ON DR. LOVE.

The *Pittsburgh Medical Review* has this to say about the election of Dr. I. N. Love, of this city, to membership in the Board of Trustees of the American Medical Association: "The election of Dr. Love as a member of the Board of Trustees must, we think, be recognized as a mistake, especially following, as it did, on the heels of the announcement of the old board, that nostrums would in the future be excluded from the advertising pages of the *Journal*. Unless Dr. Love has experienced a decided change of heart since the time of the Detroit meeting when he ridiculed the action of the Association in passing a resolution making it mandatory on the Trustees to exclude advertisements, such as the Board *now* reports will in the future be excluded."

We believe that the *Review* has unintentionally done Dr. Love an injustice. It is an easy matter to rake up a man's record, but a difficult thing to say just what he will do in the future. We have no doubt that Dr. Love recognizes the right of the great majority who are in favor of keeping the columns of the Association's organ in a clean condition. Knowing the kind of man Dr. Love is, we feel sure he will, as a member of the Board of Trustees, endeavor to carry out the wishes of the majority. Dr. Love, like some other people, has doubtless made mistakes. Unlike some other people, he is always willing to acknowledge and correct his errors. After all said on this question, it may be best for all parties concerned that all doctors do not think alike.

WHY WE SUCCEED.

We succeed because we work. There is not a drone in our hive. Our traveling representatives understand what the proprietor of this magazine expects of them. Our advertising solicitor is a jewel. The Department Editors are bright men who have the interests of this publication at heart, and are always on the lookout for important papers and news items. They are gentlemen who have the courage of their convictions and do not hesitate to say that a spade is black. The Associate Editors have had long experience in the editorial den, and their effusions are read. Another point: TRI-STATE MEDICAL JOURNAL is represented at more medical meetings than any other Western journal. In this way we reach many a young doctor whose name cannot be found in Polk's Medical Directory. Work wins. While other medical journals are crying "hard times," we hustle.

NOTICE TO ADVERTISERS.

We desire to call the attention of advertisers to the fact that the TRI-STATE MEDICAL JOURNAL is built upon the foundation of a large subscrip-

tion list—the only basis of value to the advertiser. Any journal can print and give away sample copies, but few journals in the West incur the expense of traveling representatives who solicit subscriptions. Within the last four weeks our solicitors have secured the following additions to the list of TRI-STATE subscribers:

F. L. Ainsworth, West Union, Iowa; Theodore Askew, Allison, Iowa; B. C. Anderson, Galesburg, Ill.; Ed. C. Ayres, Lorimor, Iowa; A. B. Allyn, St. Louis; A. C. Bernays, W. T. Blow and Waldo Briggs, St. Louis; R. L. Baker and H. P. Beirne, Peoria, Ill.; J. H. Brantley, Carbondale, Ill.; H. E. W. Barnes, Creston, Iowa; W. R. Bolibaugh, Osceola, Iowa; A. S. Bailey, Lorimor, Iowa; T. A. Bolt, Springfield, Mo.; J. R. Bracey, Wellston, Mo.; W. H. Bailey, Marion, Iowa; P. L. Brick, Le Mars, Iowa; T. R. Conkling, Abilene, Kan.; D. N. Coon, Ft. Madison, Iowa; A. C. Corr, Carlinsville, Ill.; A. L. Corcoran, Peoria, Ill.; H. A. Crawshaw, Grand Tower, Ill.; J. F. Carey, Braceville, Ill.; I. T. Catron, Bourbonville, Ky.; W. F. Carver, Murray, Iowa; R. N. Cresap, Bonaparte, Iowa; W. D. Christie, Shannon City, Iowa; Carl E. Conn, Battle Creek, Iowa; R. L. Cleaves, Cherokee, Iowa; B. Conrad, Webster City, Iowa; C. J. Donovan, Sullivan, Ill.; W. D. Donaher, St. Louis; N. W. Dorsey, Wagoner, I. T.; H. V. Donovan, Lovington, Ill.; C. H. Dewitt, Glenwood, Iowa; M. J. Duncan, Pleasantville, Iowa; J. C. Davies, Emmetsburg, Iowa; C. J. Eberle, Webster City, Iowa; A. B. Fair, Danville, Iowa; O. T. Fields, St. Louis; H. O. Green, Spencer, Iowa; W. S. Groves, Redding, Calif.; R. E. Graul, St. Louis; J. H. Greene, Dubuque, Iowa; D. Graves, Gilman, Iowa; R. A. Gamble, Downing, Mo.; G. F. Geist, Danville, Iowa; A. E. Gregg, Sioux City, Iowa; F. W. Grundmann, F. P. Gillis, D. M. Gibson and R. W. Gunn, of St. Louis; W. A. Harvey, San Francisco; E. L. Haffner, Hermann, Mo.; J. W. Hamilton, Bushnell, Ill.; Heylmun & Young, Rich Hill, Mo.; J. W. Holland, Osceola, Iowa; J. F. Hasty, Murray, Iowa; W. J. Herrick, Afton, Iowa; C. J. Hackett, Le Mars, Iowa; M. W. Hill, Iowa Falls, Iowa; E. Hornbrook, Cherokee, Iowa; G. W. Hinchee, J. J. Hoffman, A. Hesse and Roland Hill, of St. Louis; W. H. Hubbard, Piggott, Ark.; O. P. Hanson, Ackley, Iowa; J. W. Hines and C. M. Hillebrand, Le Mars, Iowa; J. L. Hanchette, Sioux City, Iowa; D. L. Hurd, Webster City, Iowa; J. L. Ingram, St. Louis; W. P. T. Jones and G. S. Jackson, St. Louis; J. E. Jones, DeSoto, Mo.; M. V. B. Johnson, Sioux City, Iowa; S. Klein, O. Kollm and H. Klemm, St. Louis; Elizabeth F. Kearney, Englewood, Ill.; John Keefe, Iowa City, Iowa; E. H. Lake, Alameda, Calif.; H. B. Leavitt, Elmira, N. Y.; E. S. LeMoine, St. Louis; J. G. Martin, Kahoka, Mo.; W. F. Murdy, Ft. Madison, Iowa; W. J. Morton, Elmwood, Ill.; G. T. Mason, Trenton, Iowa; J. W. Morgan, Peoria, Ill.; H. E. Miller, Caledonia, Minn.; L. A. Miller, Palmer, Ill.; S. A. Mayfield, Advance, Mo.; W. E. Messenger, Prescott, Iowa; S. V. Martinitz and W. J. Morrison, Cedar Rapids, Iowa; A. J. Moore, Sioux City, Iowa; O. P. McDonald, Keokuk, Iowa; C. A. McFarnald, Centerville, Iowa; J. V. McKim, Newark, Mo.; H. B. McKlveen, Coin, Iowa; W. A. McConkie, Cedar Rapids, Iowa; F. D. Mooney and Robert McWilliam, St. Louis; S. Neeper, Kahoka, Mo.; G. C. Neal, Ft. Madison, Iowa; P. L. Noggle, Bloomington, Ill.; J. J. Nolan, Nichols, Iowa; J. S. Nelson, Ft. Dodge,

Iowa; M. E. O'Neil, Kensett, Iowa; O. F. Pile, Memphis, Mo.; D. B. Plymire, San Francisco; C. C. Phillips, West Union, Iowa; Roswell Park, Buffalo, N. Y.; R. A. Pinkley, Bushnell, Ill.; W. A. Palmer, Russell Iowa; F. M. Powell, Glenwood, Iowa; J. H. Palmer, Ft. Dodge, Iowa, F. A. Powell, Sioux City, Iowa; W. Ruml, Cedar Rapids, Iowa; Sarah W. Richardson, Lyons, Kan.; L. C. Rholfig, St. Louis; W. W. Richey, Le Mars, Iowa; G. C. Rich, Sioux City, Iowa; T. K. Ross, Webster City, Iowa; T. H. Spastid, Galesburg, Ill.; B. F. Stevens, St. Jacobs, Ill.; J. C. Sutton, St. Louis, J. M. Simms, Cumberland, Iowa; J. S. Stevens, Cedar Falls, Iowa; A. C. Sells, Seaton, Ill.; C. J. Saunders, Ft. Dodge, Iowa; E. O. Sisson, Keokuk, Iowa; V. Schulz, A. B. Shaw, A. J. Steele, S. G. Stapp, A. Schlossstein, H. W. Soper and J. R. Smith, St. Louis; Eugene Smith, Detroit, Mich.; C. K. Stewart and — Stults, Waterloo, Iowa; B. A. Stockdale, Cedar Rapids, Iowa; F. Sandfos, Pond, Mo.; T. J. Symington, E. Schueller, Ackley, Iowa; G. Schott and P. E. Sawyer, Sioux City, Iowa; G. H. Thompson, R. C. Taylor and H. E. Thompson, St. Louis; W. Q. G. Tucker, Olmsted, Ill.; C. H. Temple, Renick, Mo.; G. Thieme, Cantril, Iowa; G. M. B. Vary, San Francisco; F. L. Vawter, Scottville, Ill.; W. H. Vail, St. Louis; F. E. Vest, Montezuma, Iowa; J. T. Woodward, Peoria, Ill.; W. L. Winn William H. Wilder, Chicago; F. J. Will, Eagle Grove, Iowa; J. C. Waterman, Council Bluffs, Iowa; A. O. Young, St. Louis; S. W. Yearick, Cedar Rapids, Iowa.

DR. ARTHUR E. MINK.

The proprietor announces with pleasure that Doctor Arthur E. Mink, of St. Louis, a distinguished alienist and neurologist, will write for this publication. Doctor Mink has the reputation of knowing more languages, and knowing them thoroughly, than any doctor in the Mississippi Valley. He is now preparing an article for our Historical Department upon Morgagni, the Founder of Pathological Anatomy. This contribution will be based upon a perusal of the writings of this celebrated man and will be fully illustrated. We hope to present it in our August issue. The addition of Dr. Mink to our staff will greatly enhance the value of this magazine.

FOR SALE.

The Weekly Medical Review, of St. Louis, is for sale. This simple announcement means much. For years the *Review* has been the only weekly medical journal in this part of the country. Its growth should have been steady and vigorous; it should be looked upon with respect, and quoted with frequency, but such is not the case. When a medical journal tries in every way to injure the profession from which it must derive its support, its days of usefulness and profit are ended. Between accepting unethical advertisements on the one hand, and belaboring many of the best men in the medical profession on the other, its course has been discreditable to all concerned. They "who sow the wind must expect to reap the whirlwind."



IN THE PROFESSIONAL EYE

THAT St. Louis is destined to become a great medical center cannot be doubted. With many medical schools, striving in every way to present the latest developments in medical science, and with hospitals aggregating over four thousand beds, situated in the very heart of America, this city will surely be medically what she is daily becoming commercially, the leading city of this country.

THE BARNES HOSPITAL. The munificence of the late Mr. Robert A. Barnes has placed nearly \$1,000,000 at the command of the sick and injured of St. Louis. The expenditure of this fund is entrusted to three of our most highly respected citizens, Messrs. Smith F. Galt, Richard M. Scruggs, and Samuel M. Kennard. It is unnecessary to say that the wishes of Mr. Barnes will be carried out correctly, expeditiously and with due judgment. While setting aside only \$100,000 for the building proper, the will of Mr. Barnes gives the trustees power to expend a larger sum if deemed advisable. The document shows the great wisdom of the donor in giving ample power to the trustees. Too often the executors of an estate are hampered by the very restrictions contained in the instrument which confers authority.

The trustees have already selected the site and have purchased a fine piece of ground in Glasgow Place, a beautiful spot in North St. Louis.

Without doubt the new Barnes Hospital will be an important factor in the making of St. Louis a great medical center.

FALSE PROPHETS.

Last fall the dictum went forth from some disgruntled spirits, who failed to change the constitution of the St. Louis Medical Society to their liking, and who desired to elect Dr. Bernays to membership, that no one would be permitted to join the society until such time as the majority would be willing to amend the constitution. For a long time a four-fifths vote has been required to elect a candidate. The disgruntled party blackballed four gentlemen who sought admission. This was not done from personal motives but because of a so-called "principle"—which means that the minority, like a spoiled child, must have its way. Recently, after a fair contest, the editor of the JOURNAL was elected to membership. It is now thought that the followers of "principle" will abandon a position which can help no one but which certainly has harmed those who placed themselves in such an anomalous situation.

C. LESTER HALL, M.D.

It is with pleasure that we present a portrait of C. Lester Hall, M.D., of Kansas City, President of the Missouri State Medical Association. Wherever known, Doctor Hall is held in high esteem, both as a gentleman and a physician. His election to the presidency of our State society was a graceful tribute almost spontaneously expressed. Himself the son of a physician, Dr. Hall received a good preliminary education before entering



C. LESTER HALL, M.D., OF KANSAS CITY.

upon the study of medicine. His father's advice and example had much to do with his success. The Doctor graduated from Jefferson Medical College in 1867, practiced several years in a country town and located in Kansas City five years ago, where he has had brilliant success. No man stands higher among the physicians of Kansas City, and it is doubtful if any doctor in Missouri has more personal friends both in and out of the State than has C. Lester Hall. We cannot close this brief note without mentioning the obligations which the Tri-State Medical Society owes to the Doctor. In April 1894 the Tri-State met in Kansas City and much

of the success of the meeting was due to the executive ability, pleasing personality and kind acts of Doctor Hall. The meeting on the banks of the Kaw gave the society an instant position of influence among the great medical bodies of the country. Since that time it has advanced by wondrous steps. The last meeting was held in St. Louis in April of the present year and will long be remembered. We are sure our readers will join us in wishing long life and prosperity to Doctor Hall.

DOCTOR OTTO SUTTER.

Doctor Otto Sutter, whose portrait we present, is a young man who has been appointed recently to the important and responsible position of Superintendent of the St. Louis City Hospital. He is a gentleman of strong character and good judgment, quick to act and tireless in the discharge of his duty. In selecting a successor to the late Doctor Blickhahn the authorities made no mistake. Doctor Sutter has been in his present position only a few weeks but he has shown already qualities which are possessed by but few and they the leaders of men. No higher compliment could be paid to the Doctor than to state that he holds the respect, confidence and friendship of the leading physicians and surgeons of St. Louis. We predict that under his administration the St. Louis City Hospital will do a great and good work for the sick and injured poor and that it will compare favorably with similar institutions in the great cities of this country.



OTTO SUTTER, M. D., OF ST. LOUIS.

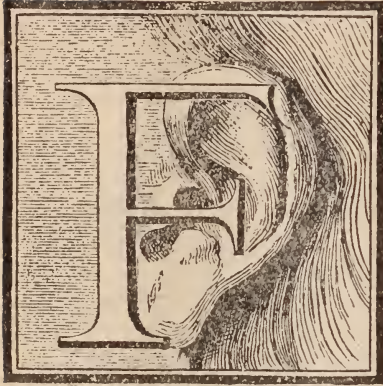
The training which a medical man receives through four years of service in the City Hospital is of incalculable benefit to such a gentleman as Doctor Sutter, who is always ready to learn. Many of the ablest surgeons and physicians of St. Louis received the practical part of their training in this institution either as internes or in the position of superintendent, and a leading medical society of this city is one whose membership is limited to those who have filled these positions. They look upon the City Hospital with the same kindly feeling that they give to their alma mater. To the City Hospital the students of nine medical colleges go weekly to witness operations and study disease, and this institution more than any other, has been an important factor in making this city a great medical center. By the way, no city of its size in the world can boast of so many hospitals as St. Louis.

The clinical lecturers will find in Doctor Sutter a valuable friend and courteous official.

HISTORICAL SKETCHES.

Gabriel Fallopius (1523—1562.)

BY JAMES MOORES BALL, M. D., OF ST. LOUIS.



FALLOPIUS, of Modena, was a noted Italian anatomist who was made Professor of Anatomy at Pisa in his twenty-fifth year. Although the span of his life was short he will be remembered always on account of the tubes which bear his name. The ethmoid and sphenoid bones, the muscles of the soft palate, the *valvulae conniventes*, the aqueduct for the facial nerve, the communication of the mastoid cells with the tympanum, the fenestrae ovalis and rotunda—all were first described by Fallopius. He gave a correct des-

cription of the *testes muliebres*, as the ovaries were called. The tubes to which the name Fallopian has been given were first described by Herophilus, one of the great anatomists of Alexandria three hundred years before the birth of Christ and also by Rufus of Ephesus, who lived in the second century of our era. Fallopius examined the tubes, cut into them and found them hollow and gave them the name *tubae seminales*. Later writers have called them the Fallopian tubes. Like the learned surgeons and anatomists of the time, Fallopius was a thorough botanist. A genus of plants, *Fallopia*, has been named for him.

It was in the year 1548 that Fallopius gained the Chair of Anatomy at Pisa; three years later he was chosen to succeed Vesalius at Padua, and here he remained until the day of his death. His successor was the celebrated Fabricius ab Aquapendente, the instructor of William Harvey. While Vesalius corrected the anatomic mistakes of Galen, to Fallopius fell the task of revising the work of Vesalius. Between these two great men a bitter rivalry existed. Fallopius was given live criminals to dissect. However, he killed them first. The following passage shows his practice: "For the



GABRIEL FALLOPIUS.

prince ordered a man to be given us, whom we killed in our fashion and dissected (*quem nostro interficemus et illum anatomizarimus*). I gave him two drachms of opium. He, having a quartan ague, had a paroxysm which prevented the opium taking effect. The man, in great exultation, begged us to try once more, and if he did not then die, to ask the prince to spare his life. We gave him another two drachms and he died.”

DEPARTMENT OF RAILWAY SURGERY.

By WEBB J. KELLY, M.D., OF GALION, OHIO.

Secretary of the American Academy of Railway Surgeons.

Membership in Railway Surgical Associations.

CIRCULAR LETTER.

TROY, N. Y., May 1, 1895.

DEAR DOCTOR: You will find, enclosed, a blank for admission into the New York State Association of Railway Surgeons, which you are specially requested to fill out and return to me. You will no doubt concede the great importance of identifying yourself with this growing organization, for yourself as well as the officials of your road have interests which this Association, in its deliberations and conclusions, will have much to do with the developing and attaining. We have at present a large membership, including surgeons from nearly every road, but we believe that in union there is strength, and we wish to include every railway surgeon in the State on our list.

Again asking and urging you to return me your name for membership, I remain,

Very sincerely yours,

C. B. HERRICK, M. D., Secretary.

The above circular letter has been mailed to all railway surgeons in the State who have not yet accepted membership. It is very important that the surgeons thus addressed attend to this matter at once—do not delay—and again we urge members to aid Dr. Herrick in his work by visiting those in their own towns.—*International Journal of Surgery*.

It is indeed a surprise to read the above, emanating as it does from one of the foremost Railway Surgical Associations in the country, and vouched for by a surgeon of the standing of Dr. Chaffee. Any one posted in railway surgical affairs knows that very few New York State lines have organized surgical staffs,—that is a chief of staff with power to appoint his assistants. How then do the surgeons receive their appointment? Did you know that the local agent in a town usually recommends the appointments? A superintendent feels the necessity of having a surgeon at a certain point—he invites the local agent to recommend some one. Whom does he recommend? Whom would you recommend were you in his place? Some friend, of course. This very thing has done more to injure the standing of railway surgery than anything else. There is no question but what there are men holding railway surgical appointments in New York State, and for that matter, in every State, who are *up to the standard*, and every time they are recognized by an Association similar to the New York State Association of Railway Surgeons that act justifies the superintendent in congratulating himself upon his local agent, non-professional, appointment. Gentlemen, of the New York State Association, set the standard high, as Dr. Cole says of the A. A. of R. S., “as high as the Rocky Mountains” that he who would reach the summit must be a brother worthy and well qualified. Give

the general managers and superintendents to understand that if they wish their appointments to be recognized by your Association they must be of the right kind. Then make your Association one that merits such regard.

Annual Session of American Academy of Railway Surgeons.

The following titles for papers have already been received:

"A Practical Way of Testing Railway Employes for Color Blindness"—Dr. D. C. Bryant, Omaha, Neb.

"Railway Sanitation"—Dr. W. M. Bullard, Wickes, Montana.

"Transportation of Injured Employees"—Dr. F. H. Caldwell, Sanford, Fla.

"Traumatic Neurosis"—Dr. Henry W. Coe, Portland, Oregon.

"Concussion of the Brain"—Dr. W. H. Elliott Savannah, Ga.

"The Use of Gold Foil in Fractures of the Cranium and Resulting Hernia Cerebri"—Dr. W. L. Estes, South Bethlehem, Pa.

"Wounds that open the Knee-joint—Treatment"—Dr. C. D. Evans, Columbus, Neb.

"Treatment of Wounds of the Face and Scalp"—Dr. Chas. B. Fry, Mattoon, Ill.

"Sanitary Regulations Governing Railways"—Dr. L. E. Lemen, Denver, Col.

"Injuries of the Hands and Fingers"—Dr. John McLean, Pullman, Ill.

"How to differentiate between the use of Heat and Cold in Railway Injuries"—Dr. Wm. Mackie, Milwaukee, Wis.

"Intra-Venous Injection of Neutral Salt Solution in the Treatment of Desperate Injuries—Exhibition of Apparatus"—Dr. C. B. Parker, Cleveland, Ohio.

"The Address on Medico-Legal Surgery" will be delivered by the Hon. Tracy C. Becker, of Buffalo, N. Y.

Besides the above the following well-known surgeons will contribute papers but have not yet announced the titles:

Dr. A. D. Bevan, Chicago, Ill.; Dr. W. H. Buechner, Cleveland, O.; Dr. M. Cavana, Oneida, N. Y.; Dr. Wm. T. Dalby, Salt Lake City, Utah; Dr. E. Griswold, Sharon, Pa.; Dr. W. J. Galbraith, Omaha, Neb.; Dr. C. B. Kibler, Corry, Pa.; Dr. R. D. Mussey, Cincinnati, Ohio; Dr. John E. Owens, Chicago, Ill.; Dr. J. W. Perkins, Kansas City, Mo.; Dr. J. F. Prichard, Manitowoc, Wis.; Dr. F. H. Peck, Utica, N. Y. and Dr. R. H. Reed, Columbus, Ohio.

Proper Anesthesia.

Dr. Goldsby King, in a paper before the Alabama State Medical Association, has this to say with reference to this subject: The importance of proper anesthesia, as a means of preventing shock, is truly second to none. No surgeon, be he ever so skillful, can perform a difficult operation upon an individual, in a condition of improper anesthesia, without undue loss of time and blood. The administration of anesthetics should be considered a specialty. The anesthetist should be an anesthetic specialist, both in theory

and practice. The time has fully come when we should abandon forever the too common practice of inviting men with neither special knowledge of anesthetics, nor the proper method of their administration, to steer our patients through so dangerous a voyage as that of total and prolonged anesthesia, which is so essential to the proper performance of major operations. Let us relegate to the past a practice so fraught with death to the patient and condemnation to the surgeon. There should be no "chronic surgery" practised. Everything needful should be at hand, and the operator, with a full knowledge of what is required to be done, should do his work rapidly and with as little injury to the parts as possible. Too much attention can not be given to the immediate arrest of hemorrhage.

Erie Railway Surgeons.

The Association of Erie Railway Surgeons will meet in Buffalo, N. Y., on October 1st and 2d, 1895. This has become to be known as one of the very best organizations of Railway Surgeons in this country.

Doctors C. K. Cole and W. J. Galbraith.

Drs. C. K. Cole, Chief Surgeon Montana Central Railway, and W. J. Galbraith, Chief Surgeon Union Pacific Railway, have been spending a few weeks in New York, preparing for the winter's work. Dr. Geo. Chaffee, in the *International Journal*, speaking of their recent visit, has this to say of Dr. Cole and the American Academy of Railway Surgeons: "Dr. Cole is very much in earnest in regard to the Academy and its future, and his views in every respect are practical and correct. Dr. Cole would make a success of the Academy.

He would hold the standard high—as high as the Rocky Mountains—and he would make of it an institution in which our leading surgeons would desire fellowship and take great pride in it too."

We might add that the high standard will be kept just where it is—and applicants for Fellowship must come well recommended. The *debris* from the American Surgical Association can not find shelter here.

The Railway Surgeon.

There is one point to which I wish particularly to call your attention, and that is as regards the growth of a surgeon as a railway surgeon. In the rapid progress of time, the general manager instead of controlling a small extent of territory and a limited number of men, as the necessity arose, not only for condensation but of combining roads in order to be economical, has come as a consequence to handle several thousand miles of railroad and armies of men. In the present organization of the railway service it is a fixed fact, that we must divide the work. Too much work must not be intrusted to one man. Individually, I have come in contact with some of the finest men that God has created, but who after a few years have passed from the scene of their activity. They were simply martyrs to duty, when by proper organization they might have been spared to do great service.

Give the doctor a chance. Let him organize his department of the railway service, and you will find he will relieve the general manager of

great strain in every direction. It is the bounden duty of every stockholder of a railway to insist upon proper organization in order to maintain such a magnificent system as that which I can point out to you; a perfect organization, without parsimony, having a large number of surgeons. Mr. Walker spoke of the Atchison, Topeka and Santa Fe railroad having, I think, 250 surgeons along its lines. We likewise have 257 and should have more. I have been engaged in this work for 19 years, and in the early period of my life I saw many changes take place, and it did my heart good when I heard him say that the general managers of the West appreciate the railway surgeons."—*Dr. W. B. Outten, Chief Surgeon, Missouri Pacific Railway, before Eighth Annual Meeting of N. A. R. S.*

SOCIETY REPORTS.

Tri-State Medical Society of Iowa, Illinois, and Missouri, April 2, 3 and 4, 1895.

(Concluded from page 204.)

"Address on Surgery." By Dr. JOHN A. WYETH, of New York. He first considered the "Treatment of Hypertrophied Prostate." Tying the different vessels, as recently advised by some writers—even ligation of the common iliac—possesses too much danger of gangrene, or even of death. He did not like prostatectomy, as being unsatisfactory and dangerous; and suprapubic cystotomy is also not the ideal operation. He commended White's operation—as it contains no element of danger. When castration will not be consented to, suprapubic cystotomy, with permanent drainage, is always to be done. Tying the vas deferens, or cutting it, has recently been advised, but results are not yet obtainable; but it is not, surgically, as good an operation as castration.

"The Murphy Button"—He deprecated the Murphy button except for work upon the gall bladder. It is no safer than the Senn plates, Abbe's rings, and numerous other devices which are being discarded by most experienced surgeons in favor of lateral anastomosis with an opening three or four inches long in the side of the gut, protected by the Czerny-Lembert suture.

"Operative Treatment of Appendicitis"—He advocated early operation in every case of well-defined appendicitis. He commended the McBurney incision in all cases except where there is a large perityphlitic abscess, which must receive long-continued drainage. He condemned Morris's "inch and a-half incision, week and a-half in bed," except in cases of recurrent appendicitis, when a very short incision suffices. But the patient should always be kept six weeks in bed to permit of firm healing, and thus prevent any possibility of hernia following.

"Torsion of the Rectum."—He called attention and approved the new step known as "torsion of the rectum," devised by Gerster. In operations upon the rectum, as in cancer, when it is necessary to remove the sphincter and the healthy gut is brought down from above and twisted in such a

manner as to throw the mucous membrane into spiral folds. When healed this gives partial control of movements of the bowels—a much better result than the total incontinence which follows the ordinary Kraske operation.

“Immediate or Delayed Amputation.”—During the past year the question as to advisability of immediate amputation in cases of severe injury to the extremities has been much discussed. The conclusions at which he has arrived are that unless there are very grave reasons for delay it is always best to amputate as soon as possible after an accident, before a suppurative or inflammatory process is established. Shock must, of course, cut a great figure in the question, but it should be remembered that “shock” is usually simply the effect of loss of blood; so in many cases the surgeon may make intravenous injection of four or five pints of normal salt solution (six parts of common salt to 1,000 parts of clean water) boiled and allowed to cool to 110 degrees. Under its influence a pulse of 140 will sink to 70 within five minutes, the wan and anxious expression will vanish and all the dangerous signs will disappear. When such an effect can be obtained, with the present perfect anesthesia and absolute control of hemorrhage during operation, amputation need not be delayed, usually on account of shock. If no response comes from these injections, there is no alternative but to wait until nature overcomes the shock. No surgeon now amputates where the circulation is retained sufficiently to give the slightest hope for maintenance of nutrition of the injured parts; so delay upon the score of possibility of saving the extremity cuts no figure in this question.

“Malignant Epithelioma of the Skin.”—His opinion of the treatment of epithelioma of the skin, particularly of the face, has undergone a complete change in the past few years. Formerly he advised extirpation with the knife in every case not too far advanced, but after long and careful observation he has decided that treatment by caustics gives the best hope for cure with the least amount of deformity in all epitheliomata of the face, excepting those affecting the tongue or cæcal cavity. Marsden’s arsenical paste is perhaps best for the local application. Cancer of the tongue should be extirpated very early, but never after lymphatic involvement. All suspicious ulcers of the mouth should be regarded as cancerous and cut away as soon as discovered.

“Address in Gynecology: Observations on the Peritoneum.” By DR. FRED BYRON ROBINSON, of Chicago. His remarks were based upon fifty autopsies conducted with the sole idea of settling certain points not hitherto definitely determined. As a result he deduced the following: Peritonitis is first a local process, and its inflammatory (cicatricial) remnants show it to be a recoverable disease. Peritonitis is nature’s method of repair—a life-saving process if confined within certain bounds. It is infection, not peritonitis, that kills. The great omentum serves a decided purpose in the human patient; it is (1) the patient’s peritoneal protector; (2) the surgeon’s friend; (3) the man-of-war to check invasion; it has a tendency to move to points of peritoneal irritation or inflammation and protect it, stopping invading enemies, plugging leaking viscera and surrounding weak parts of the abdominal organs—building up barriers of exudates over which infection cannot mount; and, lastly, it keeps the bowels from adhering to the anterior abdominal wall in case of injury. The onset of peritonitis does not mean that the patient’s death knell has begun to toll—it is really the peritonitis alone which can save him; infection has gained entrance to

a serous sac, and unless shut off, speedy death from acute sepsis is the only possible result; but it is the object of the peritonitis, not to kill, but to save by limiting this field of infection. The onward march of destructive microbes is checked by exudates, i. e., peritonitis; were it not for the protective influence of local peritonitis the human race would be quickly swept from the earth, for the possibilities of infection of the peritoneum, and from it sudden deaths from sepsis are many. Three regions are particularly susceptible to infection—so well known that the surgeon always examines them upon opening the abdomen in a suspicious case. They are (1) the pelvis; (2) the vermiform appendix and (3) the gall-bladder. In his observation of cases of peritonitis subjected to autopsy infection arose in the pelvis in 11 of 15 females and 5 of 35 males; in the region of the appendix, in 7 of 15 females and 29 of 35 males; and in the neighborhood of the gall-bladder in 10 of 15 females and 23 out of 35 males. Other cases were found to have been infected at the sigmoid flexure, the region of the spleen, the junction of the upper middle third with the lower middle third of the ascending colon, and the middle of the duodenum, i. e., Haller's omentum. In an investigation covering more than six years' experience in the dead-house and dissecting room he had studied the question of peritoneal adhesions in the cæco-appendicular and sigmoid regions and reached these conclusions: (1) All the peritoneal adhesions in the cæco-appendicular region are not due to appendicitis, only 72 per cent. (2) Similar adhesions are nearly as frequently found in the sigmoid region. (3) The chief peritoneal adhesions occur on both sides over the psoas muscle, some being over the iliacus muscle. (4) The adhesions are due to the irritations produced by the contraction and relaxation of the psoas and iliacus. (5) The adhesions are always benign, but exceptionally may become malignant after a time. (6) The cæcum is frequently surrounded by adhesions, while the appendix is absolutely free, and vice versa. In new-born children and other infants under one year old, no adhesions were ever found in the two regions. Among other deductions there are these: (1) The immediate dangers of peritonitis are infection followed by suppuration or death from sepsis. (2) The remote dangers are strictures, adhesions and malignancy. (3) The presence of an ascending mesocolon is rare, and a descending mesocolon is very rare. (4) The non descent and excessive descent of the cæcum is of much importance to surgeons; non-descent is due to the arrest of development from intra-uterine peritonitis. (5) Pneumonia is frequently the cause of peritonitis.

“Hysterectomy by Total Extirpation.” BY DR. JOSEPH EASTMAN, of Indianapolis. While text books upon gynecology give to Dr. Eastman the credit of having been the first American surgeon to perform total extirpation of the uterus through the abdomen they have made the mistake of speaking of the Eastman operation as “too complicated.” The fact is it is the most simple method of abdominal hysterectomy yet devised, and is certainly preferable to the much-practiced ventral fixation of the stump because it is easier, it is safer, it is more surgical, and it can be done when it would be utterly impossible to form a good pedicle—one that could be trusted. He exhibited a number of photographs of tumors which could not have been removed by any other means. The operation is done as follows: After the abdomen is opened the broad ligament is caught in a

strong clamp applied so as to embrace the tube and ovary; a ligature is passed through the broad ligament and around its vessels, and the tissues between it and the clamp severed. This procedure is repeated upon the opposite side, when the uterus and tumor can be readily delivered through the abdominal incision. The peritoneum is next divided for two or three inches across the tumor (or uterus) just above the vesico-uterine fold, and correspondingly behind; when this has been done a wire or elastic ligature is thrown around the uterus, at the point of division of the peritoneum, and tightened. The peritoneum is then stripped down in front, the bladder carefully dissected away from the uterus, and an opening made into the vagina; a similar separation of rectum from uterus is made, and the peritoneum slipped back on the broad ligaments so that all ligatures are either below or behind the peritoneum, instead of including it in their clasp. Three sets of ligatures or more if necessary, which is rare, are then passed on each side, including all the vessels and extending through the vagina; one end of each ligature is left long, and as soon as tumor and uterus have been cut away these ends are carried out through the vagina: by slight traction on these ends the peritoneal edges are easily brought into apposition, and can be rapidly coated by a continuous catgut suture, thus entirely shutting off the abdominal cavity from the vagina, and preventing any possibility of adhesion of gut to raw surface. The wound in the belly-wall is closed, the vagina irrigated and packed with gauze, the silk ligatures being allowed to slough out and come away per vaginam. In this method there is practically no hemorrhage, the shock is not so intense as in the Pean operation or ordinary abdominal hysterectomy with a pedicle, the difficulties encountered can be readily met by anyone familiar with complicated operations in the pelvis, the time is not quite so great, and convalescence is much more satisfactory than in the operation usually made.

"Trachoma and its Sequelae." By DR. CHARLES H. BEARD, of Chicago. He advised the use of hot water and hot antiseptic solutions in the acuter cases, followed occasionally by strong solution or the solid stick of nitrate of silver, or bi-chloride of mercury in a strong solution applied locally to a limited area by means of a brush or pencil. Sulphate of copper may also be employed. They all cause coagula to form and a douche of hot boric solution must be employed and then a solution of cocaine if the smarting be too severe. The latter agent may also be employed to overcome the photophobia. Blepharospasm is the most aggravating symptom in some cases; it may be overcome and cured by placing the patient opposite a very strong light, like the sun, and forcing him to look at it several minutes; in some cases the lids have to be held apart by force (as with speculum) during the trying ordeal. One treatment is sufficient. Canthoplasty is also an excellent treatment. When the trachoma has become chronic with lymphoid infiltration expression by means of the Knapp or Prince forceps is the best treatment. Forceps should be made of tortoise-shell so as to resist the action of the bi-chloride solution which is allowed to flow over the field of operation. For entropion of mild degree—the most frequent sequela of trachoma—the Hotz operation is preferable; but in exaggerated cases it is not sufficient—it must be supplemented by canthoplasty and counter-grooving and sometimes by even a skin graft. But no case should be regarded as too bad for cure by proper operation.

Ethics of Reproduction and Economics of Prostitution. By DR. WOODS HUTCHINSON, of Des Moines. Reproduction is heaven's first law. The commandment in Genesis is: "be fruitful and multiply," and is worth all the others put together. It is also much easier to keep. Just because the instinct for it is so deeply rooted in the race and so impossible of control, it has been unsparingly denounced by religions of all creeds in all ages. Because it defied their edicts they have ordered its suppression and exalted celibacy; but all have ended by tolerating it. And yet it has done far more for humanity, for morality, than they have. It is not only not subversive of the latter, but the very foundation stone of morality and happiness. "The stone which the builders rejected," etc. Its real rank is of the highest, the holiest. The first duty of man is to perpetuate the species. The race has first mortgage on him, and has had ever since he was a sea-foiled. Foiled in their attempt to suppress all feelings connected with reproduction, religion and convention ordered the whole function and subject to be ignored in polite society. For this purpose they invented that imitation-instinct; modesty. By this decree not only the "shame parts" (pudenda) falsely so-called, but even the whole body, except the hands and face, is to be tabooed in conversation. The display and admiration of nature's loveliest masterpiece—the human body—is absolutely forbidden. Thus we are made to suffer, not only artistically, but athletically and hygienically. Still worse—children are allowed to reach puberty in absolute ignorance of the meaning and purposes of their most important functions and organs. As a result hurtful experiments and practices of all kinds follow naturally, and ignorance becomes the mother of vice. Society practically makes it shameful for a pregnant woman to appear in public or a menstruating one to break her engagements on that account, no matter how ill she may be—it is "not nice" to mention her "sickness." Worst of all, the obligation to bear children has been removed entirely. Men and women hesitate to marry for fear of the burdens of parentage, and after marriage endeavor to prevent conception just to save trouble and escape responsibility. This is not right. This is the deadly sin of the present day and the one which has proved fatal to all the civilizations of the past; especially to Greece and Rome. And modern France seems doomed to decadence from the same cause. The endeavor to avoid child-bearing is the chief cause of prostitution! Many a man is practically driven to the brothel by his wife. It is also the root of abortionism and a cause of neurasthenia and degeneracy, mental, physical and abnormal—to wives, husbands and the few children who are permitted to arrive. "Emancipated" women are refusing to bear children because it "interferes with their development." To the man there is consolation—it ends the breed. For neither the prostitute at one end of the scale, nor the "progressive" woman at the other, reproduce their kind. And society has reason to be thankful for both! But what is there to explain this extraordinary attitude on the part of "morals" and "social convention?" Simply the existence of the evil effects of the sexual instinct—fornication, adultery and prostitution. What is the real effect of the latter? It is a superb means for the elimination or sterilization of the unfit of both sexes! A sewer, a garbage dump, a crematory; and, from this standpoint, a benefit ridding the world eventually of the degenerates and undesirable of earth.

"Abdominal Suture for Typhoid Ulcer."—Dr. B. Merrill Ricketts,

of Cincinnati, detailed a case which died. But enough successful operations (5 out of 18 operated upon) have been reported to warrant repetition whenever consent can be obtained.

“The Outdoor Treatment of Consumptives.”—By Dr. Robert H. Babcock, of Chicago. This very valuable paper was well received.

“Clinical Report on Thyroid Extract.”—Dr. Edwin Walker, of Evansville, Indiana, reported of a case in which myxœdema co-existed with epilepsy. The patient was a girl 14 years of age. She had the first epileptic seizure when she was 11 years old; these attacks became more frequent and severe; she also suffered with swelling of the face, hands and feet, was dull mentally, and all her actions were sluggish. She was weak and had shortness of breath. There was no atrophy of the thyroid body discoverable. While this was not a typical case of myxœdema, it was thought best to try the thyroid extract. This remedy was therefore commenced August 9th, 1893, Parke, Davis & Co.’s extract was used, five grains three times a day. The improvement was marked from the beginning, and by September 1st swelling had disappeared and the patient was bright and in every way improved. She had had no epileptic seizures since the remedy was begun. She was at last visit (March 30th, 1895) entirely well, and she had taken no medicine for over a year.

“Some Forms of Mastoid Operation.”—Dr. R. C. Heflebower, of Cincinnati, exhibited some beautiful specimens illustrative of the subject.

“Treatment of Puerperal Eclampsia.”—This subject was presented by Dr. A. D. Price, of Harrodsburg, Ky.

“A Study of a Family of Four Degenerate Children.”—By Dr. Richard Dewey, of Chicago. It was so intricate and scientific that a synopsis cannot be made and the author declines to have it published as presented.

“The Stigmata of Nervous Diseases and their Utility in Diagnosis.”—By Dr. John Punton, of Kansas City. Many attempts have been made to classify the various stigmata but all are more or less at fault.

A very simple one is that which recognizes lesions of organization and evolution and those of disorganization and involution. They essentially consist of deviations, excesses or arrests of development of both parts of the body, but manifest themselves chiefly in gross physical deformities or physical anomalies. They may therefore be conveniently studied according as they affect these two parts of the human organism. It would not only be impossible, but out of place for me to attempt in the short time allotted me, to describe all the physical malformations which constitute the stigmata. Among the more important, however, are those which pertain to the cranium, face, palate, limbs, ears, genital organs, hands, fingers, feet, toes and stature. According to the best authorities there are 30 ways in which the cranium may deviate from the normal type. As for the face, no two among the vast millions are exactly alike, but through it the mind often speaks to those without in ways louder than words. The size and shape of the ear is also an important factor for or against a man. The best authorities inform us that the ear may present at least seven distinct anom-

alies of conformation. The hair also plays its part, for we are told that a luxurious growth on the head is a sign of degeneracy, while thin beards and premature baldness are things to be desired. Shakespeare tells us that "beauty is a doubtful good," and this is eminently true when applied to the study of degeneracy, for Dr. Dana tells us that "perfect beauty means mediocrity."

No less important than the physical are the psychical stigmata. These consist in a lack of proportion between certain undeveloped faculties and others normal or in excess. They manifest themselves by either exaggeration or impairment of the mental functions of the brain.

"Varix and Varicocele."—By Dr. Francis Reder, of Hannibal, Mo. When vessels in certain parts of the body increase in length, in thickness and in lumen, they require surgical treatment. These varices may arise from two causes: One extrinsic and the other intrinsic; of the first, remote pressure, heart disease, cirrhosis of the liver, etc., and of the second, loss of tonicity and elasticity. But whatever the cause the balance between the elasticity of the walls of the vein and the intravenous pressure is lost and distension and dilatation of the veins ensue, with final destruction of the valves in veins supplied with them. The most frequent locations of varix are the legs and the scrotum. Of the former pressure upon the iliac veins from constipation, pregnancy and tumors is the most common cause; and the result is a want of nourishment in the surface of the leg so that the skin first becomes discolored and suffers from a form of eczema, and finally a slough forms with its consequent ulcer, which may finally open a large vein with terrible hemorrhage. What is the proper treatment? Before the skin has suffered in any way the elastic bandage is probably the best palliative treatment; this gives the support to the veins their own wall cannot supply and will end in cure if the cause can be removed. In old and debilitated cases operation for radical cure is not advisable; and also when due to pregnancy, constipation or other transient cause; but in suitable cases excision is advisable. When the patient is a healthy adult, not too old, and the veins are troublesome, operation may be done; the same is true in some cases of ulcer; also when there is a brawny condition of the skin, or eczema. The operation consists in applying a bandage above the knee so as to distend the veins; if they are extensively varicose excision of the chief radicles two or three inches at each place, between catgut ligatures—a very simple operation when the walls of the veins are tough from hypertrophy, but very difficult when thin; the wound is closed with antiseptic dressings and the whole leg carefully bandaged from toe to hip. Varicocele is rather more interesting than varix; it is more frequent upon the left side because the left spermatic vein passes behind the sigmoid flexure and is subjected to fecal pressure. When varicocele disqualifies by its pain and discomfort it should be removed as palliative treatment does little good; excision of the enlarged veins is decidedly the best method of operation; but even by this the relief may be only temporary for when the collateral circulation has been established the newly enlarged vessels may become overdistended on account of a relaxed and elongated scrotum; so in operating it is well to remove all redundant scrotal tissue upon the affected side. The technique of the open operation is as follows: Complete varicosis, thorough cleaning and shaving of scrotum and pubes. An incision

parallel to and over the cord one or one and one-half inches long. Divesting vessels of their sheath. Tying with catgut near the testicle, the artery being carefully excluded. Dissection of an inch or two of vein and ligature of catgut at upper angle of wound. Cutting away and bringing two stumps together by uniting two ligatures. Checking bleeding completely. Closure with catgut stitches without drainage. Dressing: When scrotum is too large a clamp is applied over the redundant tissue, the testicles being pushed up next to the pubes, and the surplus cut away, care being taken to leave the uninjured raphe in the middle line; the bleeding being checked the wound is closed as any other, and dressed. After ten days the patient may be allowed to go about if he will use a suspensory bandage, which should be continued for about three months and then totally discarded.

The Atlanta Medical College.—Out of a total of 383 matriculates, on April 2d, graduated 135 doctors of medicine and 4 graduates in pharmacy.

Iowa Board Defeated.—Just as we go to press we learn that the Iowa State Board of Medical Examiners has been defeated in its refusal to recognize diplomas issued by the College of Physicians and Surgeons of Keokuk. The court held that Dr. J. A. Scroggs, a member of the Board, was an unfit person to vote upon the standing of the college because of his interest in a rival institution. We will give full particulars in our August issue.

Graduated on One Course of Lectures.—The Marion-Sims Medical College of St. Louis, was recently summoned before the Missouri State Board of Health to give an explanation of the graduation of a person by the name of Wipple. The college issued a diploma to him although he had attended only one course of lectures! Particulars in our next issue.

In the Swim.—The TRI-STATE MEDICAL JOURNAL is in the swim. Our subscription list is growing steadily; our advertising patronage is increasing and we are on the up grade. The JOURNAL has been represented at more important medical meetings within the last year than any other medical magazine. A few of these gatherings were: Mississippi Valley Medical Association, Tri-State Medical Society, National Association of Railway Surgeons, Nebraska State Medical Society, Iowa State Medical Society, Missouri State Medical Society, Austin Flint Medical Society and Des Moines Valley Medical Association, and several others.

Professor Close Retires.—The many friends of Professor James A. Close, whose great capabilities as an instructor and whose pleasing personality have endeared him to so many of our students in the past, will regret to learn that he will not be with the college during the coming season.

Professor Close has received numerous flattering offers from other colleges, but he has definitely refused them all, and will not be associated with any school during the coming year. He purposes devoting much of his time to original research in his laboratory.—*St. Louis Clinique.*



Transactions of the Antiseptic Club. Reported by Albert Abrams, a member of the San Francisco profession. In one large octavo volume, illustrated by pen and ink sketches specially designed by Moss, Keeler, and Tiers, printed on disinfected paper, artistically and substantially bound in Antiseptic Dressing, \$1.75. PRESENTATION EDITION. First impressions, large paper, extra quality, gilt top, uncut edges, half vellum cloth, limited to subscriptions received, and numbered, \$2.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

This volume comes laden with sterilized wit and humor. Every page is illumined by the phosphorescent microbes of unalloyed sarcasm; illustrating by pen and pencil the fads and foibles of modern Æsculapians.

Medical Gynecology. By Alexander J. C. Skene, M. D., Professor of Gynecology in the Long Island Medical College, Brooklyn, N. Y., etc. Octavo, pp. VI-529. Published by D. Appleton & Co., New York.

This treatise on the diseases of women has been written from the standpoint of the physician. The author refers to the frequent dissensions, which have obtained during the past few years, regarding the so-called radical and conservative practices in gynecology, and offers this new work on the medical branch of its therapy. Unreasonable devotion to either medicine or surgery, in the management of the diseases of women, is wrong. Dr. Skene is competent to give instruction on the hygiene of the growing girl, on the prevention of her many special diseases, and on the medical aspect of all gynecological questions. We can cheerfully recommend this book to all engaged in gynecological practice and this of course, includes the family doctor. The press-work and binding are good.

Surgical Pathology and Therapeutics. By JOHN COLLINS WARREN, M. D., Professor of Surgery in Harvard University, Surgeon to the Massachusetts General Hospital. Illustrated. Octavo, pp. 832. Philadelphia, 1895, W. B. Saunders, 905 Walnut Street. Price, \$6.00 in cloth, \$7.00 in half Morocco. For sale by subscription only.

The appearance of Warren's Surgical Pathology is timely. It is no idle compliment for this book to say that it is the best treatise on surgical pathology ever written by an America. The subject is considered in a clear, complete, methodical manner, and the latest information is given. The book is printed in a satisfactory way, on good paper, and is amply illustrated. It deserves to meet with a large sale.

Cod-Liver Oil and Chemistry. By F. Peckel Möller, Ph. D. London: Peter Möller, 43 Snow Hill, E. C. Large octavo, pp. CXI-508.

Messrs. W. H. Schieffelin & Co., of New York, have kindly sent us a copy of this treatise which deals with many interesting topics. A great amount of information is given concerning Norway, the Norwegian fisheries and cod-liver oil. The law of atomic linking is freely explained in this book.

Suggestive Therapeutics in Psychopathia Sexualis; with especial reference to contrary sexual instinct. By Dr. A. von Schrenck-Notzing (Munich, Germany). Authorized translation from the German by Charles Gilbert Chaddock, M. D., Professor of Diseases of the Nervous System, Marion-Sims College of Medicine, St. Louis. One volume, Royal Octavo, 325 medical profession exclusively. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

The less said of this book, the better. If its sale were surely limited to the profession, not much harm would result, but the laity will find means to secure it. The translator says in the preface that he contemplates inflicting a similar original work upon us. We hope he will reconsider the matter and devote his surplus energy to some higher and better topic in medicine. A mind dwelling much upon the beastly side of human nature is liable to become warped to say the least. We doubt not the work will sell readily and the publishers will be rewarded financially but if the F. A. Davis Co. will take our advice they will cease publishing books of this class.

A System of Legal Medicine. By Allen McLane Hamilton, M. D., and Lawrence Godkin, Esq., with the aid of many collaborators. Vol. II., pp. 738, Royal octavo. Illustrated. New York: E. B. Treat, 5 Cooper Union. 1894.

The favorable opinion which we gave concerning this system was based upon an examination and perusal of Vol. I. The publisher has recently sent us Vol. II. which completes the system. An examination of this volume simply confirms our opinion. The system will be found of great value to both physicians and lawyers. While fully covering the ground it is not so bulky and expensive as some other works on medical jurisprudence and it is free of the objections appertaining to one volume works on this subject, most of which are not only incomplete but behind the times. We hope Mr. Treat will be rewarded financially for his enterprise in issuing this system.

Hydriodic Acid and the Hypophosphites, Therapeutical Indications and Clinical Data. By R. W. Gardner, 158 William Street, New York. Twelfth edition. 194 pages. Cloth.

Hydriodic acid is one of our most important therapeutic agents. Mr. Gardner was the pioneer in its manufacture, and in its introduction to the medical profession, hence what he has to say on this subject will be received with interest.

To anyone interested in these subjects Mr. Gardner will furnish a copy of the book free upon application.



Eastern Iowa District Medical Association—Held its 24th annual meeting at Fairfield, Iowa, June 27, 1895. Forty-five members were present. In the absence of both President and Vice-President, Dr. J. W. Holliday, of Burlington, was called to the chair. Papers were read by Drs. J. H. Etheridge, of Chicago; D. W. Finlayson, of Des Moines; T. J. Maxwell and C. E. Ruth, of Keokuk; A. O. Williams and J. F. Herrick, of Ottumwa. Interesting cases were reported by Drs. Bean, Snook and Fordyce, of Fairfield. Officers were elected as follows: President, G. O. Morgridge, Muscatine; First Vice-President, D. C. Brockman, Ottumwa; Second Vice-President, Calvin Snook, Fairfield; Secretary and Treasurer, Roger N. Cresap, Bonaparte; Board of Censors, S. K. Davis, Libertyville; T. J. Maxwell, Keokuk; W. B. La Force, Ottumwa; J. W. Bean, Fairfield; D. W. Overholt, Columbus Junction. Next meeting will be held in Burlington, the second Tuesday in November, 1895. Roger N. Cresap, Secretary.

Will He Succeed?—The editor of the *Weekly Medical Review* who is said to "write his editorials with a hoe instead of a pen" announces "a softening influence on the warlike spirit" of his editorial columns and says that he means "to bury the hatchet." He is "now trying the art of twirling artistic rings out of a pipe of peace." The JOURNAL hopes that the *Review's* editor will succeed in continuing to twirl.

Died.—Dr. Henry Palmer, of Janesville, Wisconsin, died June 15th, at his home, at an advanced age. He was professor of surgery in the College of Physicians and Surgeons of Chicago, and had served as surgeon in the Crimean war.

Returned.—Dr. A. L. Wright, of Carroll, Iowa, has returned from Europe.

Important Meeting.—The Oklahoma Territory Medical Society held its annual meeting on June 6th in Norman. Dr. Thomas A. Cravens, of Oklahoma City, was elected president, and Dr. L. Haynes Buxton, of Guthrie, secretary. The programme included the following papers: Narcosis, by Dr. Emil Simon, of Oklahoma City; Typhoid Fever, its Cause and Prevention, by Dr. C. D. Arnold, of El Reno; Nervous Troubles from Eye Strain, by Dr. L. Haynes Buxton, of Guthrie; Suppurative Pleurisy, by Dr. John A. Hatchett, of El Reno; Gastro-intestinal Diseases of Children, by Dr. John H. Scott, of Norman; and Small-pox, by Dr. John H. Hudson, of Norman. The society will hold a semi-annual meeting in Oklahoma City on November 14th.

New York Medical College.—A short sketch of this school has been issued by Dr. Edwin Hamilton Davis, of 25 West 119th Street, New York. The charter of the school was obtained in 1850. Here, in that year, was established the first chemical laboratory in connection with a medical college in the United States. The lecture term was increased and the number of professors was raised to ten, instead of the classical seven. Improved clinical facilities were provided. Nevertheless the college died, the last class having been graduated in 1864.

Use of Gold in two Cases of Nervous Diseases.—Dr. J. Alexander Wade, of Danbury, Conn., publishes in the *New England Medical Monthly* the details of two cases in which arsenauro was beneficially given. They are of interest from the unusual array of symptoms presented and their long standing and obstinate refusal to yield to any sort of treatment.

Waterhouse's Uterine Wafers.—Doctor, if you are treating menstrual or uterine troubles, in patients whom you cannot see regularly, prescribe the Waterhouse Uterine Wafers (St. Louis) in the intervals of calls. Any druggist can get them by mail, with full information.

Tongaline Tablets.—The Mellier Drug Co. announces that Tongaline is now offered to the profession in tablet form. This firm is placing three kinds of tablets on the market: Tongaline, Tongaline and Lithia, and Tongaline and Quinine tablets.

Elixir Six Iodides.—In chronic diseases of either the blood or nervous system, we have nothing yet to surpass the Walker-Green Co.'s Elixir of Six Iodides or Bromides.

Phytoline.—The medical profession throughout the world has long felt the need of a reliable remedy for treating obesity. Although there are medicines which will reduce flesh, there has been none until recently discovered which would absorb fatty tissues without serious after-effects. Since PHYTOLINE (prepared from the *Phytolacca* berries), has been introduced to the profession, it has filled this long-felt want, and physicians can now promise certain relief to their corpulent patients.

Antikamnia.—Antikamnia is extolled by Dr. August C. Bernays, of St. Louis, in the extreme nervousness following a grave surgical operation for occlusion of the œsophagus.

Pasteurine.—“I have used Pasteurine in a number of cases of throat and nose diseases and have found the greatest satisfaction from its use. In general practice about the sick room it fully accomplishes all that is claimed for it.”—Louis C. Boisliniere, Jr., M. D., St. Louis.

Torpid Stomach.—If the stomach of your patient is torpid and will not secrete enough gastric juice to digest his food, **then** give him two or more fluid drachms of **Seng** before each meal. **Seng** is the only remedy that will normally increase the flow of the digestive fluids.

Cheaper Antitoxine.—The Holekamp-Moore Instrument Co., of St. Louis, will furnish Antitoxine at the following prices: No. 1, \$1.50; No. 2, \$2.75; No. 3, \$3.75.

Dr. Gilbert C. Cottam, of Rock Rapids, Iowa, Feb. 12, 1895, says: An extended use of Campho Phenique (the liquid product), during my internship at the St. Louis Female Hospital, where it achieved surprising results in all cases of localized supponation, often caused me to wish that some form of powdered medicament, possessing the same virtues, could be devised. My wish has been gratified.

Immediately upon receipt of the sample of Campho Phenique Powder, I tested it upon the first septic case that presented itself. It happen to be a bad compound fracture of the radius, in which infection had taken place before I saw it. I used no other antiseptic than C. Ph. in powder which I applied thoroughly and freely after inigating the cavaties with plain water, sterilized by boiling. There was no use of either pulse or temperature, and at the end of the fourteenth day I removed the splint and dressings to find that a fine aseptic scab had formed in place of the former profuse suppuration.

PINE BLUFF, ARK., Dec. 4, 1894.

Alta Pharmacal Co, St Louis, Mo.:

DEAR SIRs: Your representative, Dr. Bond, called to see me two weeks ago, and left a sample bottle of your preparation, Melachol, requesting that I would use it when I could, and as I always give new preparations a fair trial when their formula commends them, as Melachol does, I began the use of it the next day on a case that I had had on hand for two weeks; which patient was first taken with Malaia hæmaturia (or swamp fever as it is commonly called) who was a farmers wife living twelve miles east of this city in what is known as the swamp or low land, but as her relatives lived here, she was brought here to me for treatment. I succeeded in breaking up the Malaria hæmaturia in three days and on the fourth day found her in such a fair condition for recovery that I dismissed the case as well, on the fifth and sixth days she was able to sit up, but the evening of the sixth, was taken with fever when I was ressumoned to call which I found to be a typical case of Typho Malarial fever, or what is generally called, slow fever. After using mercury and the various Malarial antidotes until I, as well as the patient, was becoming considerably worried, then was when your representative called and left the much needed Melachol that I told him I would use on this above stated case. As her bowels and liver was very sluggish and tongue badly coated, I directed that she be given a tablespoonful every four hours, until secretion of liver and bowels was thoroughly aroused, then to be given four times a day, a teaspoonful at a dose, which acted as a charm and did not have further need for Melachol and in fact very few other remedies of any sort, as my patient began to improve so rapidly after beginning on Melachol that I dismissed the case in a few days with the understanding, that they continue the use of Melachol, the successor of old Calomel I hope. Will not fail to prescribe it in the future where it is indicated.

To my brothers in the profession I heartily commend it.

Very respectfully

C. J. FLINN, M. D.

THE TRI-STATE MEDICAL JOURNAL

By JAMES MOORES BALL, M. D.

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Vol. II.

SAINT LOUIS, AUGUST, 1895,

No 8.

ORIGINAL ARTICLES.

SURGICAL KIDNEY—ITS SYMPTOMATOLOGY AND TREATMENT.*

By A. VANDER VEER, M. D.,

Professor of Didactic, Abdominal and Clinical Surgery, Albany Medical College, Albany, New York.

MR PRESIDENT, AND MEMBERS OF THE SOCIETY:

To arrange and classify the symptoms pertaining to a case of pyelitis, ascending pyelitis, interstitial or suppurative nephritis, terms that properly belong to the subject we have under discussion this evening, i. e., surgical kidney, is no easy task.

The study of these cases will bring to light a train of symptoms in which we frequently find that exposure to change of temperature was really the supposed beginning of the trouble; for instance, first a chill, then a temperature sometimes of 104° or 105° F., with a pulse running about 100,

* Being part of the discussion upon diseases of the kidney before the Medical Society of the County of Albany, May 8th, 1895.

dry skin, somewhat frequent desire to urinate, tongue coated brown, perhaps red, very dry, somewhat fissured; there is nausea, the patient presents an anxious expression of the face, there is a sallow look, and in a hasty diagnosis his physician thinks at first he has some hepatic lesion. These attacks last sometimes for a week or ten days, the patient either treating himself or being treated by his physician, not infrequently under the belief that it is a case of congestion of the liver, possibly a threatened attack of typhoid fever, or a condition of gastritis, especially when there is much sympathy between the stomach and kidneys. The patient improves, but in a short time has a return of his former symptoms, and now, perhaps for the first time, the urine is examined and pus discovered with epithelium and other evidences of pathological changes along the urinary tract. These symptoms are not infrequently repeated, and we learn that they are at times aggravated by certain lines of diet—a diet that is made up largely of phosphates, or where there is taken into the system an undue amount of vegetables, particularly in the form of asparagus, and we have deposited an excessive amount of urates, presenting a condition of uric acid deposit in the form of red sand, with large, irregularly shaped crystals, the oxalate of lime crystals, perhaps above all the hedge-hog crystals of urate of sodium, or an opposite condition in which there is an excessive amount of phosphates thrown off in the form of white sand.

These conditions will produce that form of irritation of the pelvis of the kidney which gives the patient a feeling of dull, aching sensation in the lumbar region, called by many physicians, and patients themselves, *lumbago*; a condition not serious, but aggravated by the habits of the patient, leading eventually to organic changes in the interstitial substance of the kidney, at times producing a suppurative form of nephritis, and we have brought about in this manner a damaged surgical kidney.

These conditions of diet, as is familiar to us all, lead in some instances to the formation of calculi, giving the patient his attacks of renal colic, or causing an irritation that produces an excessive secretion of mucous, or the throwing off of free epithelium from the pelvis of the kidney, forming, with the slight hemorrhage that may have taken place, of serum, a plug of mucous or clot of blood that gives the patient his attacks of renal colic—and let me say here from personal observation of cases, and from the literature of the subject, that the person who has once suffered from an attack of renal colic, whatever the cause may be, is to be classed among those who are in danger of suffering from interstitial nephritis or surgical kidney sooner or later, particularly if the attacks continue.

The development of surgical kidney, whatever may be its cause, brings with it a train of symptoms, such as a feeling of weakness of the lumbar, iliac or psoas muscles that incapacitates the patient for his physical exertion, such as he has enjoyed heretofore, and also developes a pain—let us

call it lumbago, if it seem proper—a pain that is somewhat more marked, a pain that must be respected and receive our attention.

Ordinarily we know that all the talk our patient brings us, of supposed disease of the kidney, and which he is positive is the condition causing all the pain he has in his back, we have reason to place little confidence in, but I must repeat that there is accompanied with the surgical kidney, and especially in cases where the causes that produce this pathological change in the kidney, and especially in cases where the causes that produce this pathological change in the kidney are external, and reach the kidney from without, through the urinary tract, this pain is an indication of great danger. Also we are to respect this element of pain, when on direct examination the patient complains as pressure is brought to bear upon the kidneys.

When we have, therefore, a chill, followed by a high temperature, thirst, dryness of the skin, nausea, vomiting, when we have associated with this some evident irritation along the urinary tract; when we have, on examination of the urine, the presence of pus, even ever so little, we have then a case for careful investigation.

Then the examination should be made very carefully and great attention given as to the possible source of the pus that is present—if possible it should be discovered.

The urinary tract should be carefully examined. If there be present the evidence of a diminished calibre of any portion external to the neck of the bladder, the possibility of this being a factor in causing the pus should be eliminated. If this portion of the urinary tract is free from any possible pathological change, then we should examine the bladder with great care. If we find that the pus and epithelium found is not to be traced directly to the bladder, then we should search carefully for any condition like that of ureteritis, and by careful study of the deposits under the microscope we will be able to tell whether the spheroidal form of epithelium is from this portion of the urinary tract or not; or if we find that there is present columnar epithelium from the pelvis of the kidney, we have great reason to treat our patient then with the utmost caution, and to impress upon him the importance of at once using every effort to restore the pelvis of the kidney and the kidney itself, to its normal condition.

In all cases the amount of pus present will have its bearing in regulating the quantity of albumin that may be found in the chemical examination.

Regarding casts: I have no doubt that in a lesser number of cases we have the presence of casts. At times they are not to be found because of the urine being too foul, from mixture with pus and other secretions, for their discovery, and that in many of these cases of surgical kidney they are not present, such as hyaline or granular cases.

The writer has observed in a number of cases that the urine varies greatly, and in severe cystitis presenting a discharge of mucous, pus, amor-

plus urates, ammoniacal salts, etc., possibly blood with the urine—there is caused an amount of irritation in passing urine greater than when we have a condition of rapid suppuration going on in the pelvis of the kidney. When the urine is acid quite an amount of pus may be passed from the pelvis of the kidney and the bladder not irritated by it if able to retain it for three or four hours, the ammoniacal decomposition of the urine does not take place at once, and possibly patients will go on presenting this condition that at first may lead us astray in our examination of symptoms, so that I have seldom erred in the diagnosis, when the patient gives me the history of passing a large quantity of pus with the urine, the urine remaining acid, with little if any evidence of cystitis present, in a frequent desire to urinate, etc., and when I have been able to exclude all possible connection of the bladder with an outside abscess, in calling the case one of suppurative pyelitis, bound, sooner or later, to give us the interstitial suppurative nephritis or surgical kidney.

These are the cases that it is very necessary, in the female, to make use of Kelley's method of exploration of both kidneys, to be absolutely sure which is at fault, also to examine the bladder carefully, in the male, with the cystoscope in order to learn more definitely, if possible, which is the diseased kidney, particularly if an operation is to be done upon either, or the urinary tract.

Perhaps there are symptoms that should demand more earnest attention from us in the examination of our cases than those having such lesions present as begin with urethritis, specific or non-specific—a traumatism it may be—a urethritis that leads to cystitis, then to ureteritis, finally pyelitis and lastly to suppurative, interstitial nephritis. Whenever we have a case of cystitis we should be particularly on our guard as to the possibility of the inflammation extending to the pelvis of the kidney, and the symptoms that are associated with, and traceable to the different chemical and microscopical examinations of the urine should not be overlooked.

The enlarged prostate, the conditions of reflex irritation that produce first functional disturbance of the bladder, and finally organic changes, such as hemorrhoids, fissures of the anus, ulcerations about the rectum, ischio-rectal abscesses, foreign bodies in the rectum, entozoa, in the female fibroid tumors, vesico-vaginal fistulæ, any of the uterine misplacements, prolapsed ovaries, any of the derangements of the pelvis that will produce an irritation of the bladder, are conditions we should not neglect, and which may give the evidence in symptoms, that not infrequently present, finally bringing us to a true realization that we have in connection with the lesion present a surgical kidney to deal with.

The surgical kidney is not always easy of diagnosis. The symptoms have not been so marked and distinct as to attract the serious attention of the patient, nor that of his physician in the illnesses for which he has been

treated, and which may have been outside of the genito-urinary tract, but suddenly, in consequence of some one of the previously-stated surgical lesions being present, an operation is done, for instance for hemorrhoids, by use of the ligature, or otherwise, or the patient has retention of urine due to an enlarged prostate, or a stricture of small calibre, or he has met with some traumatism. The greatest care may be exercised, the patient is put in an aseptic condition in every respect, the instruments are absolutely clean and free from any possible germ contamination, but a chill results, a high temperature, suppression of urine, and finally a very serious condition confronts us in a case that seemed at first so simple.

I maintain, and I think this is the consensus of opinion of all careful surgeons, and careful observers, that the very fact that this patient presents such a train of symptoms is an indication that there is present a damaged kidney. That now if the history of his case is carefully gone over, all the symptoms, to which I have just referred, have been indicated in this patient's condition sometime within the past year or years.

I think the serious symptoms that now present since the use of the instrument would not have occurred but for the fact that he was suffering from this condition of pyelitis, or interstitial, and possibly suppurative nephritis, and that the shock upon the sympathetic nerve centres, added to this condition of the kidney, caused all the alarming symptoms; that the conditions were latent, and only waited an exciting cause to produce the final explosion. The condition is as dangerous as any outside traumatism, that is, an accident external to the genito-urinary tract.

We know from experience the close connection of the urinary organs with the nervous system. Both the sympathetic and spinal systems provide the lower urinary organs abundantly with nerves, the sympathetic through the pelvic plexuses, then the cerebro-spinal system through the sacral branches, the latter joining the pelvic plexuses. Reflex irritation from either of these sources can be produced upon the kidney, as the nerve supply to this organ is very similar to that of the ureter, bladder, prostate and urethra. We find in a continuation of the hypogastric plexus the pelvic or inferior hypogastric plexuses, the former of the aortic plexus, this in turn connected with the semi-lunar ganglia the renal plexus springing from the outer side.

If, then, the local irritation, therefore, causes great nerve excitement, we can readily see what its effects through the sympathetic system will be. The heart and pulmonary circulation is reached through the cardiac and pulmonary plexuses, and syncope, epileptiform seizures, etc., are produced from this nerve explosion, as it were, upon the heart and cerebral circulation.

The whole abdominal visceral circulation being increased, easily explains the elevation of temperature and the corresponding sense of chilliness of the body. To return:

With each retention of urine, especially in cases of enlarged prostate, or stricture, there comes that ammoniacal condition indicating putrefaction or change, and with the symptoms that now develop there is present a state of increased temperature, a headache, but not of the sharp neuralgic kind, such as we get in other forms of kidney lesion, where there is threatened convulsions.

In these cases the patient exhibits no unusual anxiety, yet personally is concerned about himself. While there is no excitement, there is quite the contrary condition; he really makes some effort to attend to business, to continue his work, but he is dull and heavy, presenting that state of falling asleep easily, either in his carriage, while at work, or engaged in literary pursuits, such as writing or reading, takes his short naps, and in this way attracts the attention of his friends, creating marked alarm on the part of his family, etc. These patients present a degree of emaciation very noticeable. In some cases the emaciation goes on rapidly and we have another of the characteristic symptoms that are associated with a surgical kidney. These symptoms may present without any instrument having been used, there has been no catheterization up to the present time, there has been no surgical interference, no operation, no anæsthetic has been administered, but the patient is just as surely becoming possessed of the pathological condition, that has been so clearly described as one of the secondary affections of the kidney, i. e. a condition due to some obstruction of the outflow of urine, in addition to the decomposition of urine, to which we have referred, some reflex irritation, and now he has a true pyelitis, or a suppuration that is going on in the substance of the kidney. This suppuration may be exceedingly minute, but nevertheless destruction of the kidney will take place. Each exacerbation of the fever, with a return of all these marked symptoms, indicates a fresh inflammatory process going on in the substance of the kidney, and the pathological process is destructive to the remaining healthy portion of that organ. In other words, after each renewed attack, the healthy structure is lessened.

I have said that these characteristic symptoms are present in cases where no instrument has been used. The same condition of symptoms presents occasionally, and quite entirely unlooked for, within a few hours after some one of the operations we have done upon the genito-urinary tract; therefore, we have at times, been led of late, to make use of the term urethral fever, meaning by that a chill within a short time after an operation of this kind, followed by high temperature, perhaps reaching 104° or 105° F., followed by free perspiration, then total suppression of urine, and death, not infrequently, within twenty-four or thirty-six hours, the patient's mental condition remaining absolutely clear up to within a short time of the end.

Whenever these latter symptoms present, which I have just spoken of,

it is almost positive proof that the patient had a damaged kidney, and that it only required the reflex irritation for an explosion to take place. That while he may recover, as many do from attack of urethral fever, still he needs the careful, cautious, conservative treatment that such cases of interstitial nephritis, with suppuration, require. It is true that some of these attacks of urethral fever may be due to unclean instruments, and in which the microorganisms that are introduced produce that profound effect upon the reflex nerve centres, together with the actual suppurative condition, that will cause what we have mentioned above, equally as soon as the different elements that will produce the pathological changes that lead to a true case of surgical kidney.

Morris has truly said that the only difference in the symptoms between acute interstitial nephritis, without suppuration, and acute, interstitial nephritis, with suppuration, that is the surgical kidney, is in the higher fever, the more marked disturbance of the nervous system and the gradual rapidity with which the case proceeds towards a final termination when the disease assumes the suppurative character.

There are some marked symptoms that present in the study that deserve emphasis (that I have observed in my experience), and which have not, it seems to me, attracted the attention of all authors to the extent their seriousness demands. One of the first in the train of symptoms that leads to the diagnosis of surgical kidney is the interference with the vaso-motor nerve supply, presenting a condition of symptoms that the patient will describe (whether the lesion is due to causes from within the system, or obstruction to the outflow of urine, or of the product of inflammation along the urinary tract), yet this one sign the writer has invariably observed, and that is a coldness of the extremities. Not that the surface of the body is actually lessened in temperature, when the surface thermometer is made use of, but to the patient there comes that disagreeable feeling of want of clothing or insufficient covering. To illustrate: One particular patient, and this is only an indication of many other patients, felt it necessary to wear fully twice as much clothing, particularly about the lower extremities, as he had been accustomed to. That at night he found it very necessary to have such amount of clothing as produced actual insufferable weight to his wife, and that to himself he realized it was tiresome to carry about such an amount during the day, and to sleep under the same at night. This condition continued, only subsiding when at intervals his disease abated, and he was made more comfortable by the improvement that would take place in his kidney lesion.

In the train of symptoms one should not overlook the sharp line of demarcation that is to distinguish the surgical kidney from acute Bright's disease. The surgical kidney does not cause convulsions. It does not cause, usually, the general anasarca or œdema and we do not have the continued dry skin



ALBERT VANDER VEER, M.D., OF ALBANY, N. Y.

of Bright's, the premature old age that is often noticed in these cases. As stated, convulsions are absent in the surgical kidney, and therefore, we do not have the case presenting with continued coma, particularly for any length of time before death. However, the symptoms of uræmia that are often present in acute Bright's are not to be overlooked, especially in the fatal cases of surgical kidney, and the diagnosis is very difficult at times. We may have that group of symptoms, which have been so ably described in previous papers, that show a condition of uræmia, and yet the actual true state of suppurative nephritis has not been recognized, particularly in rapid cases, until the

autopsy. It is sometimes a difficult problem to make the differential diagnosis between a case of true surgical kidney, and that of sapræmia, or chronic septicæmia, or what used to be called urinary fever of a typhoid type. Even typhoid fever, its history and course, must be taken into consideration. The term pyæmia, as once understood, has been made use of to cover a case of interstitial suppurative nephritis. Acute congestions of other structures, such as intermittent fever, have been mistaken for surgical kidney.

Finally, it must be remembered that the surgical kidney not infrequently presents its train of chronic symptoms, and the conditions to which the writer has referred may be present from time to time, giving the case a prolonged existence.

TREATMENT: It is here we come at once upon a plane that gives clearly and unmistakably the evidence of surgical kidney being a misnomer. As Sir Henry Thompson has so well said, "Why surgical kidney indeed? Certainly in one sense only, namely, that it is for want of surgical aid that the organs have come to the state in which they are. If that aid were rendered early in the history, whether it be stricture or stone, no such condition would ever arise." Morris replies, "This refutation is no less incisive than true; yet it must be admitted, and that, too, in further refutation of the term surgical kidney, that the disease will sometimes arise from causes

beyond the control of the surgeon, and even in spite of the use of the catheter and irrigation of the bladder.”

Therefore, when once the history of the case, the symptoms, the physical examination of the urine determines that we have a case of surgical kidney, whether an operation is in view or not, the line of treatment is plainly one that, while it may not abort the onward progress of the disease, certainly will be of great service to the patient in relieving him of his exacerbation of fever, with or without chills, arrest emaciation, and prolong life. A fair percentage of cases results in recovery.

The first and important condition to consider in the line of treatment is the surroundings of the patient. He should be relieved from sudden atmospheric changes.

AS TO THE CARE OF THE PERSON: These patients should be placed with cases of chronic Bright's, and the surface of the body kept uniformly warm; proper clothing should be worn in proper season; undue perspiration should be avoided, and cleanliness is of great importance; the sweat glands should be kept in good condition, yet, at the same time, patients should not use in excess Turkish or other baths, neither should they indulge too freely in alcohol baths. Warm clothing next to the skin is desirable, keeping the feet well clad, in every way paying the best attention to all sanitary surroundings.

Then the condition of the bowels should be carefully noted, and whenever constipation is present it should be relieved. If the patient is at all plethoric, of full habit, salines are of great service; if the contrary, then some such preparation as the cascara sagrada, with or without ergot, also the compound liquorice powder, the use of rectal enemas, in some instances glycerine or laxative suppositories, are proper, the bowels to be kept moving once or twice in twenty-four hours. Intestinal indigestion should be carefully looked after, especially when accompanied with flatulence. The internal administration of ichthyol, sub-gallate of bismuth, preparations of charcoal, and where there is an evident atony of the muscular fibres of the viscera, either nux vomica or strychnia is of service.

The portal circulation should be watched carefully, and occasional doses of blue mass, calomel, hydragogue cathartics, taraxacum and podophyllin are of service. One must not expect too much from remedies that are supposed to have direct action upon the secretory function of the kidney. All conditions that produce any interference with the outflow of urine from the bladder, all conditions that produce irritation or inflammation of the bladder, all conditions such as pressure upon the ureters from abdominal tumors, or the lodgement of renal calculi, all conditions that present with evidences of renal calculi in the pelvis of the kidney not being passed, conditions of pain and soreness to the point of spasms, or, as sometimes called neuralgia of the lumbar and renal regions, everything of this

description must receive proper attention and be remedied in order that the kidney is no longer embarrassed by such surroundings; yet it is in the relief of such surgical lesions that we sometimes thrust upon the kidney reflex irritation and a final, sad termination is brought to our patient, that is death. Therefore, we have the lesson taught us again and again that all lesions, however slight, of the genito-urinary tract should not be neglected, but receive early and prompt treatment.

All occupations, such as working in turpentine, the too free use of certain drugs, such as copaiba, chlorate of potassa, and other like remedies should be eliminated when treatment is being considered.

DIET IS OF GREAT IMPORTANCE. The writer is strongly impressed with the necessity in these cases of surgical kidney, when once the diagnosis has been established, of paying strict attention to diet. I believe firmly in the value of milk, especially if there be a lesion such as cystitis, ureteritis, or pyelitis in connection with the suppurative form of nephritis. Patients should be warned to not partake too freely of starchy foods, or of asparagus, or to eat in excess of any food that is likely to throw undue work upon the kidneys in the carrying off of detritus, such as urates, phosphates, and like material. Uncooked vegetables and excessive use of beef or pork should be avoided.

A mixed diet is of importance. Patients should be allowed to drink freely of liquids, possibly some form of lithiated water, or use citrate of lithium in solution with any water, especially soft water, the object being to wash out thoroughly the urinary tract from above. The patient should not over-indulge in the use of alcoholic or malt liquors.

If a large quantity of urine is being secreted, liquids, particularly any that tend to a diuretic effect, should be taken very carefully, but where the urine is not passed in large quantities, and much mucous is present, drinking freely of an infusion of *triticum ripens*, or of mucilaginous teas is of service. Undoubtedly waters from the pure springs such as Poland or Bethesda, the latter when phosphates are present, or lithiated waters, when there is present an excess of urates and uric acid are of great service. The patient must be allowed to drink sufficiently of liquids to relieve thirst. In all cases where the patient has the marked symptoms of chill, increased temperature, fever, etc., absolute confinement to bed and to one room, an even temperature should be enforced, if possible.

As to medicines there can be no question that in these cases, whether we are to do an operation or not, the cleansing of the urinary tract, particularly washing out of the bladder with medicated hot solutions, internally the administration of quinine, the tincture of chloride of iron, the use of heart tonics, such as *digitalis*, *strophanthus*, or nitro-glycerine, at times, and especially if there be a threatened suppression of urine, diuretin, with external applications of heat to the lumbar region, sometimes cupping,

sometimes the use of mustard poultices, or giving of aconite and digitalis. In the stage of fever, the use of opium where the pain is great and excessive, every effort to keep the urine in a normal, acid condition, the internal administration in cases where the urine is very foul and offensive, of salol, boric acid, hydro-naphthol; such remedies as will produce a healthy, aseptic condition of the urinary tract with others that may present themselves from time to time, are not to be lost sight of.

Finally as to the direct surgical treatment of the surgical kidney. Unquestionably in such cases as where only one kidney is affected, where the disease is entirely confined to one side, an operation for removal of the diseased organ is undoubtedly justifiable. Great care should be exercised, however, in making the diagnosis, to know that the other kidney is in good condition, and that there is really a second kidney.

As is true in all cases of disturbance of the kidney one should be exceedingly careful in the selections of anæsthetics. While one may be reluctant to give up so good a friend as ether, still in these cases the use of chloroform is gradually establishing itself as the safest anæsthetic.

PERINEO-PLASTY AND TRACHELORRAPHY.

BY W. H. MAYFIELD, M. D., of St. Louis.

Surgeon-in-Chief Missouri Baptist Sanitarium.

I HAVE blended the above subjects because they are found so often in the same patient and should be operated upon at the same time. I am not certain that my custom of doing the two operations at the same time on the same patient will meet with favor, yet clinical results give abundant evidence that much time is saved to the patient, and that no special danger to her life or undue suffering is entailed.

Lacerations of the cervix uteri are so frequent and so easily repaired when first done that I will not waste time to dwell at any length upon Trachelorrhaphy.

The most common forms of uterine lacerations are uni-lateral and bi-lateral. Frequently stellated tears are met with. They vary in depth, both transversely and longitudinally. Immediate repair should be made by bringing the torn parts together with chromicized catgut, taking due precautions to procure asepsis. Two or three assistants should be called. Two volsellæ, two retractors, Hagedorn needle and holder, Kelly pad, or an improvised water-proof sheet, complete the necessary paraphernalia. Drawing the patient on the edge of the bed or table, her legs are supported on the shoulders of two assistants, with one person competent to administer the anæsthetic, thus completing the necessary arrangements for the immediate operations.

After the sutures are taken the hemorrhage due to laceration ceases and uterine contractions begin. The vagina is dried and filled with iodoform gauze.

Then the physician is prepared to attend to the perineal tear, which, in the great majority of cases, will be found if the vagina is thoroughly cleansed and dried.

I cannot urge too strongly the importance of performing the perineorrhaphy, from the slightest tear of the fourchette to the most extensive rents of the spincter ani and recto-vaginal septum.

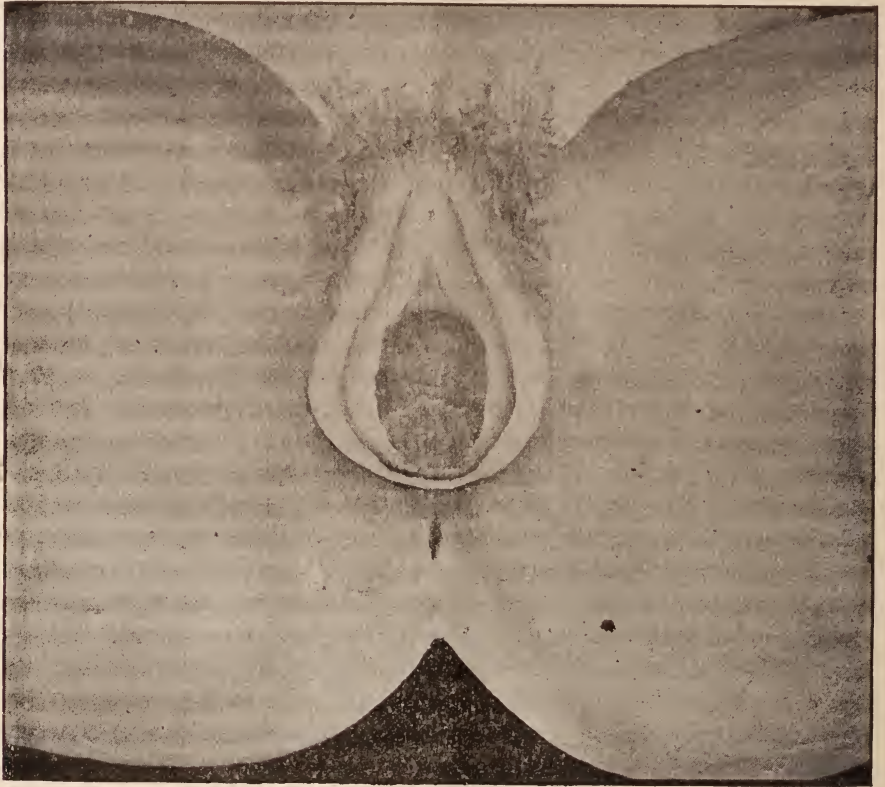


FIGURE 1.

Cut number one represents a slight perineal laceration with expansion of the floor of the vagina, causing slight rectocele, the extent of the tear being clearly shown by the cicatrix.

It is well to call attention to the not infrequent instances of subcutaneous rupture of the muscular tissue and fascia of the perineum, relaxing and widening the pelvic floor, thus destroying the perineal support while the skin and mucous surfaces show no tear at all. Such so-called concealed ruptures should be brought together by two to four-inch-deep perineal stitches. The repair of the ruptured perineum immediately after the accident is comparatively easy; but, alas, it is too often allowed to go unnoticed

for months and years, until development of nervous phenomena drives the patient from home for relief.

The rules for doing perineorrhaphy are practically the same as those for perineo-plasty after denudation.

Of the 331 cases I have operated upon, 195 were lacerations of perineum of the first degree, i. e., down to the sphincter, but not involving it; 99 were of the second degree, i. e., ruptured through the sphincter ani; 37



FIGURE 2.

Cut number two represents a complete laceration with rectocele, cystocele and urethrocele, the Septum between bowel and vagina being severed.

were of the third degree, i. e. ruptured through the sphincter ani and recto-vaginal septum. Symptoms in many cases of the first degree are prolapsus of vagina with rectocele or cystocele, or both; symptoms of second degree are sub-involution of vagina, prolapsus uteri, cystocele and rectocele; general debility of system in most prolonged cases; third degree, prolapsus of rectum, with incontinence of feces and intestinal gases. Prolapsus of uterus, endometritis and endocervicitis, pelvic pain and traction upon the broad ligaments, most common in third degree.

Sequelæ of perineal lacerations are almost innumerable and are constantly multiplying until after the change of life. Some are quite remote, and are often overlooked or not attributed to the rupture.

I have found many cases suffering from globus hystericus, and from general nervousness; some from hystero-epilepsy. Every practitioner knows without statistics that the aggravated sufferings, mental and physical, of the unfortunate woman who is dragging away her life with prolapsus

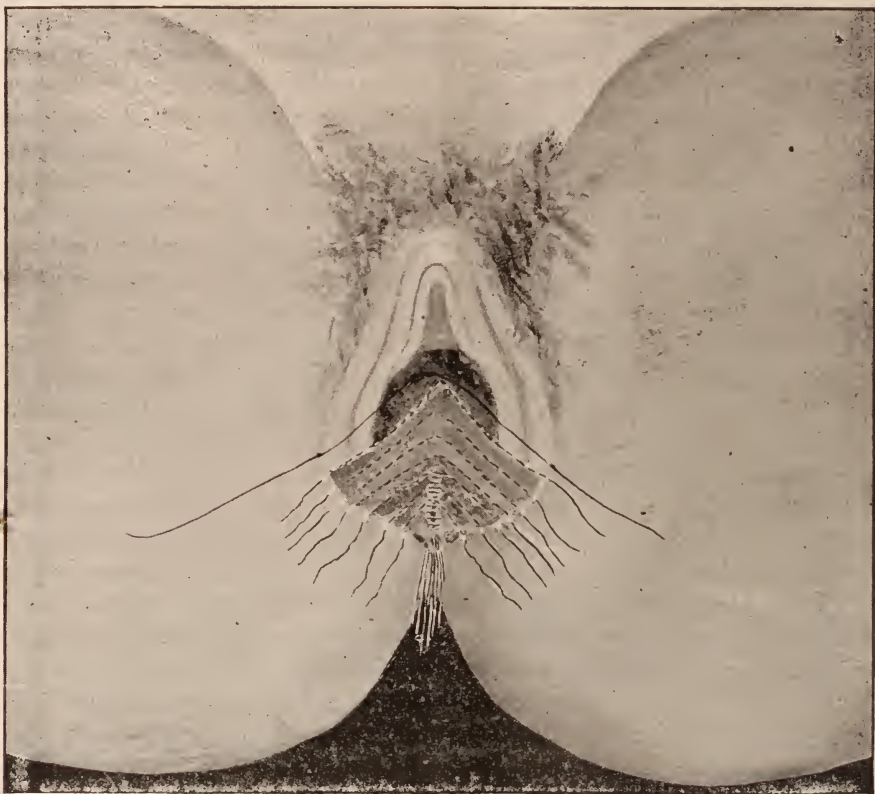


FIGURE 3.

Cut number three represents the operation for cases like number two, the stitches in the manner described in this paper, and left in the newly closed rectum, while the seven perineal stitch lines represent the silk worm gut stitches which are passed around the field of denudation from left to right, all, however, being out of sight, from side to side, while the single dark line represents the great primary suture of medium sized Chinese braid silk which is passed above posterior to the entire field of denudation. The tying of this single stitch carries the operation to the stage shown in cut number six.

of vagina or uterus, sub-involution and inability to retain fecal matter and flatus. But many with small tears suffer greatly from lost physiological function of vagina.

The operation of Perineorrhaphy and Perineo-Plasty is nearly a hundred years old. We can point with pride to the work of Dieffenbach and Langenbeck, Brown and Savage, Sims, Emmett, Tait, and others, for the

advances in gynecological surgery, for the benefit of the unappreciated sufferers from perineal lacerations. It is somewhat strange, however, in this enlightened period of surgery, that so little is said of the functional derangement of the genital organs, and the consequent physiological influences brought upon the patient. It is a common song to hear of the opposition to ovariectomy, even though performed for an otherwise incurable disease,



FIGURE 4.

Cut number four represents an ordinary perineal laceration down to the bowel, but not through it, and the operation of denudation begun, the principal part of which is accomplished by four movements of the scissors. First, one deep incision through the right pillars of the outer vagina, cutting entirely the circular muscular fibres. Second, a similar cut on the opposite side, likewise dividing the sphincter muscles, labium majoris and minoris and fouchette.

Third and fourth represent incisions diverging from the lower aspect of the injury towards the outer ends of incisions one and two. The denudation is completed by clipping away every fibre of cicatricial tissue circumscribed by the the incisions.

because the woman is thereby unsexed. Yet who raises his voice for the thousands of women, the functions of whose vaginas are so completely destroyed that the conjugal relations are rendered loathsome, and if the woman is at all eccentric, or her husband, she is driven into madness, and frequently to the insane asylum.

The technique of my operation is as follows:

Dissecting away the scar tissues and making a lateral incision parallel with the line of the uterus, the flaps were obtained and united over a rubber catheter which was retained in situ six days. The dressing consisted in packing the vagina with iodoform gauze. The wound is re-dressed on the fourth day, cyst and wound washed out with 1-5000 sol. corrosive sublimate, and repeated every morning, or every other morning as the case required, and repacked with the gauze.

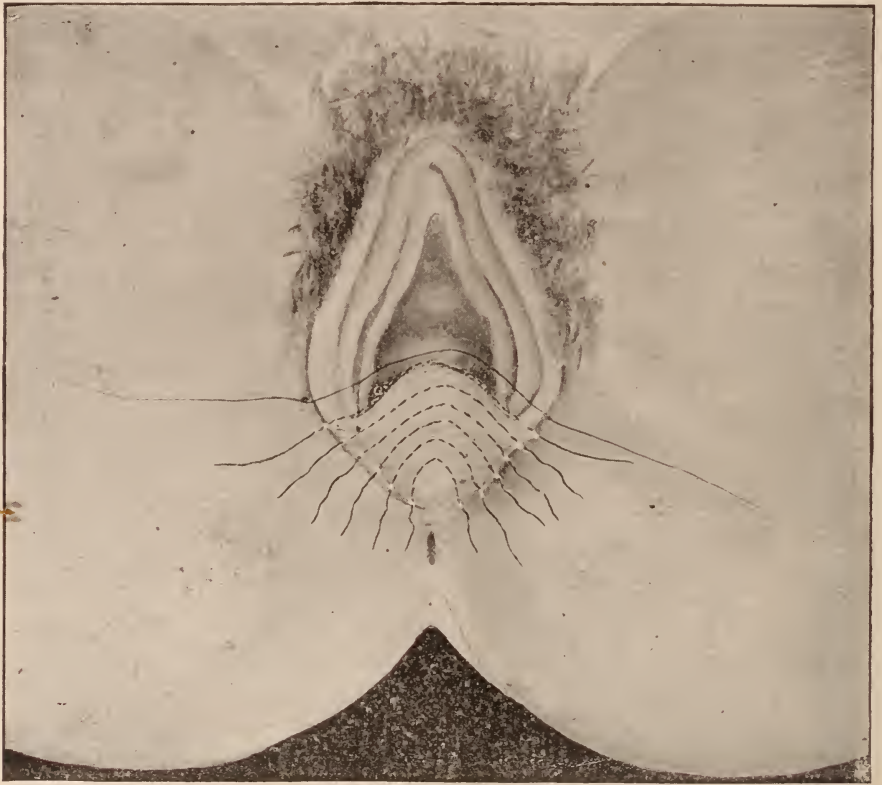


FIGURE 5.

Cut five represents the operation ready for closing with sutures, the upper dark line representing the great primary stitch as described heretofore.

Stitches were removed on the ninth day, under an anæsthetic, and though the wound had granulated nicely, there was still a slight opening through which a small amount of urine was excreted.

In four weeks from the time of operation, the patient, in a fairly good condition, returned to her home to wait a few months for new tissue to generate for use in the next operation. April 16th, 1895, she came to the Sanitarium for the second operation, which was performed on the 21st. The flaps were obtained in about the same way as before, and united, as pre-

viously, and dressed. The next step was Trachelorrhaphy, which consisted in cutting with Skene's duck-bill scissors the scar tissue which had joined in the bi-lateral lacerations of the cervix and stitching together the lips with strong catgut ligature. The next procedure was to suture the rectal tear and perform colpoperineoplasty, which was performed in the following manner:

With my left index digital in the rectum and the scissors in my right

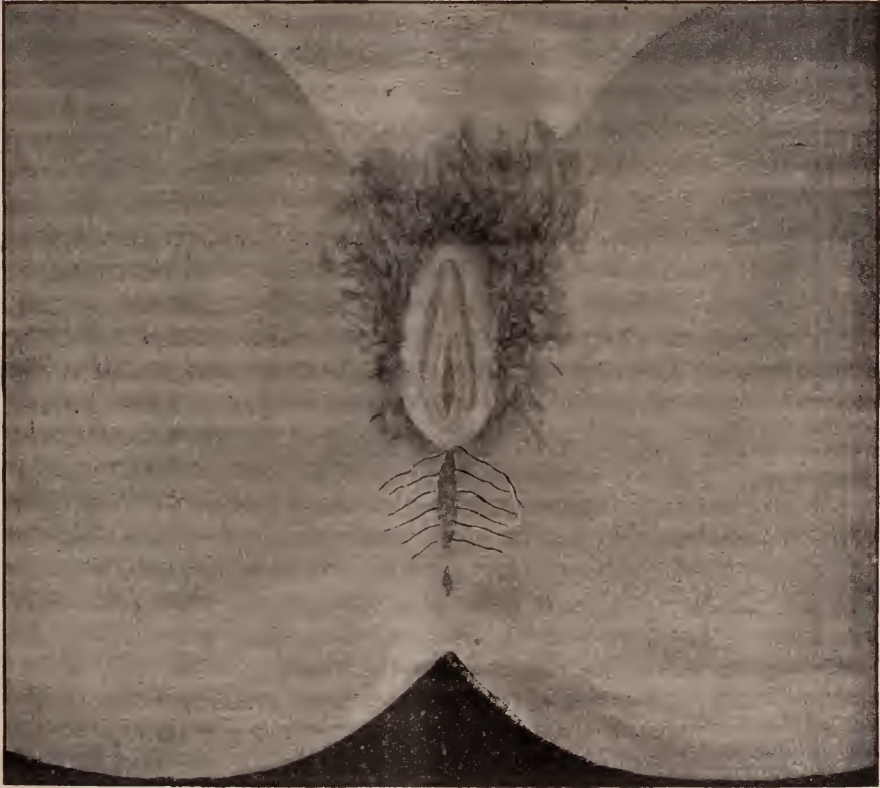


FIGURE 6.

Cut number six represents the field of denudation brought together by tying the great primary showing how much is accomplished by this one thread.

The operation is completed by knotting the silk worm gut sutures, cleansing and drying the parts and dropping over the wound twenty or thirty drops of elastic iodoformized collodium. This dressing hermetically closes the wound and ordinarily will remain so for eight or nine days, when the stiches are removed and perfect union is almost always obtained.

hand, I make a deep incision from $\frac{1}{4}$ inch to $\frac{3}{4}$ inch, entirely through the labium major on both sides, cutting entirely through the vaginal tissues, then from one incision to the other a superficial incision is made upon the posterior vaginal wall as far up as the cicatricial tissue extends—then denude the surface of *all* the scar tissue, posterior to the rectum.

To close the rectal tear I use a short curved needle armed with catgut,

and as Emmet suggests, put in the sphincter stitches and bring together the denuded ends of the torn muscle, knotting each stitch as I go from above down.

The threads are drawn into the rectum and tied and left unclipped hanging out of the anus. This gives a fresh wound in the shape of a diamond with the obtuse angles at the lateral incisions.

Over this area a stream of sterilized water plays while with a long curved needle armed with strong braided silk, I take the great primary

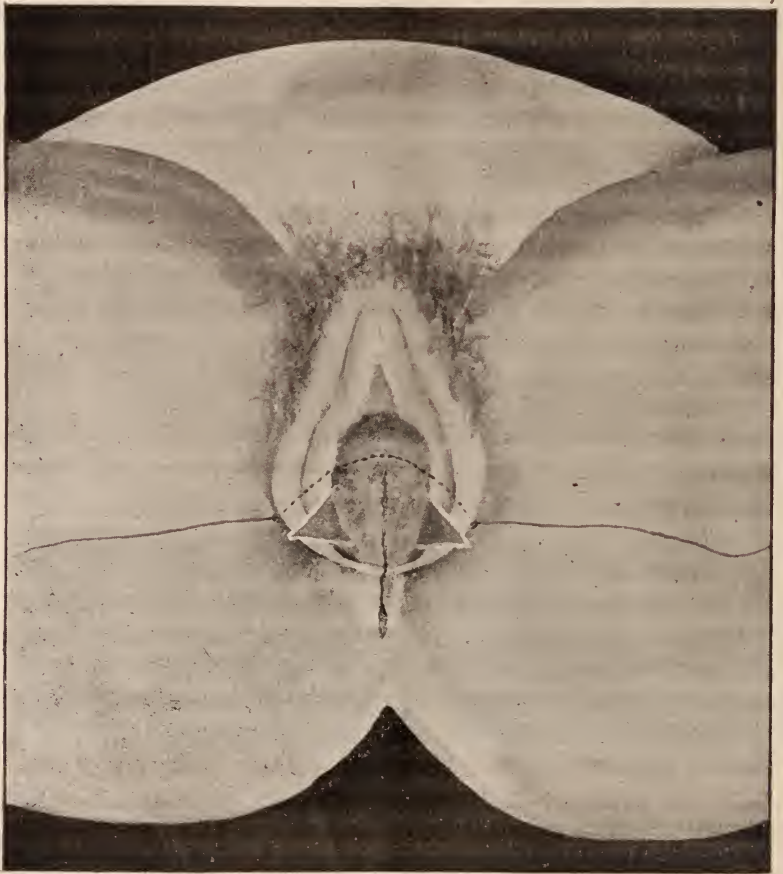


FIGURE 7.

stitch, upon which has hung the success of this operation in 331 cases—introducing the needle at the left incision $\frac{1}{4}$ inch external to the periphery of the wound, I circumscribe the superior boundary, bringing the needle out at a point opposite its entrance. My assistant holding the ends of the thread well up, the other stitches, which are of silkworm gut, are introduced, then bringing the edges of the whole area into perfect apposition,

the threads are tied, beginning with the primary. For dressing, collodium is applied.

On the ninth day the patient is brought to the office and the stitches are removed, exposing a result of perfect union of all the parts. The advantages of this operation over those of Tait, Emmet, Bergmann and others are summed up as follows:

1st. It does away with *all* cicatricial tissue, which I believe to be the cause of a second laceration, and of much harm to the perineal function.

2d. It renders unnecessary the adduction of the limbs, and the three to six weeks nursing usually demanded is reduced to two weeks only in bed.

3d. It requires abduction of the thighs, which gives the patient ease and comfort while in bed and prevents the accumulation of filth about the wound.

4th. It enables me to dress the wound immediately after the operation with elastic iodoformized collodium, rendering unnecessary any subsequent dressing until the ninth day, when the stitches are removed and the wound found perfectly united.

5th. It dispenses with shaving the parts, as the collodium holds more perfectly.

912 TAYLOR AVENUE.

REPORT OF A CASE OF DIPHTHERIA TREATED BY BEHRING'S SERUM.

BY ROLAND HILL, M. D., C. M., M. C. P. S., ONT., OF ST. LOUIS.

AT this time when the question of serum therapy is creating so much discussion, the following report of a case of diphtheria treated by antitoxin may be of interest:

Irene P—, white, aet. 7 years, was taken with sore throat on the evening of July 22d. On the morning of the 23d, I was called to see the case, and found small patches on each tonsil, with elevated temperature (102°), an accelerated pulse, and malaise to a moderate degree.

The case seemed, at that time, to be one of tonsillitis; but as there were other children in the same family the patient was isolated in the third story of the house.

This proved to be a wise precaution for by evening the patches on the tonsils had coalesced, and the glands at the angles of the jaw were enlarging rapidly. The deposits were of a dirty grey color, adherent, and the parts around were deeply congested.

The following morning, July 24th, it was found that the membrane had become much more extensive, spreading over the fauces and pharynx, and had the characteristic odor of these cases.

The glands at angles of the jaw were much larger than in the evening before. The mind was blunted in sensibility, and by noon the child was in a state from which she could be aroused with difficulty, and would answer questions in monosyllables only.

At one o'clock she was given an injection, in the thigh, of Behring's antitoxin (white label), the second strength. This was given with an ordinary aspirating syringe and the amount of the remedy used was 6.6 c. c.*

Up to this time the patient had been growing gradually worse, and was showing the grave effects of diphtheria poison.

By six o'clock that evening there was a marked change for the better. This change was not noticeable in the membrane or temperature, but in the least heat and a very decided improvement in the nervous symptoms.

At night another injection of antitoxin of the same same strength was given, the amount used being 5 c. c.

July 24th. Patient was very perceptibly better than on the previous day, and the membrane showed a tendency to loosen at the edges.

Just after noon she was given another injection of antitoxin of the same size and strength as on the previous day; and at night a dose corresponding to that given the night before. During the night a large, thick piece of the membrane came off; but a lighter and very much smaller deposit formed in its place.

July 25th. Patient better than on previous day. In the afternoon she was given an injection of the strongest serum, approximately, 5.5 c. c., as serum of the strength we had been using could not be obtained. The membrane was much less.

July 26th. In the morning gave another injection of strongest serum (5 c. c.) She had improved very much.

Only a small deposit remained on the right side. Glandular enlargement was much less, and another injection of antitoxin was not deemed necessary.

A very small trace of membrane remained until the 31st.

No ill effects, of consequence, followed the use of the serum.

There were, however, some transient pains in the joints, and a slight cutaneous eruption, which soon disappeared.

In regard to the other treatment of the case: it consisted in spraying the throat every half hour from the first with Hydrogen Peroxide sol. (Marchand's) diluted with an equal quantity of water.

All internal medicines were promptly rejected by the stomach, and had to be discontinued, with the exception of stimulants.

Whiskey was administered freely and at intervals of one hour, after the second injection.

In conclusion it may be said that this was a case of diphtheria of a

*Holekamp-Moore Instrument Co., distributing agents.

severe type, that grew rapidly worse and would, in my judgment, have terminated fatally.

Improvement of a decided character was noticed within a few hours after the first dose of antitoxin, and a good deal of the membrane came away inside of 48 hours.

Some of the ordinary methods were employed from the start in addition to the antitoxin, but had proved valueless or nearly so until the serum had been used.

DISASTROUS RESULTS FOLLOWING WHITEHEAD'S OPERATION FOR PILES, AND THE SO-CALLED "AMERICAN OPERATION."*

By EDMUND ANDREWS, A. M., M. D., LL. D.

Professor of Clinical Surgery in the Chicago Medical College.

TEN years ago, Mr. Whitehead, a surgeon of Manchester, England, conceived the idea of treating hæmorrhoids by a new method. He simply dissected and cut off the whole lower inch of the mucous membrane of the rectum, with all the piles and hemorrhoidal veins, arteries, nerves and connective tissue attached to them.

Figure 1. will explain the plan.

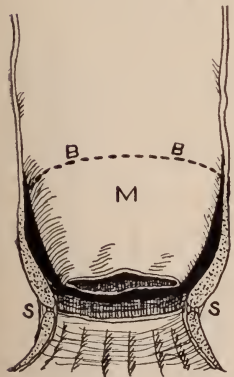


Fig. 1.

S. S.--The lower circular incision along Hilton's white line.

M.--Tube of mucous membrane dissected loose from the sphincter.

B. B.--Dotted line showing the place for the upper circular incision.

Mr. Whitehead, after clearing out and trying to disinfect the rectum, commences by a circular incision following "Hilton's white line," that is to say the junction of the skin and mucous membrane along the verge of the anus, S. S. Then he dissects up the mucous membrane with the attached piles, hemorrhoidal veins, arteries, nerves and connective tissue, thus stripping bare the tube of the intestinal sphincter as high as the piles extend—generally about an inch, so that the dissected parts hang loose in the anus like a cuff of bloody tissue. The cuff is then cut off above the level of the piles along the line B. B. and taken away, and the arteries ligated as fast as divided. The mucous membrane is then drawn down and stitched to the cut edge of the skin, hoping for a union by first intention. This hope, however, frequently fails in which case the stitches give way, the membrane draws up into the rectum and a tubular or annular ulcer results, which contracts in healing and causes stricture.

* Read before the Mitchell District Medical Society, at West Baden, Ind., July 5, 1895.

Certain persons, calling themselves "Orificial Surgeons," have slightly changed the order of procedure by pulling down the mucous membrane and making the upper incision first, and the lower one last. For this slight variation they have invented the pompous title of the "American Operation." The final effect is the same in both, and, as the hemorrhoidal vessels are all gone the patient is permanently cured, since there is nothing left of which piles can be made in the future, just as a patient who has had both his jaws excised will never have any more trouble with his teeth, or if his foot is amputated he will never have any more corns on his toes. A description of the peculiar mechanism and the important functions of the mucous membrane and subcutaneous tissues of the rectum will show that we are not dealing with a simple smooth mechanical tube but with a highly specialized organ which cannot be dissected out and destroyed, as is done in a thorough Whitehead's operation, without doing great and irreparable mischief to the patient.

As above stated the mucous membrane of the lower inch of the rectum has a peculiar mechanism constituting it a tactile organ which is the seat of a very acute special sense, by which a healthy person is warned of the presence and downward progress of the fecal mass. Its nerves also possess remarkable reflex powers over the sphincter muscles, so that they resist the sudden and unexpected escape of feces and flatus without the necessity of a constant mental attention and exertion of the will.

A brief description of the anatomy of the parts will make clear what I have to say of the operation in question.

Figure 2. is a longitudinal section of the rectum. D. D. is the internal sphincter; E. E. is the external sphincter; M. is the mucous surface lining the cavity; H. H. is a band, or series of little perpendicular projections or ridges, each about a centimeter long. They are called the columns of Morgagni and they are the seat of part of the special tactile sense of the rectum. The grooves between the columns terminate below in little pouches called *sacculi Horneri*, from the old anatomist, *Horner*, who first described them. The grooves and pouches contain a reserve of tenacious mucus intended to lubricate the descending mass of feces. The "Orificial Surgeons" have claimed these natural pouches as a new discovery and call them "lesions," which possess a horrible reflex power, causing almost all the diseases of the body, "from the brain to the muscles." They cure them by the "American Operation," or sometimes by merely splitting them down on a blunt hook.

Just below the columns of Morgagni are about eight small papillæ surrounding the rectum just above the verge of the anus. Each one has an

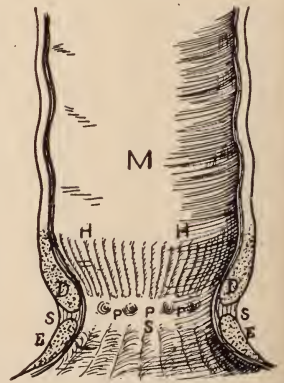


Fig. 2.

- M.--Mucous membrane above the sphincters.
- H. H.--Columns of Morgagni.
- D. D.--Internal sphincter.
- E. E.--External sphincter.
- S. S. S.--Line of junction of the internal and external sphincters. Also called Hilton's white line, or the junction of the mucous membrane with the skin.

artery and a nerve, and under its base is a little ganglionic enlargement of the nerve. They are important tactile organs connected with the special rectal sense.

S. S. S.—The junction of the mucous membrane with the skin is called Hilton's white line, though it is not often distinctly white. It marks the lower line of incision in Whitehead's Operation, and is the line or ring of connective tissue separating the external from the internal sphincter.

I have entered into a very extended correspondence with eminent men both in Europe and America to gather facts as to the results of the Whitehead Operation, and the "American Operation," which as before stated is essentially the same thing. The following table gives a summary of the disasters reported to me:

TABLE.

Loss of the special sense by which the patient should be warned of a coming evacuation and enabled to prepare for it	8 cases.
Incontinence of flatus and feces	27 "
Paralysis of the sphincter	4 "
Chronic inflammation of the rectum	1 "
Failure of union of the wounds by first intention, with retraction of the edge of the wound, forming a contracting tubular ulcer with stricture	9 "
Other ulcers	2 "
Irritable and painful anus	12 "
Neuralgia of the pelvis and inferior extremities	2 "
General neurasthenia	1 "
Fatal peritonitis	1 "
Fatal septic complications	1 "
Non-fatal septic results	6 "
Fistula in ano	1 "
Cases reported as having bad results without accurate description	126 "
Total	201 "

The first item in this table is the loss of the special sense warning the patient of a descent of feces and an approaching evacuation. This is a remarkable condition not described by any author. The reason of the disaster is this: Whitehead's operation, if thoroughly performed, has swept away the whole tactile mechanism of the rectum, and has brought down from above a covering of mucous membrane naturally almost devoid of nerves of sensation, and therefore of nearly all tactile special sense. Hence

the patient in many cases gets no warning of a coming evacuation of the bowels, until he feels it in his clothing. However, this membrane like the peritoneum, and the small intestines may acquire a very painful sensibility if it becomes inflamed. Now the patient gets a sort of painful warning, enabling him to rush to the closet in time to save his clothing. If the upper incision is made pretty low down, preserving some tactile membrane, the mischief is much less.

Another evil of destroying the tactile and reflex mechanism is that the involuntary reflex action of the sphincters is ruined, and when feces are found descending, the patient can only retain them by a constant effort of attention and of will power, which is very annoying and cannot be kept up for a great length of time.

One common accident is the failure of the effort at union by first intention. In this case the stitches give way, the mucous membrane which had been pulled down by force draws up again and leaves the anus and lower rectum occupied by a tubular granulating ulcer around the whole circumference. This contracts in healing and produces stricture, which has resulted in numerous instances.

Another class of accidents very common consist of those which are included under the general name septicism. Operations which by ligature or by actual or potential cautery close or sear the wounded parts are measurably free from this risk, but those which make extensive incisions have no such safety.

The risk from this source in Whitehead's method is not very great but it is something.

There are a number of thoughtless though reputable authors who talk in a glib way of rendering the rectum perfectly aseptic during an operation by tamponning its upper portion and scrubbing and disinfecting the surface of the mucous membrane below the plug. Something can be done in this way, but only imperfectly. The rectal mucous membrane is not like a surface of polished glass which can be perfectly cleansed by mechanical and chemical appliances; on the contrary it is a spongy, honey-combed structure containing several millions of glandular cavities, all opening into the septic channel of the organ, and accessible to all sorts of germs. Five hours of douching and scrubbing would scarcely accomplish complete disinfection of the cells, hence all incisions in it are made through infected territory.

The impossibility of any such complete disinfection of the tissue as certain careless writers allege is obvious. Still, partial purification can be accomplished by much diligence, and efforts for it should be thoroughly made, but let no man deceive himself by trusting to it as perfect and complete. Hence those operations which close up the wounds in the loose subcutaneous connective tissue by ligature, by clamp and cautery, or by

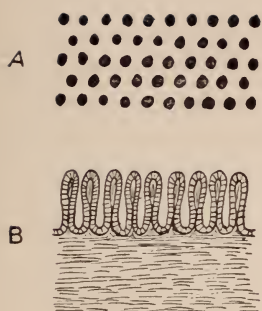


Fig. 3.

DIAGRAM OF RECTAL MUCOUS GLANDS.

A.--The section of the surface of the mucous membrane, showing the position of the orifice of the glands.

B.--Section of the membrane showing the follicles cut through lengthwise.

means of chromic acid or other caustics, are safer than the great wound of Whitehead's operation, which is slowly made, slowly closed by sutures, and cannot be cauterized.

Twenty-seven cases in the table had incontinence of flatus, mucus, or feces. Many of these are due to paralysis of the sphincter from destruction of the nerve supply.

There is reason to think that some operators have got confused by the flow of blood and have taken out the internal sphincter with the mucous membrane. This gross error can, of course, be avoided by an educated man, but the most of the disasters reported to me might happen to any one. I do not agree with those few distinguished gentlemen who have boldly asserted that all the evil results are due to bad operating.

I have corresponded with a large number of eminent surgeons, both in Europe and this country, to ascertain the general opinion as to this operation.

Prof. Mansell Moullin, of London, the author of "Moullin's Surgery," writes me that Whitehead's operation is not often performed in London, and that there is a prevalent opinion that stricture is liable to follow it. He thinks its usefulness is restricted to a few selected cases.

Mr. Allingham, of London, thinks the Whitehead only adapted to a few cases with varices all around the rectum. For the great majority of patients he thinks ligature is the best of all operations. Smith, of London, always preferred the clamp and cautery to any other plan.

Mr. Reginald Harrison, a well-known surgeon in London, dislikes the operation. He prefers the clamp and cautery.

The surgeons in Berlin rarely perform it, generally preferring the clamp and cautery. Prof. Esmarch, of Kiel, the inventor of Esmarch's bandage, never uses the Whitehead method. He seizes the pile with forceps, cuts it off, ligates any spurting vessels and closes the wound with catgut.

Prof. Koenig, of Goettingen, never performs it. He writes me that he always applies the thermo-cautery, and gets his patient back to business in eight or ten days.

The surgeons in Vienna prefer the clamp and cautery in most cases.

I am unable to learn of any surgeon in France preferring the Whitehead. Verneuil and Fontan are much in favor of treating piles by dilation alone, without any incision, ligature or cautery, and many other French surgeons follow their example.

Prof. Marcy, of Boston, favors the operation, and has devised improvements on it.

Prof. W. J. Otis, of Boston, opposes it, and has seen bad results from it.

Prof. Wyeth, of New York, thinks the operation a good one if properly performed in selected cases. He has seen three bad cases after the "American Operation" done by an "Orificial Surgeon" in Chicago.

Prof. McBurney, of New York, likes the Whitehead in cases where the varices occupy the whole circumference of the gut, but in most instances he prefers ligature done after Allingham's method.

Prof. Kelsey, of New York, a standard author on the rectum, says the "misfits" caused by the "American Operation" are a constant source of income to him, that the "American" and the Whitehead are alike and neither of them has any excuse for existence. He thinks "ten per cent. of the patients need a second operation to cure them, not of the piles, but of the operation for piles."

Prof. William White, of Philadelphia, says he has given the operation a fair trial, and now rarely performs it.

Prof. Hunter McGuire, of Richmond, thinks the operation unnecessarily severe, and that all the cases are better cured by the ligature or thermo-cautery.

Prof. Merrill Ricketts, of Cincinnati, earnestly condemns both the Whitehead and the "American." He has devised a new operation by submucous ligature after the plan here shown.

Instead of sacrificing the extra mucous membrane he saves the whole of it. With a semi-circular needle he inserts a series of silk ligatures through the lower part of the membrane and surrounds and ties up the venous plexus in a series of loops, leaving the ends of the ligatures hanging out. It is not necessary to strictly tie all the varices. The parts between the ligatures become obliterated with great certainty. This will probably be found a valuable operation.

Prof. Roswell Park, of Buffalo, favors the Whitehead operation.

Prof. Nancrede, of the University of Michigan, opposes the operation. The results he has seen are very bad.

Prof. Matthews, of Louisville, opposes the operation strenuously. He says the idea that it is at all necessary to dissect out all the varicose veins is chimerical, and much injury is often done to the sphincter muscle,

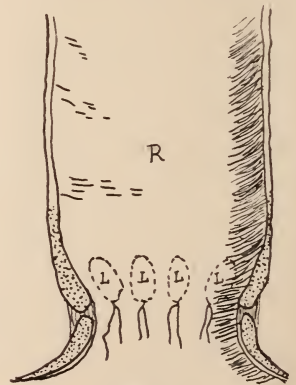


Fig. 4.

LIGATION BY PROF. RICKETT'S PLAN.

R.--Interior of the rectum.

L. L. L. L.- The dotted lines represent the course of the ligatures beneath the mucous membrane enclosing circles of varicose tissue. The ends are left hanging out.

and that the ligature will cure all these cases much more safely. He adds: "In regard to the so-called 'American Operation' it is merely a modification of Whitehead's. The necessity of performing it never exists except in a homœopathic brain. I have seen a great number of wrecks from this uncalled for surgical procedure."

Many other surgeons have given me similar opinions. About four-fifths of them oppose the operation.

The particular cases supposed to demand Whitehead's operation are those where the whole circumference of the rectum and anus is covered with piles and varicose veins. Some authors seem to know of no way to get rid of them except to dissect out or destroy the whole plexus—a melancholy blunder. It is of the utmost importance to know that if you destroy by ligature, or cautery about one-half the height of the main pile tumors, or one-third the area of any broad flat varicose tract, the remainder of the tumors, or other varices always atrophy and disappear. The destruction of the whole tactile mechanism of the organs is absolutely unnecessary.

The destruction of the whole tactile mechanism of the organs is absolutely unnecessary.

Prof. E. C. Dudley, of Chicago, treats broad varicose tracts as follows:

He picks up the mucous membrane and subjacent veins with a tenaculum, or with toothed forceps, at a number of different points, and ties each bunch as he raises it. The spots are arranged in rows as shown in the figure. The tied bunches slough off and the enlarged veins in the areas between them become atrophied and disappear.

On the whole, the ligature and cautery are the main reliance of most surgeons. It is possible that the subcutaneous ligature of Rickett and the simple forced dilatation of

Verneuil may become favorite methods in the future, but Whitehead's operation and its offspring, the "American Operation" of the "Orificial" quacks have proved far too disastrous to be worthy of the confidence of surgeons.

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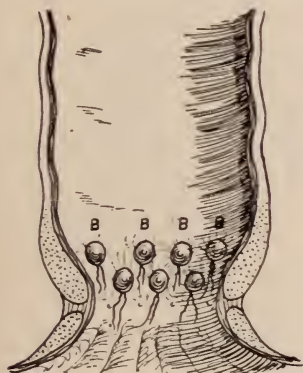


Fig. 5.

DUDLEY'S METHOD OF LIGATION OF FLAT VARICOSE AREAS.

B. B. B. Buttons or knobs of tissue lifted and tied.

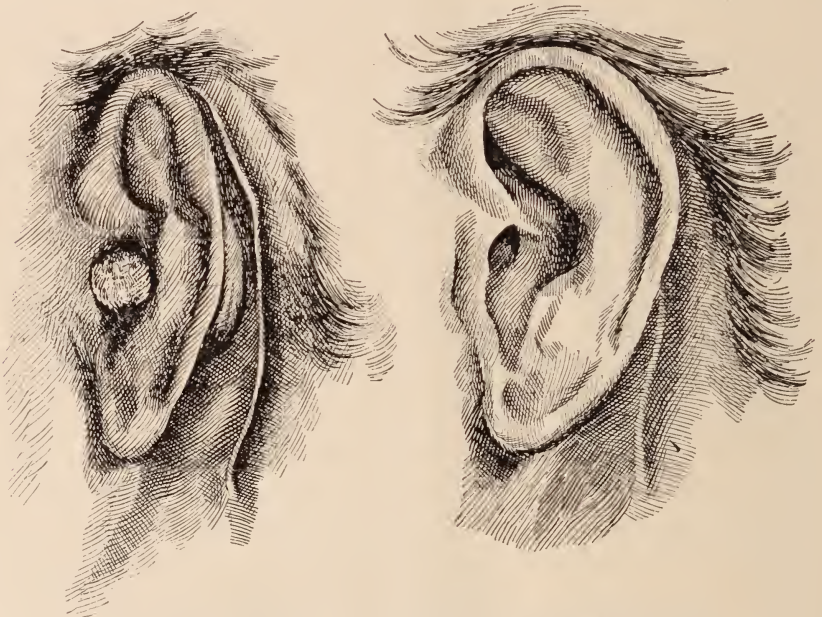
Will Write for Us.—Dr. A. Winter Hitt, who has just returned from his second trip around the globe, and has studied leprosy "where it grows" will soon write an interesting narrative of his experiences in the Far East.

A CASE OF ADENOMA OF THE MIDDLE EAR.

BY BAYARD HOLMES, B. S., M. D., OF CHICAGO.

Professor of Surgery in the College of Physicians and Surgeons of Chicago.

MRS. A., 62 years old, gave the following history: When a girl of eight she had scarlet fever, which was followed by suppurative disease in the left ear, with discharge through the meatus for some time. When eighteen she fell from a swing and struck upon the head and became unconscious. She had bleeding from the left ear for several days, and this was followed by a renewal of the old inflammation. After this time there was always very imperfect hearing upon the left side. Since this time there has been occasional inflammation with discharge of pus from this ear upon



DR. BAYARD HOLMES' CASE OF ADENOMA OF THE MIDDLE EAR.

taking cold. When twenty-three she took care of a case of diphtheria and suffered from diphtheria, which gave symptoms indicating an extension of the disease to the middle ear. Ten years ago the attacks of suppuration of the middle ear became more acute, and an aurist was consulted, who removed a large number of polypi. During the course of eight or ten months there was dreadful hemorrhage upon two or three occasions when polypi were removed. At last the aurist refused further to treat the case, and referred it to Dr. Charles T. Parks, who advised against an operation. At this time the tumor, which was pulsating synchronously with the heart beats, was presenting itself in the external auditory meatus and was believed to

be aneurismal or sarcomatous. Since that time no treatment had been undertaken except the application of antiseptic washes and hot compresses. Examination July 22, 1893, disclosed the following condition: The patient's temperature in the afternoon was 99.4° , the face was flushed, the voice broken and unsteady, the pulse irregular, the skin moist and the extremities cold; the tongue was coated, the bowels said to be constipated, and an examination of the urine disclosed a large zone of indican and a small zone of albumen, as well as a distinct line of peptones. The amount of urine was scanty and was occasionally voided with pain. The external ear was red, the blood vessels in it greatly enlarged, and the follicles of the skin secreting large amounts of thick perspiration, the skin over the mastoid was very much thickened and reddened, and this redness extended about the root of the ear and as far forward as the outer corner of the left eye. Pressure about the ear in any direction was excessively painful. The œdema seemed to indicate the presence of an active inflammation above and in front of the auricle. In the meatus there presented a tumor about the size of the thumb, extending a centimeter beyond the ear, rough, red, and pulsating with every heart beat. By slow and careful pressure it could be somewhat reduced in size between the fingers. All around the outside of this tumor, pus poured out from the meatus in small quantities. The probe, covered with cotton, could barely be passed around the tumor in the meatus and the discharge removed. The patient was observed for two months, during which time her temperature and pulse were taken. Great attention was given to the diet and to the antiseptic treatment of the ear. However, no improvement could be made in the symptoms. The pain in this side of the head continued, sleep was still very much broken, and all the symptoms of sepsis remained. An operation was undertaken September 20th, designed to remove the tumor and arrest the suppurative disease. The accompanying drawing shows the condition of the ear at that time. Under chloroform anæsthesia, and after having shaved and disinfected the left side of the head, an incision was made from the temporal artery directly backward over the tip of the ear and down over the mastoid and deep down in the neck along the border of the sterno-cleido-mastoideus muscle. By means of a chisel the skin was removed from the mastoid and from the skull and the meatus was carefully excised all around the tumor, without, however, cutting the tumor itself. The ear was then turned over upon the face and the meatus with its tumor exposed in the wound. The mastoid was then carefully chiseled away and all of the posterior part of the bony meatus down to the bottom of the middle ear. Care was taken not to remove or injure the facial nerve. This operation is represented rather roughly upon the skull. When the middle ear was reached the tumor could easily be pulled forward over the mastoid, and its origin over the anterior portion of the middle meatus readily recognized. At this point in

the operation, a slip of the chisel wounded the pedicle of the tumor and arterial hemorrhage of a very violent character began, which was immediately stopped with the finger and the tumor was scraped off from its attachment by means of the sharp spoon on the end of the index finger. Again the hemorrhage was very violent and ominous. The middle meatus was, however, very carefully scraped out and the ossicles removed, with all of the mucous membrane in the deep meatus. The pus was found extending upward upon the skull above the bony meatus, and some dead bone was chiseled away in this locality. During this chiseling the dura was two or three times exposed. The middle meatus was carefully tamponed with a single narrow strip of iodoform gauze, which was threaded through the opening of the meatus in the external ear, and the external ear was then brought down to its position, and the wound sewed up, with the exception of a small amount of drainage directly over the mastoid.

The patient had no disturbance of temperature and very little pain after the operation. The only symptom manifested was paralysis of the left side of the face, and it was supposed for forty-eight hours that the facial nerve had been either severed or injured as it passes near the meatus. But at the end of forty-eight hours the paralysis of the face disappeared and the motion of the face has ever since been normal. The patient was dressed at the end of six or eight days, and union had taken place everywhere except in the meatus and the mastoid drainage. At the end of six weeks, healing was complete and there has since that time been absolutely no discharge from the ear, and no brain symptoms at any time. The redness and dirty greasy appearance of the ear and surrounding skin has entirely disappeared. For about three or four months the patient was nervous, irritable, and had the same uncertainty of speech which was manifested during the previous four or five years. This has since disappeared, and all of the other symptoms of disease have gone, the appetite is improved, and the anæmia, which was quite marked before the operation, has disappeared.

This seems to be a case in which, in spite of years of suppuration in the middle ear, no infections of the brain took place, although brain symptoms had begun to manifest themselves, and an extension of the suppurative disease upward over the vault had begun to threaten the life of the patient. It cannot be doubted that in every case of adenoma of the middle ear resisting all treatment from the meatus should be treated by this method. The internal meatus is now completely skinned over by the extension of the skin left in the anterior wall of the meatus. The accumulation of wax in the ear is not troublesome and the mastoid is entirely obliterated and the Eustachian tube occluded. A microscopical examination of the tumor showed it was an angio-adenoma.

TRI-STATE MEDICAL JOURNAL.

EDITORIAL DEPARTMENT.

Vol. II.

AUGUST, 1895.

No. 8.

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MEDICAL EDUCATION AND LICENSE TO PRACTICE MEDICINE.

Legal restrictions upon the practice of medicine are for the protection of the public. A lawyer's capacity can be gauged by the laity and his mistakes can be corrected by the courts. Medicine is an occult science. Its difficulties, intricacies and uncertainties can only be estimated by those who have had special training. The pretender, without accurate scientific knowledge or trained reasoning powers can often by the sheer force of his audacity convince the public that the results of his ignorance and incapacity are but the will of Providence, and that nothing short of divine intervention could baffle his skill. The grave covers his blunders, and from his errors there is unfortunately no appeal.

Wise legislators have everywhere taken cognizance of the inability of the public to judge of the qualifications of medical practitioners, and have passed laws fixing the minimum amount of training and knowledge required before permission to practice can be obtained. The higher the culture, and the more advanced the civilization, the higher the standard established.

This country's growth has been so rapid that the standard has been kept lower than in any other country of equal education. It was argued that a higher standard would reduce the number of doctors so that the wants of the people in the sparsely settled districts would not be supplied. This reason is no longer valid, because increasing wealth enables a suffi-

cient number to bear the expense of a thorough training. Public opinion, therefore, demanded that the standard should be raised, and the colleges in response to this demand, have (on paper) lengthened the course of study and exacted a better preliminary training. Unfortunately, each college is left the sole judge of the attainments of its matriculants and the proficiency of its graduates.

Under this system unscrupulous colleges can flood the country with incompetent men and make a farce of the boasted higher standard of medical education.

The safety of the public and the welfare of the profession demand that there should be a uniform standard in each State with which all should comply before being admitted to practice. It is futile to expect State Boards of Health to bring about this desirable result. Boards appointed by politicians get their offices as rewards for political services and not for professional ability. The recent action of the State Board of Health of Iowa illustrates what may be expected from Boards so appointed; and the lessons taught them by the courts in fairness and impartiality should not be readily forgotten.

The most feasible plan is that recommended by resolution of the Iowa State Medical Society, viz.: "That no college diploma should entitle the holder to a license; but that all should be examined by a State Board. This Board to be chosen by the profession, and that no member of it should be a professor or teacher in any college."

The profession in Iowa should make a united effort to have the will of their State society placed on the statute book, for their own benefit, as well as for the protection of the public.

WHAT SHALL WE DO WITH THE ECLECTICS?

The recent action of Rush Medical College in conferring the medical degree upon two eminent Eclectic doctors of Chicago brings to mind the question which heads this article. Doubtless there was a time in the history of the regular profession in this country when such a question would not have been considered for a moment. Eclectics were branded as quacks and were not thought worthy of being mentioned in the same breath with the regulars. Fortunately the times are changing and no one now doubts that there are many educated gentlemen who are called Eclectics and who possess as much conscience, as much knowledge, and as much of this world's goods as falls to the lot of the average medical man. The Eclectic colleges of medicine enjoyed in many localities a mushroom growth, just as all have witnessed among regular schools. Many of each kind have justly died, for which we are all thankful. The better ones survive. That the Eclectic schools of the present day are doing good work cannot be doubted. The fact that regular colleges will accept attendance upon an Eclectic

tic institution as a course of medical instruction certainly is creditable to the Eclecticism of to-day. And between them and us there is not the great difference which some suppose. Of course, some persons, with all the zeal of apostates, believe no good exists outside their own fold, but among the thinking, broad-minded men of all schools there is a feeling that the dividing line is an arbitrary one. Listen to what Eclecticism believes to-day:

"1. That every physician has a right to exercise his own judgment, and that no society or college has a right to prescribe and enforce a medical creed.

"2. That the physician is bound to preserve, with the utmost care, the vital powers of his patient; to aid nature in the cure of disease: and to avoid every measure in practice, which experience proves to be deleterious or dangerous to the constitution.

"3. That the practice of blood-letting and the use of mercurial remedies has been proved, by ample experience, to be generally injurious, and often dangerous to life, and ought, therefore, to be discarded from a system of medical practice.

"4. That the new remedies, which have been introduced by American Eclectic practitioners, are entirely sufficient to accomplish all the purposes which have heretofore been aimed at by these methods and in a much safer and more efficient manner.

"5. That all new truths should be received and investigated in a spirit of candor, so that the errors and deficiencies in medical science may be corrected as soon as possible."

As the venerable Doctor I. J. M. Goss, of Marietta, Georgia, has said: "All the schools teach the same general truths in regard to anatomy, physiology, chemistry, surgery (*materia medica*, as far as they know the *materia medica*) and the science or practice of medicine, as they have learned it. They differ in regard to some new remedies."

However, we have not answered the question. What shall we do with the Eclectics? Our answer is: Make good doctors out of them if they are not already such. Extend the hand of friendship. Ask them to omit the name "Eclectic" and simply call themselves physicians. Follow this policy for ten years and there will be no pathies in medicine.

WOMAN'S MEDICAL COLLEGE OF SAINT LOUIS.

For once a college for women has set the pace for colleges for men. The Woman's is the only St. Louis medical college which will begin the four-course curriculum this fall. We congratulate the faculty of this institution while we deeply regret that she is to stand alone in the good work. That the school will thrive, goes without saying. Although a young school, it has a faculty which will stand comparison with that of any other medical college in the West. Some of the very best men in Saint Louis,

who would not under any circumstances be connected with the jealous fighting factions found about the colleges for males, teach in the Woman's Medical College. Now that Dr. James A. Close has accepted the chair of medicine, the Woman's will have a more elaborate outfit for teaching microscopic branches than any other college in Saint Louis. Doctor George F. Hulbert, who left the Marion-Sims school lately, is devoting his entire time to the Woman's College. He has drafted a catalogue, now in press, that will be worthy the attention of any person who believes in higher medical education. With such men as Hulbert, Broome, Bernays, Lanphear, Cale, Close, Duncan, Paquin, Adams, Love, Henske, Purinton, and many lesser lights, the Woman's Medical College of Saint Louis takes her place side by side with the famous educational institutions of the East, and challenges comparison with them. Success to her.

PRELIMINARY EDUCATION.

The Missouri State Board of Health is alive to the fact that no progress can be made toward the protection of the health of the public until such time as the medical schools shall admit to matriculation only those persons possessing a good preliminary education. It is a mistake to think that the colleges will turn from their doors students with deficient preliminary knowledge. When we shall have in Missouri such a law as obtains in New York, where all would-be medical students are examined by a board not connected with any medical school, we will have a better class of students. The benches will not all be filled, the graduates will be less numerous, the colleges will make less money—and to practice medicine will be to follow an honorable vocation.

THE TREATMENT OF PROSTATIC HYPERTROPHY.

No subject in surgery has been of more interest, or excited more discussion of late, than the one under consideration.

According to Sir Henry Thompson, one man of every three who has attained the age of 55 years suffers from some prostatic enlargement. This condition is not an infrequent one in men under the age of 55.

The condition is one to be apprehended with anxiety if not alarm when we consider the immediate effect upon the bladder and the remote effect upon the kidneys and general health of the patient.

The treatment by perineal section or suprapubic prostatectomy is unsatisfactory and attended with a high death rate.

The operation of castration for hypertrophied prostate was suggested by Ramm and practiced by White after a large number of experiments on

dogs; and their results along with those of other surgeons had been such as to place the operation on a firm surgical basis.

The changes which take place in the prostate following castration are two-fold, and have been demonstrated by autopsies upon dogs as well as on the human subject.

The changes consist in an atrophy of the glandular elements and then of the stroma; they are preceded by a proliferation of connective tissue and muscle cells. One of the surprising results is the return of voluntary power to the bladder even after years of catheter life.

Ligation and division of the vasa deferentia in dogs has been followed also by a marked diminution in the weight of the prostate gland. (White, *Annals of Surgery*, July, 1895.)

As in all new procedures, medical as well as surgical, this operation has its adherents and those taking the opposite position—the latter in this case either speak without having had any practical experience or because they expect good results in *all* cases of prostatic enlargement and without regard to the pathological changes existing. It is certainly not to be expected that castration in cases of tumors of the prostate or neck of the bladder, or in prostatic abscess will be followed by good results: the operation was devised for cases of true prostatic hypertrophy and operators should be careful that cases to be operated upon should be of this variety. We can not do better than quote the conclusions of Dr. White in his article on this subject which appeared in the July *Annals of Surgery*.

1. The function of the testis, like that of the ovary, is two-fold,—the reproduction of the species, the development and preservation of the secondary sexual characteristics of the individual. The need for the exercise of the latter function ceases when full adult life is reached, but it is possible that the activity of the testis and ovary in this respect does not disappear coincidentally, and that hypertrophies in closely-allied organs like the prostate and uterus are the result of this misdirected energy. This hypothesis would increase the analogy between the fibro-myomata of the uterus and the adeno-fibromata of the prostate, which, from a clinical standpoint, is already very striking, and is further strengthened by the almost identical results of castration in the two conditions.

2. The theoretical objections which have been urged against the operation of double castration have been fully negated by clinical experience, which shows that in a very large proportion of cases (thus far in approximately 87.2 per cent.), rapid atrophy of the prostatic enlargement follows the operation; and that disappearance or great lessening in degree of long-standing cystitis (52 per cent.); amelioration of the most troublesome symptoms (83 per cent.); and a return to the local conditions not very far removed from normal (46.4 per cent.), may be expected in a considerable number of cases.

3. The deaths have been twenty in 111 cases, a percentage of 18. But of these there seem to be thirteen that may fairly be excluded in an attempt to ascertain the legitimate mortality in patients operated upon under surgically favorable conditions,—i. e., before the actual onset of uræmia or, better, before the kidneys have become disorganized by the two factors rarely absent in advanced cases,—backward pressure and infection. This would leave a mortality of 7.1 per cent., which will probably be decreased as advancing knowledge permits of a better selection of cases. It is important to note that even in the desperate cases which make up this series of deaths, fifteen (75 per cent.) showed improvement of symptoms or shrinkage of the prostate before they died.

4. Comparison with other operative procedures seems to justify the statement that, apart from the sentimental objections of aged persons on the one hand, and the real, entirely natural, and very strong repugnance to the operation felt by younger patients, castration offers a better prospect of permanent return to nearly normal conditions than does any other method of treatment. The relatively greater degree of improvement in successful cases should be considered, as well as the mortality, in comparing the operation with the various forms of prostatotomy and prostatectomy. So, too, should the absence of any risk of permanent fistulæ, peritoneal or suprapubic, the ease and quickness with which the operation can be performed; and the possibility of avoiding altogether the use of anæsthetics which, in these cases, are in themselves dangerous.

5. The evidence as to unilateral castration is at present contradictory, but there can be no doubt, that in some cases it is followed by unilateral atrophy of the prostate, and in two cases, at least, it has resulted in very marked improvement of symptoms. It is worthy of further investigation.

My experiments on dogs have shown in nearly every case in which the vas deferens was tied or divided on both sides, that, without much change in the testicles, there were beginning atrophy and considerable loss of weight of the prostate.

These experiments need repetition and confirmation, as the absence of corresponding testicular change seems to make the results somewhat anomalous. It is possible that the inclusion or severance of small but important nerves may account for the effect on the prostate.

7. Ligation of the vascular constituents of the cord, produces atrophy of the prostate, but in my experiments only after causing disorganization of the testis.

G. W. CALE, JR., M. D.

Appointed.—Dr. C. A. Smith, of Seattle, Dr. Henry W. Dewey, of Tacoma and Dr. E. P. Penfield, of Spokane, have been appointed by the Governor to fill the vacancies on the State Board of Medical Examiners, of the state of Washington.

DEFEAT OF THE IOWA STATE BOARD OF MEDICAL EXAMINERS.

In Keokuk, Iowa, are two medical colleges: the College of Physicians and Surgeons and the Keokuk Medical College. The former was founded in 1850; the latter was started five years ago by men who had taught in the older institution and became dissatisfied. Between these colleges a bitter rivalry has existed. The Secretary of the new college, Dr. James A. Scroggs, was appointed a member of the Iowa State Board of Medical Examiners last year. At the time it was an open secret that his success in securing the position meant the beginning of the downfall of the old school. Medical education in Keokuk, owing to the rivalry existing between these schools, has not yet reached that high and idealistic plane which reformers desire. Ten students are placed upon a single cadaver, clinical material is scarce, laboratory instruction is not what it should be, and preliminary education is—well, let us pass such a delicate subject.

On March 28, 1895, the Board declared the College of Physicians and Surgeons, of Keokuk, one not in good standing; on April 12th, the college filed two suits in the superior court, one in mandamus in the name of Oliver P. Judkins, a graduate, and the other in certiorari just decided; Judge Bank issued the writs returnable soon after; after Judge Burk ascended the bench the Board filed a flat refusal to furnish a certified copy of its proceedings the writ called for; Dr. Kennedy, the secretary of the Board, was promptly arrested in Des Moines for contempt of court and applied to the supreme court for release on habeas corpus; this part of the matter was dropped after an officer returned the warrant endorsed that Kennedy promised to report to him in Keokuk and had broken his word; then the other members of the Board were summoned to appear and show cause why they should not be punished for contempt; they failed to convince the court and were sentenced to a fine of \$25 and commitment to jail till the transcript of their proceedings was forthcoming; they went before three supreme judges at Iowa City and asked for an order staying proceedings which was refused; then they filed a certified copy of proceedings which the college the next day alleged was untrue and incomplete; so an order was issued for them to come again, with which they complied; the college still claimed the certified copy was untrue and incomplete and produced testimony as to what the facts were, the Board also placing three of its members on the stand; this part of the case lasted six days and attracted large numbers of spectators; after arguments lasting two days Judge Burk took the matter under advisement on July 6th. The decision was given July 17th. It held that the action of the Board in declaring the college not in good standing, was illegal and void for the reasons that Dr. J. A. Scroggs had no right to sit in judgment in the matter on account of private interest; that Dr. J. F. Kennedy, Secretary, has no right to vote upon such questions; that no evidence

against the college was presented to the Board and no proper trial was given the college; that Drs. Carter and Kennedy, one a member and the other the Secretary of the Board, could not act as prosecuting witnesses and judges the same time; and that the college being in good standing on commencement day, its diplomas of that date must be recognized.

Judge Burk, in reviewing the case, said:

“As to the first illegality alleged that the plaintiff college had no notice such as is contemplated by law in the proceeding against it, the court finds that under the circumstances of this case and the evidence introduced, that this contention must be sustained. That where a board is empowered to pass upon the standing of a heretofore reputable college as in this case, there can be no question under the law, but that the defendant was entitled to a legal notice of the proceedings presenting fairly the charges which have been made against it. While the statute of this state does not expressly provide for notice, still the court thinks that such notice was contemplated by the legislature, and if not given would be a violation of the constitutional provision that no one shall be deprived of life, liberty or property, without the due process of law.”

“As to the second illegality alleged, that no charges were made and on file with the secretary of the Board of which the plaintiff college had had any notice before the meeting, the court finds that the objection is well taken, as the return of the defendant Board to the writ of certiorari, and the evidence in the case shows that no charges purporting to come from any one having knowledge of the fact was on file with the secretary of the Board, or if there were the plaintiff college was refused access to them after a request that the same be shown to them, if any were on file.”

“As to the third alleged illegality that no legal evidence was introduced before the Board, or such as is contemplated by law in an action of this character, there is some difficulty. The only testimony introduced by the Board as against the standing of plaintiff college, if the same may be called testimony, were the oral statements of Drs. Carter and Kennedy. Said statements were not under oath, Dr. Carter expressly refusing to be sworn until after he had spoken for a period of over two hours.”

“As to the fourth alleged illegality in that Dr. Scroggs, a member of the defendant Board, and who voted at the meeting of the Board declaring the plaintiff college to be not in good standing is interested pecuniarily in a rival college in the city of Keokuk, and that he is incompetent to act in any matter affecting the standing of plaintiff college, the court is of the opinion that this contention must be sustained. That Dr. Scroggs is interested in a rival college in the city of Keokuk there can be no question under the evidence. That he has a pecuniary interest in the said college is also shown beyond question and without setting out in full the evidence offered on the trial of the case pertinent to this issue, it is sufficient to say that it shows that the allegation in the plaintiff petition that Dr. Scroggs is not under the law an impartial person to pass upon the matter in which the plaintiff herein is interested was sustained; and this being the case there can be no question, under the authorities, that the proper administration of justice demands that Dr. Scroggs should have declined to have acted in this matter as to the standing of the plaintiff college.”

“As to the fifth alleged illegality, to wit: That the action of said Board

at the meeting of March 28, 1895, declaring the plaintiff college to be not in good standing, is illegal because the law requires that the standing of a regularly chartered medical college from which a diploma may be issued, shall not be questioned except upon the vote of at least five physicians of the State Board of Medical Examiners; that the State Board of Medical Examiners consists of seven "physicians" and a secretary and that the secretary, Dr. Kennedy, who voted in favor of the resolution declaring the plaintiff college to be not in good standing, is not one of the physicians contemplated by the law. To determine this question involves the interpretation of the statute upon the subject. By section 2,558 of McClain's code the State Board of Health is constituted of nine persons, one of whom shall be the attorney general of the state and one a civil engineer and seven physicians. By section 2,546 of McClain's code it is expressly provided that the physicians and the secretary of the State Board of Health shall constitute and be deemed a Board of Medical Examiners for the purposes of this act. It will be noticed from this that the secretary of the State Board of Health is not a member thereof, but that by virtue of section 2,546, above quoted, he is made a member of the State Board of Medical Examiners, in connection with the seven physicians above referred to.

By section 2,552 of McClain's code it is expressly provided, that the standing of any legally chartered medical college from which a diploma shall be presented shall not be questioned except by the affirmative vote of at least five physicians of the State Board of Medical Examiners. The contention made is that Dr. Kennedy, the secretary of the State Board of Health, is not such a physician as is contemplated by the statute as being competent to vote upon the standing of a legally chartered medical college; and that being the case and Dr. Scroggs being disqualified, the action of the Board declaring the plaintiff college to be not in good standing was only had upon the affirmative vote of four "physicians" of the Board. In construing statutes the object is to get at the intention of the legislature and where that intention is plain and words are used which can have but one meaning that intention must be held to prevail which the words express. Applying this test the court is of the opinion that the standing of a legally chartered medical college cannot be questioned unless five physicians of the State Board of Medical Examiners unite in voting in the affirmative, and that Dr. Kennedy, the secretary, is not such a physician of the Board as is contemplated by the statute referred to, which entitles him to be considered as one of the five "physicians" consequently this position of plaintiff college must be sustained."

"As to the sixth alleged illegality, that the Board's action was illegal for the further cause that Drs. Kennedy and Carter acted in the capacities of prosecuting witness, advocates and judges, in the same matter, and were therefore not impartial judges, it must be said that there are many reasons why it should be sustained, and if the action complained of by the defendant Board had been in a court of record there can be no question but what the act in declaring the plaintiff college to be not in good standing would be illegal."

All this goes to show that a little power in the hands of little people is a dangerous thing. If the Board had proceeded properly, notified the college of charges against it, given a fair trial and then arrived in due form

at the conclusion that the graduates of the class of '95 should not receive recognition, the Board's position would have been unassailable; but in their eagerness to wipe out the College of Physicians and Surgeons of Keokuk, Dr. Scroggs and the Iowa Board violated the constitution of the United States, the laws of Iowa, the duties of their office and the deencies of society. *The lesson is that the present Iowa law should be changed and that all persons desiring to practice medicine should be obliged to pass an examination before a Board of doctors who are not connected with medical colleges.* Thus the cause of higher medical education will be advanced, while at the same time the rights of individuals will be respected. The present Board of Medical Examiners of Iowa should be relegated to oblivion. It has shown itself incapable of dealing with important questions. It has been illiberal, unjust and useless. We doubt not that damages could be collected by the aggrieved college. The Board has appealed to the Supreme Court. Meanwhile medical students who thought of attending lectures in Keokuk are matriculating elsewhere.

Reduction in Price.—One by one the two dollar monthlies are reducing their subscription price to one dollar. They are obliged to do so. The dollar journals, of which the TRI-STATE is a brilliant example, are steadily gaining subscribers at the expense of the old and slow-going monthlies. It takes brains now-a-days to make a medical journal a success. The readers demand something more than scissored extracts and constipated ideas. They want and will have the best of articles, the spiciest of editorials, the latest of news items, the most unhampered of criticisms, the neatest of journals. That is the reason they subscribe for the TRI-STATE MEDICAL JOURNAL.

More on Fakir Journalism.—A certain medical journal which is issued on the first and fifteenth day of each month has recently taken on a wonderful growth. According to an affidavit, signed and sworn to by the Business Manager, Printer and Pressman in a St. Joseph printing office, the journal in question never issues less than 7,800 copies and more often the circulation is 10,000.

Considering the fact that during the last three months of 1894 and the first six months of 1895, the aforesaid publication never printed more than 1,000 copies of any one issue, the growth is remarkable.

There is too much fakirism in medical journalism. Affidavits from some sources are valuable but such statements as are found in the affidavit which the journal in question is sending to advertisers, are believed by no one. A journal which masquerades as a St. Louis publication, is printed in St. Joseph, and is shipped in a small trunk, to be mailed at St. Louis, and claims a gigantic growth, will deserve careful watching. More anon.

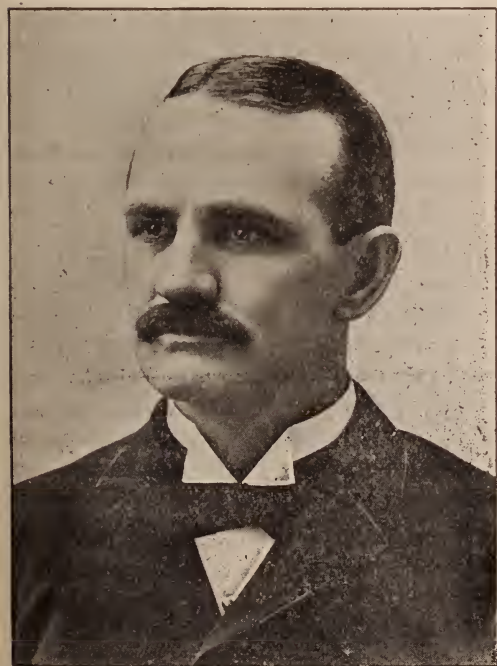
IN THE PROFESSIONAL EYE

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

This important society will meet in annual session in the beautiful city of Detroit, September 3, 4, 5 and 6, 1895. Extensive preparations are now being made to entertain visiting doctors and their families in a pleasing way. The social features of the Association have ever been an integral and attractive part of its meetings. The learned scientific discussions by day, the receptions, dances, boat and carriage rides of the night; the special display annually given by the Ancient Order of Chut-muks; the good comradeship and jollity which are ever present at all times; all give to the meetings of this Association a peculiar value. Some of the great manufacturing houses of Detroit, like Messrs. Parke, Davis & Co., and Frederick

Stearns & Co., will take pride in entertaining the visitors. The local profession is organizing and will greet the outside doctors in happy style. All things point to a great meeting. The President of the Association is Dr. Wishard, of Indianapolis.

William Niles Wishard was born in Greenwood, Johnson county, Ind., October 10, 1851, and is of Scotch-Irish descent. He was educated at the Southport High School and at Wabash College, and graduated in medicine at the Indiana Medical College in 1874. He began the practice of his profession at Southport, but in a short time became a student at Miami Medical College, Cincinnati, from which he also graduated in 1876. He resumed the practice at Southport, but in November,



W. N. WISHARD, M. D., OF INDIANAPOLIS.

1876, removed to Indianapolis, and was in active practice until July 1,

1879, when he was elected Superintendent of the Indianapolis City Hospital, and accepted the position. During the time he was in the practice of his profession in Indianapolis, he served as deputy coroner of Marion county, and made most of the post mortem examinations with which the coroner was charged. He remained Superintendent of the City Hospital until January 1, 1887, when he declined a re-election, that he might devote himself to the active practice of his profession. It was during Dr. Wishard's superintendency that the present elegant and commodious hospital buildings were erected, and it was by his influence and untiring energy that the great work was completed. He secured the necessary appropriations, located and spaced every room, and superintended the construction of the new buildings. For years he devoted himself to it, and it will stand as a memorial of his unselfish labor when he shall be no more. Dr. Wishard was chiefly instrumental in securing financial assistance from the city for the Flower Mission Training School for Nurses, which was established in 1883. Dr. Wishard first introduced trained nurses into the wards of the City Hospital, and secured recognition for them from the medical profession, and not until after their introduction in the City Hospital were they ever employed by physicians in private practice in Indianapolis. Dr. Wishard has been honored by the Medical College of Indiana as to a chair of Principles and Practice of Medicine, Lecturer on Clinical Medicine and Professor of Genito-Urinary and Venereal Diseases, which latter position he still holds. He was one of the organizers, and the first President of the Indiana Surgical Society, and was elected First Vice-President of the Mississippi Valley Medical Society, at Cincinnati in 1892. He was also elected Vice-President of the Marion County Medical Society in January, 1893, and was elected its President in January, 1894. He is a member of the American Association of Genito-Urinary Surgeons; of the American Medical Association; The Mississippi Valley Medical Society; The Indiana State Medical Society; The Marion County Medical Society; and of various other societies. On leaving the City Hospital January 1, 1887, Dr. Wishard was appointed Consulting Surgeon in that institution, in the department of Genito-Urinary and Venereal Diseases, and the same position was given him in the City Dispensary. Soon after leaving the hospital he took a course in the Post Graduate Medical School and Polyclinic in New York. He then resumed the general practice of medicine in Indianapolis, but in a few months abandoned it, and since then has devoted his entire time to the practice of his specialty, that of genito-urinary surgery. In 1890 Dr. Wishard went to Europe, and while there attended the International Medical Congress, held at Berlin, and afterwards visited the hospitals in Berlin, Vienna and London. May 20, 1880, Dr. Wishard married Alice, daughter of Mr. Wm. Wesley Woollen, of Indianapolis. His wife was a most brilliant and charming woman, but she was not long spared to bless

his home. She died December 9, 1880, and since Dr. Wishard has remained a widower.

Another gentleman, whom to know is a privilege and an honor, is the genial giant, known by his intimates as "Tom-Tom," but otherwise spoken of as Dr. Thomas E. Holland, of Hot Springs, Arkansas. Dr. Holland bleached his hair during many years of practice in St. Louis, and when his wife's health became feeble he promptly packed up his lares et penates and moved to a climate in which the humid, ever-changing winters are wanting. Dr. Holland is known personally to thousands of doctors and laymen and wherever he goes is always invited to return. He has the happy faculty of keeping as well as making friends, and no man in the Association is held in higher esteem than Dr. Tom Holland. Those who attended the last meeting held at Hot Springs, will never forget how ably Dr. Holland organized the local profession, how hard he worked to further the interests of the Association, and what brilliant success crowned his efforts. His election to the Vice-Presidency was deserved.

The Secretary of the Association, Dr. Frederick C. Woodburn, of Indianapolis, is an indefatigable worker. His programs are always filled with valuable papers and he never rests until everything is in ship-shape. Dr. Woodburn is a handsome young man of whom the profession and citizens of Indianapolis may well be proud.

The Perennial Toast Master of the Association is known to everybody. He believes that "one good sauterne deserves another," and that this life is entirely too short for us not to have a good time while we are here. In mentioning the name of Dr. I. N. Love, we wish to pay a deserved compliment to a brother journalist who believes that medical journals should be owned and controlled solely by medical men. Dr. Love has a charming wife, a beautiful daughter, a promising son, and nearly all the accompaniments that any one can have. He is pre-eminently a self-made man. As a Toast Master he has no known equal.

Dr. H. O. Walker, of Detroit, is Chairman of the General Executive Committee. He is a surgeon of national reputation, a competent organizer, a tireless worker, a genial gentleman and a professional success. Members of the Association may rest assured that under Dr. Walker's direction everything in Detroit will run wide-open and the gentle gin-fizz and the comforting cocktail will anxiously await the coming of the Chut-Muks.

SO MANY doctors will visit Detroit for the first time the first week of September, 1895, to attend the meeting of the Mississippi Valley Medical Association, that a brief notice of some of the most interesting buildings and improvements may be of value to the prospective visitor. While the layman looks to the tall buildings, parks, and street railways as objects of interest, the doctor naturally turns his attention to the medical schools and hospitals of a city. Detroit is well supplied with both. The city also is provided with

**VIEWS
OF
DETROIT.**



THOMPSON HOME FOR OLD LADIES.

institutions for the defective and dependent classes, who are always with us. One of Detroit's most beneficial charities is the Thompson Home for Old Ladies, named after Mrs. David Thompson, one of its largest benefactors. It is situated at the corner of Cass and Hancock avenues, one block west of Woodward avenue.

The House of Correction, one of the largest and best of its class, is on Russell street, five blocks north of Gratiot avenue. This institution

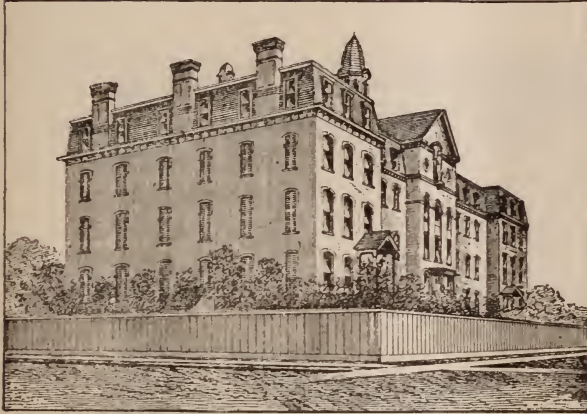
is self-sustaining, its seven hundred inmates being employed largely in the making of furniture. Since its establishment it has turned into the city

treasury nearly half-a-million of dollars in earnings, besides paying for valuable additions to the plant. The thoughtful physician who interests



HOUSE OF CORRECTION.

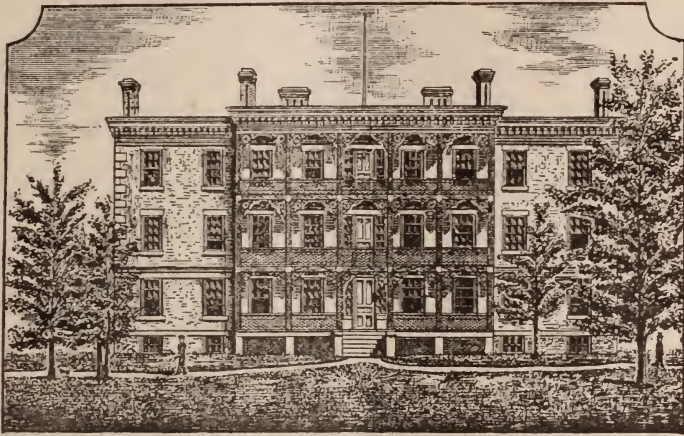
himself in the condition of the "submerged tenth" will feel amply repaid for a visit to the House of Correction.



LITTLE SISTERS' HOME FOR THE AGED POOR.

An important institution is the Little Sisters' Home for the Aged Poor. Located about two squares north of the old water works reservoir, and about five squares from the House of Correction, it is a handsome brick structure where many unfortunates are sheltered.

The U. S. Government has here a home for sick sailors—the U. S. Marine Hospital. It is on the south side of Jefferson avenue, between Leib and Mt. Elliott streets, overlooking the

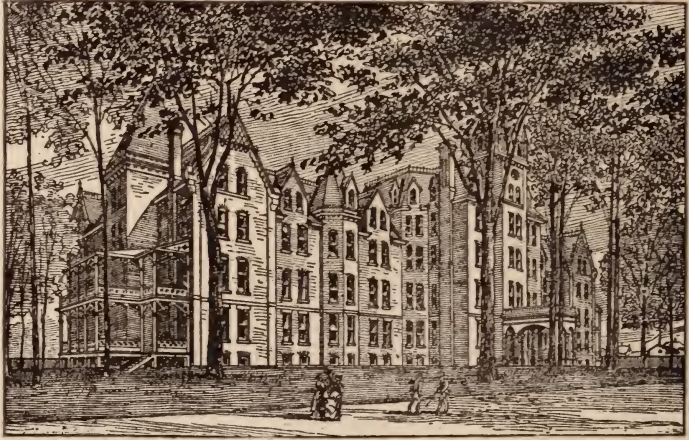


U. S. MARINE HOSPITAL.

beautiful Detroit river. There are so many points of interest about Detroit that we must hurry along without giving to each institution the notice it deserves.

The Harper Hospital is one of the best known of Detroit's charities. It is a handsome modern structure, located in the middle of attractive grounds, and makes an ideal home for sick and suffering humanity. It was

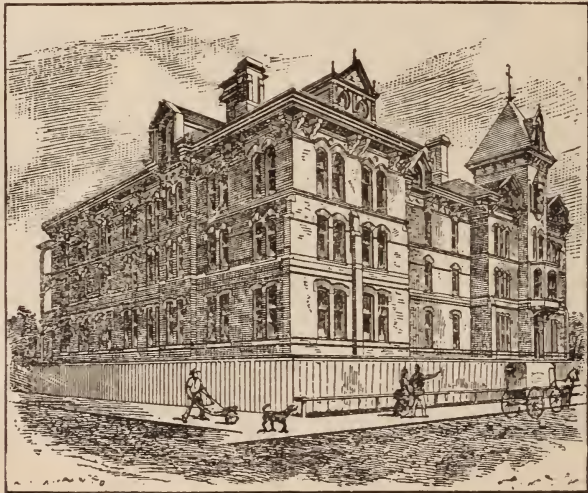
named from its founder, Mr. Walter Harper. The hospital has also received a large endowment from a former well-known market woman of



HARPER HOSPITAL.

Detroit—Nancy Martin. Harper Hospital is situated between Brady and Alexandrine streets, one block east of Woodward avenue.

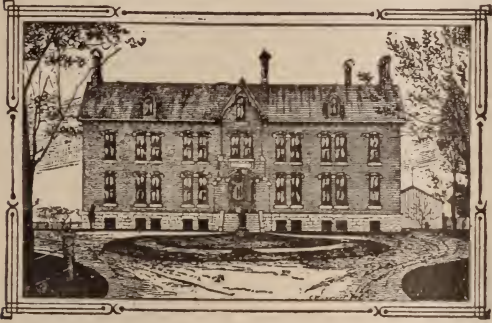
Another first class hospital is St. Mary's, which adjoins the Detroit



ST. MARY'S HOSPITAL.

College of Medicine, on Gratiot avenue, near St. Antoine street.

Among the numerous hospitals of Detroit are several which will compare favorably with similar institutions wherever located. St. Luke's is a

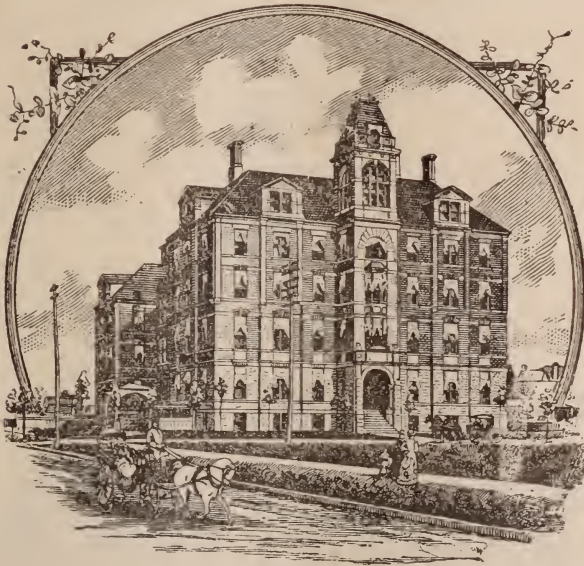


ST. LUKE'S HOSPITAL.

small but admirably conducted hospital, situated on spacious grounds on West Fort street, two blocks west of Clark avenue.

The disciples of Samuel Hahnemann enjoy the privileges of Grace Hospital, a large modern building, situated at the corner of John R. street and Willis avenue. It was named after Miss Grace McMillan, a daughter of Senator James McMillan.

Although a Homœopathic institution, we have no doubt, the managers will

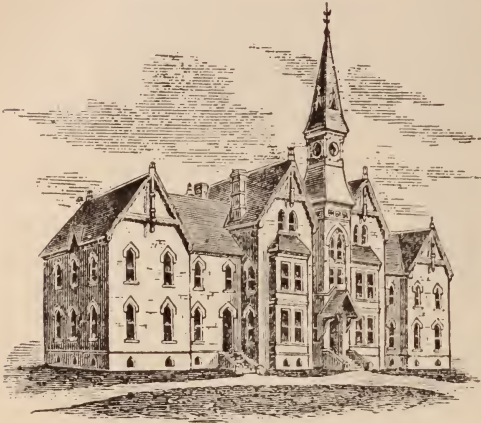


GRACE HOSPITAL.

gladly open Grace Hospital for the inspection of regular physicians.

All of these institutions can be visited with pleasure and profit. It certainly speaks well for Detroit that she possesses so many hospitals and homes. Of course, we must take into consideration the fact that Detroit is the metropolis of the great State of Michigan.

Should any of the visiting doctors find themselves in the anomalous position of the man who sang: "For I am a stranger and a long way from home," the Home for the Friendless will doubtless open its doors of mercy and give shelter to the wanderer.



HOME FOR THE FRIENDLESS.

The medical schools of Detroit are two in number. The Detroit Medical College and The Michigan College of Medicine and Surgery. The profession can well be proud of both.

Detroit has always been fortunate in possessing a progressive, intelligent and refined profession. In years past it has happened frequently that her eminent physicians and surgeons have been called to professorships in other cities.



DETROIT COLLEGE OF MEDICINE.

In conclusion we will say that Detroit stands ready to welcome the members of the Mississippi Valley Medical Association. The TRI-STATE MEDICAL JOURNAL hopes to see many of its friends at the coming meeting. We desired to print the full program, but space was lacking.

MY DEAR DOCTOR: You asked me for some personal reminiscences of my old master, Professor Huxley, and while I cannot write of him without a sort of apparent egotism, in connecting myself with so great a personification of greatness, it is, I assure you, pleasurable to speak of one whose touch upon humanity has thrilled the pulses of the universe.

**REMINISCENCES OF
HUXLEY.**

BY THOMAS O. SUMMERS,
M.A., M.D., F. S. Sc.,
Lond., M. R. C. S. Eng.,
of St. Louis.

My acquaintance with Professor Huxley began with a letter of introduction from his sister, who lived in America, and whose daughter was the accomplished wife of the editor of the *Nashville American*, Mr. Albert Roberts. When I met him first at his home, at No. 4 Marlborough Place, London, I was received with a sort of combined coldness and cordiality. I could not for the time differentiate between the sensations so as to determine just how I would stand after the interview. Suffice it to say he soon melted into a kindly patronizing manner, and placed me just where I desired to be placed, right in the very best hospital position in old London, on Whitechapel Road, and gave me to understand that he would be all that I desired—my guide, philosopher and friend. To any one who knows how difficult is the approach to the great intellectual workers of the Old World, this will be fully appreciated. After a long residence during which Mr. Huxley made every path of progress easy, agreeable and profitable, I returned to America to take the Chair of Anatomy in the old University of Nashville, which had just formed a sort of unnatural alliance with the new Vanderbilt whose Board of Trustees were all theologians or under strong theological, even sectarian, influence, my father himself being Dean of the theological department. Mr. Huxley's sister (who has passed away during the last month), Mrs. Scott, lived in Nashville with her daughter, Mrs. Albert Roberts. Professor Huxley made her a visit, I think in 1880. Of course I was delighted. I begged him to go to the college with me, and after much persuasion he yielded, and took part of my lecture in kindly talk to my class in anatomy. He dined by a generally concerted programme that day with my father, who had most of the University magnates there to meet him. On that occasion there happened one of the most amusing incidents I have ever witnessed.

It was my father's custom, from which he never deviated, to have evening dinner and prayers and scripture reading after all the service was removed. On this, perhaps his first occasion, Professor Huxley got on his knees while my father prayed lustily and personally to God in behalf of science and everything else that goes to make up a universe. During the prayer a large pet cat found its way to the precatory chair and my father, without halting, stroked its back while he laid before the throne just what he felt was needful for the good of all concerned in his orisons. I touched Mr. Huxley and called his attention to the picture by signs, which when



THOMAS HENRY HUXLEY.

he beheld it so convulsed him with laughter that he could with difficulty refrain from an outbreak. He consented after very long solicitation from every prominent man in the city of Nashville, to lecture one evening, taking for his subject the geology of Tennessee. There was an immense audience, but they were disappointed as he could scarcely be heard at the reporters' tables. In introducing him I referred to the distinguished guest as the "Apostle of Modern Science." That sealed my doom as a teacher in Vanderbilt, and Professor Winchell, who wrote the Pre-Adamites, and myself walked out into the freer atmosphere of a State Institution.

I loved Professor Huxley, though many thought him cold and indifferent. I feel sad at his death—the more so as most of my old masters have passed away, and those that are left will follow soon.

But if, as holiest men have deemed, there be
 A land of souls beyond that sable shore,
 To shame the doctrine of the Sadducee,
 And sophists madly vain of dubious lore,
 How sweet it were in concert to adore
 With those who made our mortal labors light,
 To hear each voice we feared to hear no more,
 To have each once loved form revealed to sight.
 The Bactrian, Samian Sage, and all who loved the right.

DOCTORS in the West and South who desire to attend the Mississippi Valley Medical Association at Detroit, September 3, 4, 5 and 6, 1895, will do well to travel via the Wabash RAILWAY. Many St. Louis doctors will leave over the Wabash on Monday night, September 2nd. The delegation from Indianapolis will join this train at Logansport, Indiana. The Wabash is the direct line from St. Louis to Detroit.

EVERY doctor who reads this issue of the TRI-STATE MEDICAL JOURNAL is invited to attend the annual meeting of the Tri-STATE MEDICAL SOCIETY. State Medical Society at Des Moines, Iowa, October 1, 2, 3, 1895. Professors Howard A. Kelly, Nicholas Senn and many others will attend.

MUCH valuable matter has been crowded out of this issue. We will present it in our next. In passing, permit us to remark CROWDED OUT. that we want 1,000 new subscribers before January 1st, 1896. We propose to make this the leading medical monthly of America. We want your support, your money and your names on our subscription book. Send us one dollar now and receive the JOURNAL for sixteen months,

HISTORICAL SKETCHES.

Giovanni Baptista Morgagni (1682—1772.)

By ARTHUR E. MINK, M. D., OF ST. LOUIS.

Professor of Mental and Nervous Diseases in the Saint Louis College of Physicians and Surgeons.

"Omnium optimum inter eos qui obervaverunt ea quae in vita contingunt, fuisse Hippocratem; sed qui examinaverunt cadavera post mortem, hos optime de Arte meruisse."—BOERHAAVE.



ITALY belongs the glory of having been the first to free herself from the trammels of mediæval scholasticism and theology. In the fifteenth century she began to turn her attention to things terrestrial and human.

Realizing that the proper study of mankind was man, she abandoned the metaphysical gymnastics and wordy dialectics of mediæval philosophers and turned to humanity and humanism. Instead of mortification, penance, and solitary confinement in cloistered monasteries and convents, she began to turn her gaze on man and nature. She commenced to

have a proper conception of the dignity of man and his relation to nature.

She realized that in the proper study of man all other problems were involved and dependent for a solution. So was established the Renaissance, the era of Humanism which resulted in a period of almost unparalleled activity in literature, art and science. Her scholars and artists, poets and savants became preeminent. Her great universities contained scores of learned men, celebrated in almost every domain of human thought and activity and students flocked from all over Europe to hear them.

Among the many



MEDALLION OF MORGAGNI.

great universities of Italy that of Padua ranked among the first. Its list of professors and alumni containing such names as Bembo, Speroni, Galileo, Pomponazzi, Pole, Scaliger, Tasso and Sobieski. Among its medical professors may be mentioned Vesalius, Fallopius, Fabricius, Gasserius and Spigelius. In this glorious galaxy of talent Morgagni was a bright particular star, and he succeeded these illustrious men in the chair of anatomy.

Giovanni Baptista Morgagni, was born February 25, 1682, at Forli, an ancient and important town, southward from Bologna. His parents were in comfortable circumstances, but not of the nobility. At school he was distinguished for his talents and his knowledge. When sixteen years of age, he went to Bologna to study philosophy and medicine and three years later graduated with honor as doctor in both faculties (1701). He was professor to Valsalva, who held the office of "demonstrator anatomicus" in the Bologna school and he assisted Valsalva in preparing his celebrated work on the Anatomy and Diseases of the Ear (1704). Many years after (1740), Morgagni edited a collected edition of Valsalva's works, with important additions to the treatise on the ear, along with a memoir of the author. When Valsalva was transferred to Parma, Morgagni succeeded to his anatomical demonstratorship.

He had at this period a great reputation in Bologna and was made president of the Academia Inquietorum when in his twenty-fourth year. Upon his accession to the chair, he discouraged abstract speculation and set the fashion for exact anatomical observation and reasoning. He published the substance of his communications to the Academy in 1706 under the title of *Adversaria Anatomica*.

This was the first of a series which made him famous throughout Europe as an anatomist. The last of this series did not appear until 1719. They are monuments of accurate anatomical research and include observations on the larynx, lachrymal apparatus, pelvic organs of the female, etc. He rectified many anatomical errors, by describing anew many parts and indicated many new anatomical facts.

He gave up his position in Bologna after a time and spent two or three years in Padua and Venice in anatomical study including that of fishes. He occupied himself also with chemistry and pharmacy and read in the libraries. He then settled in his native town and soon obtained a large practice being especially consulted in difficult cases "*adeo erat in observando attentus, in prædicendo cantus, in curando felix.*" He soon became fatigued with his work and sought to return to an academical career.

The death of his friend Guglielmini, a professor of medicine in Padua, opened the way for this. Vallisnieri was transferred to the vacant chair and Morgagni succeeded him in the chair of theoretical medicine. He came to Padua in the spring 1712, at the age of thirty-one and for sixty years his career there was a brilliant and successful one. After being in Padua three years, he was elected to the chair of anatomy, succeeding the line of illustrious savants mentioned above. His salary was increased from time to time until it reached twelve hundred gold ducats. Shortly after coming to Padua he married a noble lady of Forli. By her he had fifteen children, three sons and twelve daughters. Four of the daughters died in infancy and the other eight took the veil as they grew up. One of the sons died in boyhood and one entered the Jesuit order. The eldest settled at Forli where he died at the age of fifty-two. Morgagni was popular amongst all

classes. He is described as being tall and of dignified figure, with light hair and blue eyes and frank and happy in his nature. His manners were polished and elegant. His house and lecture room were frequented by students attracted from all Europe.

He enjoyed the friendship of senators, cardinals, and popes. The German students at Padua, elected him their patron, and he advised and assisted them in the formation of a German club and library. He was elected into the Imperial Cæsareo-Leopoldina Academy in 1708, into the Royal Society in 1724, into the Paris Academy of Sciences in 1731, the St. Petersburg Academy in 1735, and the Berlin Academy in 1754. Scarpa, the anatomist and surgeon, Caldani, the author of that splendid anatomical atlas, published at Venice in 4 vols. in 1801—14, were among his pupils.

Morgagni died on the 6th of December 1771. His knowledge of the classics was very extensive and he wrote upon a variety of topics* in this



DR. ARTHUR E. MINK, OF ST. LOUIS.

domain, among them being letters to Lancisi upon Cleopatra, commentaries on Celsus and Sammonicus and notes on Prosper Alpinus, Varro, Vegetius, Columella and Vitruvius. It now remains for us to speak of Morgagni's greatest work, "*De Sedibus et Causis Morborum per Anatomen indagatis*," whose appearance constitutes an epoch in the history of medical science and inaugurated the era of modern medicine. Prior to Morgagni's time the only work on morbid anatomy was Bonet's *Sepulchratum; sive Anatomia practica ex cadaveribus morbo denatis* (Geneva, 2 vols. folio 1679). This was a famous work in its day, although it treats largely of monstrosities and curiosities. Haller had a high opinion of it, yet it is a verbose, cumbersome and unsystematic compilation of well and ill authenticated cases.

Morgagni discusses the merits and demerits of Bonet's work in the preface to his own book. Mor-

gagni has related to us the circumstances under which he undertook to write the "*De Sedibus*". He was taking a holiday in the country and spent much of his time in the company of a young friend who was eager for knowledge upon many subjects. The conversation turning upon Bonet's *Sepulchretum*, his friend suggested that he should record his own observations. He agreed that letters upon the anatomy of diseased organs and parts should be written for his young friend. He wrote in all seventy letters. These letters make up the "*De Sedibus et Causis Morborum*". These letters are arranged in five books, as follows: *Lib. I. de Morbis Capitis. Lib. II. de Morbis Thoracis, Lib. III. de Morbis Ventris. Lib. IV. de Morbis*

ad Chirurgiam, ant ad universum Corpus, spectantibus, Lib. V. de addendis ad singulos quator Libros superiores. The five books are dedicated respectively to Trew, Bromfield, Senac, Schreiber and Meckel. This great work which was not published until he was in his eightieth year, marks the beginning of a new era in medicine; the era of exact pathologico-anatomical research. It contains the records of about 640 autopsies, made upon individuals in all ranks of life, from princes to paupers.

The description of some of the autopsies are long, exhaustive, and almost as accurate as those which issue from our most modern pathological institutes. Others are shorter and serve only to elucidate some special question. Symptomatology he freely discusses and he makes occasional excursions into the domain of general pathology and therapeutics. The author's knowledge of early and contemporary medical literature, as evinced by his numerous quotations and references, is something astounding. Space only permits us to speak of this great work in a general way. There are many chapters which will richly repay a perusal even at the present day, especially *Epist. 2. de Apoplexia in universum et speciatim de ea quae sit a sanguine, Epist. 7 de Phrenitide, Paraphrenitide et Delerio, Epist. 8 de Mania, Melancholia, Hydrophobia, Epist. 10, de Convulsione. et Motibus Convulsivis, Epist. II. de Paralyti, Epist. 15, de Respiratione Laesa a causis potissimum extra thoracis positis, sed et a positis intra palmones,* and the letters which follow it especially, *Epist. 22, de Sputo Sanguinis et de Sputis purulentis, Empyemate et Phthisi.* Other letters are valuable such as *Epist. 31 de Alvi Profluvii Incruentis et Cruentis. Epist. 39, de reliquis internis Ventris Tumoribus. Epist. 46, de Veneris impedimentis et Sterilitate in introque Sexu. Epist. 50, de Tumoribus. Epist. 51, de Vulneribus et Ictibus Capitis. Epist. 53, de Vulneribus et Ictibus Colli Pectoris et Dorsi. Epist. 54, de Vulneribus et Ictibus Ventris, Lumborum, et Artuum. Epist. 58 de Lue Venerea.* The appearance of this great work signaled the definite abandonment of the traditions of Hippocrates, Galen and Celsus, and struck humoral pathology its death blow. Its watchword was the motto "*Ubi est morbus.*" Symptoms for it was no longer the essence of a disease and they came to regard them only as "the cry of the suffering organs." It found the keystone of medical science, in trying to correlate abolition or derangement of function, with abolition or derangement of structure. It substituted precision for vagueness and endeavored to localize lesions instead of talking learnedly about humors. All of the ulterior developments of medicine were made possible by Morgagni, and he paved the way for such splendid works as those of Cruveilhier, Carswell, Rokitansky, Virchow, Lebert, Birsch-Hirschfeld and Ziegler. How well Morgagni appreciated the fact that one and the same symptom-complex can be caused by different lesions, and how well he perceived the aims of scientific medicine, will appear from a passage which we quote from the beginning of the fourth book: *Ex quibus ut eos tantum attendamus qui ex diversis oriuntur causis, insidentque diversis seditibus; ingentem vel sic habebimus numerum. Quantum erit igitur morborum numerus universarum corporis Portium, cum aliae quoque, praeter oculos, inter eas sint, quae bene multis instrumentis egent ad suum perfecte munus implendum, eoque morbis et frequentibus, et multiplicibus magis, quam caeterae, sunt obnoxiae. Unde simul facile est intelligere, quanto major sit, quam vulgus putat, vel uno in morbo, diversarum causarum numerus, et quomodo morbus idem et unus sit*

et millecuplus, quod praecearis exemplis, Caecitatis, Surditatis, Difficilis Respirationis Boerhaavius ostendit, ut Palpitationis Cordis Cel. Senacius, et quare paucae adeo quorundam morborum sanationes, plures autem infelices curationes, multaeque interea injusta, querelae audiantur, quod contra unum eundemque, si nomen spectetur, morbum tot, nec raro inter se contraria remedia in aliis aliorum Medicorum libris laudentur. Scilicet non ut morbi nomen, ita morbus quoque est simplex, sed multas complectitur differentias, a multis non diversis tantum, sed et oppositis interdum causis effectas. Quae cum ita sint; ars certo tante longius aberit a facultate bene curandi, quanto pauciores cognoverit differentiarum causas, et causarum notas. Contra vero propius, quoad ejus fieri potest, accedet, si noverit plures.

Nulla autem est alia pro certo noscendi via, nisi quam plurimus, et morborum, et dissectionum historias tum aliorum, tum proprias collectas habere, et inter se comparare.

Morgagni gave medical science one of the most powerful impulses forward, which it has received since the time of Hippocrates. All of our modern methods, such auscultation percussion, urinalysis, microscopy, ophthalmoscopy, laryngoscopy, endoscopy, otoscopy, cerebro spinal localization, etc., are the direct outcome of Morgagni's teachings. He largely helped to raise medicine from a state of mere barbaric mysticism, up to one of the noblest sciences known to man.

DEPARTMENT OF RAILWAY SURGERY.

BY WEBB J. KELLY, M. D., OF GALION, OHIO.

Secretary of the American Academy of Railway Surgeons.

A Study of Twenty-Five Thousand Railway Injuries.

It is not our intention to analyze in a very extensive manner the injuries herein tabulated, but only to touch upon the most salient points, which we conceive will be of interest to our readers. Out of the 24,994 injuries we find that 21,128 were inflicted upon employes, 984 upon passengers, 2,529 upon other persons. As regards the character of employment most dangerous to the railway employes, we will only consider those directly concerning the transportation department. We find that out of the 21,128 employes injured, 3,888 were brakemen, 1,504 switchmen, 1,323 firemen, 698 engineers. It will thus be seen that the brakeman is the most frequently injured individual upon the railway; next to him comes the yardman, with less than one-half of the number of injuries. It will likewise be noticed that about half as many engineers get hurt as firemen, which, of course, can be readily explained upon the fact that as a general thing the fireman's injuries are more trivial than the engineer's, and aside from this fact the fireman is constantly passing from the engine to the tender and places himself in the power of gravity, and is thus more frequently hurt.

As regards the manner of injury, we find that owing to the great inequality of couplers and the dangerous positions assumed in handling the cars, that we have 3,686 injuries occurring by coupling alone, while next in

order follow jumping off trains in motion, the injuries due to this cause numbering 1,023; while from falling off trains in motion the injuries number 901. The jolt, the jar, the play of gravity, uncertain footing, and probably intemperance, influence this. We find that 672 were injured by derailments; 571 by collisions; 538 by attempting to board moving trains. As regards passengers, 211 were injured in derailments; 193 in collisions, and 82 fell from moving trains. Under this last head, those placed under the heading of boarding moving trains are included.

Regarding non-employees we find that they were injured in the following manner; 788, while walking on the track; 353 in attempting to board moving trains; and 316 by falling and jumping from moving trains; doubtless some of them were thrown off. One hundred and seventy-seven were injured by being drunk on the track, and 88 by sleeping on the track; 8 of them willfully killed themselves by throwing themselves in front of moving trains.

It will not be uninteresting to specify the character of the injuries occurring to the 21,128 employes, as regards the part of the anatomy which suffered most: The upper extremity sustained 9,428 injuries, plainly for the reason of the broader use of this extremity. The lower extremity sustained 6,434 injuries. The head and face receiving 2,652, while the trunk or body only sustained 1,551 injuries. We find that sprains are very frequent in railway service, simply for the reason of excessive muscular use and great stress applied under certain conditions. Thus we have 3,213 sprains produced upon various portions of the body. The ankle joint being the most frequent joint in the body to suffer from sprains. One thousand three hundred and fifty-nine sprains occurred to this joint. We find that dislocations prevail with the upper extremity—155 occurred to this portion of the body, while only 36 involved the lower extremity. The shoulder joint is the most frequent joint in the body to suffer dislocation, the next in order of the upper extremities is the elbow joint, while the knee joint in the lower extremity suffers more from dislocation than any other.

The tibia and fibula are more frequently fractured than any other bones of the body, except those of the hand. The clavicle certainly does not keep up its reputation for frequency of fracture in comparison to the bones of the inferior extremity as mentioned.—*Railway Surgeon.*

Things to Remember.

The first Railway Hospital in the United States was established in 1868, at Sacramento, by the Central Pacific Railway.

The first Surgeon to have charge of a railway hospital in the world was Dr. S. P. Thomas, of Sacramento.

The Hospital System of the Missouri Pacific R'y., was established in 1879 by Dr. J. W. Jackson.

In 1881, Dr. Outten established the Hospital System on the St. Louis, Iron Mountain & Southern R'y., and the Eastern end of the Wabash. Dr. Jackson, completing the system on the Western end of the Railway.

Two roads claim the honor of having the first regularly appointed surgeon, the Chicago & North Western R'y., and The Lehigh Valley R'y. The appointments were both made in 1859 or 1860.

Dr. A. M. Ridenour, of Massillon, Ohio, who died June 26, 1891, was the projector of the National Association of Railway Surgeons

Dr. Frank H. Caldwell, chief surgeon, Savannah, Florida & Western R'y., and the Plant System, was the first to practically equip and run a hospital car on his system of roads.

The Ohio Medical University, Columbus, Ohio, was the first Medical College to fully recognize the importance of Railway Surgery.

The two Hospitals on the Missouri Pacific R'y., treat more patients than any other two railway hospitals located on one system in the United States. The St. Louis Hospital treating about 15,000, and the other one over 10,000 annually.

The *Railway Surgeon*, edited by Dr. W. B. Outten, is the only journal devoted exclusively to Railway Surgery.

Dr. W. B. Outten established the Hospital System on the M. K. & T., T. & P., and I. & G. N. Wabash, east; and the St. Louis, Iron Mountain and Southern Railway.

The American Academy of Railway Surgeons was organized November 9, 1894, Dr. C. K. Cole, Helena, Montana, being its first President.

A Profitable Meeting.

The regular semi-annual meeting of the surgeons of the Hospital Department of the Plant System of Railways was held at Sanford, Fla., on July 11th. Dr. D. M. Smith, Consulting Surgeon of the High Springs Division, held a clinic on Rectal Diseases at the hospital. Dr. N. de V. Howard, a specialist on nervous diseases, held a clinic on Injuries to the Spine. In the evening General Superintendent, Maj. B. Dunham, delivered an address to the surgeons present. The Chief Surgeon, Dr. Frank H. Caldwell, deserves great credit for the manner in which he handled his surgical corps. The actual expense of the surgeons in attendance upon this meeting was paid by the Hospital Department, which certainly reflects great credit upon the management.

Note on Catgut.

One objection to the use of catgut is that in handling with wet hands, or when it is soiled with blood or pus, it becomes slippery and one does not feel sure that a knot tied down in the bottom of the pelvis will hold. In order to obviate this objection, Dr. Cushing, of San Francisco, after rendering his catgut aseptic, puts it into a mixture of an ounce of common resin to a pint of alcohol. He has found this mixture to preserve catgut, and to make it stick so that it will stay tied.—*Medical Record*.

Medico-Legal Congress.

We notice in the preliminary announcement of the Medico-Legal Congress, to be held Sept. 4th, 5th and 6th, that Prof. A. M. Phelps, of New York, will read a paper, the subject of which will be "Duties of the Railway Surgeon to the Corporation, to the People, and to Himself and Dr. W. B. Outten, the well-known chief of the Missouri Pacific R'y., will contribute two papers—one on "Mental States of Railway Employees," and the other "Tuberculosis in Legal Medicine."

The following well-known Surgeons will also contribute papers, but have not as yet forwarded the titles of the same: Drs. G. P. Conn; J. E. Owens; Geo. Goodfellow; M. Cavana; C. B. Kibler; R. S. Harnden, and F. H. Caldwell.

A Report.

The following is a report of the Surgical Cases treated on the Plant System for the month of June.

DR. FRANK H. CALDWELL, Chief Surgeon.

FRACTURES:

Finger.....	1
Tibia.....	1
Femur.....	1

SPRAINS:

Back.....	1
Ankle.....	1

INFECTED WOUNDS:

Head.....	3
Hand.....	7
Leg.....	1
Finger.....	2
Shoulder.....	1
Thigh.....	3
Foot.....	3
Toe.....	2
Unclassified.....	4

Total Number Personal Injury..... 31

No Deaths.

Yearly Report of the Plant System of Railways.

The following is the Chief Surgeon's condensed clinical report on the above Road for the year ending June 30, 1895.

DR. FRANK H. CALDWELL, Sanford, Fla.

Remittent Fevers 251; Intermittent Fevers 474; Simple Continued Fevers 64; Typhoid Fever (one death) 6; Dengue 399; Rheumatism 124; Lumbago 102; Myalgia 130; Sciatica 3; Cephalalgia 50; Otagia 4; Toothache 92; Hysteria 2; Tetanus 1; Pneumonia 3; Pleurisy 7; Bronchitis 67; Congestion of Lungs 2; Pharyngitis 21; Laryngitis 27; Tonsillitis 32; Sore Throat 3; Coryza 2; Asthma 14; Pulmonary Tuberculosis 2; Influenza or LaGrippe (one death) 291; Nasal Catarrh 3; Dysentery 108; Diarrhoea 108; Appendicitis 3; Constipation 302; Congestion of Liver 5; Personal Injury (one death) 349; Enlarged Spleen 3; Catarrhal Jaundice 6; Stomatitis 4; Follicular Stomatitis 3; Ptyalism 1; Gastro-Enteritis 11; Enteritis 1; Gastritis 3; Cholera Morbus 15; Hemorrhoids 12; Acute Indigestion (Bilious Attack) 470; Gall Stones 1; Ophthalmia 56; Conjunctivitis 17; Granular Conjunctivitis 1; Cystitis 22; Eczema 53; Pityriasis 1; Urticaria 1; Herpes 10; Rhus Toxicodendron Poison 3; Abscess 38; Carbuncle 10; Furuncle 1; Pyemia 1; Erysipelas 12; Renal Calculi 1; Hemiplegia 6; Hæmoptisis 1; General Debility 5; Otitis 1; Parotitis 1; Chazazion 5; Unclassified 247.

SUMMARY: Number of patients treated 4101. Number of patients discharged, cured 4081. Number of patients under treatment 17. Number of deaths (see cause above) 3.

Physical Examination of Plaintiff in Personal Injury Cases.*

BY CLARK BELL, ESQ., OF NEW YORK.

(Extracts from advance sheets of the Medico-Legal Journal.)

The compulsory examination of the plaintiff in an action for damages sustained in a railway accident, or, in any case, where personal injuries have been sustained by reason of the alleged negligence of a railway or other corporation, through the acts or conduct of its employes, or of an individual, where the injuries are attributable to a common carrier's neglect, or that of his employes, is exciting considerable interest among jurists as well as surgeons, corporations and others, who are defendants in this class of cases.

THE ENDS OF JUSTICE WILL BE BEST SUBSERVED BY ADOPTING IN EVERY STATE PROPER MEANS OF ENFORCING A PHYSICAL EXAMINATION OF PLAINTIFFS IN PERSONAL INJURY CASES.

The object of a trial was admirably stated by Mr. Justice Brewer in his dissenting opinion in the Botsford case (141 U. P., 250), in the trite saying: "*The ends of litigation is justice; knowledge of the truth is essential thereto.*"

The rule of law that has permitted a plaintiff at his option, and if he sees fit, to exhibit his injury to a jury in a damage case is well recognized and established:

- Hiller vs. Sharon Springs, 28 Hun. 344.
- Mulkade vs. Brooklyn & R. R. Co., 30 N. Y. 370.
- Cunningham vs. U. P. R. R. Co., 4 Utah, 206.
- Hess vs. Lowery, 122 Ind. 225.
- Townsend vs. Briggs (Cal.), 32 Pacific, 307.

Equal justice should give the same rights to the party defendant.

No safer method could be desired to prevent exaggeration of an alleged injury by a dishonest claimant, on the one hand, or concealment of the actual state, character and extent of an injury by a defendant desiring to belittle a serious and extraordinary injury on the other.

2. The order for a physical examination should, however, be made with the highest respect for the rights, the feeling and the delicacy of the party, especially where the parts injured are in any wise related to the genital organs.

The order made by Mr. Justice Pryor, in the Lyons case, is an admirable one, so far as it was intended to protect the delicacy and modesty of the plaintiff, and merits the commendation of the appellate court regarding its terms.

To this order Hon. Nelson Smith, her counsel, objected.

1. That it would deprive the plaintiff of her liberty and of her natural rights.

* Read before the National Association of Railway Surgeons at Chicago, May 8, 1895. Read before the Medico-Legal Society, New York, May 15, 1895.

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THERAPEUTICS.—When deemed expedient to prescribe phosphorus alone, these pills will constitute a convenient and safe method of administering it.

Pil: Phosphori Co. ℞ Phosphori, 1-100 gr.; Ext. Nucis Vomicæ, ¼ gr. - - - - -	50	2 35
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DOSE.—One or two pills, to be taken three times a day, after meals.

THERAPEUTICS.—As a nerve tonic and stimulant this form of pill is well adapted for such nervous disorders as are associated with impaired nutritions and spinal debility; increasing the appetite and stimulating the digestion.

Pil: Phosphori cum Nuc. Vom. - - - - -	50	2 35
℞ Phosphori, 1-50 gr.; Ext. Nucis Vomicæ, ⅓ gr.		

DOSE.—One or two pills, three times a day, at meals.

THERAPEUTICS.—This pill is especially applicable in ATONIC DYSPEPSIA, depression, and in exhaustion from overwork, or fatigue of the mind. PHOSPHORUS and NUX VOMICA are SEXUAL stimulants, but their use requires circumspection as to the dose which should be given. As a general rule, they should not be continued for more than two or three weeks at a time, one or two pills being taken three times a day.

Pil: Phosphori cum Ferro et Quinia. ℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Quiniæ Sulph., 1 gr. - - -	1 10	5 35
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DOSE.—One pill, to be taken three times a day, at meals.

THERAPEUTICS.—PHOSPHORUS increases the tonic action of the iron and quinine, in addition to its specific action on the nervous system. In general debility, cerebral anemia and spinal irritation, this combination is especially indicated.

Pil: Phosphori cum Ferro et Quinia et Nuc. Vom. ℞ Phosph., 1-100 gr.; Ferri Carb., 1 gr.; Ext. Nuc. Vom., ¼ gr.; Qui. Sulph., 1 gr. - - - - -	1 10	5 35
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DOSE.—One pill, to be taken three times a day, at meals.

THERAPEUTICS.—The therapeutic action of this combination of tonics, augmented by the specific effect of Phosphorus on the nervous system, may readily be appreciated.

Pil: Phosphori cum Quinia et Digital. Co. ℞ Phosphori, 1-50 gr.; Quiniæ Sulph., ½ gr.; Pulv. Digitalis, ½ gr.; Pulv. Opii, ¼ gr.; Pulv. Ipecac, ¼ gr. - - - - -	1 10	5 35
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DOSE.—One or two pills may be taken three or four times daily, at meals.

THERAPEUTICS.—This combination is prescribed in cases of consumption, accompanied daily with periodical febrile symptoms, quinine and digitalis exerting a specific action in reducing animal heat. Patients should, however, be cautioned as to the use of Digitalis, except under the advice of a physician.

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2. That it would deprive the plaintiff of her sacredness, and privacy of her own person, and

3. That it would deprive the plaintiff of her right to prosecute her action, except on condition of exposing her person against her will.

We naturally and instinctively feel a certain sympathy with the sentiment expressed by Mr. Justice Gray, in the case of *U. P. R. R. vs. Botsford*, quoted by the New York Court of Appeals in its decision, holding that the law authorizing and providing for such an order in a proper case was not unconstitutional, and that in furtherance of the ends of justice it should be exercised.

In the language of Judge McClelland, of Alabama, "*Was it essential to the ends of justice that the plaintiff should submit to this examination? We think it was.*"

Before such an order is made the judge granting it should be satisfied of its necessity, and nothing should be omitted in the exercise of this power that could be done to protect the delicacy or modesty of the party affected.

As different views obtained in the various States as to the exercise of powers, not exercised under the common law and in derogation of and in conflict with it, it becomes an important question in those States of the Union, where no statute exists upon the subject, to have these questions determined by appropriate legislation.

It is clear that the Supreme Court of the United States is correct in holding that this power cannot be held to be inherent in Indiana, as a common law power, and the effect of that decision and the decision of the New York Court of Appeals, in the cases above cited, recognize the doctrine that that the Legislatures of the several States can provide for it by statute.

The Supreme Court of the United States, although it has in some respects the most enormous powers and jurisdiction of any human tribunal, is yet a court that has its powers exactly defined, and the limitations of its authority are clearly and carefully laid down.

In many of the States the power and authority of the Supreme Court of the States are (within the jurisdiction of each) of such an original and unlimited character that powers of this kind, in the conduct of trials, are believed by the judges and the people to be inherent in the Supreme Courts of the States.

So far as I have been able to ascertain New York and Indiana are the only two where it has been otherwise held against the larger number of States I have cited, where a contrary view has been held.

It is clearly the duty of the Legislatures, in all States where judges refused to exercise this power, to provide for its exercise by appropriate legislation.

I am under obligations to MR. JULIAN T. DAVIES, Esq., MR. J. H. ADAMS, of counsel for the Manhattan Elevated Railroad Co., NELSON SMITH, Esq., of New York, and to JAMES BAIRD, Esq., Barrister at Law of the Toronto Bar, for valuable aid, suggestions and hints in the preparation of this paper; and I regret that the pressure of my professional and other engagements has prevented my reference to the state of the law in other American States and contiguous provinces, than those I have been able to cite.

THE TRI-STATE MEDICAL JOURNAL

By JAMES MOORES BALL, M. D.

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Vol II. SAINT LOUIS, SEPTEMBER, 1895.

No 9

ORIGINAL ARTICLES.

A LECTURE ON SOME POINTS IN THE PRACTICE OF LITHOTRITY AND LITHOLAPAXY.*

BY REGINALD HARRISON, F. R. C. S.

Surgeon to St. Peter's Hospital.

GENTLEMEN,—I purpose devoting this occasion to the consideration of some points connected with the technique of lithotritry, as supplementing a previous lecture on the formation of urinary calculi, relative more especially to their prevention. I select this method of treatment as representing the rule now generally adopted, and I hope on some future occasion to discuss those rarer exceptions where lithotomy has to be substituted.

It is impossible for a surgeon who has been considerably engaged in the practice of any particular operation not to have learned to attach importance to some details connected with it which may not always be found in surgical textbooks. These points will here specially relate to the construction of the implements employed in crushing and removing stone in

* Delivered in connection with the London Post-Graduate Course, at the Cleveland Street Sick Asylum, May 16, 1895.

this way, and to their use. In these remarks the terms "lithotrity" and "litholapaxy" will be regarded as synonymous. I hope that though I am not giving you a demonstration on a patient to-day, the time will be so spent as to enable you to observe with greater advantage the operations you may have in the future the opportunity of witnessing or of taking a part in.

First of all in reference to sounding, or the method that is employed to determine the probable presence or absence of a stone in the bladder, so as to place the diagnosis as far as possible beyond the range of guess-work. A man, woman, or child comes to you with symptoms pointing to some irritant either within or adjacent to the urinary bladder, the precise nature of which it is necessary you should discover. I think I may say I have never seen any harm arise from sounding in a male or female child, in a woman, or in an adult male not beyond middle age. On the other hand, in elderly men I have known the most serious consequences ensue. Hence I would behove you to be on your guard in the latter instances and not to be too precipitate.

I have on some occasions allowed persons to conclude interviews with me who certainly had symptoms resembling stone and should have been sounded, merely because they would not comply with my conditions. You will naturally ask what are these, and to whom do they apply?

Let me answer you in this way. An elderly man comes to you suffering from an irritable bladder, with perhaps some degree of opacity or change in the constitution of the urine, which may lead you to suspect, quite reasonably, that his prostate is large and troublesome. You put your finger into his rectum and discover that this is the case, and you prescribe accordingly. In a week or so he returns with no improvement. This suggests to your mind that the irritation may be due to a calculus lying behind the enlarged prostate you have correctly diagnosed.

The first impulse is to pass a sound and to ascertain whether this is so. This is perhaps done on the sofa in the consulting room, the full prostate causing some little pain and difficulty, and a stone is or is not discovered. The patient returns home, has a rigor, a cystitis, or a swelled testicle, and is ill for some days, with a high temperature, for which, not unnaturally, you are blamed, though there can be no question as to the correctness of the diagnosis thus arrived at. This does not often follow, but when it happens either you, or your art, or both, are liable to be discredited. Hence, it is better first to tell patients coming under this category of the necessity for the use of a sound, and to employ it with all the precautions and resources that a comfortable bed, an anæsthetic, antiseptics, and proper attentions afford. Then there is this assurance: if there is no stone there is no prospect of your patient being harmed in the ways mentioned, and he is up and about again on the following day. When all doubts on this point are removed, medicinal or other treatment may now be proceeded with ad-

vantageously. On the other hand, if a stone is discovered, by the time the patient wakes up from the ether the bladder is freed from its tenant. One anæsthetic covers the detection and removal of the foreign body.

I do not know which is the more prejudicial to your reputation as a surgeon, either to make a person ill by sounding him when such a contingency is not provided against, or to let him go about and continue treatment with an undiscovered stone in his bladder. Neither of these events need happen if proper precautions are taken. Apart from the special reasons I have stated, the period of waiting between a sounding and the operation for removing the stone, is invariably trying to the patient, and is usually unnecessary. Further than this, in elderly persons with pouched or sacculated bladders, it may be requisite for the discovery of the stone to adopt an expedient which was first suggested by Dr. Freyer. This consists in using the aspirator and the metal evacuating catheter jointly as a sound. In this way small stones may indicate their presence by being made to come in contact with the end of the instrument by the movement of the fluid within the bladder. This is another reason why in doubtful cases an anæsthetic should be employed. I can only say that no cases have done better or recovered more rapidly than those where searching for the stone and its removal by operation were concurrent.

I will now assume that the stone or stones which have been discovered by the sound, together with the bladder and the passage to it, are deemed favorable for lithotrixy. With the view of proceeding with this operation, a few remarks will be offered on such instruments as may be required in the case of a male adult with a normal urethra.

The lithotrites should be of the finest make and material, and their breaking power be carefully tested before they are put into use. The resistance of stones relative to the construction of lithotrites, based on accurately measured tests applied to 184 vesical calculi, forms material for a paper of much practical value, chiefly from a mechanical point in view, by Dr. W. S. Forbes.***) Here is a lithotrite which, though of modern construction, could not be used without doing damage to the coats of the bladder. You will at once recognize this by merely holding the jaws of the instrument within the palm of the hand. An expert lithotritist will remove a large stone with so little bleeding as to barely discolor the water in the wash-bottle. This should always be aimed at, and after some little practice may generally be accomplished; it would, however, be impossible with an apparatus of this kind.

On the other hand, here is a specimen of the most recent lithotrite (fig. 1), which has been made to order for me by Messrs. Weiss & Son. I have found it efficient and safe so far as the patient is concerned, and con-

**) Philadelphia Medical News, June 23, 1894.

venient and easy in its application. In sparing the hand of the surgeon, as, for instance, in a prolonged operation on a large and hard stone, and thus tending to preserve the natural delicacy of touch, the latter qualification is not to be undervalued. The instrument is a fenestrated one, but differs from the usual form in having a short lever instead of a sliding button, by means of which, by the alternate pressure of the thumbs, the slide movement is converted into a screw when the fragment has been caught and is ready for breaking. A corkscrew handle has also been substituted for the more generally adopted wheel. The corkscrew handle in



REGINALD HARRISON, F. R. C. S., of London.

all respects compares favorably also with the ball handle, which was a feature in some of Bigelow's lithotrites. In small stones it really matters very little how the crushing force is applied, but in large ones, exceeding an ounce or so, this point is one of importance, not only from the patient's point of view, but from the surgeon's.

A fenestrated instrument of this kind is well adapted for the phosphatic form of calculi and mortar-like concretions which so frequently occur in

elderly men. The softer the calculus the greater is the necessity for using a lithotrite so constructed as not merely to convert a phosphatic stone into a stringy mass of mucus and fragments, but what is required is to so thoroughly disintegrate a concretion of this kind by a force which neither the organic nor inorganic constituents of the calculus can resist, and thus to secure its complete and ready evacuation from the bladder. This, I maintain, is not effected by the mere bruising or squeezing pressure of a smooth-bladed instrument in the case of stones like the triple phosphates, which are so largely dependent on organized components. Evidence of this may be obtained by comparing the recent *debris* of a phosphatic stone crushed by a smooth-bladed lithotrite with that effected by such a fenestrated instrument as the one I have just shown you. This consideration may in some measure explain the more frequent recurrences noted in the case of phosphatic stones, as by reason of their softness it is common to employ a smooth-bladed instrument on the presumption that they can by this means alone be easily, and at the same time, sufficiently destroyed.

Here are the fragments taken from a patient, which altogether weigh 600 grains, and are composed largely of uric acid. I crushed the stone, or rather stones, with my new lithotrite six days ago, the patient being under ether for fifty-five minutes. I wish you to examine the *debris* and to notice how effectually the instrument crushed both the hard and soft constituents of the stones. The patient has, since the operation, voided his urine quite naturally, and was up and about on the fifth day. He was not sounded until the time of examination under ether, when on the discovery of the stones, the operation for their removal was at once proceeded with, in accordance with my previous remarks. Though the mass of calculus was unusually large, the symptoms of stone were neither marked nor urgent, and pointed rather to enlargement of the prostate than to a bladder disorder.

As a rule, the lithotrite should not be withdrawn so long as any fragments can be readily seized and crushed, and the instrument works without impaction. When the prostate is large and the passage of instruments into the bladder is not particularly easy, it is clearly an object to limit as far as possible the number of introductions either of the lithotrite or the catheter. In this way stones of considerable size may be crushed and evacuated by a single introduction.

Passing now to the evacuating catheters to which the aspirators for withdrawing the fragments are attached, it will be noted that those I generally use differ from others you may have seen. You will observe that the eyes are larger, with their rims smoothly bevelled. In the second place, you will notice a very simple provision against any difficulty arising from the impaction of a fragment in the opening or in the tube itself. The surgeon should always have at hand a stylet by means of which the tube can be quickly cleared. To remove a catheter with a sharp fragment projecting

from the eye may be the means of inflicting serious damage on the urethra, and ought never to be attempted. To meet contingencies of this kind I use a long copper probe fitted with a stop at the handle, and sufficiently pliable to adapt itself to the curve of the catheter (fig. 2). This probe can be used for any sized evacuator suited for an adult, and I much prefer it to having each instrument exactly fitted with its own appliance. It only causes confusion when a stylet is handed to the surgeon when operating which will not fit the catheter in use. A single probe of this kind answers every purpose.

Though curved evacuating catheters are usually preferred, I always have by me perfectly straight instruments. In some instances where the prostate is large they evacuate much more thoroughly. When the patient is under an anæsthetic and the gland thus becomes less prominent, they are quite easily introduced. I generally saw Bigelow use one.

There is not much to be said in reference to the rubber syringes employed for washing the fragments out of the bladder, as all I have seen are more or less modifications or adaptations of Bigelow's instrument, of which the one I am showing you is an original specimen, and was given to me by this surgeon when I was in Boston, in 1878. In using rubber aspirators for washing out the bladder in this class of operations, where the viscus is generally in anything but an aseptic condition, care should be taken that this part of the apparatus particularly is most thoroughly sterilized before it is used.

Where the urine is very offensive, and the bladder swarms with bacteria, I usually adopt Guyon's practice of completing the operation by washing out with a solution of nitrate of silver (1 per 1,000). Experiments have shown this to be the most effectual bactericide for the purpose. Perchloride of mercury or carbolic acid are useless unless used of a strength which would be painful as well as injurious to the patient. Nitrate of silver solutions of course require glass or plated syringes.

With this reference to points more particularly related to the construction of the instruments I employ in lithotrity, I will pass on to notice some other details connected with the operation. This will include the selection of an anæsthetic, the preparation of the bladder, the precautions necessary to avoid injury to the coats of the bladder or prostate, the modes of testing the completion of the operation, and lastly, the subsequent management of the patient.

In reference to an anæsthetic, I may say that for years I have hardly ever had used anything else except nitrous oxide gas, followed by ether, though on a few occasions what is known as the A. C. E. mixture has been substituted. Nothing hitherto has ever occurred to make me desire a change.

The immediate preparation of the bladder before introducing the

lithotrite requires a few words. On the patient being anæsthetised I pass one of the evacuator catheters, and wash out the bladder with warm boracic lotion. This preliminary fulfils several objects. (1) The bladder is cleansed, an important point in some instances where the urine has perhaps for weeks or months been very foul. (2) The operator is enabled to gauge the size of the evacuator he is to use. (3) It sometimes allows of the withdrawal of a number of small stones or concretions, such as the specimens I am showing you. (4) It permits the surgeon to leave such a quantity of fluid in the bladder as may be desired. I like two or three ounces, so as to give my lithotrite sufficient room to move in easily between the stone, the fragments, and the bladder.

The next point has reference to the action of the lithotrite within the bladder, so as to avoid any interference except with the stone. In a healthy bladder, as in the child's or the adult's, this is a comparatively easy matter; but in elderly persons, where by reason of an enlarged prostate the bladder is pouched and distorted by depressions and elevations in the mucous membrane (which may be well studied in museum specimens), an operator who has not had much experience in cases of this kind may feel somewhat apprehensive. A surgeon under such circumstances will not be likely to do any harm if he remembers when in doubt that a stone or a fragment on being seized with the lithotrite should be capable of being moved in any direction, provided, of course, that the bladder is not almost empty, and hence the instrument should not fit the urethra too tightly. A slight rotatory movement of the lithotrite by the left hand—a manipulation which, by reason of its delicacy, may be almost imperceptible to a casual observer—before the instrument is screwed up, is usually sufficient to indicate a false position before any damage is done. I consider this to be the most important movement in connection with the process of lithotripsy.

The difficulties which may occasionally exist in testing as to whether the operation is completed, and all fragments removed from the bladder, can only be properly appreciated by some knowledge of the various distortions the bladder is capable of assuming as a consequence of a chronic state of obstructed micturition. A visit to one of our pathological museums would soon convince the most sceptical that such difficulties are real and not ideal, and that a considerable amount of ingenuity and patience has often to be displayed in bringing about the evacuation of the last fragment. No writer has attached greater importance to this point than Sir Henry Thompson, who, whilst recognizing the obstacles under which the search has sometimes to be made, emphasizes the fact that unless this is successfully accomplished the operation cannot be regarded otherwise than as incomplete. Alterations in the position of the body of the patient as he lies on the operating table, the free irrigation of the bladder with the catheter, both in the ordinary and reversed positions, and concussion of the pelvis,

with the hand, and its elevation, will often succeed in dislodging a fragment and permitting its withdrawal. These are means which the practical surgeon will avail himself of when operating in cases where there is reason to believe the bladder is abnormally disposed.

In the last place I will devote a few words to the subsequent management of the case. For the after-treatment of a successful lithotripsy there is not much more to be done than to see that the patient empties his bladder, is kept warm and fed lightly. Convalescence now usually occupies about as many days as it formerly did weeks before the introduction of Bigelow's litholapaxy. When the urine contains an excess of mucus, as in some cases where a stone has been forming for a considerable period, the use of a weak solution of nitrate of silver is generally of much benefit in restoring tone to the bladder. It is to be used after the bladder has been washed out with warm distilled water. The strength of the solution to commence with should be one-third of a grain to two ounces of water, of which half may be retained within the bladder. It is remarkable how quickly the urine will clear under this or somewhat similar applications.

Where the bladder is atonic or much pouched above the prostate, I cause the patient to lie over on his belly with his pelvis somewhat raised every day for an hour or so, after the viscus has been emptied either spontaneously, or, if necessary, by the catheter. I have frequently found the adoption of this expedient after lithotripsy, where for some time previously there were reasons for believing that the bladder had been only imperfectly emptied, of great and lasting service in perfecting the process of micturition. Stasis of urine in the bladder must be regarded in the light of an important contributory element in the formation of triple-phosphatic stone. I have discussed this subject more at length in a recent article on saccules and pouches of the urinary bladder.***)

As for many years a considerable proportion of my hospital patients was derived from a seafaring population, I was often struck with the fact how comparatively few of this class suffered from stone or allied affections other than what arose out of urethral strictures, which were not uncommon. The diet and saline atmosphere I believe had something to do with this in persons who had a natural tendency to form uric acid in excess, whilst the constant movement to which the body was subjected seemed to be unfavorable to the concretion of such inorganic particles as the urine might happen to contain. Nor did this circumstance entirely escape the notice of some of our ancient writers, for Aretæus observed "that diet and anointing and sailing and passing one's life at sea" were conditions which did not favor the development of these disorders.

I have thus endeavored to bring under your notice some points con-

***) "International Clinics," vol. iii., Fourth Series.

nected with lithotrity which may possibly be of service to you. This operation is accepted at the present time as applicable to by far the largest number of stone cases, whether occurring in men, women, or children. Its small mortality is due to the improved mechanical conditions under which it is now applied, as well as to its association with the principles of anti-septic surgery. It will, however, be at once conceded that it cannot, nor is it ever likely to be of universal application, as instances will arise where either from the nature of the stone or the soft parts, other expedients must be substituted if a favorable issue is to be obtained.

I shall therefore take the opportunity of including in this lecture, a description of some instruments, and the process I employ in the performance of perineal lithotrity. I see that my first communication to the profession on this subject was made in 1888, and though a large number of stone cases requiring operation have since passed through my hands, I have only performed it in something like fifteen instances, when on each occasion a successful result followed its selection. I make this reference merely as indicating that I have shown no disposition to substitute it for lithotrity as a rule in practice. You will, however, find it an expedient of very great value.

Dolbeau's operation of perineal lithotrity obviously fell into disrepute by reason of the instruments employed and the injury that was often inflicted on the neck of the bladder by unnecessary, if not violent, attempts to dilate these parts. These means have been discarded.

The bladder is now reached by puncturing the membranous urethra on a grooved staff in front of the prostate, so as to admit the index finger as for digital exploration of these parts. The opening thus made is no more like a perineal section than a paracentesis resembles a laparotomy. This being done, a pair of either straight or slightly curved crushing forceps—the circumference of which does not exceed an average index-finger by measurement—is then passed into the bladder, and the stone is seized and broken into fragments. Partly by these forceps, aided by washing out the bladder through the opening by a straight evacuating catheter, the viscus is cleared of all *debris*. The introduction and retention of a drainage tube for a few days completes the proceeding.

It will be observed that the stone is crushed by forceps (fig. 3 and 4), instead of by a lithotrite. The former (which have been made for me by Messrs. Krohne & Sesemann) are constructed with a cutting rib enclosed within the forceps, by which, either by the hand alone, or by the screw at the handle, any stone thus fairly grasped is rapidly broken up by one or more applications of the instrument. Oxalate, urate, cystin, and phosphate calculi of considerable dimensions, as you see in the specimens before you, have thus been reduced to fragments in a few minutes, and safely removed from the bladder.

The chief points in favor of this operation are these:—(1) It enables the operator to crush and evacuate large stones in a short space of time; (2) it is attended with a very small risk to life as compared with other operations, such as lateral or supra-pubic lithotomy; (3) it permits the operator to wash out the bladder and any pouches connected with it more effectually than by the urethra, as the route is shorter and the evacuating catheters

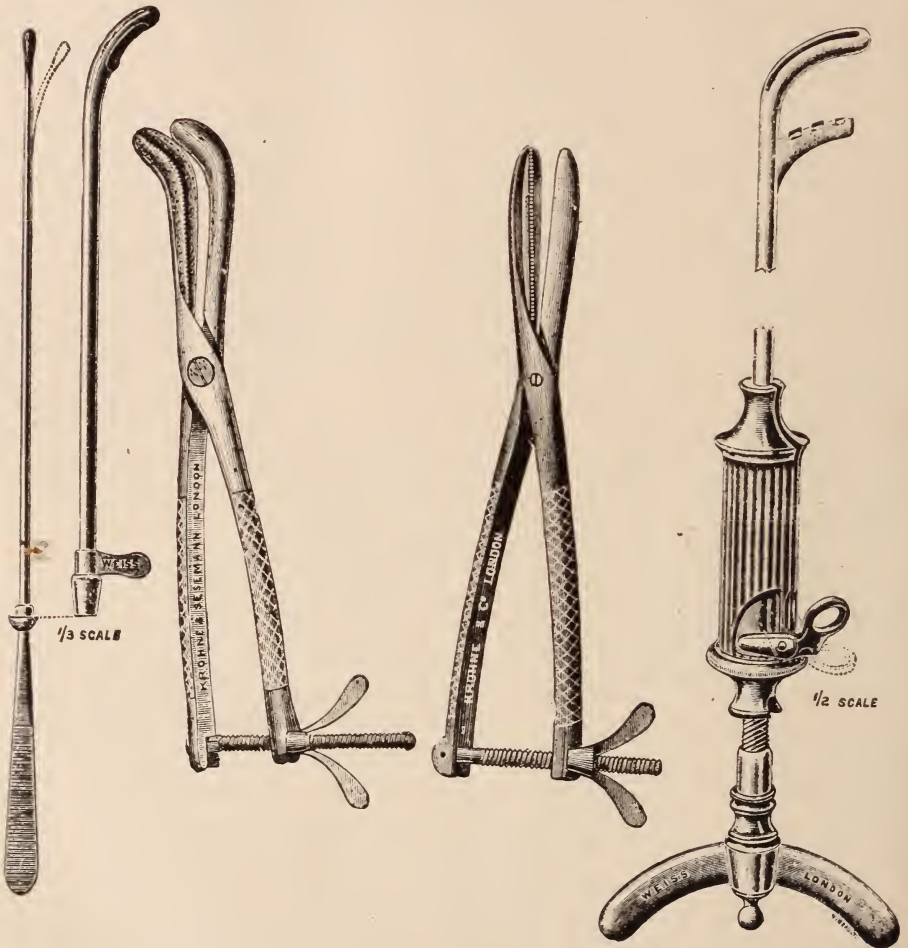


Fig. 2.

Fig. 3.

Fig. 4.

Fig. 1.

employed of larger calibre; (4) the surgeon can ascertain, either by exploration with the finger or by the introduction of the forceps, that the bladder is cleared of all *debris*; (5) it enables the surgeon to deal with certain forms of prostatic outgrowth and obstruction complicated with atony of the bladder in such a way as to secure not only the removal of the stone, but the restoration of the function of micturition; (6) by the subsequent in-

roduction and temporary retention of a soft rubber drainage-tube, states o cystitis due to the retention of urine in pouches and depressions in the bladder wall are either entirely cured or are permanently improved. To lock up unhealthy ammoniacal urine in a bladder that cannot properly empty itself after a lithotrixy, is to court the formation or recurrence of a phosphatic stone.

I will conclude by briefly narrating the particulars of two cases as illustrating points which seemed to determine the selection of this method. The first was that of an elderly man, with a weak heart, an obstructing prostate, and two or more urate stones in his bladder. The latter, on removal, weighed within a few grains of 3 ounces. A prolonged operation, such as would have inevitably been the case with a lithotrixy, was entirely out of the question. The point to decide was as to how to remove the stone quickly and with as little strain as possible. The patient was placed under ether, and by perineal lithotrixy the entire mass of stone you see here, and which does not appear to contain any phosphates, was crushed and removed in under ten minutes. The wound healed, and recovery was complete within ten days.

Published records where litholapaxy has been attempted for stones of this magnitude place the time occupied as between one and two hours, and even upwards. In one case the removal of the stone could not be completed within this period. Though I am not disposed to attach undue importance, with the resources now at our disposal, to a time-limit in connection with these operations, it formed a very prominent consideration in the case I have just referred to.

In discussing this subject, exceptions may be taken to the selection of perineal lithotrixy as a means of getting over any difficulty connected with instrumentation which a large and obstructing prostate might afford, on the ground that, though the route of access to the male bladder is thus shortened, the manipulations, so far as the bladder is concerned, are conducted from a point immediately in front of the obstructing prostate. This objection is readily disposed of, as by the perineal method the axis for entering the bladder is altered on the same principle as applies in retention of urine where the elbowed or coudé catheter is substituted for the ordinary curved instrument. However large or obstructing the prostate may be when approached from the urethra, I have never met with any difficulty in entering the bladder from the perineum, and conducting the manipulations described for the removal of the stone.

It may, however, be urged, why not select as an alternative for lithotrixy under these circumstances supra-pubic cystotomy? My reply is that the latter operation for large stones in elderly men is so serious and fatal as only to compare in its results with the lithotomy in similar subjects of a few years ago, where the mortality ranged between 25 and 50 per cent. If

statistics are worth anything, I do not think there can be much doubt upon this point.

In my second case the difficulty lay in the urethra, as the stone, though weighing over an ounce and a half, was phosphatic, and could easily have been crushed. The patient, a middle-aged man, who had spent a considerable portion of his life in India, had suffered for a year or more from symptoms of stone. He had, in addition, a long contractile stricture in the deep urethra. For the latter he had, at various times before I saw him, undergone three operations—viz., twice by divulsion or Holt's method, and once by internal urethrotomy. The state of the urethra, although admitting a fair-sized instrument without much difficulty, added to the offensive condition in which the urine and bladder were in, rendered lithotrity, after making the attempt under ether with some preliminary treatment inexpedient. I accordingly at once substituted a perineal lithotrity, at the same time dividing from the opening the stricture, which was extremely callous. The patient made a good recovery, with mutual advantage both to his bladder and urethra. The latter now readily admits a full-sized instrument, and, though over a year has elapsed since the operation, has shown no tendency to re-contraction. The specimen of the stone removed is before you. With a bladder and a canal like this, ordinary lithotrity could, in my judgment, only have been undertaken under very unfavorable auspices, whilst suprapubic cystotomy would not have enabled me to dispose of the stricture at the same time, apart from the other reasons I have mentioned.

SURGICAL FADS.

BY JOHN I. SKELLY, M. D., OF PEKIN, ILL.

SOME one has remarked that "one had better be dead than out of fashion." This may be true, but I had rather live, even if I cannot conscientiously keep up with the procession. Too bad that we should be domineered over by professional fads, as are the devotees of fashion by the edicts from Paris: but we are, and we can't deny it. But a short time ago Tait of England and Battey of Georgia led the van in a merciless onslaught upon English and American ovaries. Then indeed, could all men be truly thankful that there were not women. Then Dr. Sayre, of New York, discovered a tight prepuce in the case of a nervous boy and circumcision relieved him. The result was published, and for a few years thereafter every nervous boy who consulted an up-to-date doctor, had to exhibit his prepuce, and if he could not retract it (and doubtless very few could), he reluctantly left it with the doctor. So far it has been the women and the boys who have contributed specimens to the surgeon's museum, but our time is coming. Already a new light had dawned upon the Eastern horizon, and those

of us, who have enlarged prostates will have to guard our testicles with zealous care. Perhaps the greatest craze, just now, is in the eagerness to operate in appendicitis, and a number of operations have been reported where the appendix was found perfectly normal.

Another fad, and a bad one, is the undue haste in removing the stitches after abdominal section. Operators tell us with much satisfaction, "that the stitches were removed on the seventh or eight day"; but they entirely forget to tell us what per cent. of hernias follow their operations. Now, it is not my purpose to try to deter any from performing any surgical operation whenever necessary: far from it. There is a vast difference between conservatism and cowardice or neglect. But I do believe we should think for ourselves, and not blindly follow when we know not why we follow nor whither we are being led.

Dr. Emory Lanphear, of St. Louis, created great surprise by taking the position he did in the discussion of appendicitis at the Hannibal meeting. I am not at all surprised. Dr. L. is right. He needs no defense, his work speaks for him, and all know that he would never shirk duty under any circumstances.

The subject of appendicitis is now under discussion and investigation by the ablest surgeons, and we may soon hope to have rules based upon sound surgical principles which will guide us in such cases. There are none of us who have had much experience but we can recall many cases, that we now recognize as appendicitis. I have had several, none have died that I remember. Some took one route to recovery, some another, but all recovered.

Lately I have had two cases where I proposed operation. Both refused, and still live. Other physicians here have had cases in which they asked me to be ready to operate for them, but by skillful treatment they pulled their patients through without surgical interference. These results leave me without any brilliant operations to report, but I am ready to operate whenever I can save a human life or relieve suffering.

College Opening.—The regular session of the Keokuk Medical College opened Tuesday evening, Sept. 3rd. the address of welcome being delivered by Professor Wm. C. Howell. It was an able effort.

New Doctors for Illinois.—The Illinois Board of Health has granted certificates during the past week entitling to practice medicine and surgery in Illinois to J. C. Beck, R. W. Craig and J. R. Noel, all of Chicago; J. P. Heinen, of Streator; H. M. Orr, of La Salle; B. F. Replogle, of Champaign; F. R. Patrick, of Austin, and F. A. Seemann, of Dubuque, Iowa.

GLAUCOMA.*

BY R. C. HEFLEBOWER, M. D., OF CINCINNATI.

IT is my desire to present a series of glaucoma cases to you to-day, some of which exhibit interesting features as to etiology. I will first sketch a brief history of each case, and then draw attention to such points as seem to me to be of the greatest interest. These are not a selected lot of cases, but are taken from my records in the order in which they occur there:

CASE I. Mrs. M., left eye. Acute inflammatory glaucoma, occurring in an eye that is the seat of an hypermature senile cataract, in a patient 60 years of age. No mydriatic or other drug had been used in the eye. Eserine and warm applications were employed, relieving some of the pain, but an iridectomy was finally necessary. This gave complete relief, and at a later date the cataract was extracted. The patient was seen six weeks after the extraction, and with the proper lens had a vision of 0.6. She has had no trouble with the eye since.

CASE II. Thomas G., 63 years, R. E. Came to me complaining that he had been suffering with the right eye for five months. The cornea was extremely hazy, the epithelium roughened, marked engorgement of the episcleral vessels, pupil widely dilated, and the anterior chamber almost entirely obliterated. This was plainly a case of confirmed glaucoma, of long standing, in a man whose general health was far from good, and which was constantly becoming worse. Enucleation was advised and performed. The patient rapidly regained his former good health, and in a few weeks was able to return to his work.

CASE III. Mrs. J. D., 34, L. E. Patient has suffered two attacks of serous irido-choroiditis, the last occurring about one year ago. At present the cornea is hazy, there is a large bulla on its lower half, the tension is increased, the aqueous is very hazy, and the eye painful. Ordered a solution of eserine and hot applications. The eye became much better, but the bulla remained, and about 15 days from the time that I first saw the patient there appeared an hypopion and a further increase of tension. A paracentesis was made, which relieved the purulent condition and the increased tension. Again the tension became elevated and the eye painful, and one month after I had first seen the patient I made an iridectomy, which relieved the pain and reduced the tension. Owing to the large corneal scar at the seat of the bulla, the vision was not much improved.

CASE IV. Mrs. J. H., 65, L. E. About six months ago the patient was operated on for cataract, and the operation was followed by iritis, clos-

* Read at the meeting of the Mitchell District Medical Association, of West Baden Springs, Ind., July 5th and 6th, 1895.

ure of the pupil and frequent attacks of pain. When I first saw her the cornea was clear, the aqueous clear, and the eye free from injection. A few days later I saw her during one of the glaucomatous attacks. There was considerable episcleral injection, the aqueous was slightly hazy and the tension somewhat increased. After the attack had passed, an iridectomy was made with eventually a vision of 0.15.

CASE V. G. R., 58, L. E. Has had subacute glaucoma for about three months. Eserine was used for two weeks, together with hot applications, but all to no purpose. Iridectomy was made, resulting in vision of 0.5 in four weeks.

CASE VI. Mrs. P, K., 29, R. E. Confirmed glaucoma, associated with a very high degree of myopia and choroidal alterations. Globe extremely hard and painful. Good eye quite sensitive to the light. Advised enucleation, which was made the same day. The fellow eye was myopic —15.D.

CASE VII. J. W., 68, L. E. Simple glaucoma, extending over a period of more than three years. No light perception at all. Tension about plus 1. An iridectomy was made at the same time that the right eye was operated on for cataract. The glaucomatous eye recovered, with a fair light perception.

CASE VIII. W. H. McF., 81, L. E. Had a simple cataract extraction three years ago. Is suffering now, and has been for five months, from chronic inflammatory glaucoma. The cornea is hazy, the episclera injected and the larger vessels engorged, the aqueous slightly turbid; the disc could be distinguished only with much difficulty, and was the seat of a fairly deep excavation. The tension was about plus 2. The symptoms yielded for a time to eserine and hot applications, but after four weeks it was necessary to perform iridectomy. In two months after the operation the vision was 0.7, and one year after, 0.9.

CASE IX. Mr. R., 81, R. E. Was operated on two years ago for senile cataract, by a simple operation. The result was a good one. Three months ago the patient had an attack of acute inflammatory glaucoma and has suffered more or less ever since. The eye was in much the condition as the previously mentioned case, only the media were not clear enough to permit an ophthalmoscopic examination. An iridectomy was made, but the patient was very unruly, and considerable vitreous was lost. A severe reaction followed, resulting in closure of the pupil. The eye was in a sensitive condition three months afterward.

(One year after the above notes were made the patient came to me on account of a cataract of the other eye. At the same time that I operated for cataract I made an incision with a keratome in the cornea of the blind eye, and tore the membrane covering the pupil. Fortunately the result

was a good one, and the patient is able to see again with the eye—vision of 0.4.

CASE X. Mrs. M. S., 67, double. Has noticed for several months that her vision has been slowly growing less and less acute, but attributed it to her increasing age. There is a vision of 0.2 in each eye, and this is not bettered by lenses. Tension is only very slightly increased, if any, but this is difficult to determine, owing to the fact that both eyes are affected. The anterior chamber is not shallow, the pupils only slightly dilated, and respond fairly well to the light. Ophthalmoscopic examination shows, however, the discs of both sides slightly excavated, the pulsation of the arteries, and also a slight venous pulsation as well. A weak solution of eserine and warm applications were ordered. In four weeks vision was 0.5, with a plus 0.5 D. sph. At the end of two months it was 0.9 in both eyes, and the patient reads with ease with the proper corrective lens. It is now a year since the patient was first seen, and there has been no return of the disease.

CASE XI. R. A., 62, L. E. Patient has had three previous attacks of inflammatory glaucoma, but the present one is by far the most severe of them all. On the day that I first saw him the episclera was much injected, the cornea was beginning to become a little hazy, the anterior chamber was very shallow, the aqueous lacked clearness, the pupil was very dilated in an oval manner, the long axis vertical and the iris apparently considerably atrophied. The disc could be seen only very indistinctly, but an excavation could be seen. The patient was suffering much pain, and was given an hypodermatic injection of morphine, and the eserine solution and hot applications to use locally. An iridectomy was made the following day. There was an excessive hemorrhage, but complete relief from pain followed the operation. In three days he was able to distinguish the time of day on a watch, and when he was dismissed, three weeks after the operation, his vision was 0.25.

In the above cases only the barest outlines of the histories have been given, for brevity's sake, but at the same time it is enough to comprehend the nature of the cases. I have not referred to prodromal symptoms, when they had existed; I do not refer to the field of vision, where it was possible to take it. In the majority of the above cases it was impossible, of course, to get either.

The first point that suggests itself to one, in connection with the above cases, is the age of the patients. With the exception of Cases III. and VI., the average age of these patients is over 67 years. These two are not included in this estimate for the reason that their glaucoma was secondary to some other intra-ocular disease.

As to the causation, or, rather, the conditions present that may have been concerned in the causation, we find as follows:

With hypermature senile cataract, without any other appreciable abnormal conditions present	- - - -	1
Result of serous irido-choroiditis	- - - -	1
With myopia and choroidal changes,	- - - -	1
Secondary to cataract extraction:		
Without iridectomy, favorable results after extraction		2
With iridectomy, unfavorable result after extraction		1
Occuring without any known cause (idiopathic)	-	5
		<hr/>
Total	- - - - -	11

The most interesting cases are Nos. VII. and IX., where the glaucoma followed simple cataract extraction. In Case VIII. more than two and a half years elapsed from the time of the operation for cataract and the onset of the glaucoma. Vision in this eye was perfect, and there was no complication or result of the operation that could have possibly contributed to the glaucomatous condition. The general condition of the patient was excellent, in spite of his more than four-score years.

In Case IX. more than one year and a half elapsed from the time of the cataract operation until the onset of the glaucoma. As a result of the operation, there was a very slight adhesion of the anterior surface of the iris to the internal wound surface. Otherwise there was nothing that could possibly account for the subsequent trouble. The health of the patient was good, and he was quite active for a man of his years.

Here, then, are two cases, both men of quite advanced age, in which a simple extraction was made, the result being excellent in each; after a period of from one and a half to two and a half years each is affected in the operated eye with glaucoma, and this without any apparent cause. An iridectomy gave permanent relief in both cases. The question arising in my mind is, was the glaucoma the result of the extraction without iridectomy, or was it the result of age, or was it the result of both combined? In my opinion, it is much safer to operate on persons of advanced age with the iridectomy.

Case I. is remarkable for the reason that there was no apparent cause for the disease than the cataract, and the lens was by no means a large one. Since its extraction there has been no return of the glaucoma, although two years have elapsed since the operation.

The only other cases of more than ordinary interest are Nos. III. and VI., and these are so only from their causation.

This series of cases well illustrates two very important points in the treatment of the different types of glaucoma: First, the usefulness of eserine and warm applications in the beginning of the treatment; second, that, sooner or later, an iridectomy is required in the majority of cases.



TRI-STATE MEDICAL JOURNAL.

EDITORIAL DEPARTMENT.

Vol. II.

SEPTEMBER, 1895.

No. 9.

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CYCLING A CAUSE OF HEART DISEASE.

In a late issue of the *London Lancet*, George Herschell, M. D., shows how cycling tends to cause heart lesions. Those who exercise violently on the wheel deliberately subject themselves to heart lesions. The effects of excessive cycling upon the heart may be divided into four classes: (1) simple hypertrophy; (2) acute dilatation; (3) chronic valvular disease; (4) functional derangement.

"Simple hypertrophy occurs in those who do a great deal of cycling. It is a compensatory hypertrophy to meet the extra work demanded of the heart. Like other forms of exercise cycling greatly increases the arterial blood pressure. Increased work is followed by increased growth if nutrition is maintained. Moderate hypertrophy is compatible with health. Increased blood pressure gradually produces a hard, inelastic arterial wall, which increases and perpetuates the hypertrophy. The altered arterial walls are later apt to undergo degeneration and to give way under a sudden strain. Athletes are liable to rapid loss of health when they relinquish exercise. Compensatory cardiac hypertrophy cannot be preserved indefinitely. Hypertrophy of the heart, produced by cycling, may terminate in three ways: (a) By recovery; (b) valvular disease and disease of the

aorta; and (c) degeneration of the heart muscle. Until symptoms of "being out of breath" occur, both the pulmonic and aortic systems have equal quantities of blood. If the exertion is continued, the heart pumps so rapidly that the respiratory muscles cannot keep pace with it. The time during which the blood comes into contact with the oxygen is shortened, "shortness of breath" being thus produced. There is obstruction to the circulation in the lungs, and a small amount of residual blood will remain in the right ventricle. With the continuance of exercise the excess of blood in the lungs grows greater and the heart will rapidly dilate. Finally the ring to which the bases of the valves are attached is expanded and cannot be sufficiently closed by the valves; regurgitation then ensues. If exercise is discontinued at this point the heart will probably recover itself. If it is continued, the heart rapidly dilates and death from asystole occurs.

Acute dilatation of the heart caused by cycling may terminate in two ways: (a) By recovery; (b) in chronic valvular disease. Cycling produces chronic cardiac valvular disease in two ways: (A) By the stretching and finally permanent enlargement of the ring to which the bases of the auriculo-ventricular valves are attached; (B) as a result of hypertrophy. Constant high arterial tension, with the resulting strain upon the valves, produces slight injuries on their surface, finally forming sclerotic changes. In a great majority of the cases seen by the author there were aortic lesions. The aorta cannot strengthen itself against excessive strain; strain upon its structure causes chronic endoarteritis and loss of elasticity. The next step is a pouching of the aorta just above the still competent valve. The further course of these cases may be: (1) The aortic ring may be stretched by the pouching of the aorta, and regurgitation result; (2) a valve may actually give way; (3) sclerotic changes may take place in the valves.

Functional derangement of the heart caused by cycling resembles much the "irritable heart" of Da Costa. The acute dilation having subsided, the heart still remains irritable, because of the stretching the muscular fibers have undergone. When the pulse rate has become normal, any slight emotion or exertion will bring on palpitation. It seems as if the inhibitory function of the pneumogastric were suspended. The symptoms observed in these cases are chiefly the following: Palpitation of the heart, dyspnea on even slight exertion, sensation of sinking at the epigastrium, subjective sensations in the region of the heart, intermittency of the heart's action, and anginoid symptoms. The following are some of the preventive measures against the dangers of cycling:

- (1) The use of a low gear.
- (2) The upright position in riding; the stooping position prevents proper expansion of the lungs and interferes with the proper aeration of the blood.
- (3) Adequate food when riding and the avoidance of muscles poisons,

such as beef tea—the digestive power of the stomach is inhibited while riding.

(4) The avoidance of kola and coca preparations—these, by benumbing the sense of fatigue, cause more work to be done than is judicious.

(5) On no account should the cyclist continue riding after he has commenced to feel short of breath, or when there is the slightest sensation of uneasiness in the chest.”

AMERICAN ACADEMY OF RAILWAY SURGEONS.

In another part of this magazine will be found the program for the next meeting of the American Academy of Railway Surgeons, which will convene at the Auditorium Hotel in Chicago, September 25, 26 and 27, 1895. The Academy is one year of age, and has enjoyed a wonderful growth. The motto of the Academy is: “The higher the Order of Railway Surgery, the greater the protection to the employee, the passenger and the company.” Much of the success of this organization is due to the tireless efforts of Doctor Webb J. Kelly, of Galion, Ohio, the Secretary. Our readers are familiar with Doctor Kelly’s face, his portrait having appeared in a recent issue of this publication.

A careful perusal of the program will show that it contains the names of many of the most eminent railway surgeons of America.

Following is the list of officers:

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TRI-STATE MEDICAL SOCIETY.

The Tri-State Medical Society of Iowa, Illinois and Missouri, will meet in annual session in Des Moines, Iowa, October 1, 2, and 3, 1895. The Secretary has prepared an excellent program which includes the names of Doctors Sarah Hackett Stevenson, R. H. Babcock, Archibald Church, Bayard Holmes and Sanger Brown, of Chicago; D. W. Smouse, W. C.

Pipino, D. W. Finlayson and Lewis Schooler, of Des Moines; J. W. Hedden, St. Joseph; F. C. Hoyt, Clarinda, Iowa; F. O. Jackman, Mt. Pleasant, Iowa; B. M. Griffith, Springfield, Ill.; J. F. Percy, Galesbury, Ill.; F. B. Dorsey, Keokuk, Iowa; Waldo Briggs, Otto Sutter, Thos. O. Summers, G. W. Cale, Arthur E. Mink, and others of St. Louis. From present indications the meeting will be largely attended.

THE LESSON IN ANATOMY.

Among the wonderful paintings which are exhibited in the unique land of dykes and windmills none has greater interest for a physician than Rembrandt's *Lesson in Anatomy*, which hangs in the Hague gallery. Together with Potter's *Bull*, it overshadows the other paintings in that famous collection. A master of light and shadows, Rembrandt's genius shines for it in every detail of this picture. The chief character, Tulpius, was a surgeon of great renown and the intimate friend of the painter. The picture was painted in the year 1632, when the artist was twenty-six years of age, and the surgeon was in his thirty-ninth year. Tulpius presented it to the anatomical theater at Amsterdam. Afterwards it was taken to England and was brought back to Holland by the King of the Netherlands, who paid 32,000 florins for it.

The union of anatomy and art began long before the time of Rembrandt. Early in the sixteenth century, while anatomists were engaged in anatomical studies and were advancing the practice of surgery, the great artists of the time took man as their model and left posterity drawings which cannot be surpassed. Many of them did not stop with sketching the outlines but actually dissected the human body and made beautiful drawings of the viscera, muscles and nerves. Lionardo da Vinci, the greatest investigator among the painters of his day, not only drew anatomical pictures, but wrote a treatise on human anatomy. Michel Angelo Buonorroti, poet, painter and carver in wood, and Raffaello Santi pursued the study of anatomy. Both have left splendid plates. Jan Stephan van Calcar, favorite pupil of the renowned Titian, drew the figures for the book of Vesalius. Albert Dürer, in 1552, published a work on anatomy which showed him to be possessed of great knowledge of the human frame. Combining the skill of the practical anatomist with the qualifications of the artist these celebrated men added much the sum of knowledge. The crude wood-cuts and meaningless figures found in the earlier anatomical treatises were soon succeeded by a wealth of illustration. The presses of Basel, Strassburg, Venice and Augsburg, turned out ponderous folios remarkable for typographical excellence. For several centuries art and anatomy have walked hand in hand.



IN THE PROFESSIONAL EYE

AT the recent meeting of the Mississippi Valley Medical Association Doctor William Pepper, of Philadelphia, delivered an address upon "Daniel Drake, or Then and Now." It was a well considered estimate of a pioneer in medical practice in the West. We take the liberty of presenting in a condensed form some of the best parts of the address:

Doctor Daniel Drake was a native of New Jersey. In childhood he accompanied his family to Kentucky, enduring great trials and privations. At the age of 15 he was sent to Cincinnati to study medicine. All who knew him or have read his works pay tribute to the grand qualities of his nature. His was the gift to present his thoughts in a pure, perspicuous and charming style. His life on the farm prepared him for the successful career that awaited him. He possessed the well-rounded, sympathetic personality that comes from living close to nature. He was ambitious, but his aspirations were unselfish. He yearned to do something for his profession. In business transactions he was the soul of honor. The possibilities of the Mississippi Valley came to Drake with tremendous force. To his clear vision it presented itself as a vast crucible into which contributing materials were to be placed for amalgamation. He was filled with the passionate desire to lay the foundation of educational influences and project a movement for the cause of medicine. He took an active part in public matters and his writings breathed a spirit of lofty patriotism.

When 30 years old he published "A Picture of Cincinnati," which had a potent influence to attracting immigration thither. He urged many internal improvements, afterwards accomplished. He helped to found the free library and established the Cincinnati College. He was not discouraged by reverses or opposition.

His love was in the work, and the world to-day pays tribute to his unselfish labors.

NOT A MERE THEORIST.

At an early day he took up extensive scientific investigations, devoting himself to the topographical, geological and climatic aspects of the great Mississippi Valley. From these researches he proceeded to a consideration of the region from the medical standpoint, and these investigations and observations are embodied in his most notable publications, which have appealed to the admiration of the profoundest critics. Of course, in the light of modern pathology it is easy to pick flaws in Drake's treatment of

certain subjects, concerning which comparatively little was known. Typhoid fever is a subject upon which the fraternity professes to have much more enlightenment than Drake enjoyed in his day, but his accounts reveal a knowledge of microbic influences. Malaria was the bane of the Valley in his day, and he considered it in all its phases and with rare philosophy and erudition.

The condition of things justified the descriptions of that portion of the country satirized by Dickens in "Martin Chuzzlewit." Drake foresaw the



DOCTOR DANIEL DRAKE.

time when this drawback would be eliminated. Some of Drake's contemporaries characterized him as a theorist and reckless practitioner, but from a source close to him comes an estimate of his resources, skill and care in medical practice. His works reveal this. The truth is, he was ahead of his time. He received his diploma from the Pennsylvania University at a special commencement held for that purpose. He admired the great Rush,

but modified Rush's views in accordance with his own observations. Great doses of calomel were the order of the day then, and Drake combatted such murderous methods. He encouraged the use of cool water in fevers. We are amazed at the rapid advancement of the medical fraternity in the Mississippi Valley, but we should not despise the day of small things and withhold deserved recognition from the pioneers of the profession.

Drake appreciated the obstacles that confronted the progressive practitioner who insisted upon utilizing some method from which wisdom dictated, but against which precedent and tradition rebelled. Later generations have gleaned a lesson from his heroic persistence until now the tendency is to employ the means that seem best calculated to meet the requirements of the case under attention. There are remedies which it is not wise to follow with routine regularity, as hydro-therapy in fevers.

Drake's studies in hygiene were extremely interesting, and his consideration of pulmonary troubles and their relation to climatic conditions, drainage, etc., were advanced. His influence upon the age in which he lived was marked and far-reaching in temperance and educational work and authorship, but his soul was in medical education and therein his greatest triumphs were achieved. He held many professorships and many more calls to chairs in leading institutions. His conduct was guided by lofty motives, and his consuming desire was to advance the cause of medical education. He was a pioneer, founder, organizer, a foe of shams and compromises. He was an eloquent advocate of the public school system, arguing that it involved the perpetuity of the country. In a little work on medical education he reviewed existing evils and defects in curriculums and foresaw coming difficulties.

Drake was decades ahead of the times. It must have been bitter to him to see the rapid multiplication of medical schools. This country now has one medical school in every 440,090 people. Nevertheless the battle for higher education has been fought and won, and the profession esteems and indorses those great universities which have made admission tests more thorough, extended their courses and increased the compensations of professors. "Let us address ourselves to the further advancement of the strong schools," said the speaker, "deny charters to irresponsible persons through legislative action, and let us persist in demanding proper recognition of our profession at Washington. What joy such a meeting as this would have given Drake! The Mississippi is now carrying hundreds of thousands of tons of merchandise annually to the gulf. With equal power is our fraternity reaching out in professional co-operation and comradeship with other countries."

Resigned.—Dr. Harrison Allen has resigned from the chair of anatomy in the University of Pennsylvania.

HISTORICAL SKETCHES.

Bartholomeus Eustachius (1520-1574).

By JAMES MOORES BALL, M. D.

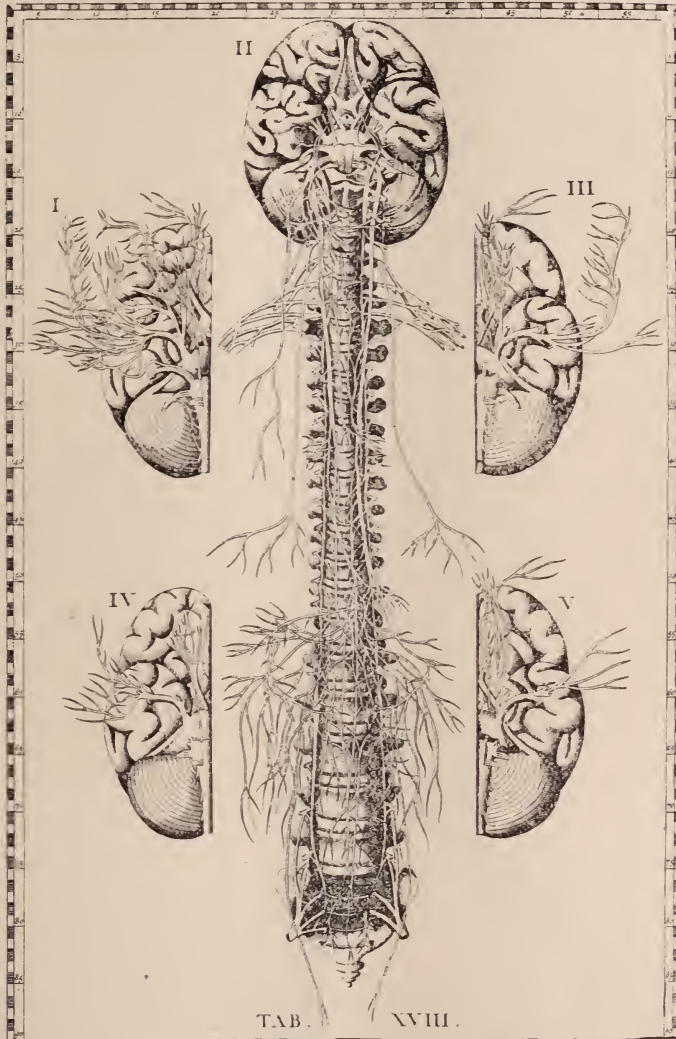


O Eustachius posterity is indebted for a series of splendid copper-plate engravings designed to illustrate the anatomy of the human body. These plates, the own handiwork of Eustachius, and the first anatomical illustrations wrought in copper, were completed in 1552, only nine years after the first impression of the book of Vesalius. Unfortunately for himself, and worse for medical science, Eustachius was unable to publish them. If this magnificent atlas of anatomy could have been published when completed, the anatomical discoveries of the eighteenth century would have come two hundred years earlier. Unfortunately

ly the entire text of the work is lost. For one hundred and sixty-two years the Eustachian plates remained either in the family of Pinus, an intimate friend of the anatomist, or buried in the Papal library at Rome. When discovered they were presented by Pope Clement XI. to his physician, Lancisi, who published them with notes of his own, at Rome, in 1714. In 1740 they were issued under the direction of Cajetan Petrioli. Four years later the edition by Albinus appeared, which was republished in 1761. The anatomical writings of Eustachius were published during his lifetime, in 1563. In them he fondly refers to his anatomical plates. It is upon these that the fame of this wonderful man securely rests. Eustachius divides with Vesalius the honor of founding human anatomy. The victim of circumstances, his name has been overshadowed by that of Vesalius, to whom he is superior in many respects. Deprived during life of his merited honors, Eustachius has been awarded a goodly share of posthumous fame.

Eustachius was the first anatomist to describe with any degree of accuracy, the tube which bears his name. We can truly say he discovered it, since Alcmaeon dissected only the lower animals, and was not an accurate observer, as his view that goats breathe through the ears, amply testifies. Eustachius discovered the tensor tympani and stapedius muscles, the modiolus and membranous cochlea, and the stapes. The honor of the discovery of the stapes, is claimed for no less than four renowned anatomists, viz: Ingrassius, Columbus, Collodus and the subject of this sketch. It is unnecessary to discuss this disputed claim to priority. The truth seems to be that the stapes was discovered by both Ingrassius and Eustachius, each independently of the other. In 1546 Ingrassius publicly demonstrated the little bone of the ear in his lectures at Naples. Fallopius, after learning from an eye witness that Ingrassius had actually discovered and named the ossicle, relinquished his claim to the discovery. Columbus and Collodus filed their information at too late a date. Eustachius, as previously

stated, finished his anatomical plates in 1552. His seventh plate shows, among other subjects, the auditory ossicles—malleus, incus and stapes—and tensor tympani muscle. These objects are delineated as taken from a human subject, and also from a dog.



TAB. XVIII.
 The Brain and Spinal Cord with Spinal Nerves.
 [Eustachian Plate No. XVIII.]

NOTE.—The Original Plate measures $7\frac{1}{4} \times 11$ inches.

The semi-lunar valve—that fold of the lining membrane of the right auricle of the heart which, in the fœtus, directs the stream of blood coming from the placenta, through the foramen ovale into the left auricle—bears

the name of Eustachius, although most historians of medicine agree in crediting its discovery to Sylvius de la Boe.

Eustachius discovered the origin of the optic nerves and the sixth cerebral nerves, the stylo-hyoid muscle, the deep muscles of the neck and



Eustachian Plate No. XXX.

[The original is much larger, measuring 7 x 11 inches.]

throat, the supra-renal capsules and thoracic duct. The thoracic duct was discovered in the horse in 1565. The description which Eustachius gives of this important part of the lymphatic system reads as follows:

“In horses, from the great venous trunk of the left side of the neck, behind the root of the internal jugular vein, there is sent off a certain large shoot or branch, which, besides having a semi-lunar valve at its orifice, is full of a white and watery humour. Not far from its origin it divides into two parts, but these soon again unite into one, which, distributing no branches, passes the diaphragm on the left side of the vertebræ, and proceeds downwards to the middle of the loins, where, having become enlarged, it is embraced by the aorta, and ends obscurely in a manner not yet well seen by me.”—(Opusc. Anat. De vene sine pari, Antigram. XIII.)

Eustachius was less fortunate in his physiological than his anatomical views. He held with Galen that the liver, and not the heart, as Aristotle taught, was the source of the blood. He believed in the doctrine of attractions, as exerted by the different organs. Thus, the liver attracts chyle from the intestines by means of the mesenteric veins; the bones, brain and muscles attract nourishment from the vena cava and its branches. The renal veins transmit urine to the kidneys because of an attraction which these organs exert.

The “*Tabulæ Anatomice*” is a splendid folio volume of 115 pages, with 47 plates, many curious initial letters, and a copious index. The title page, printed in red and black, presents an engraving designed to show an anatomical theater, semi-circular in form. An articulated skeleton stands to the right on a pedestal. In the center is the teacher, a man of middle age, demonstrating the thoracic and abdominal viscera from a subject recumbent upon the table, upon which a saw, a knife and scissors are placed within convenient reach. No less than fifteen students are represented, some gazing at the cadaver, others discussing a mooted point, but all intensely interested in the study of anatomy. In the background is a high railing, behind which several students are standing; while in front of the balustrade is a long bench on which others are seated. A number of dead dogs, gathered into a heap, are in the foreground and at once complete the picture and attest the fondness of Eustachius for the study of comparative anatomy.

The other works of Eustachius are as follows: *De renibus libellus*, 4° Venice, 1593; *De dentibus libellus*, 4° Venice, 1564; *Opuscula anatomica*, 4° 1564. These works, like his *Tabulæ Anatomice*, have passed through numerous editions.

Eustachius was born at San Severino, a small city near Salerno, in Italy. The date of his birth is not known; probably it occurred about the year 1520. Of his life little is known. He studied anatomy in Rome, and made remarkable progress in this science. In the year 1562, as he informs in his *Opuscula anatomica*, he was professor of medicine in the Collegio della Sapienza, at Rome. Although occupying this honorable position, and serving as physician to two Cardinals, Borromeo and Roverno; widely celebrated for his deep knowledge of anatomy, Eustachius, like many other men of genius in the medical profession, failed to gain that pecuniary success so necessary to the peace and comfort of old age. In the year 1574 he died in poverty, at Rome.

New Sanitarium.—It is stated that S. H. A. Minassian, of Des Moines, Iowa, will soon open a sanitarium in that city.

DEPARTMENT OF RAILWAY SURGERY.

BY WEBB J. KEELY, M. D., OF GALION, OHIO.

Secretary of the American Academy of Railway Surgeons.

Notes.

Program of Erie Railway Surgeons' Association Meeting at Buffalo, N. Y., October 1st, 1895.

1. Dr. A. T. Clark, Greenville, Pa., "Colles Fractures." Discussion by Dr. Geo. Chaffee and others.
2. Dr. W. L. Buechner, Youngstown, Ohio, "When Shall We Trephine?"
3. Dr. Webb J. Kelly, Galion, Ohio, "Trephining." Discussion by Dr. Thos. H. Manly and others.
4. Dr. Birdsall, Susquehanna, Pa., "Remarks on Symes' Ankle Joint Amputation, with Report of a Case." Discussion by Dr. W. L. Buechner, Youngstown, Ohio, and others.
5. Dr. J. A. Richey, Oil City, Pa., "Tubercle Bacilli on Wheels."
6. President's Address.
7. Dr. R. Sayre Harnden, N. Y., "Antiseptic vs. Aseptic Railway Surgery."
8. Dr. J. D. Swetsch, Gowanda, N. Y., "Tubercular Necrosis of Bone."
9. Dr. Thos. H. Manley, New York City, "A Few Observations on the Influence which Accelerate or Retard Ossific Repair After Fracture."
10. Dr. C. S. Ward, Warren, Ohio, "Detailing My Method of Procedure in Accidental Surgery."
11. Dr. A. E. Jenner, Dayton, Ohio, "A Case of Traumatic Peritonitis and Death in Thirty Hours."
12. Dr. C. K. Cole, Helena, Montana, An Address or Paper.
13. Prof. C. B. Parker, Cleveland, Ohio, Title not received
14. Dr. J. W. Eddy, Oswego, N. Y., Title not received.
15. Dr. F. W. Thomas, Marion, Ohio, "Injuries to the Knee Joint."
16. Dr. W. B. Outten, St. Louis, Mo., "Hospital Departments vs. Relief Assurance Associations. A Comparison of the Virtues of Each Form of Relief."

Program of Papers For A. A. R. S.

The following papers are announced for the second annual meeting of the American Academy of Railway Surgeons, which will be held in the banquet hall of the Auditorium Hotel, Chicago, Ills., Sept. 25, 26 and 27:

1. "Eligibility for Railway Service," R. D. Mussey, M. D., Chief Surgeon, C. H. & D. Ry., Cincinnati, O.
2. "Some of the Benefits to be Derived from the Higher Order of Railway Surgery," W. J. Galbraith, M. D., Chief Surgeon U. P. Ry., Omaha, Neb.
3. "Can we Improve upon the Sanitary Condition of our Cars?" Wm. T. Dalby, M. D., Assistant Surgeon U. P. Ry., Salt Lake City, Utah.
4. Surgical Paper, M. Cavana, M. D., Surgeon N. Y. P. & O. Ry., Oneida, N. Y.

5. "Amputation of the Knee Joint—with a New Method," W. H. Buechner, M. D., Surgeon Erie Ry., Cleveland, Ohio.
6. President's Address, C. K. Cole, M. D., Chief Surgeon Mont. Cent. Ry., Helena, Montana.
7. "Brain Injuries: Their Mechanism and Symptoms with Special Reference to Exact Diagnosis and Treatment," J. W. Perkins, M. D., Surgeon U. P. Ry., Kansas City, Mo.
8. "Fracture of the Fore-arm Complicated with Dislocation, E. Griswold, M. D., Surgeon Erie Ry., Sharan, Pa.
9. "An Experimental and Clinical Study of Colles' Fracture," A. D. Bevan, M. D., Chief Surgeon Iowa Cent. Ry., Chicago, Ills.
10. "An Unusual Case of Fracture of the Skull," F. H. Peck, M. D., Surgeon N. Y. O. & W. Ry., Utica, N. Y.
11. "Address on Medico-Legal Surgery," Hon. Tracy C. Becker, Buffalo, N. Y.
12. "A Practical Way of Testing Railway Employes for Color Blindness," D. C. Bryant, M. D., Oculist U. P. Ry., Omaha, Neb.
13. "Traumatic Neurosis," Henry W. Coe, M. D., Surgeon East Side Ry., Portland, Oregon.
14. "Verdicts Obtained Through Perjury," C. B. Kibler, M. D., Surgeon N. Y., P. & O. Ry., Corry, Pa.
15. "What Should Disqualify Applicants for Railway Service," John E. Owens, M. D., Chief Surgeon C. & N. W. Ry., Chicago, Ill.
16. "Personal Experience in Spinal Injuries," J. F. Prichard, M. D., District Surgeon C. & N. W. Ry., Manitowoc, Wis.
17. "Intra-Venous Injection of Neutral Salt Solution in the Treatment of Desperate Injuries. Exhibition of Apparatus," C. B. Parker, M. D., Surgeon L. S. & M. S. Ry., Cleveland, O.
18. "A Word on the Modern Use of the Terms Infection and Contagion," R. Harvey Reed, M. D., Consulting Surgeon, B. & O. Ry., Columbus, Ohio.
19. "Railway Sanitation," W. M. Bullard, M. D., Assistant Surgeon Mont. Cent. Ry., Wickes, Mont.
20. "Sanitary Regulations Governing Railways," L. E. Lemen, M. D., Division Surgeon U. P. Ry., Denver, Col.
21. "The Use of Gold Foil in Fracture of the Cranium and Resulting Hernia Cerebri," W. L. Estes, M. D., Chief Surgeon L. V. Ry., S. Bethlehem, Pa.
22. "Transportation of Injured Employes," F. H. Caldwell, M. D., Chief Surgeon S. F. & W. Ry., Sanford, Fla.
23. "The Use of Cocaine in Minor Amputations," C. M. Daniels, M. D., Chief Surgeon W. N. Y. & P. Ry., Buffalo, N. Y.
24. "Concussion of the Brain," W. H. Elliott, M. D., Chief Surgeon Ga. Cent. Ry., Savannah, Ga.
25. "Wounds that Open the Knee-joint. Treatment," C. D. Evans, M. D., Surgeon U. P. and B. & M. Ry., Columbus, Neb.
26. "Treatment of Wounds of the Face and Scalp," Charles B. Fry, M. D., Surgeon Big Four Ry., Mattoon, Ill.
27. "Injuries of the Hand and Fingers," John McLean, M. D., Chief Surgeon, P. P. C. Co., Pullman, Ill.

28. "How to Differentiate Between the Use of Heat and Cold in Railway Injuries," Wm. Mackie, M. D., Surgeon C. M. & St. P. Ry., Milwaukee, Wis.

29. "Best Method of Obtaining the Best Possible Aseptic Condition During Operations Done at Places other than Hospitals," J. F. Reger, Surgeon B. & O. Ry., Littleton, West Va.

ACADEMY NOTES.

Prof. Bevan has arranged for some very fine clinics during the session.

Dr. W. J. Galbraith, Chief Surgeon Union Pacific Railway, will read an extra paper not on the announced programme, the title of which will be "A Report of a Case of Neural Infixation." He will also have the patient present at the session.

Dr. C. B. Parker, of Cleveland, Ohio, will exhibit his apparatus for "Intra-Venous Injections of Neutral Salt Solutions."

The sessions will be strictly business, and the assurance is given that the Fellows will not be pestered with the patent medicine vendor nor instrument specialist.

The list of applications for Fellowship is large, but the Fellowship being limited to 200 will prevent the election of many to Fellowship.

Dr. W. B. Outten, the Missouri Pacific's most efficient Chief Surgeon, has in preparation a work on "Railway Relief Organizations." The value of the work can be foretold, as no one is better prepared to edit such a work.

The bound volume of the Transactions of the American Academy of Railway Surgeons, from the press of the Journal of the American Medical Association, has been distributed to the Fellows and the press. The editor, Dr. R. Harvey Reed, certainly deserves much credit for the compilation and indexing of the volume.

The New York State Association of Railway Surgeons will hold its next annual session at the Academy of Medicine, New York, on November 12th, 1895. Dr. R. S. Harnden, of Waverly, is the President, and will see that a good programme is issued, and more, that it is carried out.

The Erie Association of Railway Surgeons will meet in Buffalo, N. Y., October 1st, 1895. This meeting immediately follows the Chicago session, and Dr. Griswald, the President, has secured the promise from Surgeons Cole, Reed, Kelly, Parker, Kibler, Daniels and others that they will be present and read papers.

At the Medico-Legal Congress, held in New York Sept. 4th, 5th and 6th, the following papers, relating to railway surgery, were read: "Duties of the Railway Surgeon to the Corporation, to the People, and to Himself." Prof. A. M. Phelps, New York; "Mental States of Railway Employees," W. B. Outten, M. D., St. Louis; "Shock in Railway Surgery," H. W. Mitchell, M. D.; "Is the Railway Hospital an Economy?" Geo. Chaffee, M. D. The attendance was all that could be expected, and the discussions, of course, able.

The Association of "Big Four" Railway Surgeons will meet in Indianapolis on October 10th, 1895.

Dr. D. B. Smith, of Cleveland, Ohio, Surgeon of the Big Four Railway, has been sued by an injured employee for alleged malpractice. The doctor says the injury was settled by the railway company paying the plaintiff \$750, and as he was a servant of the company, and the plaintiff well knew this, he cannot be held responsible for any alleged damages. The mere fact of the doctor being an employee of the company will not prevent the plaintiff from recovering damages, neither will the settlement with the company affect the case, unless the release signed specifies that the doctor is also relieved from any damage. The regular blank used by most roads contains such a clause, and consequently few cases of alleged malpractice come to light. An engineer, although a regular employee of a railway, can be made a party to a damage suit for personal injury sustained by fault of his train, and all that saves him is his financial condition, the company having more means.

A Report.

The following is the condensed clinical report on the Plant System of Railways for the month ending July 31, 1895:

Number of Surgical Patients treated	- - - -	27
Number of Medical Patients treated	- - - -	415
Number of Patients discharged, cured	- - - -	409
Number of Patients under treatment	- - - -	32
Number of deaths	- - - -	1
Cause of death, Typhoid fever.		

Expert Examination of the Plaintiff in Damage Cases when Ordered by the Court.

BY DR. GEO. CHAFFEE.

(Extracts from the same.)

Cases of genuine injury often reach the court, but seldom go to trial.

Most corporations are found ready and willing to compromise in cases of real injury.

Alleged Injuries.—When we reach alleged injuries we find ourselves standing face to face, not with the supporters of this evil, but with the burning question itself—which is darker than midnight—an evil which is fast spreading and sweeping our country like the flames of a prairie fire; an evil which I believe has only been surpassed by the one now being unearthed in this city, the metropolis of fair America; a question which should have been left for sharper and abler pens than mine to write upon. We have sat in silence too long already and observed this evil go on increasing year by year. From to-night on we desire it to be known that we are waging warfare against the supporters of this evil—alleged injuries—which is sucking the life-blood of our corporations—not in the interest of corporations, not in the interest of the medico-legal profession, but in the interest of truth and justice, only.

What is truth and justice? I will quote from a paper by our lamented Watson, read on this topic, and in this academy two years ago to-night, and but a few days before laying down the work of his life:

“Truth is mighty and brings us nearer to our God, while he who tells a lie is not sensible how great a task he undertakes, for he must be forced to invent twenty to maintain that one.

“What is justice? To give to every one his own.”

Improper and Neglected Treatment.—There is a feature in connection with the attending which, for some reason, has been overlooked by many writers on this topic, and one which I deem of sufficient importance to mention. I refer to the unfortunate and disastrous results of incompetent and neglected treatment.

In fractures of the thigh bone, good surgery allows a certain amount of shortening up to one inch. We must do our best to keep within this limit; there are cases, however, of ugly fractures and in unruly patients, where this limit is sometimes overreached. Where an injury involves the structure of a joint, we are not doing good service if we fail to put forth every effort possible to prevent ankylosis, or a stiff joint. Modern surgery also calls for certain antiseptic precautions. The public, even, has long recognized the value of sterilized water, milk and instruments, as well as clean hands in the operator.

The proper and timely use of antiseptics and castor oil in the obstetric practice of some men has kept their number of deaths from infectious child-bed fever at almost zero. Dr. Fordyce Baker said:

“The intimate relation between puerperal fever and erysipelas I consider as firmly established as is any fact in medicine.”

In case of *real* injury to the spine and cord, the patient should at first be placed on a cool, firm bed. After the acute stage has passed, a plaster jacket should be applied, and the injured parts not only given *rest*, but the patient given the benefit of exercise, fresh air, sunshine and society. We are now speaking of real injuries; had we been considering alleged injuries I should not have mentioned *society*. In one of our courts, a few days since, a man brought action against his family physician for damages in a case of fractured arm. The doctor placed the arm in splints, with a suitable dressing, and told his patient when to return to his office. This patient never returned, and the next time the doctor met him was in court and as defendant in an action for neglected malpractice. This plaintiff had removed the splints from his arm himself, and perhaps at an improper time, and he proposed to hold the innocent doctor responsible for his presumption and consequent deformity. In this case, I am happy to state, the judge fined the plaintiff \$75.00 and dismissed the case, saying, as he did so, that he proposed to put a stop to this evil.

There is a class of legal men who study the daily papers more than their Blackstone. From the dailies they secure a list of the accidents of the day, with the addresses of the injured, etc. They call and offer to take charge of the case for a certain per cent. of the profits. Now, when these legal men are able to combine their efforts with those of the medical attendant, there is nothing that will save the case from court except, perhaps, an expert examination of the plaintiff. I have met this style of legal man and have had the satisfaction of refusing to dress an injured hand in his presence; and, although the patient had a painful injury, he had no case against his company, still he would have been an excellent subject for

court and jury. When a medical man is called to these cases, if, instead of exerting every effort to practice medicine in its broadest meaning, he sits quietly by, each day adding fuel to the fire, neglecting to apply proper remedies, is it any wonder that doctor and patient soon have business in court? Does any one mean to say that this is practicing medicine? It is only pretending to practice, and pretending is quackery—nothing more, nothing less. For a president or general manager to offer transportation to a man in public office, or for a person in such a position to accept such for himself or others, is a misdemeanor. There is a blank page in our law book upon which should be written, that for either a medical or legal man to coach a plaintiff in a damage suit, for an alleged injury, or for plaintiff to receive coaching from any one, is a misdemeanor, punishable, etc.

“IN HIS SKULL A BULLET WAS IMBEDDED.

Remarkable Operation Performed by Dr. Ricketts on C. E. Cowen, Who Was Shot Two Years Ago.”

“A remarkable surgical operation was successfully performed by Dr. Merrill Ricketts at his hospital on Broadway yesterday. The patient was Charles E. Cowen, the nineteen-year-old son of Dr. James Cowen, of Milledgeville, Fayette county, Ohio. Two years ago the young man was shot in the center of the forehead by a bullet from a 32-caliber revolver in the hands of a friend named Wilder Weimer. The bullet had lodged deep in the skull. Dr. Cowen called in Drs. Hare and Tucker, of Washington C. H., and the three physicians performed an operation by which they succeeded in getting out a piece of the cap and part of the bullet from beneath the skull bones. Cowen did not recover, but on the contrary lost control of his legs, and could hardly speak. He crept about the floor for some time, and finally was able to walk with the aid of crutches. A few months later his right leg and arm and right side of his face became paralyzed.

Shortly after this he became subject to epileptic fits and convulsions. He was a bright, promising young man before the shooting, and the changed condition has caused intense sorrow to his parents and friends. The physicians at his home being unable to afford him any relief, his father brought him to Dr. Ricketts' hospital in this city.

After a thorough examination the remarkable operation was performed by Dr. Merrill Ricketts. The scalp on the forehead was cut and turned back to expose the opening in the skull. A quantity of pus flowed from the opening, and the cavity was enlarged to the size of a silver half dollar. Careful inspection showed that the bones were badly shattered, and several pieces were taken from the opening, one being about three quarters of an inch long and triangular in shape. On one side of it was quite a large piece of the bullet, the lead being tightly imbedded in the bone. The cavity was carefully cleansed and the pus sack removed, after which a sheet of 23-carat gold of two pennyweight was placed over the opening in the skull and the cap was sutured together.

The patient is resting easy, and bids fair to recover, as he has no paralysis now, and even the numbness in the right arm, which existed up to the time of the operation, has not been present since. He speaks with the ease and ability of two years ago.

Weimer, who fired the shot, was arrested and sentenced to 15 days'

imprisonment and \$50 fine. This did not satisfy Dr. Cowen, and he has taken the case to a higher court, where it is now pending."

The foregoing is taken, word for word, from the *Cincinnati Daily Enquirer* of July 31st, and shows plainly the advertising ability of the operator.

If there is any one thing that is despicable in a physician of the standing, professionally, of these men, it is to bring a reporter for a lay press into an operating room and have him publish such trash as this.

The operation, as described, was simply an ordinary trephining operation, such as has been performed by nearly every surgeon in this country

REPORTS ON PROGRESS.

GENITO-URINARY SURGERY AND VENERAL DISEASES.

CONDUCTED BY BRANSFORD LEWIS, M. D., ASSISTED BY H. WELLS, M. D.,
OF ST. LOUIS.

Exploratory Incision for Supposed Renal Calculus.

By J. J. MULLEN, M. D., OF PITTSBURGH.

In considering the question of exploratory incision for supposed renal calculus, the author cites a case of a boy, aged 14 years, who has for nine years suffered attacks of pain in the left lumbar region of the back. His case had been diagnosed as one of renal colic by a number of physicians who had attended him for previous attacks.

When first seen by the author, the patient was in great agony, with, apparently, all of the symptoms of renal colic, for which a hypodermic of morphine and atropine was administered.

Contrary to prevalent theories as well as to the previous experience of the author in cases apparently similar to this one, the pain ceased almost instantly.

Relief having been administered by this means, the patient was lost sight of for about three weeks, when Dr. Mullen was again called on account of another attack of lumbar pain.

A hypodermic of morphia was given, which acted so promptly that some doubt was entertained concerning the cause of the patient's suffering, although the usual symptoms of renal colic were present, i. e., the sudden onset of pain starting in the left lumbar region and extending along the ureter to the bladder and to the end of the penis; retraction of the testicle on the left side; pain down the inside of the thigh; coldness of skin; cold sweats; nausea and vomiting; disturbed digestion and irregular action of the bowels.

The kidney, which could be felt through the wall of the abdomen, was tender to the touch. The urinalysis showed the urine to be strongly acid; of 1025 Sp. G.: and blood was visible microscopically.

No albumen, sugar, or calculi. The microscope revealed blood corpuscles, uric acid crystals, mucous cells from the bladder, and triple phosphates; a complete absence of casts and no signs of pus.

The relief afforded by morphine and atropine led to a conviction of renal calculus.

A second specimen of urine was examined, giving in the main the same results as did the first examination, save that the latter specimen contained no blood.

Being convinced that the child suffered from stone in the kidney, the doctor advised an operation. As in a few days the patient was attacked by another paroxysm of pain, acquiescence on the part of the child's parents to the operation was obtained, and the patient was sent to the hospital for an operation. After three days of preparatory treatment an exploratory incision was made over the left kidney, but no stone was found after a thorough examination. The kidney presented a mottled appearance, was very hyperemic, the capsule was much inflamed and adherent.

The blood which followed the exploratory incisions was of a dark hue. It was then reasoned that this hyperemic state was in itself sufficient cause for all the patient's suffering.

This passive congestion was due to two main causes, viz., compression of the kidney and its nerves, and the excessive acidity of the urine. The conditions met with in this case and the effect of morphine and atropine administered during the paroxysms of pain affords a basis for differential diagnosis between renal colic, stone in the kidney and nephralgia produced by hyperemia of its substance, and other morbid conditions.

A few points for diagnosis are given, as follows: In renal calculus the pain continues until the stone reaches the bladder, modified, of course, by the use of morphine and other narcotics; sometimes it is days in passing, but, as a rule, only a few hours; calculi appear in the urine soon after an attack of colic, either in crystal form or as a brick-dust sediment; the duration and intensity of pain caused by stone vary according to the size, shape and position of the stone; generally, however, it is constant, and is more of the character of a dull, oppressive weight than of sharp pain; very often a distinct impression of stone in the kidney gets in the patient's mind; sometimes a stone obstructs the flow of urine by acting as a plug in the ureter or urethra; pus in varying quantity soon appears in the urine; the patient experiences relief from pain while under the influence of morphine, but the pain returns as soon as the individual recovers from the drug; the urine almost always contains some blood, recognized by the microscope; occasional attacks of hematuria after violent or excessive exercise; hemorrhage from malignant growths is more profuse and soon is followed by anemia with its train of evil symptoms, and hemorrhage from this cause is more liable to occur when the patient is quiet.

The history of malignant growths is quite different from that of renal calculus, and the microscope supplies additional facts in support of a differential diagnosis in this and other pathological conditions of the kidneys.

Hyperemia of the kidney, due frequently to hereditary lithemia, may be distinguished by the immediate and complete cessation of pain after a hypodermic or two of morphine, and it must be mentioned that weeks may pass without a recurrence of the pain, which does not obtain in the other conditions mentioned.

That the inflammatory condition of the kidney and the structural changes, due to the presence of uratic salts and contractions, produce atrophy of the organ, is the doctrine of many authors.

But in the judgment of Dr. Mullen the morbid changes are entirely attributable to the compression of the kidney by the hypertrophied capsule, and are not produced altogether by chemical changes.

Therefore an operation which relieves the organ from this vice-like grip of the capsule in this hyperemic state, is as much indicated as nephrolithotomy for stone, and the results are as satisfactory.

Syphilis and General Paralysis.—Fournier. (W. Va. Med. Jour., III., 1895.)

In discussing the relation between syphilis and general paralysis, Professor Fournier gave the name of pseudo-general paralysis to a form of cerebral syphilis presenting appearances almost exactly the same as those of the true general paralysis, just as certain other forms resemble epilepsy or aphasia.

He considers it an undoubted fact that syphilis is a potent factor in general paralysis, a fact proved by the frequency of a syphilitic family history (50 to 92 per cent., according to statistics); by the number of syphilitics who develop general paralysis; by the rarity of general paralysis among women, except among those who lead irregular lives; by its rarity in the country, among ministers and persons belonging to the upper walks of life; by the frequency of syphilitic antecedents in general paralysis as compared with other forms of insanity; by the association of general paralysis with *tabes dorsalis*, of which latter syphilis is a recognized cause; by the occurrence of general paralysis in young people of syphilitic antecedents, and in whom the disease cannot be ascribed to excesses, immorality or inebriety.

While convinced that a great many cases of general paralysis proceed from syphilis, which would, probably, never have developed had the victims never contracted nor inherited that disease. Professor Fournier does not agree with the opinion expressed by some authors that general paralysis is a direct consequence of syphilis—a simple, specific symptom, such as gumma, a mucous patch, or a chancre—for this reason, among others, that the general paralysis is not affected by mercury or iodide.

He is inclined to class the disease among the para-syphilitic affections, which, though incontestably of syphilitic origin, are not syphilitic in themselves, and do not necessarily depend upon syphilis as the cause. Such cases are those of *tabes*, infantilism, hysteria, hydrocephalus, etc.

The question as to whether true general paralysis following syphilis can be differentiated from general paralysis due to other causes, by any clinical signs or symptoms, is one which Professor Fournier does not attempt to answer in his role of syphilis, as written, as he believes it to be a question which can only be decided by the collaboration of the alienists, anatomic-pathologists, and syphilologist.

He has, however, been impressed with the fact that general paralysis in syphilitic patients sometimes begins with tabetic symptoms, or that it is associated with *tabes*, forming a sort of hybrid combination, which he has designated as cerebro-spinal *tabes*.

He has seen cases of *tabes* turn into general paralysis, and vice versa, as well as the two diseases developing together; but he thinks it cannot be positively affirmed that such a combination of symptoms is not to be met with outside of syphilitic cases, though he believes it is not.

PRELIMINARY PROGRAM
 OF THE
 TRI-STATE MEDICAL SOCIETY MEETING
 AT
 DES MOINES, IOWA.

October 1, 2 and 3, 1895.



AMOS, A. R. - - - Des Moines
 "Diseases of the Eye and their In-
 fluence in the work of the Gen-
 eral Practitioner."

BROWN, SANGER, - - - - - Chicago
 Address on Medicine.
 KELLY, HOWARD A. - - - - - Baltimore
 Address on Gynecology.

CLINICS.

KELLY, HOWARD A. - - - - - Baltimore
 SENN, NICHOLAS, - - - - - Chicago

PAPERS.

BABCOCK, ROBERT H. - - - - - Chicago
 "Report of a Case of Heart Disease and Instructive Lessons
 which it Teaches."
 BRIGGS, WALDO, - - - - - St. Louis
 "Gastrorectomy and Pylorotomy with Eversion."
 CALE, GEORGE W. - - - - - St. Louis
 Subject not announced.
 CHURCH, ARCHIBALD, - - - - - Chicago
 Title to be announced.
 CORDIER, A. H. - - - - - Kansas City
 "Malignant Disease of the Uterus."
 DORSEY, F. B. - - - - - Keokuk
 "Reports of Cases."
 FINLAYSON, D. W. - - - - - Des Moines
 "The Pelvic Peritoneum and its Diseases."
 GRIFFITH, B. M. - - - - - Springfield, Ill.
 "Infectious Diseases."
 GETZ, H. L. - - - - - Marshalltown, Ia.
 Title to be announced.
 HEDDENS, J. W. - - - - - St. Joseph, Mo.
 "Epispadia."

HOLMES, BAYARD,	- - - -	Chicago
	"Tuberculous Testicles."	
HOYT, FRANK C.	- - - -	Clarinda, Ia.
	Title to be announced.	
JACKMAN, F. O.	- - - -	Mt. Pleasant, Ia.
	Title to be announced.	
KING, E. H.	- - - -	Muscatine, Ia.
	"Rural Obstetrics."	
KIME, J. W.	- - - -	Ft. Dodge, Ia.
	Inter-menstrual Pain.	
LEWIS, CHARLES J.	- - - -	Chicago
	"Cerebrology or Mind from the Standpoint of a Physician."	
MCCOWEN, JENNIE,	- - - -	Davenport
	"State Care of Epileptics."	
MINK, A. E.	- - - -	St. Louis
	"A Case of Original Paranoia."	
NORBURY, FRANK P.	- - - -	St. Louis
	"Neurasthenia in Young Women."	
PATRICK, HUGH T.	- - - -	Chicago
	1. "Technique in the Examination of Nerve Tissue."	
	2. "The Sensory and Motor Disturbances of Hysteria."	
PERCY, J. F.	- - - -	Galesburg, Ill.
	"The Treatment of Compound Fractures of the Neck of the Femur in the Aged, together with Dislocations: Exhibition of Apparatus and Specimens."	
PIPINO, W. C.	- - - -	Des Moines
	"Spurious Meniere's Disease."	
SCHOOLER, LEWIS,	- - - -	Des Moines
	"Osteo-Sarcoma of the Scapula."	
STEVENSON, SARAH HACKETT,	- - - -	Chicago
	"Lay Management of Medical Institutions."	
SMOUSE, D. W.	- - - -	Des Moines
	Title to be announced.	
SUTTER, O. H.	- - - -	St. Louis
	"Gunshot Wounds of the Abdomen."	

The Wabash Railway.—The Wabash is the direct route to Des Moines, Iowa. St. Louis doctors who expect to attend the coming meeting of the Tri-State Medical Society at Des Moines, Iowa, October 1, 2 and 3, 1895, will do well to see that their tickets read via the Wabash.

Removal.—Dr. Frank P. Norbury has removed from Jacksonville, Ill., to St. Louis.



Lectures on Railway Surgery.—Dr. Webb J. Kelly, of Galion, Ohio, Secretary of the American Academy of Railway Surgeons, and Editor of the Department of Railway Surgery of this Magazine, will come to St. Louis in February, 1896, to deliver a special course of lectures on Railway Surgery in the St. Louis College of Physicians and Surgeons. We congratulate this progressive institution upon securing Professor Kelly.

Hauled Up Again.—The Marion-Sims College of Medicine, which was charged recently with having graduated a student on one course of lectures, was summoned to appear before the Missouri Board of Health at its late meeting, held in this city the first week of September. The College was charged with issuing a catalogue containing statements at variance with the requirements of the Missouri Board. The Secretary of the Sims School claims that he was never notified of the modified regulations of the Board. Unfortunately, it is a principle of law that ignorance is not an excuse.

A Chair of Comparative Anatomy.—The Directors of the Woman's Medical College of St. Louis have determined to place that school in the front rank of similar institutions, and in furtherance of this plan a chair of Comparative Anatomy has been established. Professor Arthur E. Mink, a distinguished neurologist and savant, will fill the chair.

Instruction for Practitioners.—Dr. James A. Close, of 2031 Olive street, has opened a private laboratory at the Woman's Hospital, where he will instruct practitioners of medicine in microscopy, clinical chemistry and bacteriology. Professor Close is the owner of more microscopes and more elaborate apparatus than any doctor in the West, and his course will be valuable, not only on this account, but because of his great ability as a teacher.

The Michigan State Medical Society.—This organization on June 7th closed a very successful session at Bay City. The officers for the ensuing year are: President, Victor C. Vaughan, Ann Arbor; Vice-Presidents, Hugh McColl, Lapeer; R. W. Erwin, Bay City; F. B. Tibbals, F. G. Novy, Ann Arbor; Treasurer, William G. Henry, Detroit; Secretary, C. H. Johnston, Grand Rapids.

New Editor.—Dr. Thos. O. Summers, of New York City, has begun his duties as editor of the *Clinique*. Dr. Summers was formerly professor of Anatomy and Histology in the University of Nashville and Vanderbilt Universities, and for the past two years Bacteriologist for the Health Department in the City of New York.

Elected in Missouri.—The following is a list of the officers of the Missouri State Medical Association elected for the ensuing year: President, Dr. C. Lester Hall, Kansas City; Vice-Presidents, Drs. J. H. Thompson, Kansas City, H. C. Shuttee, West Plains, J. D. Potts, Boonville, and J.

J. Russell, California; Recording Secretaries, Drs. Frank R. Fry, St. Louis, and T. B. Hall, Marshall, Corresponding Secretaries, Dr. C. F. Wainright, Kansas City; Treasurer, Dr. T. A. Thompson, Jefferson City. Next place of meeting, Sedalia.

Seasonable Suggestion.—No preparation with which we are acquainted is entitled to greater confidence as a remedy, in the treatment of the stomach and bowel derangements incident to the summer months, than Maltopepsine-Tilden's.

It is put up in three forms, viz: Powder, handsome 5-grain Tablets, and an elegant Elixir; either of which is pleasant to the palate, and agreeable to the most delicate stomach.

It is specially adapted to the treatment of cholera infantum and ailments of a similar character peculiar to childhood. If you will give it a trial we believe you will thank us for the suggestion.

Effective Prescriptions.

For Diarrhœa:

Rx. Fl. Ext. Ipecac ℥ ss.
 Melachol ℥ vj.
 η Sig. One teaspoonful in water after meals.

For Constipation:

Rx. Melachol ℥ vj.
 Sig. One teaspoonful in water before breakfast.

For Catarrh of the bile ducts:

Rx. Melachol ℥ vj.
 Sig. Half a teaspoonful in water with meals.

For Heptic Colic, etc.:

Rx. Fl. Ext. Dioscorea Villosa ℥ ij.
 Melachol ℥ vj.
 η Sig. Half a teaspoonful in water every four hours.

For Jaundice in every stage:

Rx. Melachol ℥ vj.
 Sig. One teaspoonful in water every morning before breakfast.

Use Only the Genuine Succus Alterans.—Frank McDonald, M. D., College Physicians and Surgeons, Baltimore, Md., 1883, Supreme Medical Director W. S. of I. O. U. A., Medical Examiner Equitable Life of N. Y., Sec'y Pittsburgh Obstetrical Society, etc., says:

“Your SUCCUS ALTERANS gives me perfect results. I prescribe it almost daily, and have never failed to obtain the effect sought. I regard it a specific for syphiis in all stages. Imitations which I have been induced to try occasionally have always failed. Such failures have only served to confirm my confidence in the genuine SUCCUS ALTERANS. I can pay no greater tribute to an article so worthy and so meritorious than to say it is the very best and safest alteratives known to the profession.”

THERAPEUTIC NOTES.

By J. C. FALK, M. D., PH. G., ST. LOUIS.

Assistant Professor of Materia Medica and Pharmacy in the Missouri Medical College.

Acute Otitis Media.—Dr. G. A. Wall, in a paper read before the South Kansas Medical Society, says that when there is no bulging of the drum but an intense redness of that membrane, he applies continuous hot water fomentations, and has the following solution dropped into the ear :

R	Atropinæ Sulphatis	-	-	-	gr. i.
	Morphinæ Sulphatis	-	-	-	gr. ii.
	Cocainæ Hydrochloratis	-	-	-	gr. vi.
	Aquæ Distillatæ	-	-	-	f̄i.

℞. Sig. Heat and use with dropper every hour or two.

Neurasthenia.—Dr. Andrew Clark (*Practitioner*) gave the following prescription in cases of neurasthenic debility :

R	Tincture of Nux Vomica	-	-	-	ʒii.
	Fl. ext. of Damiana	-	-	-	ʒi.
	Fl. ext. of Coca	-	-	-	ʒi.
	Acid Phosphate	-	-	-	ʒii.
	Syrup of Ginger	-	-	-	ʒii.
	Water to make	-	-	-	ʒviii.

℞. Sig. A tablespoonful in water twice daily.

Tubercular Night Sweats.—Dr. V. Szekely (*Muench. Med. Wochen.*) prefers a combination of arsenous acid with tincture of belladonna to atropine. He uses the following formula :

R	Liq. Potassii Arsenitis	-	-	-	M. xxxv.
	Tinct. Belladonnæ	-	-	-	M. xxx.
	Aquæ Lauro Cerasi	-	-	-	ʒv.

℞. Sig. A dose of 15 to 20 drops to be taken in the evening and repeat in the night, if necessary.

Gastro-Intestinal Dyspepsia.—Dr. Main (*Rev. Int. de Med. et de Chir. Prat.*) in an article on the various forms of dyspepsia gives the following formula which he uses in connection with a general and dietary treatment. The object of this combination being to prevent fermentation and the forming of organic acids in the alimentary canal :

R	Solali.	-	-	-	r
	Benzo-Naphthali.	-	-	-	r
	Sodii bicarbonatis	-	-	-	aa ʒii. ss.

℞. et in chart. xxx. div.

Sig. One powder in wafer before each meal.

Sycosis—Non-Parasitic.—Dr. J. A. Cantrell in *Therapeutic Gazette* speaks of good results following the use of the following :

R	Saloli	-	-	-	gr. xxx.
	Petrolati	-	-	-	ʒi.

℞. Sig. Apply locally.

THE PUBLISHER'S DESK.

Skin Diseases.—By HEINE MARKS, M. D., Superintendent and Surgeon in charge of the St. Louis City Hospital, Member of the American Medical Association, Member of the Missouri State Medical Society, and ex-Member of the Board of Managers of the House of Refuge.

Sometime ago, having had my attention drawn to the claims made by the promoters of Pineoline, of its efficacy as a stimulant and antiseptic agent in the treatment of various skin diseases, I concluded to give it a trial in the wards of the St. Louis City Hospital. I was the more induced by the fact that its composition included an active derivative of the pine, which has long been known to possess healing qualities of no mean order. I was then suffering from Seborrhœa of a chronic nature of the scalp, face and arms, and I somewhat reluctantly decided to try the preparation upon myself as an experiment to which I would not submit any of my patients. I had, however, but little faith in its efficacy, having previously almost exhausted the Pharmacopœia in the way of external and constitutional treatment without securing any permanent relief. It was practically because I had nothing else left to try, that I concluded to use the Pineoline. I applied it locally three times a day, massaging the parts affected for from five to ten minutes with each application, and to my unqualified surprise and delight in two weeks the eczema had entirely disappeared, nor has it since returned. During the time I was using the ointment I merely supplemented the treatment with a simple laxative. Subsequently I used the Pineoline in from twenty to thirty cases of the various forms of eczema, which came under my charge as Superintendent of the St. Louis City Hospital, always with the same relatively admirable results.

Chronic Cystitis with Stricture.—My experience with Sanmetto is quite extensive. I could give special cases in which its action was simply astonishing, but in this report I wish to summarize my experience by saying I have given Sanmetto a long and thorough trial in a case of chronic cystitis, accompanied with stricture, the result of which warrants me in saying Sanmetto is unsurpassed by any other preparation with which I am acquainted. Its effects are prompt and positive.

Buffalo, N. Y.

RACHEL J. KEMBALL, M. D.

Cheap Home Seekers' Excursions.—On September 24th the Burlington Route will sell round trip tickets at very low rates to points in Nebraska, Kansas, Colorado, Utah, the Dakotas, Wyoming, Black Hills and other Western points. For particulars call on your agent, or address

D. O. IVES, Gen. Pass. & Tkt. Agt., St. Louis, Mo.

Anaemic Patients Who Have Malarial Cachexia.—Dr. T. D. Crothers, editor of *The Quarterly Journal of Inebriety*, published under the auspices of The American Association for the Study and Cure of Inebriates, and who is an authority on neurosis, writes in his last number, as follows: Antikamnia and Quinine are put up in tablet form, each tablet containing two and one-half grains of quinine, and is the most satisfactory mode of exhibition. This combination is especially valuable in headache (hemispheres), and the neuralgias occurring in anæmic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition.

THE TRI-STATE MEDICAL JOURNAL

By JAMES MOORES BALL, M. D.

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Vol II.

SAINT LOUIS, OCTOBER, 1895.

No. 10.

ORIGINAL ARTICLES.

CEREBROLOGY, OR MIND FROM THE STANDPOINT OF A PHYSICIAN.*

BY CHARLES J. LEWIS, M. D., OF CHICAGO.

Professor of Physiology in Harvey Medical College; Member of the American Medical Association, and Chicago Pathological Society.

WITHIN the short period of twenty-five years it was announced from our universities and colleges that mind was to be studied as mental science, or mental philosophy. Whether this terminology related mind indissolubly to brain processes, or not, certain it is that these institutions now announce mind is to be studied under the general term psychology, and having subdivisions, or perhaps modifications, as physiological and experimental.

Two authors, Ziehen, of Jena, and Ladd, of Yale, have written textbooks on Physiological Psychology. Ziehen says that "every mental action can be conceived of as a purely psycho-chemical process." And from

* Read before the Tri-State Medical Society at Des Moines, Iowa, Oct. 1, 1895.

Ladd I read that "The secretory product of the brain is the fluid found in certain of its cavities." This latter affirmation is stupid. Not from these quotations, alone, but from the work and conclusions of teachers of psychology, it is very evident that our institutions of learning are in great need of the aid that physiological science could furnish.



CHARLES J. LEWIS, M. D.

Psychology in its largest and best sense, signifies a study of the soul. The Grecians had no way of representing the word "soul," any more than have we. But being resourceful, the Greeks symbolized the word "soul" by the word "psyche." We, by prefixing psyche to logo, have the word psychology, and if its derivation goes for anything, have a word that is rich in its sublimation of nothingness. To the physician, as a phy-

siologist, a more appropriate name, and one which should take the place of psychology in medical literature, is the comprehensive and fruitful term

CEREBROLOGY.

Cerebrology is a study of the anatomy and physiology of the cerebrum and its sense-appendages, with a special reference to ideation and thought.

A gland, as at present defined, is an organ having such vascular supply that it abstracts from it certain raw materials which it builds up by its own action into a new product. Such a product would be saliva, gastric juice, spermatozoa. Notwithstanding this general character, the pineal, thymus and a few other similar bodies, are called glands, though their functions are still in dispute. While all the glands draw their raw material in common from the blood, the finished product is peculiar to each. The pancreas secretes a digestive fluid; the kidneys excrete urine; the mammary glands secrete milk for the purpose of nourishing another organism.

I make these statements with the view of calling attention to the fact, though it has hitherto been overlooked, that the brain, as a whole, is more nearly related to the glandular system than any other part of the organism. The probability of this rests upon the investigations, not the sayings, of Golgi, Cajal, Schäfer, Andrizen, and others. This gland differs from the mammary, for instance, in that it does not get its raw material from the blood, but secures it—if we may call a motion material—from phenomena.

It also differs from the mammary by having its finished product or ideas secreted by a series of two or more cells. We have one set of cells to form the image in the end-organ of sense, another set in the brain to ideate, and another to convey out, and so on.

I define cerebrology as the Science and Art of Ideation and Thought: and one who studies ideation and thought, a cerebrologist.

If phenomena are to be regarded as mind-stuff, it will be well to describe a phenomenon. If we conclude that by phenomenon we mean the image formed in a sense-organ—a sensation—then this process would be physiological and not a physical one. If, upon the other hand, we should take as a working hypothesis that there goes out from every object in nature a physical phenomenon in all directions, which I call unorganized lines of force, then the raw material of mind belongs to the realm of physics.

“Physical law is a constant relation which exists between any phenomenon and its cause.

“In our attempts to ascend from a phenomenon to its cause, we assume the existence of *physical agents*, or material acting upon matter; as examples of such we have *gravitation, heat, light, magnetism and electricity*. * * * According to these assumptions, all physical phenomena are but transformations of motions.”—(Ganot in his *Physics*, p. 3, Wm. Wood & Co., 1890.)

These material forces are not mind before they are transformed; and the transforming power resides in the cerebrum and its appendages. This transformation is involved in the law or doctrine that every object is related in a uniform manner with a phenomenon that co-exists with it as an emanation. In what manner the phenomenon departs, or in what way it modifies the object it departs from, can only be assumed. Though this is admitted, there is no explaining away the fact that such motions are changed from kinetic to potential energy by the peripheral cells of sensory nerves, and are thereby organized into an appearance of the object.

We recognize in the human organism five special senses. By means of these man becomes acquainted with his environment. Destroy one sense organ and he is that much short of function; another, and he is shorter; and when all five are destroyed the organism will be unable to sense anything. Of such an organism Foster (*Physiology*, Eng. Edition, 1892, p. 1117) says that, “We can hardly doubt but that volition and other psychical processes would soon come to a standstill and consciousness vanish. This is, indeed, roughly indicated by the remarkable case of a patient, whose almost only communication with the external world was by one eye, he being blind of the other eye; deaf of both ears, and suffering from general anesthesia. Whenever the sound eye was closed he went to sleep.”

It is assumed that all the fibrillar terminations of nerve fibres in sense-organs, as, for instance, the rods and cones of the retinae, build up an image of the object out of its phenomenon. This image is potential energy and is converted by the metabolism of the rods and cones into kinetic, which streams along nerve-fibers to cells of which the fibres are a prolongation, some of which are in the thalami optici, some in the anterior quadrigemina, but the ideating ones are in the calcarine area of the occipital lobe. These cells having a physiological connection with the rods and cones, work up by their protoplasm the kinetic energy of the image into a potential idea. An excess of such work is what constitutes "brain-tire." As illustrative of brain-cell processes as being processes whereby are modified the physical forces I call phenomena, I will suggest the photographer's sensitive plate, and the phonograph. Hence, I am not inclined to compare the processes of cerebration as Professor James, of Harvard, does to an empty and a shrunken water-tank, into which "the waters of metaphysical criticism leak at every joint," and attenuate the thesis into the ether of a super-senuous nothingness.

Phenomena prior to their encounter with a sense-organ, belong to and are governed by the laws of physics. Hence, a sense-stimulus is a motion. If an object is so small as not to be able to send a sufficient number of these lines to stimulate sensation, as is the case with microscopic objects, when the eye is unaided, it is at once apparent that there would be no sense-images formed. Nor would it be possible for the brain to work up any new product in the form of ideas in a person whose senses had become paralyzed, so that they could not send into it sense-images.

The knowledge we have of the states of our bodies, as well as the knowledge of objects that are outside of us, whether these are forces or substances, or present and active experiences, is possible only when a given amount of motions (Weber's law) escaping from objects have in the past or are now impinging one or more of our senses. These motion-strands are braided by the sense-organ into an image, and at this juncture pass from the realm of physics to the realm of physiology.

In the light of the brain and its sense-appendages being a gland which gets its raw materials to form ideas from motions which are distinguished from other motions by calling them phenomena, Locke's statement—that there are no innate ideas—is unanswerable. By regarding this position as sound, the first act of ideation in the new-born is that act of sense and brain-cells changing a phenomenon into an idea. In periods of consciousness, from this time on during the life and normal action of these cells, new ideas will be continuously added. Then the first idea in the new-born is the first increment of mind.

Sensations and images are synonymous terms. Sensation is posited in the end-organ of sense, and not in the brain. The brain-cells do not

sense molecular motion arriving in them any more than do muscle-cells sense the nourishment arriving in their protoplasm. The office of the brain is to interpret sense-impingement, and not to feel it.

In function, the brain is divided into two chief parts; one where it drinks in, learns, or becomes acquainted with its environments: the other where it pours out, or teaches, or makes a record of what it has learned. The former is represented by such words as learner, study, scholar, *alumnus*: edification, take-in, glean, master the subject—together with many others, and constitutes the tree of knowledge, the democracy of the circle of sciences; while for the latter, the act of diffusion of knowledge, we have such words as voice, speech, written words, printed words, talk, lecture, recitation, sermon, said, whisper, and many others.

The word *True*, is applied to anything *known* to exist. We use the word *Fact* as representing a concrete thing. Fact is also an entity which has been differentiated out of the measureless mass of things called Truth or Universe. The word Idea is a "fact," and is also "true," since it is the product of brain-action on sense-impressions.

The history of a particular fact or idea would be according to this analysis, something as follows: A motion entitled an appearance, on its journey from an object, on colliding or making an impact with a sense-organ, by the law of conservation of forces as modified by living cellular action, becomes a sensation. Immediately this sensation which has been changed by the sense-organ into an image of the object, continues its on-going or molecular motion along the line of least resistance—the axis-cylinder—until it encounters the cells of the cerebrum, whereupon, they by their inherent physiological forces cerebrate out of this image-motion an Idea. This idea is now also an experience, and may either be kept in memory or it may be immediately conveyed out along efferent nerves to the organs of speech, to the hand to be emphasized, or to the muscular apparatus for bodily movements.

Whatever may be the reason, it is a fact that physiologists have not as yet made prominent the function of sense-organs and cerebrum as one of the various glands of the body. They have noted that the nerve tissues have a building up and a tearing down action, such as the actions that are common to all other tissues—glandular or otherwise; but to treat the brain cells as they have treated the function of the lacteal cells, for instance, they have not. For of those *Landois* and *Stirling*, in their *Physiology*, 1892, p. 440, say that: "Milk is a chemical product due to the secretory activity of the cells of the mammary glands, which find only the raw material in the blood, and from this, by their own subtle chemistry, manufacture the specific products of the milk." Here the function of the mammary gland is clearly stated to be to make milk out of raw material floating in the blood.

Analogically, until a direct observation shall determine otherwise, the function of an afferent cerebral cell may be stated to be its behavior towards a specific molecular motion arriving in it, say along an optic nerve fibre by way of the optic tract, thalamus, corpora quadrigemina, and thence along the optic radiation of Gratiolet; the source of this motion being a ray of light reflected from an object, and making of this raw material, herein called a formless motion, a formed idea. By this rendering, the phrase, Formal Knowledge, is taken out of its ancient realm of mysticism and is given a wealth of meaning that no word-dressing has hitherto been able to furnish.

It is no more mysterious that a sense-cell should change a raw phenomenon or motion into an image and afferent brain cells to change this image-motion into an idea, than for a lacteal cell to change raw material by its own subtle chemistry into milk. Notwithstanding this special opportunity for comparing the actions of the cells of the cortex with those of the mammary gland, physiologists have in the main, quietly left the observation and description of mental processes to the supernaturalists. Hence, it is only natural that Professor James, of Harvard (Lesson Book of Psychology, 1893, p. 133) should say: "That the materials which the brain *pours into the blood* (cholesterin, creatin, xantrin, or whatever they may be) are the analogues of the urine and the bile, being, in fact, real material excreta." In this he is correct, for it is a fact that the materials which the brain pours into the *blood* are material excreta. Owing to this expression of the Professor's advanced learning, it is difficult to comprehend his reason for ~~not~~ presenting in the same clearness of manner the greater and more important fact, namely: that streams of thought are not poured into the blood. No one, it seems to me, ought to be so short in his observation as to claim this as the destiny of ideas. Their destiny is to pass out along efferent nerves to be emitted and appear as thought at their periphery in the contractile elements of the organs of expression. He again states: "The phosphorus philosophers have often compared thought to a secretion. The brain secretes thought, as the kidneys secrete urine, or as the liver secretes bile, are phrases which one sometimes hears. * * * But we know of nothing connected with liver and kidney activity which can be in the remotest degree compared with the stream of thought that accompanies the brain's material secretion." (The same, p. 133.) These statements coming from the pen of a student holding such an honored position as does Professor James, can but seem to an unprejudiced reader to not only be groundless, but wholly inexcusable. This astonishment is due to the fact that the Professor has wholly ignored the ever and constant flow of phenomena that impinge upon the special senses, and there and then become changed into sensations or images. Instantly, these special sensations transmit these images as impulses along afferent nerves to their inner terminations or cells. After having been acted upon by these

cells, the resulting product is in readiness to pass over the motary cells and out along their fibers to be *discharged* through the organs of expression and *not* through the blood. There goes on in brain-cells a double action; one a waste which enters the venous blood; the other a synthetic action of these cells upon sense-impulses. It goes without saying that this latter effect does not depend upon the blood for its manifestation.

All sense-stimuli pass to central cells along afferent nerve-fibres. These cells are not a maelstrom, nor are they a "ductless gland," as James avers. Though the receiving cell is not connected anatomically with the motory, it is connected physiologically by the latter sending a dendron to the former with a brush-like termination; and the fibrillar ends of this dendron surround the afferent cell very much the same as the fingers and palm of the hand would hold an apple. This arrangement is so perfect that the ideating cells can deliver their ideated product securely into the charge of motory ones, which are the power houses for transportation along their fibres to the several stations established in the organism for the expression of their freighted ideas in thought.

Thus it is shown that the end of a nerve-fibre which receives a phenomenon is in a sense-organ, and its physiological (except in a purely reflex action) discharge-point in a cerebral cell. Hence one end of an afferent fibre differs in function from the other. And in considering the relation which the supernaturalists of the past hold to the present status of cerebrology, we need have no hesitancy in affirming that they were not well versed in the anatomy and physiology of the brain. Thus their failure to comprehend that the stream of thought which passed out from the brain through the organs of expression, streamed first as raw materials into the cerebrum as sense-images can easily accounted for. Yet, in the face of all this, Professor Josiah Royce said over and over again in his address before the World's Columbian Congress of Philosophy, in the summer of 1893, that there was a thinker in the brain which was not a part or parcel of it."

Professor Goltz succeeded in keeping a dog alive for eighteen months, whose entire cerebral cortex was removed, excepting a thin film of the temporal lobes to protect the optical tracts. Though the sense-organs were unimpaired the dog lost his memory cells, and with them all of the ideas and experiences the cerebral cells contained.*

Having thus far dwelt somewhat at length in accounting for the origin and development of mind, and that the several factors concerned in its physiological make-up point almost to an absolute certainty to it as being a product or secretion of brain-cells, I deem it necessary as a fuller elucidation of my views to define the term. And I trust that the statements already made have paved the way for the following definition, namely:

* E. A. Shaffer, in *Brain*, Vol. XVI., 1893, pp. 134 to 168, and Paul Carus *Primer of Philosophy*, p. 180.

that *Mind is the sum-total of one's comprehended sense-impressions*. I am fully aware that this definition makes mind a product of brain processes. A product of any process is expressed by or embodied in an object having in it only potential, not kinetic energy. This leads me to say that mind cannot at any time, or place, or by any process of its own, increase itself by the addition of new increments, any more than can ptyalin of the saliva make more ptyalin, gastric juice more gastric juice, or milk more milk. To increase these glandular products we must have the salivary glands, stomach and mammary glands. Similarly, in order to add new increments of mind to mind, we must have the senso-cerebral gland.

Locke affirmed that mind in the new-born was a prototype of a sheet of unwritten paper. Leibnitz held this an insufficient explanation in that it did not account for the intellect itself. Locke was right in denying the presence of innate ideas in the new-born, but both Locke and Leibnitz erred in using the word mind for the afferent-cells in the several sense-centres, and conjunctive association cells and fibres which connect each with a unifying center, wherein it is assumed is evolved what is understood to be the meaning of the term Ego. Instead of holding that the intellect is a "thing in itself," in the same sense that the body is an entity, it would have been much more to the credit of these philosophers, if they had striven to comprehend that the five senses always vote as a unit upon the question of the democracy of the intellect. The unit which the five senses form is consciousness. It is also what is meant by the terms Personality and Ego. The five senses in this regard perform a service similar to the Electoral College in electing a President. Necessarily they have to have a common meeting place to do this; and equally necessary is it that this should be somewhere in the brain. The subjects deliberated upon in this college are a certain class of the ideas cerebrated by the several sense-centers. And among the most prominent results of such deliberations I place consciousness, will, reason and personality.

We can take as evidence of the near approach of this democracy of the intellect, the fact that nearly all of recent writers on psychology are prefixing their theme with the significant words Experimental or Physiological. By thus doing these philosophers are cooling much of their former enthusiasm in quest of mind along metaphysical, supernatural or transcendental paths.

This change of front on the part of many recent philosophical writers concerning the source and nature of mind is the result of the numerous and careful demonstrations that are now being made in physiological laboratories. And just as fast as the place where, how, and out of what materials mind is elaborated, is made clear, untenable notions, without reference as to who supported them, are abandoned. And if the physician of

to-day has any paramount duty in society to perform, I hold that duty to be to give a physiological account of the origin and nature of mind.

In closing, Mr. President, it is not too much to say that every physician is a student. To make his scholarship effective, he should always be on the alert, and question the position of all current philosophies, and taking none of them on the mere authority of any one. By doing this he would inspire confidence by his conservation and patience. In addition to this, physiological students, as builders of ideas, should join their forces to the end of utilizing the common literature of our time to turn down with a sturdy and bold hand all obstacles, whether these are mythological or metaphysical, to mind accounted for by the sound principles of Physiology.

GOUT AND RHEUMATISM IN RELATION TO DISEASES OF THE EYE.*

BY K. K. WHEELOCK, M. D., OF FT. WAYNE, INDIANA.

Professor of Ophthalmology and Otology, Fort Wayne College of Medicine.

GOUT and rheumatism in my practice have in the past year come to occupy a larger sphere than ever before, as etiological factors in the production of eye diseases. This has been brought about, as most of our discoveries in medicine, by incidental circumstances, which have in turn, been suggestive.

Upon continued observation and reflection incidents have proven sources of useful knowledge. I have little or nothing to do with the speculative phase of the causation of rheumatism and gout, and while I may add nothing of value to the study of this subject, my remarks may set other minds to work, and by clinical observation and study, something corroborative and corrective may be added to the etiology and pathology of these allied diseases. This latter phrase must be modified to conform to the present knowledge of gout and rheumatism.

By allied diseases I mean a series of concentric circles of signs and symptoms so playing into each other by complementary fusion that we name the ensemble gout or rheumatism, just as we name the blending of all the colors light.

It will be needful for me, in my view of the effects of rheumatism upon the eye, to accept the germ theory of disease, and whether the micrococcus itself is the potential energy or the ptomaine arising out of its action, I must assume the presence of septic emboli necessary to the production of certain rheumatic affections of the eye.

* Read before the Mississippi Valley Medical Association, at Detroit, Mich., September 3, 1895.

The manner in which the gouty condition produces eye disease, is not very plain.

That the various structures of the eye are affected by gout, is clearly seen in cases of retrocedent gout. This, of course, is merely an expression which gives a definitive name to a condition, and adds nothing to our knowledge of the processes by which that condition is brought about.

Some theorists have sought to explain the action of rheumatism by saying that it has an elective affinity for mesoblastic tissue. Inasmuch as nearly the entire body is made up of mesoblastic tissue, this theory has the weight of clinical experience to support it, yet the meninges are recognized as the seat of rheumatism and gout and this is certainly not mesoblastic tissue. Phenomena may point the limitations of disease but they do not explain the why.

If we accept the bacterial origin of rheumatism, as many of the best writers do, we may start with the hypothesis that the lymph channels are the seat of election of the micrococci and that here they gorge the spaces and are carried to the lungs, thence to the left heart, and thence are distributed to the various parts of the body. In case of the eye, we may account for a large number of cases of disseminated and plastic choroiditis upon this theory. And in many cases where there has as yet been no decided general inflammatory activity, we may find the most brilliant and satisfactory results following upon the administration of salicylates.

Each of us has seen the pillars of the fauces and *vetum palati*, become the seat of pain, redness and purplish glazing in the spring and fall of the year, and we have by repeated observation learned that this condition may be associated with either a subsequent outbreak of rheumatism or found in the subject of a previous rheumatic attack, or in one whose ancestors have been simply rheumatic. In such cases the administration of anti-rheumatics disperses the signs and symptoms with magical promptness.

I admit that it may be objected that salicylate of sodium is not a germicide of pronounced character. Yet what changes it may undergo within the laboratory of the body are not understood.

If the morbid agent is a miasmatic entity, which Edfelsen, Hirsch, Feltkamp and others maintained at the Fourth German Congress for Internal Medicine ten years ago, we may understand the more readily the action of mild medicine in antidoting the infection. Quinine neutralizes the poison of malaria. Yet quinine would not ordinarily be selected as a germicide.

Gout is conceded to be the result of malnutrition, and its active morbid agent is urate of soda. Whether this is actually true or not, it is definitely settled that urate of soda is a constant factor in gout.

The manifestations of gout are manifold. The essential physical un-

tity, tophus, is not necessary to prove the existence of gout, because its phases are as distinctive as the individual in whom it is found.

In one we may have neurasthenia, in another sciatica, in another trigeminal neuralgia, in another chorea, in another serious intestinal indigestion with all the symptoms following upon the absorption of ptomaines, and hysteria has its exciting cause in the lithæmic state.

If we limit gout to those cases which have a lithic deposit in the articular cartilages, we will see comparatively few cases.

After the careful study of a number of cases, I am of the opinion that the gouty and rheumatic states are manifested in eye diseases under the following divisions: RHEUMATIC: Iritis, irido-cyclitis, recurrent choroiditis, and neuritis. GOUT: Cyclitis, hyalitis serosa, neuro-retinitis, simulating retinitis albuminurica, keratitis and conjunctivitis.

In speaking of exudative choroiditis Fuchs uses significant language but fails utterly to note the significance and importance of certain undoubted causative conditions. He says "choroiditis exudativa is chiefly dangerous because of its tendency to recur, in consequence of which new foci of inflammation are constantly developing in the choroid so that the latter is finally covered all over with old and recent spots."

The recurrence, in my opinion, is that of rheumatism as manifested in the throat and of the same condition as is noted in the anterior segment of the eye-ball under the name iritis. Fuchs, however, does not recognize rheumatism as standing in a causative relation to choroiditis. But contents himself with citing as etiological factors anemia, chlorosis and scrofula.

He continues by saying "in many cases of choroiditis, the cause remains obscure." To my mind rheumatism is the clarifying agent to this obscurity.

In his classification of iritis and cyclitis Fuchs puts rheumatism numerically fourth in its potentiality of causative factors. He says farther that the fact of iritis occurring in conjunction with the recurrence of the rheumatism stands to prove the interdependence of the pathological condition upon the etiological state.

In my practice the iritis has occurred and recurred totally independently of the joint attack.

It seems to me not far fetched to liken the eye to a synovial joint in that the fibrous sclerotic is similar in its environment to the cartilage of joints, while the choroid is like unto the synovia and their functions are similar. If tophi are deposits in ulcerated points, the results of defective nutrition (Garrod), we may readily understand that the blood impoverished by urates would find the chorio-capillaris an especially vulnerable tissue for the attack. That the urates are not deposited as tophi in the hyaline membrane of the choroid is probably due to a washing out action

which the blood exerts (Ebstein). Ebstein's theory was not predicated upon the pathological condition found in choroidal inflammation, but he asserts that the gouty deposit always occurs in an area of necrotic tissue surrounded by a zone of secondary inflammation. He noted this condition in all tissue examined which embraces kidney, hyaline, fibro-cartilage, tendon and subcutaneous cellular tissue.

This theory of deposition of urates in tissues with sluggish blood-current is supported by clinical observation and the great toe, being remotely situated, is the most frequent seat of attack, while the terminal vessels of the eye offer a peculiarly rich bed for the chemical irritation in the gouty diathesis. In confirmation of this fact Charcot has noted the deposits of urates on the paralyzed side only of hemiplegics who before being stricken were free from gout. The environment of the toe accounts for the pain in the gouty paroxysm, while traumatism may account for the frequency of these attacks. In a case coming under my observation the function of the eye was so far compromised as to require a very large sclerotomy to save the retina from pressure effects. The gout expressed itself as a glaucoma and vision descended to bare perception of light in the temporal field. The patient had been treated from the first on salicylates and iodides, but it was not till the great metatarso-phalangeal joint was attacked that the eye symptoms subsided. Vision soon mounted to $\frac{2}{20}$ with only a trace of pigmentary deposit remaining on the lens capsule to mark the seat of iritis.

Dr. S. D. Risley has, since this paper was written, called attention to the lithemic state as having an important bearing etiologically on diseases of the eye. He does not discuss those diseases of the uvea affecting the anterior segment of the globe, because they are familiar and accepted clinical facts. He speaks of conjunctivitis, episcleritis, gouty neuralgia and the impairment of the vascular system as some of the results of lithemia.

In cases of neuro-retinitis with all the localized signs of albuminuric retinitis, we must exercise great care in our prognosis. We would ordinarily give an unfavorable prognosis in fatty degeneration of the connective tissue following nephritis. In a case examined by me, the signs were clearly those of albuminuric retinitis and in addition there was paresis of the rectus externus with diplopia. An unfavorable course was predicted based upon the eye signs. This was eighteen months ago and the patient is yet in about the same condition of health as at that time.

The attending physician, Dr. H. V. Sweringen, had made a diagnosis of lithemia and had found granular and hyaline casts and albumin. These findings have since been corroborated by Dr. M. F. Porter.

The fibrous sheath of the nerve may be the seat of inflammatory action, in consequence of which pressure engorgement of the papilla with more or less loss of function of the nerve will ensue. Such a condition occurred to the author in a well marked case of arthritis deformans.

Treatment can have but three objects, namely: To control pain, to prevent the quadri-urates from passing into the bi-urates and to eliminate the bi-urates formed as rapidly as possible. Pain is best alleviated by the local application of hot compresses accentuated by the head steam bath and morphia in gouty conditions; and in the rheumatic, by saturating the patient with salicylate of sodium. Lithium acts as a solvent and pilocarpine carried to diaphoresis has always speedily brought very favorable results in gouty cases.

Atropine should be used not at all except we have iritis alone. If the ciliary processes are equally involved atropia is very harmful, as it induces glaucomatous symptoms. Pilocarpine is the sheet anchor in the treatment of rheumatic and gouty choroiditis plastica and serosa. It should be administered every other day for the purpose of inducing active sweating. If given in solution in $\frac{1}{4}$ gr. doses every hour, two doses will be sufficient. The method of its employment is important. After giving the first dose, which may be made more effective by the use of a large glass of hot lemonade, the patient should go to bed in a warm room. In one hour repeat the pilocarpine and the lemonade and the result will be a most profuse sweating lasting two to three hours. The patient should remain in the room the remainder of the day, so that there may be no vaso-motor disturbances arising from atmospheric exposure.

This subject has been only touched upon, for the reason that it is desired to present a text rather than a sermon.

TAKA DIASTASE.

BY FERDINAND LASCAR, PH. GR.

Pathologist to the Demilt Dispensary, etc.

IN the human system a continued waste takes place which it is necessary to provide for, and to this end man partakes of food which must contain the elements for this purpose. To bring such food products into proper form, so that they can be assimilated and taken up in the system, the digestive organs perform their functions, and these are of a mechanical and chemical order. The food needed is both animal and vegetable in nature, the latter forming by far the greater and more important part. It can truly be said that upon the proper digestion of his food, man's health, happiness, and very life depend, and progressive science has fully demonstrated the unerring truth of this. Any irregularity or fault in the process of digestion very soon becomes manifest, and dyspepsia, malnutrition, and ill health follow. As the food man partakes of is twofold, so is the process of digestion a twofold one, animal and nitrogenous foods needing an acid, while

vegetable, starchy foods need an alkaline process to bring them into a soluble form ready for assimilation. The general idea about faulty digestion is that the stomach performs its duties improperly. While this in very many instances is undoubtedly so, the fact is, nevertheless, that in the greater number of cases of impaired digestion improperly performed processes of other organs are at the bottom of the evil in failing to properly convert the starchy food partaken of.

The changing of amylaceous food into dextrose and maltose is the beginning of digestion. All will have observed that bread, crackers, or potatoes, not being sweet in themselves, very soon become so when masticated and thoroughly mixed with the saliva in the mouth, and that their taste becomes sweeter the longer this is continued. This sweet taste is due to the conversion of the hydrated starch by the action of the saliva upon it, the saliva containing an enzyme called ptyalin, which, by its presence, splits up the starch into soluble products which I will mention later on, and this splitting-up process of the starchy food even continues after it has left the stomach. Animal foods needing the acids which are found in the stomach are digested there, but acids materially interfere with the action of enzymes which cause the conversion of starch, even destroying such action altogether. For this reason it seems practically incorrect to say that the conversion of starch continues after it leaves the mouth; but nature has provided against a too soon interference of acids, because it is now well understood that acid, especially hydrochloric acid, is secreted in the stomach a considerable time after the food has arrived there, and this may be one of the reasons why the converting of starch continues after it has left the mouth.

Since medical science has thoroughly grasped the philosophy of digestion, it has been the aim by artificial means to supply the enzymes which digestion calls for when they do not appear to be present in a sufficient quantity or are secreted in less potent form by the digestive organs. Science has succeeded fairly well in supplying gastric and pancreatic ferments when nature lags behind; but our success has so far been only a very partial one in supplying starch converting substances, and for this reason a new and seemingly valuable discovery in this direction at once becomes interesting.

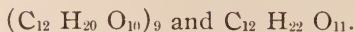
That diastase has an identical action with ptyalin upon starch is a fact long known, and for this reason the diastase contained in malt has been employed for this purpose. Diastase is contained to a lesser or greater extent in the different extracts of malt, and in minute quantities also in fermented malt preparations. In the latter the diastatic action, however, is generally totally destroyed by the acids present. Even in the best extract of malt there is only a limited and variable amount of diastase present; and while the extract of malt will continue to play an important rôle as a dietetic agent, its utility as a starch-converting agent will always remain a limited

one. From time to time pure diastase has been offered to the profession, but none has so far proved of a sufficient potency to recommend itself to general use. Great progress in this direction is the discovery of Mr. Takamine, a chemist of no mean ability, who acted as one of the commissioners of Japan at the Cotton Exhibition in New Orleans several years ago. At that time he showed me an extract of malt, as manufactured in Japan, very rich in diastase and nutritive properties, and which I have mentioned in a paper on the diastatic and nutritive properties of malt extracts, published in the December number, 1891, of the *Epitome of Medicine*. In that paper I warned against too great heat in the manufacture of malt extracts, as heat impairs, and is even liable to totally destroy the diastatic action. The avoiding of all undue heat in preparing diastase may be one of the reasons why the diastase which is now manufactured by Parke, Davis & Co., under Mr. Takamine's discoveries, is so perfect in its action in converting starch into maltose and dextrose. His product is a dry powder similar in appearance to some I received from a reputable German firm years ago, but is vastly superior in potency. Since the receipt of this German preparation I have frequently had occasion to experiment with various diastases, some being named vegetable ptyalin, but in no instance have they come up to the desired standard, and failed to fill the void felt for an enzyme which will accomplish what the enzyme of saliva in a healthy individual does accomplish.

In comparing notes of experiments lately conducted with taka diastase, other available diastases, and different extracts of malt, I find that the claim of the taka diastase that it will convert a hundred times its own weight of starch into a soluble state is well authenticated, for I have succeeded in converting even fifty per cent. more of starch than is claimed for it. Another point in favor of taka diastase above other similar products is the quickness of its action upon starch, for the action is almost instantaneous. To convert one hundred parts of starch into a soluble state by the action of one part of taka diastase, under proper conditions, it takes only four minutes until neither iodine test nor the microscope can detect unconverted starch. The product of converted starch with Mr. Takamine's taka diastase is to a great extent maltose. Compared with the time required by the best extract of malt to convert starch, this is certainly an excellent showing, for it took the best malt extract between seven and eight minutes to convert its own weight of starch into a soluble state, while with some other extracts of malt it took fifteen, twenty, and thirty minutes to partially accomplish this end. Tests with Fehling's solution to ascertain in the converted starch products the amount of contained sugar therein were equally favorable to taka diastase.

In converting starch into a soluble state by the action of diastase, the rearranging of the molecules of starch is understood to be as follows:

Starch ($C_{12} H_{20} O_{10}$) 10 plus water, $H_2 O$, are first formed into erythro-dextrose and maltose.



By the continued action of diastase further hydration of the erythro-dextrose takes place.

The erythro-dextrose further splits up into erythro-dextrous-*B* and maltose, the ultimate result being a small amount of dextrin (achröo-dextrin) and eight or nine equivalents of maltose. Since Leuch's discovery of the specific starch-converting property of saliva and its ptyaline, we have lacked an agent of sufficient potency to accomplish what good healthy saliva does, and, for the first time, we find in taka diastase a substitute of undoubted worth, which, even in the presence of a minute quantity of acid, does not cease to be potent. The ptyaline in saliva is present there in a neutral or weak alkaline state, and for this reason it suggests itself that diastase, being an analogue with the former, acts also at its best in such a state, and is incompatible with acids. I employed in the greater number of my experiments with diastase carefully washed arrow-root,—a perfectly bland and neutral starch; but I found that starches giving a slight acid reaction on blue litmus were equally well converted by taka diastase. In testing diastase as to its potency, I would recommend that the iodine as well as the copper tests be employed, and that undue employment of heat under all circumstances should be guarded against, as heat, as already mentioned, destroys the action of diastase.

Taka diastase being a dry powder, tasteless and of no perceptible odor, can be given in very small bulk, and for this reason I think it will prove itself of value in infant feeding, where it is desirable to give starch-containing foods, provided said food would easily dissolve and the infant's saliva could be relied upon to perform that function. That the new diastase is destined to become a favorite with the profession I have no doubt, having acquainted myself with its potency in converting starch in a minimum of time into a form ready for absorption by the system, and I think it will be found the very remedy for which we have waited so long.

College Opening.—The Medical schools of St. Louis have opened with satisfactory classes. The St. Louis College of Physicians and Surgeons has over 250 students in attendance; the Barnes Medical has over 300; the Missouri Medical College has a large class; and the Beaumont begins work with a good attendance.

Injured.—Dr. Emory Lanphear, who recently broke his leg, has been in Chicago visiting the various surgical clinics.

TRI-STATE MEDICAL JOURNAL.

EDITORIAL DEPARTMENT.

Vol. II.

OCTOBER, 1895.

No. 10.

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DES MOINES MEETING OF THE TRI-STATE.

Notwithstanding the double dealing and ill-concealed hostility of a few *poseurs* and would-be leaders of the Des Moines profession, the recent meeting of the Tri-State Medical Society was a pronounced success.

The sessions were held in the clubroom of the Savery. Important papers were read, interesting cases presented for examination, and a jolly good time was had. Much of the social success of the meeting was due to the presence of Dr. B. T. Whitmore, the Chicago representative of Messrs. Parke, Davis & Co.; Messrs. C. S. Chapin and E. E. Wood, representatives of Charles Truax, Greene & Co., dispensed hospitality with a liberal hand. The Society was fortunate in having a goodly crowd from Chicago.

The Address on Medicine by Dr. Sanger Brown of Chicago, who took as his subject "The Neuron in Medicine," was a scholarly effort. The paper on "Cerebrology" by Dr. Charles J. Lewis, of the same city was favorably received. Dr. Hugh T. Patrick, of Chicago, presented two most valuable papers. The presence of Doctors Charles P. Pinkard and Wm. L. Baum was appreciated. Dr. Gustav Fütterer gave a fine paper on Scrofulosis, and later in the session he examined and lectured upon a clinical case. Dr. Archibald Church gave a verbal report of an interesting case.

The election of officers resulted in the selection of the following well-known gentlemen: President, Dr. Robert H. Babcock, of Chicago; First Vice-President, Dr. A. H. Cordier, of Kansas City; Second Vice-President, Dr. W. A. Todd, of Chariton, Iowa; Treasurer, Dr. C. S. Chase, of Waterloo, Iowa; Secretary, Dr. George W. Cale, of St. Louis. The next meeting will be held in Chicago, early in April 1896. Hereafter the Society will meet annually instead of semi-annually.

Among the prominent members in attendance in addition to those whose names are mentioned above were: Dr. D. C. Brockman, of Ottumwa, Iowa; H. C. Young, Bloomfield, Iowa; T. B. Ellis, Bethany, Mo.; Jessie V. Smith, Winterset, Iowa; B. H. Criley, Dallas Center, Iowa; A. J. Nossaman, Leighton, Iowa; H. C. Eschbach, Albia, Iowa; J. B. Krout, Fremont, Iowa; B. R. McAllaster, Lamoni, Iowa.

PAQUIN'S ANTI-TUBERCLE SERUM.

In the September number of the *New Orleans Medical and Surgical Journal* the editor takes occasion to express his views on the merits of Paquin's Serum which from a scientific standpoint are simply childish when the facts in the case are known. The serum was used by a few New Orleans physicians on cases that were absolutely hopeless and because they did not recover or improve greatly in four to six weeks the *committee of experts* of the Parish Medical Society (some of whom, no doubt, had never seen a bottle of the serum), pronounced it valueless.

There are at least fourteen different pathologic conditions in tuberculosis which should always be taken seriously into account by every physician, who will study and treat that disease conscientiously, and it is manifestly unfair to all concerned (patients and physicians), for any one to deny in toto the efficacy of any treatment of this most fatal of all diseases, without making public at the same time good grounds for the action.

When we remember that a number of the changes found in the lungs of tuberculous patients are essentially chronic in character and have been in the progressive stage from one to five years, how can a man with the slightest pretence of scientific knowledge expect any treatment to correct the condition in less than a few months or even a year or two?

One may as well expect to have a leg reproduced after amputation as to expect recovery in some of these cases—and right here we wish to add that neither Dr. Paquin or his friends have ever claimed a curative power for the serum in any class of cases.

It is a notorious fact that American medical men are very slow to accept even *facts* which have been brought forth by their own countrymen, even if such facts have been proven beyond a doubt—but how different if

the innovations come from the other side of the Atlantic! Take for instance Brown-Sequard's Elixir of Life.

There are just as great minds in America as can be found in Europe and some of the greatest inventions and scientific discoveries had their origin in this country. Electricity, ether, and many others of inestimable benefit to mankind could be mentioned. Dr. Paquin has simply reported *progress* in the use of serum—he has never claimed and we dare say never will claim that serum will cure tuberculosis, as such in our opinion would be unscientific. He says sero-therapy is only in its infancy and expects it to be greatly improved. To this end he has been experimenting ever since the first anti-tubercle serum was produced. In support of the statements of Dr. Paquin we refer to a paper read before the British Medical Association lately in London by Prof. Marogliano of Genoa, who has been using serum similar to that of Paquin for three years. He reports twenty cases of tuberculosis that have been cured for more than two years and quite a number that have been greatly improved. Maragliano's work was not known until about three months ago.

The serum treatment of disease has come to stay and truly scientific men will be slow to criticise it in any way whatsoever without first carefully weighing all facts in the case.

Z. X.

OUR IOWA CRITICS.

A late issue of an Iowa publication says:

"The Tri-State Society has an official organ which represents it, and as the statements therein made from time to time have never been questioned by the society, the medical profession of Iowa, and of Polk County in particular, feel that they have received far worse treatment from the Tri-State Society and its official journal than they meted out at the recent meeting.

Repeated attacks have been made by the journal of this society against Polk County Society, the Iowa State Medical Society, some of our state medical schools, the State Board of Medical Examiners, and many prominent Iowa physicians, while, when that journal was christened, it states that "the word 'Iowa' was purposely omitted from its name." In consequence of all this the Tri-State has been reduced to a Bi-State Society, as not a corporal's guard from Iowa will ever, under existing circumstances, affiliate with this organization."

All this leads us to remark that we have more bona fide subscribers in six Iowa counties than the *Iowa Medical Journal* has in the whole State. No one need sympathize with us or with the Tri-State Medical Society. The fall meeting wisely has been abolished and hereafter the Society will meet annually. The October meeting has been always a small gathering,

and under adverse circumstances the Des Moines meeting was as large as that held in Jacksonville one year before.

The doctors of Polk County uphold this journal; more than forty of them read it regularly; and its only opponents are a few would-be leaders who were unmercifully roasted by the Iowa State Medical Society one year ago for violating the rules and constitution of the State organization.

The TRI-STATE MEDICAL JOURNAL has never attacked the Iowa State Medical Society, but it has censured certain members of that body. In June 1894, we said editorially:

"The recent meeting of the Iowa State Medical Society was an eye-opener to a majority of the members. During a discussion upon the proposed revision of the code of ethics of the American Medical Association, the President of the Society (Lewis Schooler, M. D., L. L. D.), made the charge that all the members of the Polk County Medical Society were in the habit of consulting with irregular practitioners of every sort, and many of the accused persons were mentioned by name. (Dr. Schooler mentioned the names of Drs. Smouse, Priestley and others.) The charge was also made by the same officers that the members of the Iowa State Medical Society are guilty of professing to uphold the code while in practice they systematically consult with charlatans. Had an anarchist dropped a bomb in the midst of the assembly the surprise would have been scarcely greater, Dr. Watson, of Dubuque, the venerable expounder of the constitution, made an eloquent defense of the Society, and Dr. Woods Hutchinson, himself a member of the accused organization, denied the charge. * * * * That men who are engaged in teaching regular medicine in the Iowa College of Physicians and Surgeons, as well as others of the Polk County Medical Society who are not medical teachers but belong to our State organization, should be so lost to all sentiments of honor as to retain their membership in the Iowa State Medical Society while doing the very acts which that Society condemns, is indeed passing strange."

Conscious that we have the active support of the better class of Iowa doctors and the confidence of four-fifths of the physicians of Des Moines, we shall continue to give honor where honor is due, to give censure where censure is deserved.

"He is a freeman whom the truth makes free,
And all are slaves beside."

B.

NEW SUBSCRIBERS.

Unlike a journal which claims to have eight thousand subscribers, when in truth it does not possess one-tenth that number, this magazine is built upon the solid foundation of a genuine subscription list. Recent additions to the TRI-STATE subscription list are as follows:

Gibson Browne, Keokuk, Iowa; Wm. Bray, and J. M. Boothby, of Dubuque, Iowa; O. F. Baerens, F. Robert Boyd, E. C. Beck, C. Baumgarten and W. C. Barnes, of St. Louis, Mo.; O. C. Bates, East St. Louis, Ill.; O. D. Benson, Des Moines, Iowa; C. L. Chittenden, A. N. Curtis.

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"And still there's more to follow."

A SUCCESSFUL ADMINISTRATION.

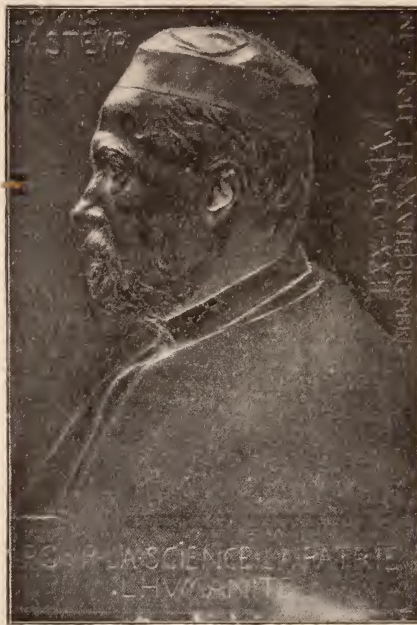
We trust our readers will pardon us for calling attention to the fact that the most successful year which the Tri-State Medical Society has known was that just closed. Nearly one hundred new members were received and among them were such well-known leaders as John A. Wyeth, W. W. Keen, Edward P. Davis, Joseph Eastman, H. N. Moyer, P. Gervais Robinson, H. H. Mudd, A. H. Meisenbach, W. B. Outten, Paul Paquin, Woods Hutchinson, Richard Dewey, Edwin Walker, Sanger Brown, Gustav Fütterer, William Baum, Hugh T. Patrick, Archibald Church, and many others. The retiring President desires to thank all who aided in the upbuilding of the Society and particularly the late Secretary, Dr. Frank Parsons Norbury.

To Regulate Medical Colleges.—A conference of representatives of the Iowa, Missouri and Illinois State Boards of Health was held in Chicago Oct. 2, 1895, for the purpose of forming a schedule of the requirements to be placed upon medical colleges in their respective States before they will be recognized as schools in good standing. The intention is to have a common and uniform standard in the three States, so that credentials from any one of the States will be recognized in the other. The details of the plan will be presented to the State Boards by the committee for adoption, and until that time will not be made public.

IN THE PROFESSIONAL EYE

ON September 28, 1895, Professor Louis Pasteur died at Garches, a suburb of Paris. Born in 1822, Pasteur has left an impress on medicine, which will always be felt. Although not a physician by education or profession, it is safe to say that his work has done as much to promote the science of medicine, or art of healing, as that of any physician of the century. He it was who first conclusively proved that fermentation and putrefaction were impossible, except in the presence of living germs, and that the microbes found in certain organic liquids, after exposure to the air, were in every

DEATH OF M. PASTEUR.



MEDALLION OF PASTEUR.

instance derived from living organisms, thus giving final quietus to the old doctrine of spontaneous generation and preparing the way for Lister's introduction of antiseptics and asepsis into surgery. From these researches, moreover, Pasteur developed various theories of fermentation and various methods of research, which have proved of both commercial and scientific importance. His discovery of the cause of silk-worm disease, and of the means of prevention, saved to France a valuable industry and opened a new vista in pathology, not yet fully explored. In his investigations into the cause of anthrax, and his discovery of a means of rendering animals immune against anthrax poison, and later in repeating similar researches as to chicken cholera, Pasteur came into direct relation with

medicine and laid the foundation of modern pathology and therapy. In his researches upon rabies, and in the method of treatment of persons bitten by rabid animals which is associated with his name, Pasteur was less fortunate than in his other work.

ROBERT H. BABCOCK, A. M., M. D., was born in Watertown, New York State, July 26th, 1851, but was reared in Kalamazoo, Michigan. At the age of 13 he lost his sight as a result of an accident. After three years at the Institution for the Blind in Philadelphia, he took a preparatory course at Olivet, Michigan, and then entered Western Reserve College, Ohio, from which institution he has obtained both A. B. and A. M. In 1874 he began the study of medicine at Ann Arbor, continuing portions of two winter terms, and in 1876 entered the Chicago Medical College, from



ROBERT H. BABCOCK, A. M., M. D., OF CHICAGO.

which institution he was graduated in 1878. The next year was spent at the College of Physicians and Surgeons, New York City, where he received the degree of M. D. in 1879, standing among the ten honor men out of a class of nearly 100. In June of that year he was married to Miss Lizzie C. Weston, of Mount Clair, New Jersey, and in July, 1880, went with his wife to Germany, where he pursued his medical study for three years, spending most of the time in Berlin and Munich. In 1883 he settled in

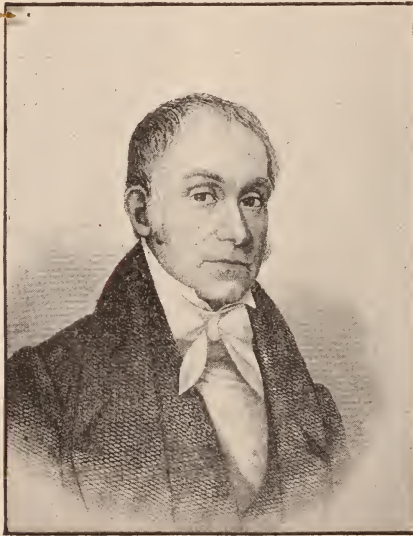
Chicago, where he has continued in active practice up to the present time. He was for some years connected with the Post Graduate Medical School of Chicago, having been one of its founders. In 1891 he was elected to fill the chair of Clinical Medicine and Diseases of the Chest at the College of Physicians and Surgeons. For four years he has been on the medical staff of the Cook County Hospital. He is a member of various city, State and National medical societies. His publications have consisted of contributions to medical journals, but no extended work. He is wholly without sight, and limits his practice therefore to diseases of the chest.

HISTORICAL SKETCHES.

Ephraim McDowell, the Father of Ovariectomy (1771-1830).

BY JAMES MOORES BALL, M. D.

ON May 14, 1879, there was erected in the city of Danville, Kentucky, a granite monument to mark the resting place of Ephraim McDowell, the father of ovariectomy. The memorial address was delivered by the late Doctor Samuel D. Gross. After many years the country doctor who did what great minds in the profession declared impossible, had been honored.



DR. EPHRAIM MCDOWELL.

Ephraim McDowell was born in Virginia in 1771 and died in Danville on June 20, 1830. After receiving a classical education he studied medicine at Staunton, Virginia, completing his education in Edinburgh in 1793-94. In 1785 he began the practice at Danville, and for forty-five years this good man was the honored physician of all that part of Kentucky. In 1809 he successfully performed ovariectomy and although many attempts have been made to rob him of his laurels, there can be no question that he was the first ovariectomist. It was not until 1817, that he published an account of his work in the *Eclectic Repertory and Analytic Review*. Doctor McDowell was famous as a lithotomist. He

was a man of broad culture, liberal views and wonderful resources.

DEPARTMENT OF RAILWAY SURGERY.

BY WEBB J. KELLY, M. D., OF GALION, OHIO.

Secretary of the American Academy of Railway Surgeons.

American Academy of Railway Surgeons.

The Second Annual Session of the American Academy of Railway Surgeons was held in the parlors of the Auditorium Hotel, Chicago, Sept. 25th, 26th and 27th. The attendance was very large, considering the limited membership.

The following officers were elected for the ensuing year:

President, Dr. John E. Owens, Chicago, Ill.

1st Vice-President, Dr. L. E. Lemen, Denver, Col.

2d Vice-President Dr. F. H. Peck, Utica, N. Y.

Secretary, Dr. Webb J. Kelly, Galion, Ohio.

Treasurer, Dr. C. B. Kibler, Corry, Pa.

Editor, Dr. R. Harvey Reed, Columbus, Ohio.

Chairman Executive Board, Dr. C. M. Daniels, Buffalo, N. Y.

Chairman Committee on Transportation, Dr. W. J. Galbraith, Omaha, Nebraska.

Chairman Committee on Arrangements, Dr. A. D. Bevan, Chicago, Ill.

The next annual session will be held in Chicago in September, 1896.

Some twenty new Fellows were admitted to the Association, including such men as Drs. Gardner and Ainsworth, of the Southern Pacific; Dr. Wyllis Andrews, Chicago, Ill.: Dr. Bacon Saunders, Fort Worth, Texas.

Telegrams were received from the Governor, the Mayor of Denver and the Chamber of Commerce of the same city, asking that the next session be held in Denver, but the sessions being for business and not pleasure, and Chicago being the central point, the vote was unanimous.

The interesting scientific sessions were as follows:

[TO BE CONTINUED.]

Erie Railway Surgeons' Meeting.

The recent meeting of the Erie Railway Surgeons at Buffalo was one of the best in the history of that Association. It has come to be a recognized fact that the Erie has the best Association of any line in the country. The officers elected for the ensuing year were as follows:

President, Dr. J. L. Eddy, Olean, N. Y.

Vice-President, Dr. Webb J. Kelly, Galion, Ohio.

Secretary and Treasurer, Dr. W. W. Appley, Cochection, N. Y.

The probable place of the next meeting will be Hornellsville, N. Y., and the time about October 1st.

Dr. A. T. Clark, Greenville, Pa., read a very interesting paper on "Colles' Fracture," which brought out quite a lengthy discussion. As all discussions on this subject end, so did this one, i. e., "If the fracture is properly reduced almost any splint will keep it in position."

The paper of Dr. Webb J. Kelly on "Trepining," in which he reported some cases, was interesting, inasmuch as it thoroughly gave the technique of the operation, and was accompanied with photos of the cases.

"Tubercular Necrosis of Bone," by Dr. J. D. Swetsch, Gowanda, N. Y., brought forth a prolonged discussion. The Doctor, in his paper, made the assertion that strychnia was used for several hours to overcome shock, but with little success, and that one injection of digitalis and brandy did the work. Inquiry revealed the fact that he had used $\frac{1}{60}$ of a grain of strychnia every two hours, where he should have used at least from a 20th to a 30th.

Dr. C. B. Parker, of Cleveland, Ohio, gave a report of the results of some experiments in the use of oxygen gas and chloroform in combination. The Doctor stated that patients recovering from the anesthesia of this combination, instead of complaining of feeling distressed, experienced the sensation of a refreshing sleep. Certainly the experiments had brought results that were very gratifying to the operator.

Papers were also read by Drs. W. L. Buechner, Youngstown, O.; Dr. Birdsall, Susquehanna, Pa.; Dr. R. Sayre Harnden, Waverly, N. Y.; Dr. A. E. Jenner, Dayton, Ohio.

Meeting of the Association of Big Four Railway Surgeons.

This thriving Association met in the parlors of the Dennison Hotel, Indianapolis, Ind., Oct. 10th, 1895. The attendance was very large, and should the same spirit continue, the Erie men will be compelled to look after their laurels. The annual election resulted in the selection of the following officers:

President, Dr. J. M. Weaver, Dayton, Ohio.
Secretary, Dr. T. C. Kennedy, Shelbyville, Ind.
Treasurer, Dr. Frank Bain, Kenton, O.

Indianapolis, and October, second Thursday, was the place and time selected for the next meeting.

Dr. Jos. Marsee, the retiring president, delivered a lecture on "Treatment of Common Injuries of the Hand and Wrist." It was exceedingly interesting, and was accompanied with large photos showing the different methods of dressing the injured parts. In injuries of the fingers he uses a splint extending up the arm and made from hoop iron. This can be bent in almost any position, and by the addition of heavy leather to the upper end is easily held in the desired position. In "Colles fracture," his favorite dressing is plaster of paris, claiming for it a fixed dressing and feeling perfectly secure providing the displacement is properly reduced. The Doctor has been very successful in the application of plaster of paris, in fact, it is his "hobby" in fractures. A lecture such as he gave is certainly of value.

"General Anæsthesia with Spinal Reference to its Use in Traumatic Surgery," was the title of Dr. E. LeFevre's paper. All that is necessary to start up a good-sized hornet's nest in an Association of this character, is for some surgeon to recommend any one anesthetic. In the discussion of this paper, Chief Surgeon Ford made a remark that was certainly timely—"Select your anesthetic, stick to it, study its effect, and don't give ether to-day, chloroform to-morrow, and ACE next day." There is no question but what patients are made to suffer from a not skillful administration of an anesthetic.

Dr. C. W. Tangemen, of Cincinnati, Ohio, read a paper on "Some of

the More Frequent Injuries of the Eyes of Railway Employees." The paper was listened to very attentively by all the members as the Doctor wisely omitted technical terms.

New York Association of Railway Surgeons.

The Fifth Annual Session will be held in the Academy of Medicine, New York City, Tuesday, November 12th. The following is the program:

"Preparation of Patient for Amputation, with Remedies Used, or Useful in Treatment of Shock," Dr. Frank H. Caldwell, Sanford, Fla.

"Physical Endurance," Dr. C. M. Daniely, Buffalo.

"Multiple Synchronous Amputations," Dr. W. L. Estes, South Bethlehem, Pa.

"Important Unsettled Questions in Railway Surgery," Dr. M. Cavanaugh, Oneida.

President's Address.

"The Responsibility of the Railway Surgeon from a Lawyer's Standpoint," Judge A. H. Dailey, Brooklyn.

"The Importance of a Physical Examination of an Applicant Before he is Placed in the Railway Service," Dr. R. H. Reed, Columbus, Ohio.

"What Is Shock, and How Shall We Treat It?" Dr. R. H. Cowan, Radford, Va.

"Arterial Anastomosis," Dr. F. H. Peck, Utica.

"First Aid to the Injured," Dr. C. S. Parkhill.

"Shock and Its Proper Treatment," Dr. W. V. R. Blighton, Tonawanda.

"Why Amputate?" Dr. Stephen Smith.

"When Shall We Amputate?" Dr. J. B. Murdoch.

"Where Shall We Amputate?" Dr. J. S. Wight.

"How To Amputate," Dr. J. A. Wyeth, Chairman Com.

It is proposed to publish the papers and addresses of the recent Medico-Legal Congress in book form, the expense to be borne by contributions from the members.

Those Lewd Pictures.—In speaking of illustrations in certain medical journals, particularly the *Medical Herald*, the editor of the *Western Reserve Medical Journal* says:

This has been carried so that in a recent sample just received there appeared a number of half-tones, artistically excellent, but essentially lewd, and evidently there to attract attention for that very quality. Low-class journalism can go no further than this. The postal laws allow nude pictures in genuine medical publications, and very properly, as they are necessary for illustration. There is nothing indecent in a necessary exposure of the person for medical examination, or in the pictures which illustrate medical subjects. That drug advertisers should avail themselves of this liberty to distribute obscene literature is but a poor compliment to the ethical standards of our profession, and should be dealt with as it would be if carried on without its thin disguise of professionalism."

OPHTHALMOLOGICAL NOTES.

BY JAMES MOORES BALL, M. D., OF ST. LOUIS.

Professor of Ophthalmology in the St. Louis College of Physicians and Surgeons; Professor of Ophthalmology in the Woman's Medical College of St. Louis; Oculist to the City Hospital; Ex-President of the Tri-State Medical Society of Iowa, Illinois and Missouri.

Tetanus Following Wound of Lower Eyelid.—Dr. George F. Keiper, of Lafayette, Indiana (*Annals of Ophthalmology and Otology*, July 1895), relates the case of a boy, *æ*t. 15, who had diplopia, paralysis of the orbicularis and inferior oblique from a wound made by a horse weed. "On the lower lid, in its center, two lines from its edge, was a vertical scar about one-half inch long." The boys companions pulled the weed out of the wound and several particles were picked out. Next day the patient was forgetful. Four weeks before he had been thrown upon his head by a bicycle. Patient being poorly nourished was given iron, atropine was used. After a brief period trismus developed. Chloral and bromide of potassium were used. Patient died. No record of autopsy.

The Quarter Dioptry Cylinder.—Dr. E. E. Hamilton, of Wichita, Kansas (*Ibid.*) says: "In my humble judgment, the quarter dioptry cylinder has come to stay. So long as my patients continue to express relief from distressing symptoms, I shall continue to prescribe it. It is not 'a superfluous placebo.' On the contrary, in intelligently selected cases it is a remedy of great value both to the oculist and his patient."

Optic Neuritis as a Sign of Brain Tumor.—Dr. Wm. H. Wilder, of Chicago (*Medical Recorder*, May 1895), details a study of 161 cases in which either an operation or an autopsy was made. He remarks the infrequency of one-sided choked disc. In a large majority of cases the neuritis was more pronounced on the side corresponding to the neoplasm. He points out that periodical attacks of blindness may be due to possible intra-cranial growth. Of the 161 cases, 90 were gliomata and sarcomata with their mixed forms. Optic neuritis was found in 74.3 per cent. of the cases examined in reference to this sign. Of 104 cases with choked disc, 24 showed involvement of the cerebellum, while in 25 the motor convolutions were the seat of the neoplasms. Ninety per cent. of cerebellar tumors were accompanied by optic neuritis.

Diseases of the Eye Dependent on La Grippe.—Dr. Thomas R. Pooley, M. D., of New York (*American Journal of Ophthalmology*, May, 1895), says: (1) That eye affections following the grip are comparatively rare; (2) Many cases reported as one to grip are fanciful, lacking proof; (3) Grip may affect the eye by direct inflammatory process, or by extension from the accessory sinuses; (4) It is especially liable to affect the conjunctiva, uveal tract, and tissues of the orbit, and, perhaps, the fibrous capsule; (5) It may affect the nerves of the eye; (6) In some cases given under 5, the extension is by metastasis and in others by direct continuity; (7) Careful scrutiny is necessary to exclude other causes such as syphilis, alcohol, etc., before attributing ocular complications to the grip.

Cilia in the Anterior Chamber.—Dr. George C. Harlan, of Philadelphia (*Wills's Eye Hospital Reports*, Vol. I, No. 1), has met with three cases. "A young man applied at the dispensary, December 12, 1884, stating that three months before he had been struck in the left eye, with the end of a wire while engaged in baling hay. There was a cicatrix in the corner a little above its centre, the anterior chamber was deep, and there were extensive posterior synechia and a partially absorbed traumatic cataract. A large cilium was found projecting from the anterior chamber through the corneal cicatrix, and was easily drawn out with the forceps. Oblique illumination revealed three other cilia in the anterior chamber lying loose upon the iris. There was very little irritation of the eye, but slight pericorneal injection with some ciliary tenderness. After a few weeks' treatment with rest and atropia, an incision was made with a keratome at the corneo-scleral juncture and the cilia were removed with a pair of small forceps. Two of them were withdrawn without difficulty, but the third was lying in the angle of the the anterior chamber, from which it was necessary to dislodge it with a blunt hook before it could be grasped. An iridectomy was then performed and the remains of the lens were extracted. The patient made a rapid recovery, with a useful eye." Two other cases, one in Oliver's and the other in Risley's clinic, are described by Harlan. "The presence of cilia in the anterior chamber seemed to occasion little or no irritation in any of these cases. The danger of this accident is due chiefly to the epithelial cells from the bulb, which are likely to be carried in with the hair. It is well-known that this is the usual cause of epithelial or 'pearly' tumors of the iris, which may occasion trouble a long time after the accident."

Is the Physiognomy of the Fundus Oculi in Epilepsy Characteristic?—This question is discussed by Wendell Reber, M. D., of Pottsville, Pa. (*Annals of Ophthalmology and Otology*, April 1895), who "has no conclusions to offer." He states that until further studies have been carried out it will not be wise to offer conclusions.

Use of the Electro-Magnet in the Eye.—Barkan, of San Francisco, describes six cases in which he used the electro-magnet to remove foreign bodies. In the first case he "found that the foreign body had perforated the retina, imbedding itself behind it, hence the reason why no contact with the magnet could be effected, *conditio sine qua non*, for successful removal." The eye was enucleated. The second case was one of unsuccessful attempt at removal of a piece of steel encysted in the rear of the eye. Enucleated. In his third case a piece of steel $3\frac{1}{2}$ mm. long, 1 mm. wide, and 3 milligrammes in weight was successfully removed. The patient is able to count fingers. The fourth case was one in which a piece of steel was removed from the anterior chamber. Vision is normal. In the fifth case vision was saved after a foreign body was removed from the vitreous chamber. In the sixth case qualitative vision was saved.

Congenital Ectopia Lentis.—Tiffany (*Eye, Ear, Nose and Throat Clinic*, July, 1895), describes a family of nine children from Kansas—land of prodigies and populists—seven of whom are afflicted with ectopia lentis. The lenses all seemed slightly opaque, and the edges were all dark, appearing as a black curved line dividing the pupil; this line was probably due

to the total reflection, and not to opacity. In each case there was irido-choroiditis and the lens could be seen swaying slightly to and fro. None of the children complained of or admitted having monocular diplopia." Three were girls. Ages ranged from 4 to 19 years. Vision ranged from $\frac{3}{200}$ to $\frac{20}{60}$.

The Association of Certain Forms of Myopia with Disease of the Nose and Pharynx.—This paper was read by Dr. Batten before the Ophthalmological Society of the United Kingdom (*British Medical Journal*, July 13, 1895). After referring to a former paper read before the society in July, 1893, in which he held that certain constitutional diseases produced myopias distinguishable and differing from each other according to their cause, he proceeded to describe a special form of myopic fundus which he associated with certain diseases of the nose and pharynx. The chief characteristics of this form of myopia were (1) the existence of localized posterior staphylomata at, or in the immediate neighborhood of, the optic disc, or in the nasal side of the fundus; (2) the tilting of the optic disc in the direction of the staphyloma; (3) the œdematous condition of the more prominent margin of the optic disc. This œdema, or "pseudo-neuritis" he considered to be secondary to and caused by the tilting of the disc. The conditions of the nose and throat with which he associated this form of fundus were adenoid vegetations, enlarged tonsils, deviation of the septum, blows on the nose and forehead, ozæna, syphilitic disease of the nasal bones, and chronic otorrhœa. He quoted cases in which myopia had immediately followed the onset of some of these conditions, and in conclusion said that the presence of the œdema was generally a sign that the cause was still in active operation; that the visual acuity was seldom good in these cases, even when the degree of myopia was low, and was especially bad when the staphyloma was to the nasal side of the optic disc; that the whole condition was one indicative of a progressive myopia, and that the œdema and tilting both tended to disappear with the progress of the myopia.

Indian Oculists' Instruments.—At the same meeting (*Ibid.*) Mr. Adams Frost showed a complete set of Indian oculists' instruments which had been presented to the society by Surgeon-Captain Drake-Brockman, and described the method of operating. There was no attempt at asepsis or ordinary cleanliness; the lower lid was everted, an incision made in the ciliary region with a lancet, and the lens was couched by passing an instrument through the incision. Most eyes were lost by panophthalmitis or secondary glaucoma.

Surgeon-Colonel Drake-Brockman commented on the difficulty of obtaining these instruments; they were handed down from father to son for generations. Fewer than 10 per cent. of the cases could be considered successful cures.

The Astigmometer.—Swanzy, in the fifth edition of his well-known *Handbook of Diseases of the Eye*, describes the astigmometer as one of the most rapid and satisfactory methods of determining astigmatism—both the degree and the position of the meridians of greatest and least refraction. It is based on the ophthalmometer of Helmholtz. It consists of a telescope, containing a double refracting prism between the object-glasses, and two

reflectors movable upon an arc which is fixed to the telescope tube. The latter turns on its own axis, and enables the arc to be placed in any meridian, its position being indicated on a graduated circle.

In order to measure the degree of astigmatism we do not need to know the radius of curvature of the cornea, but merely to find out the difference in refractive power between the meridians of greatest and least curvature.

Scopolamine as a Mydriatic.—H. T. Clough (*Journal of Medicine and Science*), says: "This new drug is taken from the *scopolia atropoides*, a genus of the *hyoscyamæ*. The salt mostly used is the hydrobromate, although it is likely that the hydrochlorate is quite as effective.

A careful and thorough trial of this mydriatic must convince one of its superiority over atropine, possessing as it does all the useful properties of the latter drug but more free from the toxic and irritating qualities. Its greater strength, quicker action, less poisonous nature, non-liability to increase intra-ocular tension, and the fact that it can be used for a long time without exciting either the local irritation or systemic disturbance which atropine often does, serve to place it as the foremost of mydriatics. Its power in this direction is said to be five times that of atropine, but in the opinion of the writer its strength is somewhat overestimated, although it certainly is a more powerful mydriatic than atropia or hyoscine, and can be successfully used for detaching synechiæ upon which all other drugs of this class have had little or no effect.

Scopolamine is usually employed in solutions of the strength of 1-10 to 1-5 per cent., corresponding to $\frac{1}{2}$ and 1 per cent. of atropine respectively; but stronger solutions may be cautiously used when it is desired to tear off strong adhesions.

A serious drawback to the general adoption of the drug is its high price; it is likely, however, that as its merits are more universally recognized, effort will be made to produce it upon a larger scale, and thus bring it within the reach of all."

Atropine Unnecessary in Refraction Work.—The writer recently called upon Dr. Eugene Smith, of Detroit, Mich. Dr. Smith rarely employs a mydriatic in refraction work, placing his reliance upon skiascopy in which he is unusually expert. He employs the concave mirror and uses Couper's optometer by which spherics and cylinders can be rapidly brought before the eye. Dr. Smith examines his cases in a room which is semi-dark, and directs his patients to look at an object fifty or more feet away. He uses atropine only in case of spasm of the accommodation. His success seems to show that too many oculists give full correction under atropine.

Missouri Valley Medical Society.—This association held its annual meeting in Council Bluffs, September 19th and 20th, followed by an excursion to Hot Springs, S. D., where the third day's session was held. The society was most agreeably entertained by the profession and citizens of Hot Springs. Officers were elected as follows: President, Dr. F. S. Thomas, Council Bluffs; First Vice-President, Dr. F. W. Porterfield, Atlantic; Second Vice-President, Dr. Rebecca Hanna, Red Oak; Treasurer, Dr. T. B. Lacey, Council Bluffs; Secretary, Dr. Donald Macræ, Council Bluffs. Next meeting at Atlantic, Iowa, in 1896.

OUR BOOK TABLE.

Hare's Text-Book of Practical Therapeutics. A Text-Book of Practical Therapeutics; with Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis. By HOBART AMORY HARE, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. With special chapters by DRs. G. E. DE SCHWEINITZ, EDWARD MARTIN and BARTON C. HIRST. New (fifth) edition, thoroughly revised. In one octavo volume of 740 pages. Cloth, \$3.75; leather, \$4.75. Philadelphia, Lea Brothers & Co., Publishers, 1895.

Five editions in as many years constitute a remarkable record for any book and, furthermore, an evidence that medical teachers and practitioners appreciate a work closely adapted to their requirements. Professor Hare is well known as a progressive and able therapist and teacher, and his ability in both directions is attested in the highly original plan of this work, as well as in its execution. His purpose has clearly been to bring a knowledge of remedial agents into close relation with a knowledge of disease. The book essentially consists of two parts, the first being a treatise on therapeutics, both medicinal and non-medicinal; the second being a treatise on disease, its symptoms, varieties, treatment, etc. The two parts are brought into direct connection by means of references, so that a knowledge of any subject treated is easily gained. Ease of reference is moreover provided for in the highest degree by the alphabetical arrangement of the book and by the two full indexes.

Index of Medicine. By SEYMOUR TAYLOR, M. D., Member of the Royal College of Physicians, Senior Assistant Physician to the West London Hospital. In one 12mo. volume of 802 pages. Cloth, \$3.75. Philadelphia, Lea Brothers & Co., 1894.

The author has prepared a valuable book for practitioners and medical students, particularly those who prepare for their final examinations in medicine at the various English Examining Boards. The book has been written from notes taken from the systematic and clinical lectures of Doctors Peacock, Murchison, Bristowe, Ord and Smith-Shand.

Klinischer Atlas der Laryngologie und Rhinologie. Nebst Anleitung zur Diagnose und Therapie der Krankheiten des Kehlkopfs und der Luftröhre. Herausgegeben von Dr. Johann Schnitzler. VII. (Schluss) Lieferung. Mit 32 Abbildungen in 4 Chromolith. Tafeln und 22 Holzschnitten im Texte. Wien und Leipzig, 1894, Wm. Braumüller.

This, the concluding part of Schnitzler's Atlas of Rhinology and Laryngology, deals with laryngeal tumors, endo-laryngeal operations, extra-laryngeal operations, the neuroses of the larynx, disorders of motility of laryngeal muscles, and laryngeal affections dependent upon lesions of the central nervous system. The Atlas is indispensable to all who do laryngeal work.

A Manual of Diagnostic Neurology. For General Practitioners and Students. By ALEXANDER B. SHAW, M. D., Professor of Diseases of the Mind and Nervous System and Clinical Neurology, Beaumont Hospital Medical College. Octavo. St. Louis, 1894.

Dr. Shaw has condensed a vast amount of valuable information into a small work. The work is valuable not only to the specialist, but also to the general practitioner. Every medical man can find in it some diagnostic points which he either never knew or has forgotten. We trust the volume will meet with an extensive sale.

Diet Lists and Sick Room Dietary. Compiled by Jerome B. Thomas, A. B., M. D., Visiting Physician to the Home for Friendless Women and Children, and to the Newsboys' Home; Assistant Visiting Physician to the Kings County Hospital; Assistant Bacteriologist, Brooklyn Health Department. Philadelphia: W. B. Saunders, 925 Walnut Street.

The author states in his prefatory remarks: "After enumerating milk, beef-tea, milk-toast and gruel, many of us find our mental list of bland foods growing hazy."

These lists will prove valuable. The leaves are perforated, the remaining stub recording name of patient, and date issued.

Parvin's Science and Art of Obstetrics; the Science and Art of Obstetrics. By Theophilus Parvin, M.D., LL.D., Professor of Obstetrics and Diseases of Women and Children in Jefferson Medical College, Philadelphia. New (3d) edition. In one very handsome octavo volume of 677 pages, with 267 engravings and 2 colored plates. Cloth, \$4.25; leather, \$5.25. Philadelphia, Lea Brothers & Co., Publishers, 1895.

Parvin's standard treatise has for some years supplied the need for a new text-book from the great Philadelphia school. "The University had Dewees and Hodge, and Jefferson and Meigs. The long sway held by Meigs at Jefferson and the great popularity of his text-book, based as it was on elegance of style, quaintness of expression, keen observation and natural eloquence, made it rather difficult for Professor Parvin, but it must be conceded that he well filled the vacancy. His scientific knowledge, his wide range of information and his vast acquaintance with general literature, enabled him to prepare a book that is not less entertaining from a literary standpoint than from a professional one. Much valuable historical matter finds a place in this volume."

Skiascopy and its Practical Application to the Study of Refraction.

By Edward Jackson, A. M., M. D. With 26 illustrations. Octavo, pp. 112. Philadelphia. The Edwards & Docker Co., 1895.

This little book was written to bring about the more general use of Skiascopy as an essential part of the examination for Ametropia. The author claims that Skiascopy, being an objective test, is of great value; that it is by far the most accurate objective test; that it requires little more time than the refraction ophthalmoscope; that it requires no costly or com-

plex apparatus, and that it lays before the surgeon the refraction in each particular part of the pupil as it is revealed by no other test. The author, we think, proves his points. The book should be studied by every oculist.

Hayem and Hare's Physical and Natural Therapeutics. Remedial use of Heat, Electricity, Modifications of Atmospheric Pressure, Climate and Mineral Waters. By George Haymen, M. D., Professor of Clinical Medicine in the Faculty of Medicine of Paris. Edited with the assent of the author by Hobart Amory Hare, M. D., Professor of Therapeutics in the Jefferson Medical College of Philadelphia. In one handsome octavo volume of 414 pages, with 113 engravings; cloth, \$3.00. Philadelphia, Lea Brothers & Co., publishers, 1895.

The title of this volume suggests a dry and unpromising subject, but the authors have succeeded in making it a highly interesting as well as practically useful work. The physician will probably be surprised at the large number of really practical suggestions he will find scattered through the book. These he will meet particularly in the chapters on the therapeutic uses of heat and cold and hydro-therapeutic measures.

The subject of electricity in medicine is handled at considerable length, general rules and specific directions being given for the management of the various neuroses and organic lesions amenable to that form of treatment. The almost endless number of mineral waters and springs are classified into groups having chemical constitutions or medicinal properties in common, and then the special virtues of each are pointed out so the physician is enabled to select the one best suited to meet the indications in any particular case.

The climatic treatment of diseases is discussed in its various phases. The advantages certain climates offer in particular disorders and the objections that may be urged against them in other affections, are set forth plainly. The climates are grouped into: Maritime, Warm and Cool Stations, Sea Voyages, Mountain, Plain, Dry and Hot, Warm and Moist.

The language used is terse, comprehensive and free from a conspicuous display of obscure technical terms. The typographical work is of the excellence that characterizes all of the output of the publishers of this book.

J. C. FALK.

New Book.—Dr. J. Ellis Jennings, of St. Louis, is the author of a book on Color Blindness, which will be published soon by the F. A. Davis Co., of Philadelphia. We trust the work will meet with a favorable reception.

Acute Gonorrhoeal Rheumatism.—Dr. Lillenthal (*Boston Med. and Surg. Journal*) gives oil of wintergreen and sodium bicarbonate internally. Locally, he applies a dressing of ichthyol ointment, 30 to 50 per cent., or of mercurial ointment, with gentle compression by a bandage, the affected joint being placed in a comfortable splint. He lays considerable stress on forced feeding: meat, eggs, milk and other easily assimilated food is given every two hours, or oftener.



John Brown's Body.—Dr. Keables, of Pella, has presented a portrait of John Brown to the historical department of the Iowa State House.

Central Illinois District Medical Society.—This medical body will meet at Pana, Ill., October 29th. A fine program has been prepared.

Medical Meeting.—The Eastern Iowa District Medical Association will meet in Burlington, Iowa, November 14, 1895. The Secretary is Dr. Roger N. Cresap, of Bonaparte, Iowa.

Resigned.—Professor William H. Wathen, owing to increasing professional duties, has resigned the deanship of the Kentucky School of Medicine. Professor Samuel E. Woody has been elected his successor.

Change of Location.—Dr. George Howard Thompson has removed to room 4, Emelie Building; Dr. James Moores Ball has removed to 3509 Franklin Avenue; Dr. Emory Lanphear has opened an office at 4301 Laclede Avenue.

New College.—The Dunham Medical College is the latest candidate for students in Chicago. It is the result of the faculty fight in Hering (Homœopathic) College, and quite a number of the able men of the Hering College are connected with the new one.

Changes in the Beaumont Faculty.—Dr. M. A. Goldstein has been elected to the chair of Otology, and Dr. C. M. Nicholson to the chair of Anatomy. Dr. J. Ellis Jennings becomes Lecturer on Ophthalmoscopy. Dr. J. B. Keber has been succeeded as Secretary by Dr. J. T. Larew.

Sioux City College of Medicine.—The Board, because of the high rating granted to the matriculates of Sioux City College of Medicine upon examination before the Board admitted this college to "good standing" for the session, 1894-95. See minutes of the meeting of the State Board of Medical Examiners, August 1, 1895.—*Health Bulletin* for August.

Preliminary Education in Illinois.—At the June meeting of the State Board of Health a resolution was passed requiring all medical students in the State of Illinois to pass their entrance examination before the Faculty of the State University. This is following the plan of the Regents of the University of the State of New York. It will relieve the medical colleges of Chicago of the necessity of holding these examinations, and it will place them all upon the same footing.

Southern Illinois Medical Association.—This live society will meet in Anna, November 21st and 22d, 1895. The officers are: Dr. J. T. McAnally, Carbondale, President; Dr. A. Wetmore, Waterloo, 1st Vice-President; Dr. S. W. Marshall, Sparta, 2d Vice-President; Dr. J. O. Decourcy, St. Libory, Secretary; Dr. H. L. Gault, Oakdale, Assistant Secretary; Dr. H. C. Mitchell, Carbondale, Treasurer. Many of the leading physicians of Southern Illinois have promised to be present and a good meeting is expected.

New York State Boards of Medical Examiners.—Herewith is appended a condensed statement of the work of the New York State Boards of Medical Examiners for the academic year ending August 1, 1895, furnished from the regents' office:

			Successful.	Rejected.	Per cent. Rejected.	
Total No. examined during year	-	-	677	507	170	25.1
" " " by State Board	-	-	606	445	161	26.5
" " " " Homeopathic Board			60	52	8	13.3
" " " " Eclectic Board	-		11	10	1	9.1

Hodgen Medical Society.—The Hodgen Medical Society, embracing the counties of Vernon, Bates and Cass, met in Nevada, Mo., Oct. 3, 1895. Papers were read by Dr. Adair, of Archie, on "Treatment by Suggestion," on "Big I, or the Doctor Who Never Makes a Mistake," by Dr. Amerman, of Nevada; "Typhoid Fever," by Dr. Dulin, of Nevada. The following officers were elected for next year: President, Dr. E. E. Gilmore, of Adrian; Vice-Presidents, Dr. L. F. Murray, of Holden; E. J. Atkinson, of Nevada; A. E. Lyle, of Butler; Secretary, D. O. F. Ronnick, of Butler; Treasurer, Dr. H. W. Lancaster, of Rich Hill. The society adjourned to meet on the first Thursday in January at Harrisonville.

How to Obliterate Eclecticism.—The following item explains itself: "Drs. Wilson H. Davis and Milton Jay received the degree of Doctor in Medicine, *ad eundem*, from the Rush Medical College, Chicago, Ill., at its annual commencement, May 22d. As a testimonial of their merit as physicians and medical gentlemen of ability, it has been justly granted. They have stood high in the Eclectic school, have few peers anywhere, and are instructors of superior merit. Both were graduates of the Eclectic Medical Institute, and have had their share of spite and jealousy to encounter from men smaller than themselves. We wish them every success, and wish them honors even higher than these."—*Medical Tribune*.

Legislation in Minnesota.—The Legislature of Minnesota has passed a bill providing that of all graduates of a later date than 1898 must have attended at least "four courses of medical lectures, in different years, of not less than six months' duration." No student who after this year enters a medical school with a three years' course will be admitted to practice medicine in Minnesota, unless he does enough post-graduate study to comply with the requirements.

The Legislature gave to the medical department of the State University a grant of \$40,000 for the purpose of building a laboratory. This makes a total of \$150,000 appropriated for buildings alone for this department during the last four years.

Columbus (Ohio) Colleges.—The Starling Medical College opened the new year in its usual modest manner, with an enrollment of between 140 and 150 students, which, we are creditably informed, has been increased since the opening of the school to over 165, and will no doubt be further increased before the time for registration expires.

The Ohio Medical University opened the current school year with an address from the chancellor and the deans of the different departments. It started off with an enrollment of over 250 students, which has been mate-

rially increased, and from the best advices we can obtain it is believed the enrollment will reach over 300 in all departments.—*Columbus Medical Journal*.

Medical Examiners of Georgia.—*Regular Board*: Dr. F. M. Ridley, La Grange, three years; Dr. J. B. Baird, Atlanta, one year; Dr. A. A. Smith, Hawkinsville, two years; Dr. E. R. Anthony, Griffin, two years; Dr. W. O'Daniel, Bullards, one year.

Homeopathic Board: Dr. C. C. Schley, Savannah, three years; Dr. R. A. Hicks, Rome, one year; Dr. M. A. Cleckley, Augusta, two years; Dr. C. A. Geiger, Roswell, two years; Dr. E. B. Schley, Columbus, one year.

Eclectic Board: Dr. M. T. Salter, Atlanta, one year; Dr. M. K. Phillips, Bremen, two years; Dr. J. F. Harris, Dalton, two years; Dr. J. Frank Harris, Thomas County, three years; Dr. W. V. Robertson, Rehoboth, Morgan County, one year.

American Association of Obstetricians and Gynecologists.—This society convened in Chicago, on Tuesday, September 24th, under the management of Dr. J. H. Carstens, of Detroit, president, and Dr. Wm. Warren Potter, of Buffalo, secretary. About 50 members and visitors were present at the opening session which number was increased to nearly 125 before the close of the session.

Officers for 1896: President, Joseph Price, Philadelphia, Penn.; First Vice-President, A. H. Cordier, Kansas City, Mo.; Second Vice-President, Geo. S. Peck, Youngstown, O.; Secretary, W. W. Potter, Buffalo, N. Y.; Treasurer, X. O. Werder, Pittsburg, Pa.; Place of meeting, Richmond, Va.; Time, Second Tuesday in September, 1896.

To Make Anti-Toxine.—The Missouri State University authorities have decided to begin at once the manufacture of Anti-Toxine. Now that the diphtheria scare is raging in Missouri, there is a great demand for this remedy, and in order to prevent some syndicate getting a corner on the market, as it were, the University will manufacture it for sale at the actual cost of production. Dr. Graham, Professor of Bacteriology, will have charge of the work. The University is now equipping a bacteriological laboratory, \$1,600 having been appropriated for the purpose. Dr. John W. Connaway, who has just returned from Johns Hopkins University to fill the important chair of Physiology, will have charge of a branch of the work. The anti-toxine will be manufactured and distributed under the supervision of the State Board of Health.

Attendance at St. Louis Colleges.—As near as can be learned the following table gives approximately the attendance at the respective medical colleges of St. Louis:

Woman's Medical College (4-term school)	-	-	20
Barnes Medical College	-	-	329
St. Louis Medical College	-	-	120
Beaumont Hospital Medical College	-	-	100
St. Louis College of Physicians and Surgeons	-	-	260
Missouri Medical College	-	-	240
Marion-Sims College of Medicine	-	-	240
American Medical College (Eclectic)	-	-	60
Homœopathic Medical College	-	-	60

In Europe.—Dr. M. Nelson Voldeng, of Independence, Iowa, has gone to Europe.

Died.—Dr. G. M. Staples, a well-known physician of Iowa, died at Dubuque on September 7th.

New College.—The Woman's Medical is the latest addition to the list of Kansas City medical schools.

Removed.—Messrs. Grumme & Durouaux, the well-known opticians, have removed to 714 Pine street, St. Louis,

Discontinued.—The *National Popular Review*, published by Mr. J. Harrison White, of Chicago, has suspended.

Not Recognized.—The "Chicago Summer School of Medicine" is not recognized by the Illinois State Board of Health.

Elected.—Dr. Howard Carter has been elected to the chair of Pathology in the Woman's Medical College of St. Louis.

Resigned.—Dr. I. N. Love has resigned the chair of Clinical Medicine in the Woman's Medical College of St. Louis.

New Catalogue.—The Holecamp Moore Instrument Co., of St. Louis, is preparing an elaborate catalogue of surgical appliances, instruments, etc.

Senn on Tumors.—Mr. W. B. Saunders, the enterprising publisher of Philadelphia, announces the issuance of Senn's treatise on Tumors. We expect to review this book in an early issue.

Important Articles.—We have received, for early publication, a clinical lecture from Dr. James T. Whittaker, of Cincinnati, and an important surgical article from Dr. E. Wyllys Andrews, of Chicago.

Honored.—At a recent meeting of the Trustees of Jefferson Medical College, Philadelphia, the honorary degree of LL.D. was conferred on Dr. John Collins Warren, Professor of Surgery in Harvard University.

The General Practitioner.—This monthly medical journal comes to us very much improved in appearance. Dr. R. C. Blackmer, the founder, has called to his aid two gentlemen well known to the profession, viz., Dr. Pinckney French and Dr. C. H. Powell.

Eight Hundred Pages for One Dollar.—In 1896 THE TRI-STATE MEDICAL JOURNAL will furnish its readers with 800 pages of reading matter for one dollar. The rapidly increasing subscription list enables us to do what no other medical monthly in America can do, viz., give 800 pages for \$1.00. Those who subscribe now will receive the November and December issues free of charge. The illustrations will continue a leading feature of the magazine.

Timely Appropriations.—The Illinois Legislature is to be commended for the appropriations made at its last session for scientific and charitable purposes, among which we note the following: Industrial Home for the Blind, \$27,000; for cabinets and collections, University of Illinois, per

annum, \$1,000; for Chemical Laboratory of Illinois, \$5,000; for laboratory of vegetable physiology of Illinois, \$2,000; for biological work, \$4,000; Investigation of contagious diseases of insects, yearly, \$15,000; for propagation of vaccine virus at State University, \$3,000.

Tendon Grafting.—At the meeting of the New York State Medical Association, Oct. 15th, 1895 (*Medical Record*, Oct. 26th), Dr. S. E. Milliken, of New York, presented a boy 11 years of age, upon whom twenty months before he had successfully grafted part of the extensor tendon of the great toe into the tendon of the tibialis anticus muscle, the latter having been paralyzed since the child was 18 months old. The case which was presented showed the advantages of only taking part of the tendon of a healthy muscle which was made to carry on the function of its paralyzed associate, without in any way interfering with its own work. The brace which had been worn since 2 years of age, was left off, the patient walked without a limp, the talipes valgus was entirely corrected, and the boy had become quite an expert on roller skates. Dr. Milliken predicts a great field for tendon grafting in these otherwise hopeless cases of infantile paralysis, who heretofore have been doomed to the wearing of braces all their lives.

The Kansas City Polyclinic-Post-Graduate Medical School.—The project to found a Post-Graduate School in Kansas City for graduates in medicine, once undertaken and allowed to fail, has again been revived and placed upon a sound business footing. The charter now rests with the new promoters and details are being rapidly arranged. H. C. Crowell, M. D., is President; J. Block, M. D., Treasurer, and G. W. Grove, M. D., Secretary. About 20 names have been secured toward the faculty. All lectures are to be clinical. Every Professor must attend to his clinic in person; no substitutes will be allowed. The sessions will be continued the entire year, and will commence whenever arrangements are complete. This will give to Kansas City a valuable addition to her educational facilities. It is expected that many strong men and good teachers will join the school from each of the medical colleges, and that the Post-Graduate courses will be given up by the colleges, all combining to make the new venture a success.—*Medical Index*.

Renewed Activity.—The summer weather has passed away, and with the cool, bracing air of autumn, physicians in common with many others, begin to work more seriously. To be sure, those to whose share fell the usual summer cases of diarrhœa among the persons who remained in the city were occupied, but it is in the fall months only that the various medical schools begin work, the hospitals fill up with patients and the annual visitation of typhoid fever all bring the physician back to renewed activity, and if he has spent the summer resting and taking recreation he is much better able to cope with disease in his cases and himself escape sickness than his less fortunate but more ambitious colleague who has stayed home all the summer and now feels the tire and lassitude of one who has not taken a vacation. The one who boasts of never taking a holiday will soon wear out and regret this false economy.—*Maryland Medical Journal*.

CURRENT EDITORIAL COMMENT.

Medical Competition and Pictures.—Every person has been amused, as well as disgusted, by the rage for illustrations that has seized upon the community. The old-time advertisements of the powers of the actor or the virtues of some nostrum are now replaced by portraits and illustrations infinite in number and variety and execrableness. The "regular" profession is imitating the quacks in this respect, and catalogues, prospectuses, and reports of sanitarium and hospitals may contain more pages of pictures than they do of text.—*The Medical News*.

Crowding the Profession.—It is said on reliable authority that there are not more than nine physicians in Toronto making over six thousand dollars a year, in practice, and that 40 per cent. of the practitioners in this city do not collect a thousand dollars a year. We think we have shown reasons for believing the profession of medicine to be full to overflowing; and we doubt very much if it is not cruel and a great wrong on the part of any one to advise young men to enter its ranks, unless he be one of the rare individuals blessed with a competency, or one whose social position will advance him without the usual "weary waiting."—*Canadian Medical Review*.

Chicago Sewage Canal.—As the great Chicago sewage canal progresses people along the Mississippi are becoming alive to the dangers that threaten them. Chicago is certainly very unfortunate in its natural drainage facilities, but it does not seem just that the health of other cities of the same and other States should be sacrificed for its relief. The serious question to be considered in connection with the Chicago canal is the danger to other cities. It is claimed that there will be complete oxidation of all organic matter before it reaches any of the threatened cities. The interest that has been awakened in the American Health Association and in the local sanitary boards would indicate that they had considerable doubt of the purifying effect of the air and current.—*Kansas Medical Journal*.

Dr. Battey's Health.—It is said that distinguished men whose obituaries are prematurely published, live long. This was notably the case with Pope Pius IX. and Kossuth, the Hungarian patriot. We trust that the rule may find no exception in the case of the eminent American surgeon, Dr. Battey, of Georgia, who, we are sincerely glad to be told, is improving in health.—*Philadelphia Polyclinic*.

Medical Literature.—This multiplication of the personality of self-seeking scribblers by means of the medical journals is a rank injustice to the profession; it is likewise an injury to each journal. Subscribers have a right to expect from any publication that it shall furnish them new and original matter—not duplicates and re-hashes, padded with weak plauditudes, and devoid of point or pith. Such procedures would not be tolerated in any form of literature except medical, and even now, in any other country save the United States, would tend to the everlasting disgrace of both author and editor.—*Medical Age*.

CORRESPONDENCE.

FAIRFIELD, IOWA, October 26th, 1895.

James Moores Ball, M. D., St. Louis, Mo.

DEAR DOCTOR:—Please allow me to say to you that I do not believe the article on the Tri-State Society which appeared in the October number of the *Iowa Medical Journal*, receives the endorsement of the profession of Iowa—At least, so far as your defense of ethical principles is concerned. Even if aggrieved, I think silence would have been the better course.

I have not attended any meetings of the Tri-State as I already belong to so many societies, but I wish to express my disapproval of any and all discourtesies on the part of those who hold representative positions, who are, as I think, misrepresenting the fair and honorable medical profession of this State.

Yours truly,

J. V. BEAN.

Vin Mariani and the Dispensary Law.—The Dispensary law in South Carolina has of late been so rigidly enforced that many druggists were afraid to sell even preparations containing wine as one of the constituent parts. This seriously interfered with the sale of the well-known tonic Vin Mariani throughout South Carolina, and the proprietors of that famous specialty made vigorous representations to the Governor on the subject. As a result of these representations, Vin Mariani has been specially exempted from the workings of the Dispensary law, as is shown by the following letter received by Messrs. Mariani & Co., from Governor Evans:

{ STATE OF SOUTH CAROLINA,
EXECUTIVE DEPARTMENT,
{ OFFICE OF STATE BOARD OF CONTROL.
COLUMBIA, S. C., October 5th, 1895.

Mariani & Co., 52 West Fifteenth Street, New York.

DEAR SIR:—In reply to your favor of the 30th ult., Gov. Evans directs me to say that you have his permission to sell the Vin Mariani, and he will exempt it from seizure in the State when not sold as a beverage.

Respectfully,

W. W. HARRIS,
Clerk S. B. C.

New Publisher.—*The Archives of Pediatrics* will commence its thirteenth year with the January number, under the business management of E. B. Treat, Publisher, of New York, so long identified with medical publishing interests. *The Archives* has been for twelve years the only journal in the English language devoted exclusively to "Diseases of Children," and has always maintained a high standard of excellence.

The new management proposes several important changes in its make-up, increasing the text fifteen per cent. and enlarging its scope in every way. This will give room for the fuller contributions and additional collaborators who have been secured for the various departments, all of which give promise of a more successful era than has been known even in the already brilliant career of the journal. The editorial management will be in the hands of Floyd M. Crandall, M.D., Adjunct Professor of Pediatrics, New York Polyclinic, and Chairman of Section on Pediatrics, New York Academy of Pediatrics.

THE PUBLISHER'S DESK.

I can say that Peacock's Bromides will do all that is claimed for it, it is much more active and certain than the commercial salts.

Grand Rapids, Mich.

G. H. CHAPPELL, M. D.

Starvation.—If your patient is suffering from impaired digestion, or, in other words, starving, not from lack of food, but from lack of digestion, *then* prescribe SENG, two teaspoonfuls before each meal.

Great Relief.—J. Ringwood, L. R. C. P. I. and L. M. L. R. C. S. I., Kells, County Meath, Ireland, writes:

"I have had the most satisfactory results from the use of LILLY'S GLYCONES. Besides their certain gentle action on the bowels, they give the greatest relief in all cases of pelvic congestion, pruritus and internal hemorrhoids."

September 1, 1894.

GURANIA CHEMICAL CO., Chicago, Ill.

GENTLEMEN: Your preparation "GURANIA" is a very valuable pain reliever and I recommend it highly to those of my colleagues who have not as yet tested it personally, so I am aware fully of the therapeutic virtues of the drug. In my experience it has proved itself to be a perfectly safe and most efficient analgesic. I have never seen any bad effects follow its use, but have always been pleased at the results of its exhibition. Respectfully yours,

JOHN A. BENSON, M. D.,

Prof. of Physiology, College of Phys. and Surg., Chicago.

Firwein—TILDEN'S.—(*A Balsam of Fir Wine with Iodine, Bromine and Phosphorus.*) After a preparation has stood the most exacting clinical tests for a quarter of a century or more, it is not necessary to enter into any defense for its existence. The fact that it has survived the encroachments of competition and is more firmly entrenched in the confidence and esteem of the *profession* to-day, than ever before in its history, is a sufficient evidence of the *therapeutic value* of FIRWEIN.

It is a balsam of fir wine with iodine, bromine and phosphorus. Having a pleasant aromatic taste, imparting a warm and grateful glow to the stomach and possessing *remarkable* reparative and reconstructive potency in Chronic Bronchitis, Incipient Consumption, Chronic Cystitis and all Catarrhal Affections of the Head, Throat, Lungs and Stomach.

In Chronic Bronchitis and Incipient Phthisis FIRWEIN exerts a most salutary effect;—promptly arrests the progress of the disease, allays irritation, controls the cough and expectoration, soothes the inflamed membranes, heals ulcerations and stimulates healthy secretions. Unlike expectorant syrups, hypophosphites, cod-liver oil and emulsion compounds, FIRWEIN does not impair, but on the contrary strengthens and improves digestion and assimilation; a matter of the greatest possible importance in view of the fact that inanition and malassimilation are the chief sources of danger to be apprehended in such conditions.

American medical, pharmaceutical and trade journals, usually keen to detect a hidden advertisement in communications recommending new drugs and preparations when the same emanate from home sources, throw caution and ordinary business sense to the winds when it comes to recommending and puffing the very same class of merchandise, bearing a foreign name and recommended by foreign authority. The success of one or two German chemicals, the products of synthesis, opened the doors for a flood of antiseptins, antifebrins, antipyrins and other "antis" ending in "ol" or "in". They come to us covered all over with patents—patents covering the names, the process of manufacture, the ingredients (save those which are kept absolutely secret), the modes of dispensing, the package, the label—in short everything that a patent can be made to cover. In a word they are patent medicines in the very widest and strictest sense of the word; and yet they are received with enthusiastic welcome by press and practitioner, and are given, gratis and gladly, advertisements that money could not purchase for a home product, even though ten times more valuable, and not one-tenth so much patented.

One of the proprietors of a drug of this sort, recently established in America, on being approached by the solicitor of advertising for an American medical journal, answered very curtly that "*they didn't have to advertise their article. They got all the advertising they wanted for nothing, in the shape of laudatory communications in the reading matter of the medical journals,*" which was true, every word of it, and that in spite of the fact that it was a patent medicine. *The very journal for which the agent was soliciting, and in the very copy which he carried as a specimen, contained no less than six laudatory notices of the drug in question—one of them a communication covering several pages and heralding its virtues in almost every known form of disease.*

Per contra, the same journal, had enjoyed for years a handsome revenue from the advertisement of a reputable proprietary medicine house of this city, but had persistently refused to admit within its reading matter, a little notice commendatory of one of its specialties, the formula for which was printed on every bottle.

It is useless to plead that these imported patents are so valuable that the profession must have them and must use them, secret nostrums though they be. This is not true, nor is it true that the manufacturers over there are any more honest and frank as to the nature and origin of their wares than are American manufacturers of similar drugs. In proof of this assertion we call the attention of our readers to Gawalowski's merciless exposure of a new compound which is getting ready in Germany to make a descent on Europe and America in the style of its predecessors—the antiseptic kreolin, of the wondrous value of which the advance guard of certificates have already commenced to appear in our journals. Will the latter be warned in time, or will they swindle themselves out of thousands of dollars by giving it the usual American welcome and gratis advertising.—*National Druggist*, May, 1888.

* * * * * The present so-called ethical views held by our medical men really constitute a barrier to our scientific progress. They continue to act against our American chemists, and in the meantime prescribe freely the German patented articles. Many of our prominent physicians are prescribing freely German patented articles, why should they object to prescribing

a really meritorious article if discovered and patented by an American chemist?—*Pharmaceutical Era*, March, 1889.

Prior to 1888 none of the above mentioned parties advertised in Medical Journals.

Medical Department Arkansas Industrial University.

LITTLE ROCK, Dec. 16th, 1894.

Alta Pharmacal Co., St. Louis, Mo.

GENTLEMEN: Your representative, Dr. S. P. Bond, presented me with a bottle of your Melachol. I made use of it in a case of genito-urinary trouble of long standing, accompanied with constipation and torpidity of the hepatic function. It has thus far given me very great satisfaction, ameliorating a long train of disagreeable and annoying symptoms. Has manifestly improved his general condition, and though not yet entirely well, his appearance, action and expression has so much changed that he declares that mentally, morally and physically he feels like a new man. I have also prescribed it in a wide range of hepatic diseases, also in abnormal menstrual conditions, and thus far it has proved beneficial in every instance. I therefore regard it as a safe, agreeable and valuable remedy in deficient alimentary secretions, including all the emunctory organs connected therewith. It has acted very happily in my hands thus far.

Respectfully, (Signed) R. G. JENNINGS, M. D.

Antikamnia—Quinine—Salol.—The well known therapeutical properties of these drugs make this combination desirable in such intestinal affections as Fermentative Dyspepsia, Diarrhœa, Dysentery, Duodenal Catarrh, Cholera Infantum and Typhoid Fever. The Antikamnia controls the pain as effectually as morphine, and yet is never followed with any of those undesirable effects so characteristic of opium and its derivatives. Freedom from pain saves an immense amount of wear and tear to the system and places it in a much better position for recovery. The Salol acts as an antiseptic and removes from the intestinal canal the first or continuing cause of the affections just mentioned. The Quinine acts as a tonic, increasing the appetite, and thus contributing much to a speedy recovery. Hare says that Quinine is not only a simple bitter, "but also seems to have a direct effect in increasing the number of the red blood corpuscles." A tablet composed of Antikamnia two grains, Quinine Sulph. two grains, and Salol one grain, allows of the easy administration of these drugs in proper proportionate doses.

A few months ago I was suffering from hepatic torpor, and I am happy to say that after taking two bottles of Peacock's Chionia I feel greatly relieved, and that Chionia has done me more good than any other preparation I have ever used. In hepatic disorders I shall always give it preference to other remedies, knowing its therapeutic value.

T. ED. DEPONDROM, M. D.
Chicago, Ill.

THE TRI-STATE MEDICAL JOURNAL

By JAMES MOORES BALL, M. D.

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Vol II.

SAINT LOUIS, NOVEMBER, 1895.

No. 11.

ORIGINAL ARTICLES.

THE IMBRICATION METHOD.—A NEW OPERATION FOR THE RADICAL CURE OF INGUINAL HERNIA.

By EDWARD WYLLYS ANDREWS, A. M., M. D., OF CHICAGO.

Professor of Surgery N. W. University Medical School, Surgeon of Mercy Hospital and Michael Reese Hospital, Chicago.

SO many inquiries have reached me as to the details of my imbrication or lap-joint operation for hernia, that I feel encouraged to write a more detailed explanation of its technique than has yet been published. Some account of my method of radical cure will be found in papers read at the Tri-State Medical Society at Peoria, Ill., October, 1893; also the proceedings of the Illinois State Medical Society, May, 1895; and in the August number of the *Chicago Medical Recorder*.

I shall not repeat what I have reiterated in these papers further than to say that I am convinced of the want of permanency of the cure after any but so-called "open methods", or modern operations of Bassini type. These truly plastic operations upon the musculo-aponeurotic structures

forming the inguinal canal and rings are the only ones to the best of my present knowledge, which deserve recognition. The history of radical cure operations was a sad record of brilliant promise and imperfect fulfillment, so far as permanent results were concerned, up to the year 1889, or about the time Bassini modified McEwen's operation, and began to report his long series of successful results.

American surgeons have followed Bassini almost to the exclusion of McEwen, Waelfler, Kocher and other European operators. Halsted among American surgeons was the first to modify the Italian surgeon's technique. He modestly calls his method a modification of Bassini's operation, but it shows such originality as fairly to deserve the title of a new operation, or Halsted's operation, as it is usually called.

It is not clear to me after using both methods in numerous cases that Halsted's plan is superior to Bassini's. I incline to the latter in its original form from both theoretical and practical reasons, except in a few atypical cases, where the extensive laparo-herniotomy of Halsted does seem to be more effective than the plastic or restorative operation of the Padua surgeon.

As an outcome of nearly 150 cases, I devised the imbrication or lap-joint method which I now use exclusively.

This interlocking or overlapping principle is not limited to one application, but may be applied to other wounds of the abdominal wall in certain cases, not here discussed.

As applied to curing hernia, it is not intended so much to supplant as to re-inforce existing methods, one or two of which are a great advance over those of a few years past, and must first be here briefly considered.

The newer surgery of hernia has grown to maturity so recently that perhaps few not in special practice realize its full value and importance as a perfected and specialized branch.

For descriptive purposes we may class all radical cure operations upon inguinal hernia as of two distinct types:

First or Early Type.—Operations dealing with the external ring, and whatever part of the canal could be reached through it.

Second or Modern Type.—Operations dealing primarily with the internal ring, the canal being laid open, the cord temporarily extracted from its bed, and a true plastic operation being performed upon the musculo-aponeurotic structures about the internal ring.

It is evident that the former method can not claim to restore the anatomic relations. A hernial opening is formed, not merely by the enlargement of the ring, but by their relative displacement toward each other, impairing the valve-like arrangement of the tendinous walls of the canal. This displacement varies in amount from slight shortening of the canal to its complete abolition, the two rings at times being drawn quite into apposition.

Any method of radical cure based upon the simple idea of closing up this opening, without dissection and plastic operation to "restore" the oblique direction of the canal, is most unsurgical. It can at best only plug or obstruct a false opening, and not recreate the anatomy of the parts. Perhaps such a makeshift would be safe from criticism, did clinical results uphold it, but they do not. They discredit it. Radical cure operations have been in disrepute. Their bane has been want of permanency.

It is true that temporary success follows any of them, not excepting the old Heatonian injection treatment and its various so-called improvements. Anything which causes inflammatory exudate in the canal, will for a period of a few weeks or months cause some hernias to be retained and even effect a permanent cure now and then. The use of peritoneal plugs formed by twisting or quilting the sac, causes adhesive peritonitis and exudate enough to keep back an ordinary rupture for some time. The so-called open method of McBurney, in which a large open wound is made in the site of the canal and allowed to heal by granulation, forms a dense cicatrix which plugs and holds the rings very firmly for a time. The mere presence of sutures with the accompanying exudate may do the same thing after any operation. In all these methods of directly plugging or blocking the opening, new formation plays an important rôle, and when hyperplasia has given place to absorption and pressure atrophy, there is found to be no permanent structural repair.

To realize what permanent value a plug of adherent peritoneum has, we have only to be reminded of the stretching which strong peritoneal adhesions undergo in the abdominal cavity, often forming long, loose bands between adherent organs. As to cicatricial tissue, we know that it is capable of almost unlimited attenuation under steady pressure. This is well illustrated in a form of hernia common after operations for appendicitis, in which the Miculicz gauze drain has been used. This gauze packing causes secondary healing and a large hard cicatrix like the McBurney operation; yet, in a year or two, this sometimes becomes attenuated, forming a hernia without any normal skin covering and of almost balloon-like thinness. To cure such a hernia it is necessary to dissect out the entire cicatrix and bring normal tendinous or muscular layers into apposition.

In inguinal hernia there is but one strategic point—the internal abdominal ring. The ideally surgical plan of closing this does away with the need of any reparative work below. No operator would attempt to obliterate a scrotal sac as a means of preventing return of a scrotal hernia any more than he would think it necessary to put a compression bandage around the scrotum in lieu of a truss above. It is just as irrational to attempt the closure of the whole inguinal canal while neglecting the internal ring, the only practicable point of resistance to a return of the hernia.

It is true that in the Bassini and newer operations the canal is narrowed

but this is only incidental to the real object, which is the reconstruction of the posterior wall in order to repair the damage to the internal abdominal ring.

Every surgeon who has followed this subject through its evolution in the hands of McEwen, Bassini, Marcy, Halsted, Postewski, Woelfler, Kocher, and other careful and ingenious operators, can not fail to be impressed with the fact that this one idea underlies the work of all.

This was first embodied in the operation of Bassini. I think it is true that McEwen's deep sutures through Poupart's ligament and the posterior wall form a prototype of Bassini's method, but the dependence upon the peritoneal plug puts McEwen's operation in my classification among the older and obsolete methods. Dr. Marcy actually claims that his original method is, to all intents, the Bassini operation, a claim I can not verify from his published descriptions at all, as it seems to me something very different.

What surgeon in trying to deal with hernias after the methods of ten or even five years ago has not longed to drop all conservation, widely open the canal or the abdomen itself, and work *de novo* at the upper ring, leaving all below to take care of itself? We know that Lawson Tait, with his usual boldness did treat hernias in this way, laying open the abdomen and attacking the ring at its weakest point, or, in other words, sewing it up from the peritoneal side. No method could be imagined more mechanically perfect. But we are not all Lawson Tait, and our faith in the harmlessness of laparatomies needs strengthening. Moreover, we get occasionally ventral hernias from abdominal incision.

It will be seen that the acceptance of my position would sweep away at once the whole value of the literature of the subject up to the time of Bassini, including nearly all that is in the standard treatises except very late editions. It is advisable no longer to burden the memory with the antiquated methods of Coster, Wood, Heaton, Warren, Czerny, Ball, Nunbaum, Barker, Sewell, Russell, McEwen, McBurney or O'Hara, and the multiplicity of puzzling operations they stand for. Of all surgical procedures the radical cure of hernia seems to have been most hampered by useless timidity, perverted ingenuity and blind conservatism.

On the other hand, we do not hesitate to advise the perfected operation for radical cure in all healthy subjects of suitable age. The mortality is below one per cent., and the relapses no greater than five per cent. In order properly to understand the statistical results, it becomes necessary to classify cases more strictly than most reports have done. In my opinion the inclusion of all extra large incarcerated hernias, all strangulated hernias and all uncomplicated hernias in separate classes would show a mortality of simple cases of not to exceed 1 to 500, or 16 to 10,000. I see no reason

why there should be *any* mortality, if old and feeble patients are not operated upon.

Very large incarcerated hernias, classed as they should be, entirely by themselves, would certainly give a moderate percentage of deaths. This classification should be insisted upon in compiling statistics of results, if we are to arrive at any correct estimate for purposes of prognosis.

My lap-joint or imbricating operation is not the result of theoretical reasoning at all, but grew out of efforts at the operating table to overcome certain obstacles to the success of Bassini and other operations by various expedients. I had no intention at first of departing from the routine methods except in atypical cases, but the mechanical advantages of the plan are more obvious with further trial, and, for a year or more, I have used it in nearly every case, and have grown into the habit of speaking of it as a method of operating. It has been used to my knowledge several times by other operators with apparent satisfaction.

To explain this method properly a few words on the surgery of this region will be necessary :

In all the modern or open operations an incision parallel to Poupart's ligament and about 3 or 4 cm. above it, is carried from a point above the internal ring to a point near the pubis. The superficial epigastric artery is always divided. The coarse tendinous fibers of the external oblique aponeurosis are now separated, thus laying open the whole length of the inguinal canal. Bassini cuts from the pillars of the external ring upward on a director. I sometimes prefer to leave the intercolumnar fibers and ring intact, as it seems unnecessary to destroy the ring. Even a scrotal sac can always be drawn up through an undivided ring. I have frequently drawn up the testicle through it, as is often necessary in detaching the sac, and had no difficulty in forcing it back again into the scrotum.

It should also be remembered that no harm results in leaving a large scrotal sac, after excising its neck.

One rather inefficient operation, that of O'Hara, of Melbourne, is based upon this idea alone. The sac is left in the scrotum, only the neck being drawn out of the canal, and no bad results seem to follow, so far as the sac is concerned. Except in congenital hernias, no real difficulty exists in removing the sac. After this has been stripped from its bed, and its interior carefully inspected to make certain that it is absolutely empty, it should be cross-sutured at the neck, cut off, and the stump dropped through the internal ring.

The canal is now cleared of all structures except the spermatic cord which is gently lifted from its bed and held aside by retractors. The size and form of the internal ring now become apparent. Its abnormal enlargement is always in a direction downward and inward. The outer margin

shows a firm crescentic border, and the inner a yielding aperture following Poupart's ligament toward the pubic bone. Sometimes it is so large as to reach the border of the rectus muscle.

We now come to that step of the Bassini operation which is most original and important, which *is* the operation, the other step being common to several others. The posterior wall of the inguinal canal, up to, and including the deep ring, is narrowed by sewing the conjoined tendon and transversalis fascia to the free or shelving edge of Poupart's ligament. Of course, the lower flap of external oblique tendon must be drawn downward to expose Poupart's ligament, and it will be unnecessary to explain that this brings into view the inner aspect of this ligament. Absolute immunity for

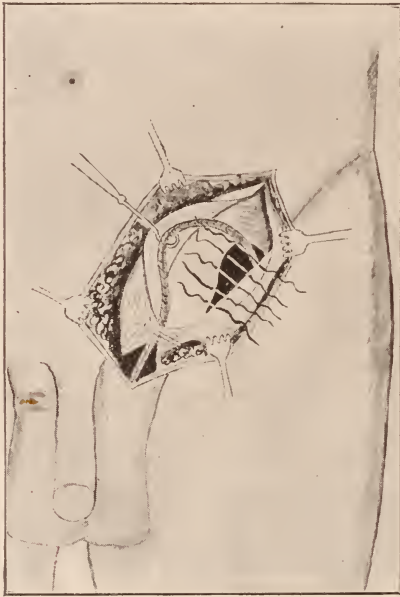


FIG. 1.
Bassini's operation, showing deep sutures ready for tying to repair internal ring.

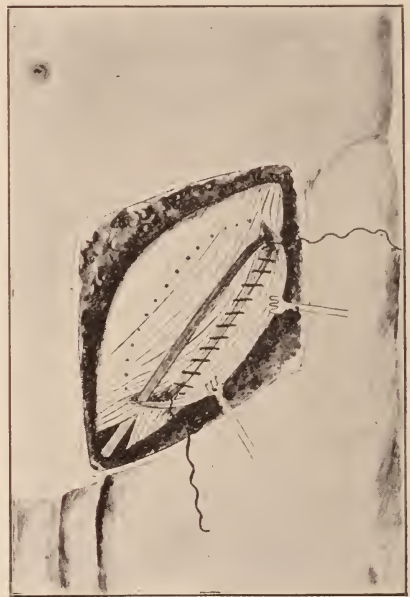


FIG. 2.
Andrew's operation, showing how the deep sutures draw upper flap of external oblique down to Poupart's ligament. The lower flap shown retracted will be replaced over cord to the dotted line.

the femoral vessels can be obtained by interposing the left forefinger between them and the ligament, while suturing over the femoral canal. Bassini, himself, uses silk for the buried sutures. I have been unable to get as uniform results with silk as with kangaroo tendon, and use nothing else at present. Catgut is entirely to be distrusted as to permanency. These deep sutures should begin below, the first one or two often entering the outer border of the rectus muscle. They should include plenty of tissue on

the upper side, and should not be too near together, lest they strangulate segments of intervening tissue and produce necrosis. The line of stitches should be carried far enough toward the internal ring to narrow it to the size of a lead pencil, or smaller, so as just to transmit the cord, except where there are abnormal enlargements or varix is present.

The next step is the disposal of the cord. This is replaced by Bassini upon the deep line of sutures, and the canal re-formed by suturing together the divided external oblique aponeurosis. Postempski and Halsted have independently devised an ingenious method of dealing with the cord, by placing it outside the abdominal muscles altogether, directly under the skin. No injurious results seem to follow from this exposed position, but what becomes of the valvular arrangement of the two layers? This is obviously lost and a direct opening made through both. It seems to me this



FIG. 3.



FIG. 4.

is wrong in principle. Instead of "restoring the obliquity of the inguinal canal" we have destroyed it.

I will now call attention to certain difficulties in the Bassini method which a large experience with it has impressed upon me. No other operation, in my opinion, can compare with it in elegance and efficiency, yet every one who has used it in fifty or a hundred cases will corroborate me in stating that in very large openings quite an undesirable degree of tension is put upon the deep row of stitches. I never met a case in which these could not be placed and the parts coapted, but in very large internal rings there is now and then an utter absence of conjoined tendon on the inner side of the opening.

Instead of finding, as in Fig. 1, a fair amount of conjoined tendon to

sew to, we find, as in Fig. 3, that we must depend mainly upon the rectus muscle or its sheath. This draws the parts so much out of normal relation that the observer must be sceptical as to their permanent union, (see Fig. 4.) Quite a similar trouble is met in large direct hernias—it being quite difficult to get tendinous tissue enough properly to fill the gap by a true plastic operation. As you are aware Waelfler has recently used the sheath of the rectus for closing this gap, but, as his operation is an out and out laparotomy, and involves no less than eight distinct rows of buried sutures, I think it is more ingenious than practical.

This brings me to my own modification, the imbricating or overlapping method which I used at first tentatively, but now employ in nearly every case. Briefly, this consists in sliding a flap or layer of external aponeurosis into a position behind the canal so as to reinforce the posterior

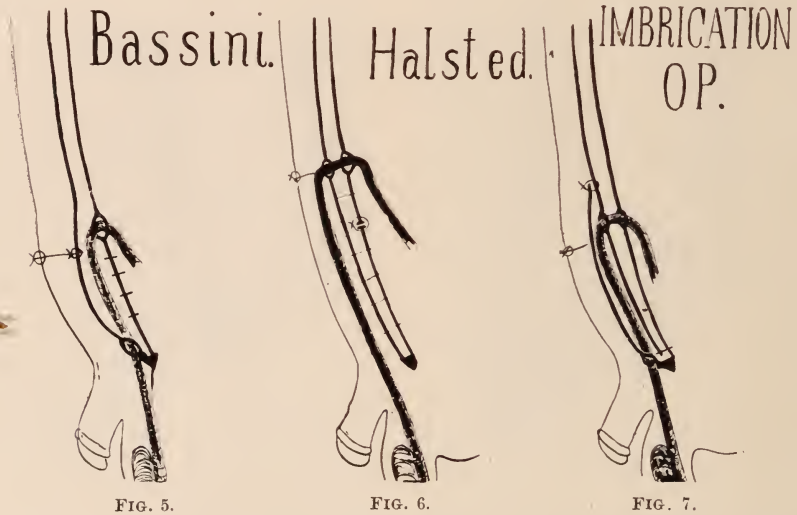


FIG. 5. FIG. 6. FIG. 7.
Schematic representation of anterior abdominal wall in antero-posterior section, showing three methods of disposal of the cord.

wall, see Fig. 2. This does not do away with the Bassini stitches in the conjoined tendon and transversalis fascia. These parts are still carefully sutured down to Poupart's ligament, but the upper flap of external aponeurosis is brought down with them behind the cord, supplementing the posterior wall in the most admirable manner. The cord is now replaced. The lower flap of external oblique is then sutured outside it, to form the anterior wall of the new inguinal canal:

In the completed operation we thus have three layers of aponeurosis where there were formerly but two. Moreover the union of the overlapping surface is exceedingly broad and firm, a sort of splicing of layers.

Not the least of the advantages of this operation is that it shortens or narrows both walls of the canal. Bassini's operation contracts the posterior wall only, thus making the dilated anterior wall even more voluminous. By the overlapping device we shorten the anterior layer as much



FIG. 8.

as the posterior, thus causing it to support the parts behind and relieve the strain upon the deep stitches.

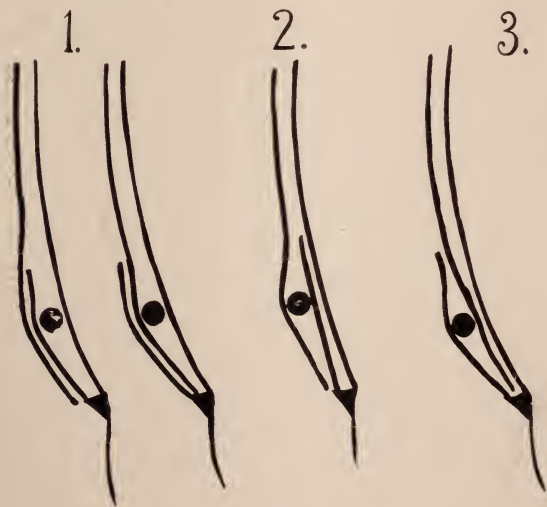


FIG. 9.

requires one more row of deep sutures, and now use only the arrangement 3. The Bassini sutures in the conjoint tendon and transversalis fascia, are

3. The direction of the imbrication was a matter of considerable study. Fig. 9 shows the four possible positions in which the flap may be placed. In 1, Fig. 9, they are simply spliced together in front of the cord, to reduce their redundant condition. I have found advantage from this in many cases, as no doubt others have, after the manner of Lucas-Championierre.

In 2 the *lower* flap is combined with the conjoint tendon to rebuild the posterior wall. I found that this re-

made to include the upper flap of external oblique, so as to bring it firmly down to Poupart's ligament.

It will be noted that this has nothing in common with Halsted's line of deep suturing which does not interweave the fasciae at all but brings their edges together.

CONCLUSIONS.

A successful method must be a true plastic operation upon the musculo-aponeurotic walls, especially the posterior wall and internal ring. Adhesive peritonitis in the sac walls and cicatricial tissue in the canal are of no permanent value in radical cure. The advantages of imbrication are:

1. Large, strong flap to repair posterior wall.
2. Triplicate layers of aponeurosis, increasing strength.
3. Broad surfaces instead of free edges, securing better union.
4. Shortening of anterior wall gives support to the deeper sutures.
5. Cord is amply protected.

65 Randolph Street, Chicago.

AN EPITHELIOMA ON THE BACK.

BY EMORY LANPHEAR, M. D., PH. D., ST. LOUIS, MO.

Professor of Orthopedic and Clinical Surgery in the Woman's Medical College.

WHILE the term "epithelioma" has been pretty generally abandoned as the name of a distinct form of cancer in favor of the word carcinoma—it having been demonstrated that all cancers are epitheliomatous—it is still retained by many writers as expressive of a class of growths less malignant than many other forms of carcinomata; and especially applicable to cancer of the skin. In this sense I employ it.

Epitheliomata are most frequently met at the junction of skin and mucous membrane, as on the lip, penis and labia, though quite often seen on the hand, scrotum, etc., and as "skin cancer", beginning in cicatrices—often confounded with keloid. These cancers of cicatrices depend upon long continued irritation of scar tissue, which ulcerates and heals many times before the malignant character is manifested (often the greater part of a life-time passing before the cancerous disease breaks out); appears usually between the 50th and 60th years of life; and is usually found upon the extremities. Indeed, it is the rarity of its appearance upon the posterior aspect of the trunk that tempts me to report the following case.

Mrs. L. B. T—, of Terrace, Utah, came under my care Oct. 20, 1892. She was then 57 years of age—the period of life most favorable for the development of the deep-seated or polymorphous-cell cancer of the skin. Her family history and previous health were excellent. About 1880 she

noticed a small "mole" growing upon the small of her back just at the point where the corset-stave would rub when she was tightly laced. Shortly afterward she had occasion to wear her corset tightly for several days in succession and as a result an ulcer formed at this point. This persisted for several weeks and then healed; soon broke down again under irritation, and once more healed on wearing loose clothing. This history was repeated for a number of years, the condition alternating between ulceration and an irritable scar. Finally the corset was abandoned and a period of quiescence followed, the scar at last becoming quite hard and painless. About eighteen months ago, therefore, she resumed the corset, and after a few months noticed that the scar, instead of ulcerating, began to be elevated in its center—to grow, as she expressed it. Two months or more afterward a discharge began from a small ulcerated spot, and a local physician pronounced the case epithelioma and advised excision; at last persuading her to come to me for examination. When I saw the mass it presented the typical appearance of cancer of the skin. Dr. J. F. Binnie, Professor of Surgical Pathology in the Kansas City Medical College, concurred in the diagnosis and assisted in removal, which was done Oct. 26, 1892.

A piece of the skin, 8 inches long, by $3\frac{1}{2}$ inches wide, was removed, including the tumor and underlying fatty tissue. By subcutaneous dissection the edges of the wound were brought together and sutured, and without much tension. Nov. 4th the first dressing was made; the wound being found healed by primary union. An operation for haemorrhoids was subsequently made and the patient discharged from the hospital December 3d, well. There has been no indication of a return in the nearly three years that have elapsed, and the patient can reasonably be pronounced cured.

Examination of the mass removed showed: (1) On cutting into the tumor the alveolar structure could be seen easily with the naked eye, and the typical epithelial nests or cylinders could be scraped from the cut surface with the blade of the scalpel—the "epithelial pearls" of Warren; (2) The surrounding tissue gave distinct evidence of carcinomatous disease, that is, the implication was not purely inflammatory; for in inflammatory processes there is, as in cancer, an atypical growth of epithelial cells, but their extension is limited—they do not infiltrate and destroy neighboring tissues, as shown in the specimen; (3) On section the characteristic microscopic evidences of cancer were well marked.

4301 Laclede Ave.

Resigned—Dr. F. D. Mooney, Clinical Professor of Gynecology in the Missouri Medical College, has resigned.

A CONTRIBUTION TO THE STUDY OF TREPHINING THE SPINE.*

BY CHRISTIAN B. STEMEN, A. M., M. D., LL. D., Ft. Wayne, Ind.

Professor of Surgery in the Ft. Wayne College of Medicine.

THE question of the justifiability of laminectomy (or trephining the spine) is not yet definitely settled; therefore some reports of cases in my own work may not be devoid of interest.

The older authorities: Abernethy, Sir Charles Bell, Cooper, etc., all condemn the operation: and naturally as they lived before the days of antiseptic surgery. Even John Ashhurst, Jr. in his recent work on surgery says: "Surely we are justified in declaring with Le Gros Clark that we cannot regard trephining of the spine as brought within the pale of justifiable operations." Many other authors have expressed themselves unfavorably upon the question of the advisability of operating in cases of acute trauma to the spine (fracture and dislocation particularly, though some admit its justifiability in subdural hæmorrhages). But it is noteworthy that most of them are not young men, which is in line with the assertion of Harvey: "Not a man over 45 years of age ever believed or adopted the theory of the circulation of the blood." So in regard to this operation: the older surgeons did not believe it a justifiable operation—we believe it to be one advisable in most if not all cases where there is compression of the spinal cord.

Still even those who ought to advocate it are not very enthusiastic in its praises. Young (*Orthopaedic Surgery*) simply remarks: "The operation of laminectomy was revised by Macewen and has been performed for the relief of paraplegia a number of times with variable success." De Forrest Willard and J. William White have written excellent monographs upon the subject. In 12 recorded cases the results were as follows: Macewan 5 cases, 3 complete recoveries and 2 failures but no deaths; Horsley 1 case with doubtful improvement; Abbe 1 case with slight improvement; Wright 1 case, not permanently benefitted; Lane 1 case, successful; White, 1 case, fatal; Duncan 1 case, fatal; Bussel 1 case, fatal. Thus out of 12 cases 4 have proven entirely satisfactory. Many other laminectomies have been made—some with brilliant results—but have never been recorded. I will mention one case I knew in the practice of the late Dr. A. W. Ridenour, of Massillon, Ohio; it was a fracture of the spine; he trephined, removed the fragments, restored the normal contour and maintained proper position by means of a plaster cast; the paraplegia disappeared and the patient regained perfect health. It was done soon after the reception of the injury.

With such results before us I cannot conceive how any man can oppose

*) Synopsis of an essay read at the meeting of the Wabash Railway Surgeons' Association, at St. Louis, November 12, 1895.

operation in cases where there is clearly compression of the cord. The condition of the patient cannot be made worse—it may be relieved. Every surgeon who has had cases of fracture of the vertebræ under his care appreciates the pitiable condition—no control of the sphincters, sloughing, stinking bedsores and utter helplessness. Even if upon opening the spinal canal it is found there has been a rupture of the cord or that degeneration from pressure has reached such a degree that the function cannot be restored, the patient is not made worse by the operation; the incision will soon heal, and the additional danger of shock is but trifling when compared with the possible benefits from early operative interference. And if, fortunately, the symptoms are found to arise from pressure merely, as from compression from hæmorrhage, a cure may be effected.

A few words on the technique. It is an operation not easily made. I remember that before my first laminectomy I practiced on cadavers for nearly a week under the guidance of W. W. Dawson and P. S. Conner of Cincinnati, yet in spite of this experience I found it very difficult; yet I demonstrated the fact that a large area of the cord can be exposed without injuring it in the operative work. The best position for the patient is on the side, with the arm thrown back. Then, after careful sterilization of everything pertaining to the work, a very long incision is made over the seat of the lesion, the cut extending down to the spinous processes. The muscular tissue is next cut away from the vertebræ on both sides, quickly. All bleeding is now arrested; by ligation if necessary, preferably by hæmodynamic forceps and very hot water. Then broad, strong retractors are introduced to hold back the muscular tissues. For operating on the spinal canal a small trephine is often most useful, but it must be used with care; often when the button is removed the cord and theca can be seen in a good light and with an ordinary elevator the depressed lamina or body of the vertebra can be replaced. In some cases I have removed the entire arch of the vertebra with the cutting bone forceps of which the under blade is very small. Protruding splinters or even a knuckling of the bodies can be cut away with rongeur forceps.

When it is certain that all compression has been removed and the spinal canal made perfectly smooth and of normal relations, the bleeding must be perfectly arrested and the periosteum and deep fascia brought together. Then the muscles must be sutured carefully and finally the superficial fascia and integument. A simple dry gauze dressing held in place with a body bandage or adhesive plaster completes the operation.

The patient should, especially in a case of recent injury, be handled with great care so as not to injure the cord. In turning him there should be strong extension made on the lower extremities with counter-extension in the axillæ, a third person seizing the hips and carefully supporting

them. A plaster-of-Paris jacket from the hips to the shoulders is advisable. After the patient has been placed in bed constant extension of the lower extremities should be maintained by means of weight and pulley.

The same precautions in regard to handling should be observed in subsequent dressings—which will not need to be very frequent if due antiseptic precautions are observed.

Case 1. W. D. Walcott, age 29 years, laborer, while in a sand-pit in a stooping posture, was struck upon the back by a huge mass of stone and dirt, crushing him to the earth and causing fracture of the eleventh dorsal vertebra. The accident was immediately followed by all the symptoms of compression of the cord: complete paraplegia, retention of urine, etc., followed in a few days by bedsores. I did not see him until nine months after the injury when he was totally helpless, emaciated; the sacrum exposed in one of the terrible bedsores, incontinence of urine and of fæces—a fearful object of pity. After proper preparations I cut through the lamina of the injured vertebra with a small trephine, exposing the membranes of the cord which appeared to be healthy. The entire arch of the vertebra was then removed with bone forceps, including the displaced portion of bone which had caused the trouble. The patient rallied nicely, and required but a small amount of opium with some potassium bromide. The next day he felt pain in his lower extremities and in the region of the bladder and rectum. Within a few days sensation returned sufficiently that he was enabled to control the sphincters and to attend to the calls of Nature when necessary. The bedsores healed quite promptly and some sensation returned in the lower extremities but there was never any power of motion. It was quite evident that there was still some pressure on the cord—perhaps some osseous material deposited during attempts at repair. He lived several years after the operation, in comparative comfort. I am of the opinion that if Ashhurst could have seen this man before and after the laminectomy he would have changed his views in regard to its justifiability. And I further believe that if the operation could have been done soon after the accident before such marked degeneration of the cord occurred a perfect result might have been obtained.

Case 2. A gentlemen residing at College Mound, Missouri, sustained a fracture of the ninth and tenth dorsal vertebræ. I saw him 18 months after the injury. Laminectomy was made, as in the preceding case, except that the cutting forceps were used instead of the trephine. The posterior arch of both bones was removed including the old line of fracture. During the operation I accidentally touched the cord with a sponge when violent involuntary movements of the lower extremities were set up. And I am sorry to say this spasmodic motion continued as long as I followed the history of this unfortunate patient. The operation was unquestionably of no benefit.

Case 3. I first saw this patient Sept. 8, 1883, 24 days after injury. He was 36 years of age, of excellent health, and suffering from all the symptoms of compression of the cord. We operated Sept. 17, elevating the depressed bone. The patient died on the eighth day of septic meningitis.

Case 4. M. King, 50 years of age, received a fracture of the twelfth dorsal vertebra by a moving car. He had total paralysis of the lower extremities and the other signs of compression. With the assistance of Dr. G. W. McGaum, of Van Wert, Ohio, I cut down to the spinal column and found the posterior arch of the vertebra crushed and forced forward so as to obliterate the spinal canal, lacerating the cord until no semblance of nerve tissue could be seen. No improvement followed, naturally; and the patient died in about four weeks from the remote effects of the accident.

Case 5. Ellis Briggs, a switchman, 40 years old, was caught by a locomotive and suffered a dislocation of the hip, a crushing of the right foot and a fracture of the eighth and ninth dorsal vertebræ. Assisted by Dr. Miles F. Porter, of Ft. Wayne, I operated the day after the injury was received. In this case when we had cut down to the injured bones we had extension and counter-extension applied and then grasping the depressed bone with strong forceps we forced the fragments back into proper position without opening the canal. There was no difficulty experienced in maintaining the corrected position but no improvement followed and the patient died in about three months of secondary troubles.

This is my experience in trephining the spine. It is not a very favorable one; but cases were taken too late to expect much good to follow operative measures. I firmly believe that some of these cases might have been cured by early operation. In conclusion I wish to express the opinion that operation should invariably be made when there is any symptom of compression of the cord.

CLINICAL LECTURE—TIC DOULOUREUX.*

BY PROF. JAMES T. WHITTAKER, OF CINCINNATI.

GENTLEMEN: It is not often in our day that we dignify a symptom as the name of a disease, least of all would it seem justifiable in the case of pain, for pain is such a universal symptom. We do still find dropsy discussed as a disease, and asthma holds its place as a particular affection. Neuralgia is, of course, also a symptom, but the pain in neuralgia is at least localized to the region of the nerves. We have here a form of neuralgia which is so peculiar as to have been set apart, an affection in which the pain is so severe as to over-shadow all other signs, and

* Delivered at the Good Samaritan Hospital Clinic, October 1. Abstracted by S. Malsbury.

to give the name to the disease. We speak of this affection as facial neuralgia. We mean, however, a particular facial neuralgia, a neuralgia having peculiarities which distinguish it from all other forms of pain in the face. Strange to say, however, it was not the pain in the nerve that gave the disease its common name. The word "tic" is a French word that finds its best equivalent in English in "twitch," which means a jerk, or sudden pull. A somewhat similar affection, marked more especially by a spasmodic contraction of the muscles, was distinguished by the old French writers as the "tic convulsif," and as this affection, on account of the connection between the facial and trifacial nerves was sometimes attended with pain, the term "tic" easily passed over into the domain of sensation. But as the pain was so out of proportion to the disturbance of motion, this particular affection was distinguished as the "tic douloureux." It was Trousseau who separated the tic douloureux from the tic convulsif. The old tic, he said, was a kind of chorea, and though it was very distinct from St. Vitus' dance, was a convulsive affection unattended with pain. Trousseau maintained there were two forms of this affection. One of these, the more common of the two, is characterized by neuralgic pain unattended with convulsive twitchings. The other form is accompanied by convulsive movements. "And I designate it *tic douloureux*," he said, "in order to distinguish it from what is generally and justly understood by tic." This form of the affection Trousseau considered an epileptiform neuralgia of the face. Powel reported a case of tic douloureux with hemicrania; Hertzig a case of amaurosis in consequence of facial neuralgia; Ingals a case of epileptiform neuralgia with tonic muscular spasms; Tripier a case of neuralgia of the face with an epileptogenous zone; Vulpian a case of tic douloureux of 15 years duration, in which the attacks became more and more frequent, and finally resulted in an apoplexy from a cerebral hemorrhage. With other neuroses, the disease is sometimes hereditary. Elsaesser discussed neuralgia of the face as a family affection. As you will now hear in the history, which will be read to us by Dr. Kiser, the interne who took it, this is the form of the disease we have before us.

R. J. F., aged 42, married, grocer, entered May 2, 1895. Diagnosis, tic douloureux.

History: The patient was sound and strong up to eight or ten years ago, when he began to suffer from asthma, which continued for seven or eight years, when he finally recovered under treatment. Severe paroxysms of pain in the right cheek set in last August. The first attack lasted but two days. Another short attack occurred in October. In the middle of March it came on again and continued with about the same severity, both night and day, to May 4th. Paroxysms of pain would come on every three or four minutes and last for a few seconds only. Sometimes, how-

ever, as long as a half to three-quarters of an hour. The right cheek alone was affected. There is no tenderness or special point of pain. The pain first began over the right upper molars. The two upper right molars were removed about the middle of April, and the antrum of Highmore opened, but without any relief whatever. Electricity was applied twice a day for a week or ten days with no relief. Sleep was obtained only by the use of hypodermic injections of morphia. The right cheek was plastered with cantharides without relief. The patient has taken phenacetin, anti-pyrin, salicylate of soda and quinine in large doses without relief. Neurotomy was performed May 4, 1895. A large portion of the infraorbital branch of the trifacial was removed. Pains recurred within 18 hours after the operation, but became gradually less frequent and less severe. On May 9th there had been no recurrence of the pain for 24 hours. Patient left the house on that day, May 9th, 1895. He was re-admitted September 28th, 1895. He had been entirely free from pain from May 9th until Sept. 21st, when he again experienced a slight attack in the right cheek and upper jaw. The following day severer attacks occurred. Their frequency and severity increased to October 2d, when the patient in his despair appealed to us again for relief. He was willing to submit to any operation, he said.

The fifth nerve suffers more than any nerve in the body, for the reason, in the first place, that it is the most sensitive nerve in the body. Education is largely a matter of outside impressions; we receive these impressions through the special senses and the special senses are guarded chiefly by the branches of the fifth nerve. When sensation is destroyed in every other part of the body it is still perceived in the tri-facial nerve. We test the degree of anæsthesia by touching the conjunctiva. If the conjunctiva remains sensitive the patient is not perfectly under the influence of the anæsthetic.

Then, the fifth nerve is the most exposed nerve in the body, not only in the skin, but in the organs of special sense, in the eye, in the nose, in the mouth. The branches of the fifth nerve run through small bony canals so that the main trunks may be readily compressed by trifling causes. The ramifications of the tri-facial nerve are very extensive, and insult or injury offered at any point may be reflected to a distant point. Hence the fifth nerve is the most common seat of neuralgia and pain is felt in the fifth nerve as frequently almost as in all the other nerves of the body together. Pain anywhere in the course of the fifth nerve distinguishes itself by its severity. Every one has experienced the pain of toothache; supraorbital neuralgia is one of the most common of all forms. But neither toothache nor brow pain in any way approach in severity the pain of tic douloureux. Patients describe it variously; sometimes as a burning or gnawing sensation; they liken it at times to the passage of a red-hot wire. The strong-

est men cry out in the agony of this pain. The patient is unable to remain quiet. He sits commonly in a chair, rocking himself backward and forward and rubbing the affected part with his hands. The pain is really as our patient says, intense beyond words to describe. Patients actually become demented at times. They wander about distracted during a paroxysm of pain. Sometimes, indeed, they are actually driven to suicide. We all know how desperate we become at times with a toothache. We feel that we cannot wait for the slow process of destruction of the nerve and filling of the tooth. We want it out at once. So much more intense is the pain of tic douloureux that the patient is willing to extinguish it with life.

This pain may occur in any branch of the fifth nerve, but shows itself most frequently, as in this case, in the malar branch of the superior maxillary division. Our patient locates his pain pretty accurately over the region of the malar bone. Sometimes it has more extensive radiation, but it is never bilateral, it is always confined to one side.

The pain is more or less paroxysmal. There are patients who suffer constantly more or less pain, but even in these cases there are paroxysms of greater severity. In our case there were long intervals, at first entirely free of pain. Sometimes the paroxysms are provoked, as by the touch of the face in the act of washing, or by a draught of wind, or the mere act of eating or even of laughing, may bring on an attack. Sometimes the attack supervenes suddenly, like a stroke of lightning, and having lasted for several minutes or the greater part of an hour, disappears gradually but not entirely.

But the pain, even though excruciating, is not the only factor. There is also disturbance at times in the motor sphere. In many cases the side of the face is drawn up and the eyes closed during the paroxysm of pain. The attack is announced as a sudden stab and spasmodic closure of the eye. The patient at once puts his hand to his face and attempts to relieve the distress by pressure. I had a patient once who rubbed all the skin off his face with his fist. Sometimes the spasmodic element assumes prominence. As a rule, however, it is subordinate. Sometimes the contraction is excited by pressure upon painful points, and most cases, though by no means all, are distinguished by the presence of these points tender to pressure. In our case here, as you have heard, there is no point on which pressure is painful. The painful points in the course of the superior maxillary branch are usually at the infraorbital foramen at a point on the malar bone corresponding to the subcutaneous malæ, an ill defined point in the upper jaw, and labial point in the upper lip; sometimes a point in the palate in the domain of the sphenopalatine nerve. Other anomalous sensations in the domain of the sensitive sphere are commonly present. The patient feels a sense of coldness or heat, or there is a feeling of formication. Sometimes the sensation of touch is blunted. There is a kind of

hyperæsthesia. While the sensation of pain is increased, the combination of these conditions is distinguished as the *anæsthesia dolorosa*. Our patient says that he feels no such disturbance of sensation, that is, there is no *paræsthesia* in his case. But the sensation of touch has been blunted ever since the exsection of the infraorbital nerve.

Besides these disturbances in the domain of the motor nerves, there is usually affection of the vaso-motor system. It is a common thing to see the face flushed upon the affected side, or, on the other hand, overspread by pallor. Sometimes hairs grow out, stiff hairs like those of the eyebrow, or any hairs present speedily become gray. It is not uncommon to hear of running at the nose and watering of the eyes during the attack. Our patient says his eyes water during the existence of the pain. Salter in a case of intense neuralgia of the eye-ball and face due to caries of the teeth, observed an alteration in the color of the iris. A curious trophic change was observed by Stofella in a new formation of dentine in the jaw in consequence of facial neuralgia. Sometimes the face is flushed and sometimes it is deadly pale or covered with a clammy sweat. Sometimes there is an outbreak of herpes or a deposit of pigment and vitiligo or a subcutaneous œdema. These are features enough for diagnosis. In fact, the agonizing pain alone defines the disease.

A neuralgia which depends upon malaria affects by preference the supraorbital branch. This pain is rather of dull aching character and is never so severe as the true *tic douloureux*. It shows itself as a rule with more distinct periodicity, occurring about 10:00 or 11:00 o'clock in the morning and disappearing in the afternoon; so in old times the people called it the sun pain, because it seemed to come with the sun ascending towards the meridan and disappeared with the setting sun. Sometimes this outbreak of pain is the only manifestation of malaria, that is, the malaria is concealed under the mask of a neuralgia. We speak of such an infection as a *malaria larvata*, or, as the word malaria should be abolished altogether, as an *intermittent larvata*. It is not every case of supraorbital neuralgia, however, which depends upon malaria. Many cases are of rheumatic origin, and are better controlled by the salicylates than by quinine.

There is also a ciliary neuralgia marked by severe pain in the eye-ball and attended with epiphora and photophobia with suffusion of the conjunctiva. This pain is most frequently observed in connection with strain of the eye or with anomalies of refraction, and is pretty constant in glaucoma.

Thus the diagnosis of true *tic douloureux* is, as a rule, not difficult. The location of the pain, the paroxysmal occurrence, the obstinacy to treatment, above all things the intensity of the pain, distinguishes the disease. To confine ourselves to our own case, with what might we confound it?

Certainly not with any affection of the nose, or pain which might be produced by catarrhal affection, even with implication of the antrum of Highmore. For such a disease, though it should advance to the degree of suppuration, would in no way approach in severity the pain of tic douloureux. Empyema of the antrum often makes itself plain, aside from the severity of the pain, by the discharge of pus from the nose.

Earache is painful; sometimes as painful as a mild case of tic douloureux, but the otitis which is the cause of earache in these cases can usually be readily recognized by the inspection of the membrana tympani as well as by the interference with the hearing itself. Caries of the teeth may be the cause of tic douloureux, so that the cavity of the mouth should be carefully examined. But in most cases this examination is barren of results. You will generally hear such a statement as is made in this case, that the patient has had one, sometimes more, sound teeth extracted without any relief whatever, either of the severity or the frequency of the attacks.

Tic douloureux is a unilateral affection. It might therefore be confounded with a hemicrania. This affection, which is variously interpreted as a part of a migraine or as the result of an infection, is observed at all periods of life, including childhood, whereas tic douloureux is almost never seen in early life. The pain in tic douloureux is not so continuous as in the case of hemicrania. It is subject to paroxysms of greater severity. Hemicrania is attended with facial disturbances, with scotoma, phosphenes, sometimes with a sick stomach, with vomiting, signs which are never seen in tic douloureux. There are no tender points and no vaso-motor disturbances in hemicrania.

Sometimes we may find a cause of the condition, but only in an exceptional case. Sometimes there is a periostitis or an exostosis which is visible or palpable. Some condition of disease may be discovered in the eyes, more frequently in the nose or mouth, the removal of which may relieve the neuralgia. Sometimes the cause is more general; that is, there may be a poison circulating in the blood, as in the case of malaria, diabetes, Bright's disease, etc. It is well to look into the habits of individuals to discover a possible alcoholism or nicotinism or saturnism. The opiophagist is especially sensitive to pain. Anæmia from any cause expresses itself in pain. A quarter of a century ago frequent citation was made of the aphorism of Romberg, that pain is the prayer of the nerve for healthy blood.

The fact is, however, that the majority of cases of true tic are independent of all these causes. The lesion is often central. It may be situated deep in the trunk or in the ganglion of Gasser itself. Fioupe reported a case of trigeminal neuralgia on the right side marked by the loss

of the sense of taste in the right half of the tongue and loss of sight and of smell on the same side. In this case the autopsy revealed a carcinoma of the dura mater compressing the ganglion of Gasser. In the majority of cases the disease depends upon cryptogenetic cause. The tendency at the present time is to ally the condition with migraine and epilepsy, as was, indeed, done long ago by Trousseau, but to attribute the explosion to the accumulation of some toxic matter in the blood. This is, however, all in the field of speculation, and we are not justified in multiplying words to conceal ignorance. This much we know, that the outlook for recovery is bad. Trousseau declared that he never knew a case to be cured. It will be remembered, however, that there are all grades of tic douloureux. Some of the milder cases, which probably, strictly speaking, do not belong under this head, may certainly be relieved or cured. A few remedies are of real value. We begin always with the salicylates; we give 15 or 20 grains of the salicylate of soda, of salicine, salapyrin or of salol every hour or two up to the point of saturation, as indicated by ringing in the ears, vertigo or nausea. Hereupon the patient is kept under the influence of the drug in smaller dose for the period of a week. Dercum reported a case of tic douloureux of 12 years standing treated by the salicylates with marked success. Hereupon we galvanize the side of the face.

Wilkes reported a case of cure by galvanism after failure by other means. Wiesnex had a similar case.

In a case which I saw many years ago the act of swallowing excited the most excruciating pain, so that the effort of taking food was a prolonged agony. In this case the right cheek, forehead and temple was covered with a pruriginous eruption, the hair of the scalp was dry and brittle, in places absent, the conjunctiva was flushed, there was unilateral sweating, the mouth dribbled saliva.

The paroxysms originating seemingly so often in the pharynx I subjected this cavity to careful scrutiny and succeeded in detecting upon the anterior surface of the velum pendulum palati a small deep ulcer. I touched this with the pointed caustic, whereupon there immediately ensued the most frightful paroxysm of pain. My patient straightened himself suddenly, clasped the right forehead frantically in both hands and subjected the whole side of the face and scalp to a friction almost sufficient to denude it of its epidermis. The conjunctiva became intensely congested and saliva poured from the mouth; he was unable to speak. This paroxysm lasted fully three minutes, and I had just filled for the relief of it a hypodermatic syringe with a $\frac{1}{4}$ -grain of morphia when it rather suddenly subsided. Just such attacks, he told me, only longer, he experienced four or five times every day and two or three times every night. On suspicion that the disease was of specific origin the iodide of potassium had been administered by my predecessor in the hospital for a long time. Arsenic was pushed.

The usual round of tonics and narcotics had been essayed. I resolved then upon galvanization of the trigeminal nerve. This patient got perfect relief under the use of the constant current for nearly a year, when the pain recurred after exposure to cold and wet, and was again controlled in four days in the same way. Failing with these means or having secured but little effect, resort is next had to arsenic, which is given in the form of the Asiatic pill or Fowler's solution also up to the point of tolerance, as indicated by puffiness of the lower eyelids, pain in the bowels or diarrhoea. Trousseau treated his cases with big doses of quinine. Failing with these means, resort is next had to the potassium or sodium iodide, which is best given in the ounce-to-ounce solution in peppermint water, of which the dose may be five to ten drops in a wine glass of milk before meals. When we leave these remedies we may make selections from a wide field in materia medica. Thus we may try the tincture of gelsemium, the application of cocaine, 5 to 10 per cent. solution to the eye and nose, the administration of chloral, especially of butyl chloral, in dose of 1 to 3 grains.

We get a proper idea of the severity of the pain with the knowledge of the fact that even subcutaneous injections of morphia fail to secure relief. Yet individual cases are sometimes cured in this way. My predecessor, Bartholow, reported a case of epileptiform attack of six years' duration cured by the injection of morphia and by the iodide and bromide of potassium. My venerable friend and teacher, our Nestor in the profession in this city, Dr. Comegys, was the first to suggest and use deep injections of ether and chloroform, which may control an individual case. Neither morphia nor ether, however, both of which I myself tried here, gave our patient the least relief. In one case which I had twenty years ago the poignancy of the pain was relieved by friction of the face with a cake of ice. The inhalation of the amyl nitrite, 3 to 5 drops, from a handkerchief, sometimes cuts short an attack. The pain lasts too long to be controlled by any anæsthetic. Now and then we find a case which yields to electricity. Schultheiss cured a case with the constant current. Oppenheimer recommends the transmission of the current through the skull on a level with the ganglion of Gasser.

Fritsch claimed to have cured a case by the carbonate of iron. Hutchinson, with a host of other observers, cured cases with the carbonate of iron. Kerrison had a chronic case which yielded to powerful doses of cinchona when other medicines and a division of the nerve had failed. Lee and Legg spoke of the value of croton chloral. McKechnie cured a case with arsenic. Féréol and Féron both claimed to have cured cases by the use of the ammoniated sulphate of copper. Seguin reported upon the efficiency of aconitin. Try everything. Giacometti claimed to have cured a case with the application of the magnet. I never saw a case myself which would not, I think, disdain a means so simple. Da Camino reported

a case of facial neuralgia cured by simple acupuncture. Several cases have been cured by cauterization of the surface. Holst cured a case of neuralgia of the trigeminus by amputation of the cervix uteri. Fleury reported a case of facial neuralgia of seven years' duration attended by contractions of the masseters making it absolutely impossible for the patient to speak or to masticate. There was profuse and continuous ptyalism. After failure of a number of remedies the patient was rapidly cured by hydrotherapy. Bonnafout reported a case of intense facial neuralgia of 15 months' duration, caused by the presence of a fragment of ball encapsulated in the right maxilla and compressing the infraorbital nerve. The extraction of the ball was followed by immediate cure.

The desperate cases are turned over to the surgeon. Sometimes, it is true, that *quod medicina non sanat ferrum sanat*.

Todd and Ferguson operated three times by section and cauterization. Andrews reported a case treated by repeated sections of the branches of the trigeminal nerve. Buzzard got relief from nerve-stretching for a period of two or three years. Weinlechner reported a case of 14 years' duration which was relieved for six months by stretching the infraorbital nerve. Upon recurrence of the attack the common carotid was tied, and this procedure gave relief, and three weeks subsequently resection of the infraorbital nerve gave improvement for two months and final cure in the course of one and one-half months longer. The surgeon cuts out the nerve. Even then he fails often to secure relief, or gives, as in our case, but temporary relief. The simplest operation is the stretching of the nerve, which succeeds only in the exceptional case. Our patient was free from pain for four months. But in what a Paradise he lived during all that time! During this period the exsected nerve was entirely regenerated, but the moment when the nerve fibrils came into contact, that is, the exact period of union was announced to the patient by a stab of pain. Ever since that time the pain has been as bad as before. Now, what is the next thing. He is willing to submit to any operation, even though, as he says, it should take life. My surgical colleague, Professor Ransohoff, will, therefore, to-morrow morning, perform the capital operation, one of the most terrible operations of surgery, trephine the skull and exsect the ganglion of Gasser. [

Rival Monuments?--A great deal of slushy nonsense has appeared in some medical journals about the advisability of erecting the proposed Rush monument. The Homœopathists of the United States will erect a statue to Hahnemann in Washington. It will cost \$50,000; of this \$29,000 has been already subscribed, and the site is being selected. The trouble with the Rush monument committee is that the man whom they would honor was not as great a character as his biographers would have us believe.

GYNÆCOLOGICAL NOTES.

By EMORY LANPHEAR, M. D., PH. D., of St. Louis.

At a recent meeting of the Kansas City Academy of Medicine, Dr. A. H. Cordier exhibited a uterus removed from the vagina, the necessity for hysterectomy being a rapidly advancing cancer of the cervix. The uterus contained a fetus of three and one-half months' development. It is believed this is the first operation west of the Mississippi river for removal of the pregnant uterus affected by carcinoma. The patient recovered from the operation and was convalescent at the time the report was made.

Dr. Miles F. Porter, of Ft. Wayne, Ind., reports a successful operation for suppurative peritonitis—disproving the popular idea that general, septic, purulent inflammation of the peritoneum inevitably ends in death. He quite properly says: "Every case of general septic peritonitis cured by operation is a clear gain for surgery, for all such cases die if treated in any other than a surgical way. This makes six cases which have recovered as a result of surgical treatment. Cœliotomy should be done in every case of general septic peritonitis as soon as the diagnosis is made.

Next to Dr. Porter's case the latest report of success was by Berger, of Paris. He had a patient who was affected by acute general suppurative peritonitis and who recovered after cœliotomy and through flushing and drainage of the abdomen. It was a case following perforation of the appendix. Three separate incisions were made, one in each iliac region and one in the linea alba above the umbilicus. The perforation was not closed. Symptoms of peritonitis had been present for three days when the operation was made. The patient did not improve until the sixth day after the operation, when, as the result of a large enema, copious evacuations occurred. Combined gauze and tubular drainage was used.

MacPherson has lately recorded a case of removal of an ovarian tumor at the sixth month of pregnancy. The mass was discovered prior to foundation of the ovum, but operation was refused. During the early months of gestation the growth was so rapid as to alarm the patient who then sought the surgeon at the period just mentioned. In view of possible malignancy of the growth, an operation for removal was decided on. From the size of the uterus, the usual mesial incision would not have given sufficient control of the pedicle, and removal might have been difficult. The abdomen was consequently opened by a longitudinal incision to the outer side of the left rectus muscle, immediately over the site of the growth; and through this the tumor was readily turned out and the pedicle secured. The wound was closed by buried sutures, uniting peritoneum, muscular wall and fascial covering separately, a continuous horse-hair suture closing the skin. Recovery was uninterrupted, and pregnancy in no way interfered with.

Adams, of Kansas City, in an article on "Diagnosis of Diseases of Women," (*Medical Herald*, October, 1895) quite properly lays much stress upon so-called ulceration of the os uteri. He says: "That this condition is occasionally to be found is true. We have as an actual diseased condition, simple ulcer, specific or syphilitic ulcer, tubercular deposits which have broken down and formed ulcers, cancerous deposits which are breaking down, and ulcers due to injury or attrition of a misplaced uterus, e. g., use of pessaries, etc. With the exception of the above named cases, which are rare, 'ulcers,' which are said to occur and which are treated as such, are really pathological conditions dependent upon entirely unrecognized causes. The physician who has a large experience in the treatment of uterine affections, will recall how many cases he has met, in which the patient will infallibly, in giving her history, mention that this or that doctor has treated and cured her of 'ulcers of the womb.' If the examiner, however, has a clear conception of what the pathological condition of the uterus really is he will find that the so-called ulcers are still there; not, however, as true ulcers, but rather as the eroded surface, the result of irritating discharges or a lesion of tissue, which the kindly hand of Nature has been unable to repair. Here the error lies in a failure to employ surgical means for the cure of the endometritis (curettage), or to repair the extensive laceration of the os (trachelorrhaphy) which is really the foundation stone of most erosions. Nearly all such cases which are of sufficient importance to demand treatment imperatively call for operation.

TRI-STATE MEDICAL JOURNAL.

EDITORIAL DEPARTMENT.

Vol. II.

NOVEMBER, 1895.

No. 11.

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THE NEEDS OF MEDICAL ST. LOUIS.

Medical Saint Louis needs first of all more harmony. It is a lamentable fact that in no great city in this country are differences between medical gentlemen more conspicuous than here. Not only the profession but also the laity is cognizant of the fact that Doctor A will not speak to Doctor Z: that Doctor B has no good opinion of Doctor C; and so on *ad infinitum*. It is foreign to our purpose to inquire why there is lack of harmony in the ranks here. Some would attribute it to local climatic conditions, or to the numerousness of rival medical colleges, while others, believing in the innate depravity of man, regard general cussedness as the *fons et origo mali*. Be it the one or the other factor, the painful truth is this: that among the leaders in the Saint Louis medical profession there is not the concert of action, confidence in each other, and brotherly feeling, which should exist. The lack of harmony is noticeable particularly among the surgeons, or rather among those general practitioners who pose as surgeons, for there are very few gentlemen who limit their practice to surgery. Most of the Saint Louis surgeons will treat measles, diphtheria, keratitis, puerperal convulsions or any thing else in the category of human ailments. In our opinion there would be less jealousy if there were more real specialists. Take for

example the oculists; with the exception of one well-known individual the oculists all speak well of each other and this action, we believe, is genuine, i. e., founded on respect for each other's acquirements. And *en passant*, the only real specialists in Saint Louis to-day are the oculists.

Medical Saint Louis needs secondly a better quality of medical literature, both as regards medical journals and medical text-books, as well as special monographs. Not less than fifteen medical journals are issued from Saint Louis and most of them are either the organs of medical schools or the exponents of cliques and factions. Few of them ever contain anything advantageous to the profession either of the city or the state, or the nation. Two notable exceptions are the ophthalmological journals, both of which are creditable to American medical literature. The majority of our journals are conducted for personal advancement or private gain regardless of the best interests of the profession. Let us have a smaller number of medical journals of an improved quality.

Medical St. Louis needs better hospitals. Institutions in which all the principles of aseptic surgery can be carried out and in which the walls of rooms and wards are clean, are very few in this great city. Most of our hospitals, and we have many of them, are utterly unfit for surgical work. Among the worst is the City Hospital. It is no reflection upon the able superintendent and his assistants to say that the City Hospital is a disgrace to the citizens of Saint Louis. This old, worm-eaten, bacilli-laden, tumble-down structure should be purified by fire just as soon as a new edifice can be erected. Give us a smaller number of hospitals, and let the profession support only those which are clean.

Medical Saint Louis needs a medical library. This splendid city with its six hundred thousand inhabitants and its one thousand regular physicians can boast of no medical library. The insignificant collection of out-of-date volumes found in the Public Library is valueless to any one who desires to read the latest advancements in medical science whether domestic or foreign. We need some generous Senn to found a library which shall be to Saint Louis what the Newberry Library is to Chicago. Who will be the man?

Medical Saint Louis needs more medical societies. The old Saint Louis Medical Society in which so many battles have been fought and won—or lost—cannot be considered as representing the best thought of medical Saint Louis. Although its membership roll contains the names of many eminent doctors, yet the actual attendance is small, many of the best men in the profession absenting themselves for long periods. This should not be. If the founding of new organizations will result in advancement of the general good of the profession—and this seems to have been the result in Chicago, Cleveland, Kansas City and elsewhere—give us more medical societies.

These are a few of many needs which we might point out. They are

here set forth in no hyper-critical spirit but in the hope that they will furnish food for thought, that thought may produce action, and action result in good. "So mote it be."

DEATH OF DOCTOR BATTEY.

Robert Battey died in Rome, Georgia, November 8, 1895. Born at Augusta in the same state in 1828, Doctor Battey was graduated at the University of Pennsylvania in 1856. During the civil war he served as surgeon in the Confederate army. The crowning glory of his life occurred in August 1872, at which time he originated "Battey's operation" for the removal of the ovaries, with a view to effect the change of life and cure maladies otherwise incurable.

It is a sad commentary on our profession that while Doctor Battey's first case of "normal ovariectomy" was lying between life and death, the jealous doctors of Rome were holding nightly meetings in secret and resolving to have him prosecuted if the patient should die. Fortunately the case recovered and Doctor Battey was encouraged to continue to labor in the new field.

When some future historian shall record the deeds of eminent American surgeons, the name of Robert Battey will be placed alongside the names of Morton, Long, Wells, Jackson, Gross, Mott and Sims.

SAINT LOUIS ACADEMY OF MEDICAL AND SURGICAL SCIENCES.

On the evening of November 6, 1895, a number of gentlemen assembled at the West End Athletic Club and formed the society whose name appears above. That such an organization is needed will be conceded, we think, by all who are conversant with the state of things medical in St. Louis. The constitution of the new society subscribes to the code of ethics of the American Medical Association. The requirements for membership are high but not too high. No one can become a member of the Academy unless he possesses a good literary and medical education. As evidence of his literary qualifications and ability as a scientific worker he must deposit with his application, a thesis, a pathological specimen with descriptive text, a drawing of a normal or abnormal specimen with text, or some other evidence of his worth. The evidence is passed upon by the committee on credentials. If the evidence is accepted, the ballot is taken. Two negative votes will defeat a candidate. The membership is limited to fifty.

The projectors of the Academy propose to keep it clean professionally. The hungry self-seeking medical politician, the patent medicine boomer, the illiterate doctor, and the man who is hunting for a row, will find no

place in its classic shades. Educated medical gentlemen, who can dwell together in peace and harmony, will be welcome.

The adding of the offices of Orator and Curator, not commonly found in medical organizations, is in our opinion a step in the right direction. The new society will met every Friday night. Permanent quarters have been secured in the spacious building of the Athletic Club on Vandeventer Avenue.

At the annual meeting held Nov. 6, the following officers were elected for the ensuing year:

President, Geo. W. Cale, Jr., M. D., F. R. M. S., London;
 Senior Vice-President, James Moores Ball, M. D.;
 Junior Vice-President, Arthur E. Mink, M. D.;
 Secretary, Emory Lanphear, M. D., Ph. D.;
 Treasurer, Wellington Adams, A. M., M. D.,
 Orator, Thomas O. Summers, A. M., B. S., M. R. C. S., Eng., M. D.;
 Curator, George Howard Thompson, A. M., M. D.

With the amount of enthusiasm which prevails among the members and with these energetic young men in charge, we can well predict that the next year will see some notable scientific work done in this society.

Specialism.—The profession at large is quite unanimous in recognizing that the ophthalmologist, or aurist, for instance, is a specialist, and that he is expected to confine his practice to his own branch. Is a surgeon a specialist, and when he claims to be such, should he confine himself to his specialty? If surgeons treat medical cases when compete it to do so, or if physicians operate, we think they should observe the rule, "Do unto others as you would have others do unto you." A few weeks ago a surgeon who perhaps more than any other surgeon in the city, is loudest in his condemnation of physicians operating, was called to see a medical case. He immediately had the two physicians in attendance dismissed and assumed charge of the patient, and, if the nurse, the husband and friends are to be believed, the surgeon was most unprofessional and unkind in his criticism of the diagnosis and treatment of the two physicians. Instead of being a case of meningitis as the two "mercenary physicians had supposed," he pronounced it hysteria. The patient died in two days; of what? The surgical treatment for hysteria or of meningitis?—*Pacific Medical Journal*.

Histology is Taught in Boston.—We are delighted to learn from an item in the *Atlantic Medical Weekly* that histology is being taught in the Tufts Medical School of Boston. The item says: "Dr. G. A. Bates, the new lecturer on histology, has commenced his lectures, and the large and close attendance is evidence of the interesting way in which he presents his subject."

Now this is all very nice. It calls attention to several things: (1) Dr. Bates, (2) Histology, (3) Boston as a medical center. Out in the wild and savage west histology is taught in *laboratories*.

IN THE PROFESSIONAL EYE

WHERE do you obtain the initial letters which I see in the Tri-State Medical Journal? is a question frequently asked. I shall attempt to answer it. Most of the letters which have appeared in this magazine have been reproduced from the originals which are scattered through many ancient tomes. The practice of using initial letters by far antedates the art of printing. In some of the oldest illuminated manuscripts to which sin-struck monks reverently devoted many months, initial letters of peculiar beauty are to be found. The letters used in the *Journal* have been taken from books—none from manuscripts. The oldest volume in my library, printed in 1502, contains many initials, crude as may be imagined.

The letter shown in Fig. 1, has been reproduced from an old copy of the works of Avicenna, published in 1510. An early edition of the Anatomy of Mondino, issued in 1513, contains two crude wood cuts and a large number of crude initial letters. In a work by Paulus: *Precepta Salubria*, issued in Strassburg (Argentine) in 1511 the initial "O" with a female for a center-piece is shown. Of the many curious letters cut in wood none are more interesting than those to be found in the anatomical treatise of



FIG. 1, INITIAL (1510.)

Andreas Vesalius of Brussels. This book, *De Humani Corporis Fabrica*, was printed in Basel, in 1543. A fortune was spent in its publication. It was issued from the celebrated press of Joannes Oporinus and is a magnificent folio, with elaborate illustrations on wood and many beautiful initial letters. Jan Stephan van Calcar, favorite pupil of the renowned Titian, drew the anatomical figures from actual dissections and the best engravers of the day cut them. His initial letters



FIG. 2, INITIAL (1511.)

are quaint, interesting reminders of a time when books were few in number and exorbitant in price and when the labor of preparing a folio of 692 pages



FIG. 3. INITIAL FROM THE ANATOMY OF VESALIUS. (1543.)

of the original edition. Fig. 3 shows one of the letters of full size of the edition of 1543. This "Q" is the first initial of the book and begins the dedication to Charles V. Fig. 4 shows another Vesalian letter — the one with which *Liber I.* begins.

In Fig. 5 still another initial appears from the same anatomical treatise. In addition to these large letters the 1543 edition of Vesalius abounds with small initial let-

ters must have been immense. I am not the fortunate possessor of this early edition, my copy being an exemplar of the edition de luxe which was issued in 1725 with copper-plate engravings, under the direction of the two great lights of the medical school of Leyden, viz., Hermann Boerhaave and Bernhard Siegfried Albinus.

The letters of this edition are very tame and uninteresting compared with those



FIG. 4. INITIAL FROM THE ANATOMY OF VESALIUS.

ters measuring slightly less than one-inch-and-a-half square. On many



FIG. 5. INITIAL FROM THE ANATOMY OF VESALIUS.

pages two and even three are to be found. They are all interesting and show scenes and events which were supposed by the artist to have a connection with anatomy.*

After the era of copper-plate engraving began—from the middle of the sixteenth to the early part of the nineteenth century—much attention was given to the illustrations of anatomic books but on the whole there was a decline in the use of initial letters. The change did not come at once however, and some of the most artistic initials I have seen were issued in the eighteenth century. The use of initial letters in medical literature has been practically abandoned. In the olden time the portrait of the author embellished nearly every medical book, and this, together with the initial letters, added much to the attractiveness of the volume.



FIG. 6. INITIAL FROM THE BOOK OF MERCATUS, (1717.)

* The Mercantile Library, of St. Louis, is the fortunate possessor of a copy of *De Humani Corporis Fabrica*, Basiliae, 1543.

HISTORICAL SKETCHES.

Response to the Toast, "Ephraim McDowell."

BY JOSEPH EASTMAN, M. D., LL. D., OF INDIANAPOLIS.

*Delivered at the Annual Banquet of the Chicago Gynecological Society, Oct. 18, 1895.



IN a hallowed spot, a typical American home, in Rockbridge County, Va., November 11th, 1771, a male child was born. It has been said that "great men, like great mountains, stand alone, with the valley of ancestry on the one side and the gulf of posterity on the other." This towering character, however, did not stand alone, for the foot hills of his ancestry were of decided magnitude, prophetic of a genius destined to become one of the greatest benefactors of the human race. His ancestry for three generations commingled the best Scotch and Irish blood, coursing the arteries of men and women of strong bodies and strong characters—characters emphasized, energized and vitalized on historic battlefields with red-skins, red-coats, wild beasts and hardships of the primitive Virginia forests.

Figuratively speaking, this child was number nine in a family of eleven children. When thirteen years of age his parents moved to Danville, Ky., a long, tedious and even perilous journey, a journey in itself well calculated to develop and toughen the fibres in our valiant hero. At Danville he grew up to full physical manhood, tall, well proportioned, beautiful. What a wonderful advantage, what a great blessing it is to grow up in the country, to commune with nature, to enjoy the beauties of green fields instead of paved streets; to gaze on great oaks and elms instead of steeples and chimneys; to see the radiant tints of the morning dawn and the beauties of the setting sun; where the mind can grow commensurate with a healthy body; where one can develop and cultivate the greatest of faculties—that of thinking, without having the continuity of thought interrupted by the rattling of electric cars, the rumbling of omnibuses or the shrieking whistle of steam engines; where one can see in reality what art galleries only imitate, and while enraptured with the works of nature and the created, become filled with a realization of the existence of a Creator. And then, too, to be reared under the influence of such parents as our hero had! The lasting impressions of our lives are received beneath the cloudless sky of childhood, while our guiding star is the approving twinkle of paternal eye, the chief luminary of our pathway, the vitalizing sunshine of a mother's countenance, and every footstep guided by the subduing influence of a mother's love.

After obtaining his literary education at Georgetown, Ky., he went as a

* Delivered without manuscript.

student of medicine to Dr. Humphries, in Stanton, Va. History tells us little of this Dr. Humphries, except that he was educated at the University of Edinburgh, but surely he, too, was a man of great intellectual endowment. Dr. Samuel Brown, of Kentucky, and Dr. Hosack, of New York, were also his pupils, and arrived at a great distinction as practitioners and teachers of medicine and surgery. In 1793-4 our hero attended lectures at the University of Edinburgh. Pause for a moment and think of a young American so ambitious that the entire faculty of this great University could not satiate his thirst for knowledge, for going outside he employed Dr. John Bell, a great character, so enraptured in teaching anatomy and surgery that he filled his pupils to overflowing with professional zeal. In 1795 our



DR. EASTMAN.

hero returned to America and began the practice of medicine at Danville, Ky., where he soon had a large clientage, often riding 50 and 100 miles on horseback. He faced dangers from storm and flood, in clouds and darkness at night, at times becoming lost in the dense forest. He was actuated by the higher principles of his profession. He feared neither man nor devil; he knew no fear except the fear of doing wrong. The degree of his happiness was determined by the magnitude of his undertaking. On the 13th day of December, 1809, he was called to see a Mrs. Crawford whose attending physician had

thought her pregnant, although he knew she had gone beyond the usual time. Being thorough master of all that was known of that highest department of our art, namely, diagnosis, McDowell declared that she had an ovarian tumor, and at once suggested its removal. Had he deceived her by an untruth, or kept back from her the whole truth, she would have known it, would have read it in his countenance, and would not have replied, "Doctor, I am willing and ready." But he stated to her that so far as he knew the operation had never been done—that it would be an experiment, therefore he could make no promise as to the outcome. He thus unlocked the bosom of confidence with the key of personal magnetism.

By his manly presence and honest words he planted a new hope in the heart of despair. This woman made the journey, sixty miles on horseback, on a bleak December day, in compliance with the wisdom of this great and good man, that she might be near him so that in a critical moment he could with his own hand ward off some approaching danger. When it became known that he was about to undertake the operation, he found a mob was gathered about his house. He learned that if the patient recovered it would be well with him, but if she died from the operation he was to be at the mercy of a merciless mob. He offered up a prayer and proceeded with his task. This prayer in fervency and literary merit has rarely been equalled. Permit me to remark, greater heroism was never displayed by man or woman. Martyrs burned at the stake could not escape the death if they would. This personification and crystallization of heroism would not abandon his principles and escape the dangers if he could. More than that, genuine heroism must be deliberate, must be premeditated, must be actuated by a pure, a high, a holy and beneficent motive. It was not a maddening pseudo-heroism stirred up by the rattle of drum and shriek of fife on battlefields, where man seeks to slay his fellow man. I insist that the heroism of Napoleon or Grant can never be compared to that of this cool, calculating, thinking man. I repeat, the heroism that seeks to destroy human lives is incomparable with that which seeks to save a human life and establish principles which shall continue to save human lives throughout all coming ages. The operation was completed. During a century it has not been improved upon, his technique was almost identical with what we have to-day. The substitution of a gauze for the drainage tube still more nearly approaches the ligatures which he allowed to hang out of the lower angle of the wound—the best of capillary drainage. Mrs. Crawford lived thirty years. Our hero made the operation thirteen times, with eight recoveries, and at 60 years of age, returned from visiting his last patient, laid down his instruments for the last time, and secured that rest which he never could enjoy while a call to the bedside of a suffering patient was pending. Surely such a life of unselfish devotion to the cause of humanity would make him a fit companion for the gods.

“To such a life there is no death;
 What seems so, but transition.
 His life, his mortal breath
 Was but a suburb of the life elysian
 Whose portals we call death.”

He was an honest man, honest to his patients, honest to his God, and, therefore, honest to himself. He was a great man with a large head, a large capacity for thinking, and a large, a true, and a loving heart—essential qualifications for a great surgeon.

He was a wise man. With inborn wisdom he accumulated and applied knowledge. He was a brave man. No truer heroism has or ever will be recorded on the immortal pages of never ending history.

He was a humane man. He owned slaves, occasionally bought one to unite families—but never sold one. He did not approve of traffic in human blood.

He was a handsome man:

“Beautiful eyes are those that show
 Like crystal panes where heart-fires glow.
 Beautiful thoughts that dwell below,
 Beautiful lips are those whose words
 Spring from the heart like songs of birds—
 And yet whose utterances prudence girds.
 Beautiful hands are those that do
 Work that is noble and brave and true
 Moment by moment the long day through.”

His was a beautiful life:

“Beautiful lives are those that bless
 Some silent river of happiness,
 Whose secret fountains few can guess.”

Virginia is justly proud of her statesmen, of her orators and her soldiers, “but shall not the achievements of her statesmen succumb, at last, to the pitiless logic of events? Shall not the voice of her orators grow fainter with coming ages? Shall not the victories of her soldiers be found at last only in the libraries of students of military campaigns, whilst the fame of this village surgeon, like the ever widening waves of the inviolate sea, shall be wafted to the utmost shores of time, hailed alike by all nations in all ages for having lessened the burden and prolonged the span of human life.” A thousand years hence, if a student of medicine shall ask: “Who first did ovariectomy?” the answer will be prompt and unequivocal. From this self-sacrificing life and marvelous achievements there goes forth a benediction to every home in the civilized world, from every hearthstone in Christendom there returns a blessing to the memory, and the resting place of Ephraim McDowell. All honor to this honest, great, wise, heroic, good, kind, gracious, loving and loveable man.

Symposium on Brain Tumor.—On the first Friday of January, 1896, the St. Louis Academy of Medical and Surgical Sciences will present a symposium upon the subject of brain tumor. The subject will be divided and assigned as follows: Clinical History, Dr. Frank P. Norbury; Eye Symptoms, Dr. James Moores Ball; Diagnosis, Dr. Arthur E. Mink; Pathology, Dr. Emory Lanphear; Surgical Treatment, Dr. George W. Cale. The meeting will be an open one, and many of the leading medical men of St. Louis and other cities will be invited to take part in the discussion. The members of the Academy expect to do some excellent scientific work this winter.

Tri-State Item.—At the last meeting of the Tri-State Medical Society (of Iowa, Illinois and Missouri) the following officers were elected: President, Dr. Robt. H. Babcock, Chicago; First Vice-President, Dr. A. H. Cordier, Kansas City; Second Vice-President, Dr. W. A. Todd, Chariton, Ia.; Treasurer, Dr. C. S. Chase, Waterloo, Ia.; Secretary, Dr. G. W. Cale, St. Louis. The next meeting will be held in Chicago the first Tuesday, Wednesday and Thursday in April, 1896.

Aztec Medicine.

BY DAVID CERNA, M. D., Ph. D.

Demonstrator of Physiology and Lecturer on the History of Medicine in the Medical Department of the University of Texas, etc.

BOTANY, MATERIA MEDICA, AND PHARMACY.

II.



NUMERABLE, indeed, were the medical plants known to, and employed in practice by the ancient Mexicans. They used the roots, the bark, the leaves, the heart-wood, the flowers, the seeds, and the fruits. They extracted the resins, the gum-resins, the oils and the balsams, many of which have come down to the present time. Among the latter they had in daily use the "tlapatl" or the common castor oil taken from the *Ricinis communis*; the "chilli" or capsicum; the sage or *Salvia chian*; caoutchouc, turpentine, liquid-amber, and many aromatic resins which

they employed in their religious festivities to incense their various gods and the high personages of the nobility. All these resins were called by the generical term of "copalli". The name of "ocotl" was given to a tar which they obtained by means of distillation. From the wood of the *Croton sanguiflum* known under the name of "ezquahuitl", they prepared their "ezpatli" a medicine employed chiefly as a purifier of the blood. A resin called "texcalamatl" was obtained from the *Ficus nymphaeifolia*, and from the *Castillon elastica* they extracted by means of incisions practised on the trunk of the tree, the resin used almost exclusively in the manufacture of the balls employed by the Aztecs in their famous ball game.

Among their richest and most expensive balsams, the black one deserves special mention. This was extracted from the *Myrolum sonsonatense*, or, as was called by the ancient Indians, "hoitxiloxitl" or "huitxiloxitl" a tree the special habitat of which is the State of Chiapas but which was successfully cultivated in the gardens of the Aztec monarchs. Two kinds of this balsam were obtained: one by means of the simple incisions made upon the bark, termed *opo-balsam*; the other by decoction of the same bark, less rich, however, and called *xilo-balsam*. This substance was held in such high esteem, that, according to Monardes, the quantities taken to Rome, after the Conquest, were sold at the price of 100 ducats an ounce!* Liquidambar was prepared by boiling the tender leaves and unripe fruits of the *Liquidambar styraciflua* or as they called it "xochiocòtzoquahuitl". They likewise made use on a large scale of the Campeche wood or haematoxylon, the "hoitzquahuitl" and many other plants and trees from which they extracted resins, gum-resins, and various balsams. Some of these are

* A ducat is equivalent to about one dollar.

still found in many modern European and American Pharmacopoeias. Such substances as the black balsam, copal and liquidambar which the Aztecs burnt in their "teocalli" or temples, were obtained and made use of by the priests of the Catholic Church, during and after the Conquest, and are still employed at the present time for exactly the same purposes, in the temples of that religious denomination. Honey, lime, the *Theobroma cacao* and other substances have stood the ravages of time, and there is but little doubt that sarsaparilla, vanilla, and particularly many of the species belonging to the family of the *Euphorbiaceae*, such as the *Ricinis communis* and the *Croton tiglium*, were perfectly familiar to the Aztecs.

Now as regards the different modes in which the Aztecs prepared their medicaments. They made solutions of the principles extracted from the leaves, the roots, and the flowers; they also used these parts of plants in the preparation of infusions and decoctions. They made syrups and emulsions, these latter they divided into two classes: the true and the false. The false emulsions so called, were chiefly composed of resinous materials. The oils were used as such, or in combination in the form of emulsions and ointments. Then they had their officinal powders, pastes, plasters and mixtures, found in abundance in their "tianquistli" or drug stores. The Aztec apothecaries kept in their stores the officinal simple substances or mixtures; but the more elaborate formulæ were prepared alone by the practising physicians. Of both kinds of compound medicaments, many have come down to us through their hieroglyphic writings.

Of the syrups, one of great use among the Aztecs, as a purgative, was composed of equal parts of the juices of the following plants:

Tlallantlacacuitlapilli (*Batatas jalapa*);
Menecutli (*Agave potatorum*).

The great collyrium known under the name of "tzicalotl", extensively employed in the treatment of eye affections, was extracted from the *Argemone mexicana*. Incisions were practised on the trunk and branches of the tree, and, the yellow juicy liquid exuded was gathered with pieces of "pochotl" a species of cotton obtained from the *Eriodendron anfractuosum*. The juice was then macerated in water and kept as such, ready for use. Even to-day this collyrium is sought after by the Indians.

An emetic potion was composed of equal parts of the juices of the following drugs:

Yztauyatl (*Artemisia mexicana*);
Chichihuitl (classification unknown);
Tomio (*Thymus vulgaris*).

A famous compound, known under the name of "mecaxochitl", contained the following ingredients:

Mecaxochitl (classification unknown), a sufficient quantity;
Cacacoatl (*Theobroma cacao*);
Tlilxochitl (*Epidendrum vanilla*);
Xocoxochitl (*Myrtus pimenta*);
Xochinacaztli;
Chilli (*Capsicum*);
Tlaolli (*Zea mays*), equal parts of each;
Achuotl (*Bixa orellana*), seven and a half times as much;
Water, a sufficient quantity.

This mixture had a good many practical uses. According to Hernan-

dez, those who employed it (and there were many), never suffered from diseases of the kidney and bladder. It was also used with advantage in cases of hæmorrhage.

For melancholia the following mixture was advised:

Malinali (classification unknown);

Heart-wood of the common reed-grass;

Tlaoli (*Zea mays*): of each, equal parts.

A very curious prescription (officinal also) was kept by the apothecaries. It was a powder composed of equal parts of the two indigenous plants known as "tetchmatiani" and "tlapatli". It is said that taken internally it was useful in gaining a woman's love!

Certain pastes were extremely employed in the treatment of many local affections. One of these, considered by the Aztecs as an excellent remedy for asthma, was made of equal parts of Mexixquilitl (classification unknown) and Epazotl gum (*Chenipodium ambrosioides*).

Another remedy, useful in bronchial affections, internally administered, was composed of thirty parts of the root of "tepotic" an unclassified plant, and a sufficient amount of common sage.

A popular purgative electuary was prepared with equal parts of Tlallantlacacuitlapilli (*Batatas jalapa*), a gum similar in appearance to traga-canth, and Zauhtlique, one of their sugars.

Plasters were exceedingly popular, and, of them, many were kept in the drug stores under certain names. The "Cuitlapatli" plaster consisted of equal parts of starch, resin, and the powdered root of the "cuitlapatli", or the *Valeriana mexicana*. Still another plaster, greatly in vogue, known under the name of "Xocoxochitl", locally applied in the treatment of certain kinds of hæmorrhages, was made similarly of equal parts of the following ingredients:

Coloplatli, classification unknown;

Xocoxochitl, *Myrtus pimenta*;

Coapatli, *Comelina tuberosa*;

Tzitzicatli, *Urtica dioica*;

Ololiuhqui, a resin.

The few examples cited above will, it is thought, suffice to impress upon the attentive reader the fact of the existence among the Aztecs of pharmacology, a study and profession, which, although primitive and defective, perhaps, in some respects, was carried on by them in as thoroughly a systematic manner as was possible in those days. And it is worthy of note, indeed, that no "patent" compounds, so called, were allowed to be prepared or sold; and although herb dealers were permitted to carry on a business, secrecy and dishonesty in this matter were severely punished by law.

Elected.—Dr. J. N. Bloom has been elected to the chair of Genito-Urinary Diseases in the Medical Department, University of Louisville, vice Dr. E. R. Palmer, deceased.

Take the Cotton Belt.—This splendid railway reaches from Cairo, Ill., and Delta, Mo., on the North, to Central Texas on the Southwest. Its equipment is not surpassed by any line. If you desire to visit the celebrated hunting parks of Arkansas and Texas, write to Mr. E. W. LeBeaume, St. Louis, for information.

DEPARTMENT OF MEDICAL JURISPRUDENCE.

By R. C. BLACKMER, C. M., M. D.

Professor of Legal Medicine in the Barnes Medical College, St. Louis.

Address on Opening the Meeting of the Medico-Legal Congress as Chairman of the Committee of Arrangements.

By HON. RASTUS S. RANSOM.

Vice-President of the Medico-Legal Congress, Ex-Surrogate of New York.

THE New York Medico-Legal Society, under whose auspices the Congress about to convene will be held, has conferred upon me the great honor of giving you a most hearty welcome. In the name of the society, I extend to you the heartiest greetings and offer to you the warm hand of sincere friendship. I beg you to accept our thanks and the thanks of the people of this city and its sister city, Brooklyn, for the opportunity now given to us and to them for increasing our learning in the domain of science so familiar to you.

The importance to the world of these meetings of students and teachers cannot be estimated. Our society, only appreciating the inestimable advantage to its members and to the community of the assembling of learned men for the consideration of most important subjects, for the exchange of views, and for full and free discussion of all sides of questions naturally arising, heartily approved the recommendation of our brother, Moritz Ellinger, on whose motion the present Congress has been organized. The prompt acceptance of the society's invitation by men of deep learning in all the departments of scientific research is a tribute to the society and its work which warms the hearts of its members and encourages them to greater efforts in the work they have set themselves to do. We are complimented beyond words by the presence of many distinguished citizens of our own and other cities, representing the bench and the bar and other learned professions. These distinguished persons, who will take an active part in the proceedings, evidence by their presence their sympathy with the purposes of the Medico-Legal Society and with the work to be done by this Congress, and encourage our members to greater efforts and to lasting organization of the Medico-Legal Society.

It is not for me to speak on the fullness of the subject of the work done and to be done by this society. Its origin and its history are of interest and may be referred to later by the President of this Congress. The few words I have been permitted to speak in my capacity as Chairman of the Committee of Arrangements, complete my duty, but I crave your indulgence for a moment before taking up the formal programme, and ask you to join me in paying homage to one of the members of the Medico-Legal Society for his labor in organizing this Congress. A great thinker said: "The creation of a thousand forests is one acorn." This thought and its expression might be appropriately applied to the origin of the New York Medico-Legal Society. Such application, however, is not my special purpose.

I feel deeply the obligation of this community and of the members of

* From advance sheets Medico-Legal Journal and Bulletin of Medico-Legal Congress.

the Medico-Legal Society to our Secretary and former President, Clark Bell, Esq. To his learning, industry, zeal, and splendid executive abilities we are indebted for this Congress. The enormous labor of organizing the various departments of the Congress has been performed by him. Other members have given valuable aid, but Mr. Bell has borne the burden with the utmost patience and utter sinking of self. The thanks of us all are due to him, and I feel it an added honor to be permitted in this public place and in this distinguished company to speak these words. I now invite your attention to the programme.

The Progress of Forensic Medicine.

BY CLARK BELL, ESQ.

President of the Medico-Legal Congress.

REMARKS AT THE OPENING CEREMONIES OF THE MEDICO-LEGAL CONGRESS.

From Advance Sheets of the Medico-Legal Journal and Bulletin of the Medico-Legal Congress.

The seed, planted at an early day in this city more than a quarter of a century ago, resulting in the establishment of the Medico-Legal Society, to which Dr. O'Sullivan has so eloquently and justly alluded, found its first fruit in the establishment of the Medico-Legal Society of France, which has always given us the credit of inspiring that action, and with whom we have since been in bonds of fraternal union in scientific labor.

When the Medico-Legal Society of France had been inaugurated at Paris, after the corner stones of the American Society had been laid, the place of its meeting was a question upon which the Government of France was asked to pass, and by its decree that society was recognized as established for the welfare of France, and by a decree of the Government of France its place of meeting was fixed in the Palais de Justice, where it has since held its sessions.

It is a fit occasion to express our congratulations, that this Medico-Legal Congress held under the direct auspices of the Medico-Legal Society, has through the proper officials of the Federal Government of the United States, in laudable imitation of the action of a Sister republic, thrown open this beautiful temple of Justice to the Congress, for the study of science so closely related to and identified with the public administration of Justice, and in returning your thanks to the Federal official through whose kind courtesy we are permitted to meet here I discharge a peculiarly agreeable duty.

In the name of the Medico-Legal Society, under whose auspices you assemble and of the Federal Government of the American Union who have thrown open to you its highest temple as a place of meeting, I welcome you to the labors of the body and to the discharge of the duty that lies before us.

A New Journal of Paediatrics.—A new semi-monthly journal entitled *Paediatrics* has made its appearance. It is an octavo of forty-eight pages of reading matter, and is published in New York and London. It seems to be owned by Dr. Dillon Brown, of New York, and edited by Dr. George A. Carpenter, of London. It is a very handsome magazine, and filled with valuable articles.



Large Class.—The University Medical College, of Kansas City, has 267 students.

Leprosy.—Dr. George W. Cale is treating a case of leprosy with Paquin's anti-tubercle serum.

Resigned.—Dr. G. Wiley Broome has resigned from the Woman's Medical College of St. Louis.

Resigned.—Dr. A. C. Robinson has resigned the chair of Emergency Practice, which he held in the St. Louis College of Physicians and Surgeons.

Mercauro and Arsenauero.—The thanks of the JOURNAL are hereby tendered to the Charles Roome Parmele Co., of New York, for samples of their standard preparations.

Dr. A. E. Mink.—Dr. Mink has decided to give up his down-town office. Hereafter he can be found from 9 to 11 A. M., and 5 to 8 P. M. at his residence, 2528 North Grand Avenue, St. Louis.

Dr. Heflebower.—On the first Friday of December, Dr. Robert C. Heflebower, of Cincinnati, will read a paper, probably on some otological subject, before the St. Louis Academy of Medical and Surgical Sciences.

Bernays Wins.—Dr. A. C. Bernays, whose reputation as a surgeon extends over all America and part of Europe, has won his suit against the Duestrow estate. Dr. Bernays charged \$15,000 for a dangerous operation. The case was compromised for \$5,000.

Sick.—We regret to learn that Dr. T. E. Murrell, the able Professor of Ophthalmology in the Barnes Medical College, is obliged to leave the city on account of ill health. We hope the Doctor will gain his strength speedily and be able to resume his valuable practice.

Chicago Polyclinic.—This well known institution will give special courses on Internal Medicine, Bacteriology, Microscopy, Urinalysis, Diseases of Children and Neurology. For further information address Dr. F. Henotin, Secretary, 174 and 176 Chicago Avenue, Chicago.

Kansas Medical Journal.—This weekly publication, the only one dollar weekly medical journal in America, is noted for its bold and interesting editorials. Clubbed with the TRI-STATE MEDICAL JOURNAL for \$1.80 per annum. Address, Kansas Medical Journal, Topeka, Kan.

Laparotomy in Typhoid.—We understand that Dr. Frank J. Lutz, surgeon of the Alexian Brothers' Hospital, of St. Louis, recently made a laparotomy upon a patient with perforation of the intestine due to typhoid fever. The patient recovered. This adds one more to the increasing list of cases saved by rapid surgery.

Hemorrhage After the Removal of Tonsils.—The general impression that removal of the tonsils presents no danger from hemorrhage is not borne out by the experience of the members of the American Laryngological Association. At the recent meeting of this society several members cited cases of alarming hemorrhage which had occurred in their practice.

Bogus Medical Journalism.—While the Medical Record hails with satisfaction the advent of any new medical journal which appears to have a legitimate sphere, and always extends to it such encouragement as lies in its way, it seems right that a word of condemnation should be uttered respecting the too numerous periodicals which are launched upon the profession without any reasonable necessity or justification. Not a few are conceived solely by advertising agents—men who have neither interest nor sympathy with the profession save as they can make it a means of livelihood for themselves—and published at more or less nominal prices in anticipation of a circulation which will enable them to obtain the advertisements upon which they depend for their profits.

It is unfortunate that there are always medical gentlemen to be found who, for a small sum, are willing to “run” these journals. Again, it not infrequently happens that a medical journal is started by some doctor who is desirous of exploiting his own abilities and skill, and at the same time add to his library such books as he may be able to induce publishers to send to it for “review.” We know of journals published in this country, by individuals and by associations of physicians, whose almost *raison d’être* is the exchanges and editorial copies of books which they obtain, without which they would cease to exist, and to obtain which they must always speak of them in terms of commendation. The publishers, not the subscribers, must be considered first. Medical journals of their class are a delusion and a snare to the profession, and an injury to rightly conceived and conducted periodicals.

As we have often stated, we believe in local medical journals and their generous support by their legitimate constituency; and we cannot but regret that they should have to compete with journals such as we have mentioned. Of course, there is no way to prevent the publication of these illegitimate journals, and the only recourse in the hand of the profession is, as far as possible, to patronize only those of whose origin and management they have some personal knowledge. In other words, avoid subscribing to medical journals which have not good and well-known pedigrees on the sides of both publisher and editor.—*Medical Record.*

Behring’s Diphtheria Antitoxine.—Since the introduction of Behring’s Diphtheria Antitoxine there have been many imitations. Many are made in this country, and while they are fairly good, we believe that the best results have been received by the use of Behring’s. Also, when using Behring’s there is no rash, as is the case when using American products. The German Government guarantees under its official seal, not only the innocuousness and sterility of each vial, but also its exact strength as expressed in normal units. Behring’s Antitoxine if kept in a cool, dark place, will keep at least one year. When in need of Antitoxine, send your order direct to Hokekamp-Moore Inst. Co., Western selling agents, 915 Olive st., St. Louis.

New Journal for St. Louis.—The *American Journal of Surgery and Gynecology* will be removed in December from Kansas City to St. Louis. It will be edited by Dr. Emory Lanphear assisted by a corps of distinguished collaborators. We welcome the *American Journal* to St. Louis.



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Vol II.

SAINT LOUIS, DECEMBER, 1895.

No. 12.

ORIGINAL ARTICLES.

A CONTRIBUTION TO THE STUDY OF SOME FORMS OF ALBUMINURIA ASSOCIATED WITH KIDNEY TENSION, AND THEIR TREATMENT.*

BY REGINALD HARRISON, F. R. C. S.

Surgeon to St. Peter's Hospital for Urinary Diseases, London, Eng.

THINK the assertion may be made that if certain organs of the body occupied other positions than those where nature has placed them, a variety of morbid conditions to which they are respectively liable would now receive somewhat different treatment from that which has hitherto been adopted. This is a consideration which naturally presents itself to us with greater force at the present time when by the aid of antiseptic surgery all parts of the body are being brought within reach of surgical exploration and treatment, with a degree of certainty and safety far beyond what the most sanguine could ever have anticipated. The most recent advances of this kind are illustrated by what has been done in the case of the brain and spinal cord.

*Written expressly for the Tri-State Medical Journal, St. Louis, U. S. A.

Of other complex organs probably the eye furnishes us with the best example of what Surgery is able to accomplish in removing obstacles and impediments to vision and in combating the disastrous effects of intra-ocular tension and the degenerations arising therefrom. For these advances are we not in a measure indebted to the accessibility of this organ both so far as it relates to inspection and treatment?

Amongst other organs of the body the kidneys furnish us with examples of the most complex and delicate forms of structural development, as we might expect, considering the elaborate kind of excretion in which they are engaged. Like the eyes they are double organs with sympathies existing between them by which impressions and actions are reflected from the one to the other. Relief afforded to one kidney, for instance, usually assists the other, whilst when the excretory power on one side is suspended or arrested, the opposite organ speedily takes up the whole of this work.

The surgery of the kidney even in its present stage may be regarded as one of the most important advances of the present century. What has been done for renal stone, growth, distensions with pus and urine, abnormal mobility and other painful affections of this part is sufficient to indicate this. Nor is it at all likely that we have here reached limits which cannot be extended with advantage. I allude more particularly to the effects of tension arising out of excessive excretory efforts on the part of these organs and resulting in congestion and inflammation which in some instances are probably more disastrous and far-reaching in their local consequences than those surgical conditions of the kidney, which have been briefly noted.

I have referred to the eye as illustrating what surgery has accomplished in reference to tension and certain ill effects arising out of it. Here one of the most disastrous effects of pressure is seen in that condition to which the term glaucoma is applied. The recognition of the true pathology of this affection and the adoption of mechanical treatment by iridectomy or an allied operation for its relief, at once resulted in the saving of a vast number of eyes which previous to this discovery would have been lost.

I purpose considering in this paper some points connected with tension of the kidney relative to albuminuria, and its treatment by surgical means. In the first place I would draw attention very briefly to the structural arrangement of the kidney. It may be said to be a highly organized gland surrounded by thin though fibrous capsule and divided up into departments or sections by barriers of similar tissue. It is capable of distension to almost any degree by a gradual force acting from within, as for instance the retrograde pressure proceeding from strictures which oppose the escape of its excretion, but from the nature of its structural constituents is incapable of adapting itself to sudden emergencies of this kind.

Before proceeding to notice some results which have followed certain

operations I have practised upon the kidney, and the deductions which these seemed to warrant, there are two questions I should like to raise. In the first place, is there evidence to warrant a conclusion that the exudation of albumen by the kidneys is the result of structural damage directly occasioned, as might occur as the result of nephritis or renal congestion and in the second place, are the degenerative changes subsequently noticed in the chronic forms of these affections consequent upon the damage thus inflicted on the organ?

Possibly my surgical experience has led me to exaggerate the disastrous effects of tension on the tissues of the body, though for the most part it has been gained in regions which may be said to be less highly organized, and less delicate than the excreting apparatus of the kidney. It certainly seems somewhat remarkable at the present day that so many different views exist, or have been put forward, explanatory of the process by which albumen exudes so as to form a variable part of the urinary excretion. These various theories I shall not attempt to discuss in detail or to reconcile. That albumen is frequently found in the urine under conditions necessitating high vascular tension, and where the excretory strain on the organ is considerable, as in the acute forms of scarlatinal nephritis cannot I think be denied.

Referring to the latter point Sir T. Granger Stewart observes* “albuminuria is very often due to changes of an inflammatory character in the epithelium of the tubules and in the stroma of the organ, and in very large proportion of the cases in which it occurs in practice it is dependent upon this cause.”

That the changes which take place as a consequence of nephritis by the substitution of a lower for a higher excretory tissue as we see in the cirrhotic forms of Bright's disease is due to the damage the organs received in the active and initial stage of congestion, seems by no means improbable. Sir Thomas Watson observed in his Lectures “the stress or congestion which befalls the kidney in cases of febrile anasarca, may set on foot a morbid process that long works silently and unobserved but at last declares its operation by symptoms.” Out of the inference that by the organization of the products of inflammation and congestion and by the repairs the latter may render necessary, it is possible that an explanation may be found for some of the structural changes observed in connection with certain chronic forms of nephritis.

Nor can the fact be entirely discarded in connection with this subject that the medicinal treatment of albuminuria, so far as relates to the altered state of the urine, cannot be regarded as entirely satisfactory or progressive. Commenting upon this point Sir Granger Stewart observes “Sir William

*Lectures on Albuminuria. 1888.

Roberts and Professor Rosenstein have come to the same general conclusion as Dr. Saundby as regards the inefficacy of drugs in diminishing albuminuria and I have satisfied myself by a long series of careful observations that we have no right to credit any drug with the power of directly diminishing the discharge of albumen."

I will now proceed to the more practical part of the subject. This, which though of a somewhat fragmentary character, presents points of interest which seem worthy of consideration if not of further application.



REGINALD HARRISON, F. R. C. S., OF LONDON.

Since the introduction of the more general adoption of direct exploration of the kidney through an incision from the loin or otherwise, a certain proportion of cases have been met with where it failed to reveal any obvious cause for the symptom or symptoms which led to the adoption of the proceeding. It has however been frequently noticed that such cases were often completely and permanently cured by what was done. Amongst

others, Professor Annandale was one of the first to draw attention to this fact.

A few examples of this kind, occurring at varying intervals during a somewhat lengthened experience of my own, have led me to believe that there may be other explanations for this than those hitherto offered. I regret that only scanty notes were kept at the time of some of my cases, arising from the fact that in the absence of what was sought for, the existing conditions were insufficiently appreciated whilst the results appeared either unexplainable or were referred to local states such as the accidental fixation of a loose kidney, the division of a disordered nerve, or the moral effects of an operation. Further I have frequently drawn attention, at the time of exploration to the varying states as to tension of kidney presented in different individuals. In one case it would resemble that of a ripe plum, whilst in another the organ was flaccid and unresisting on pressure with the finger. Yet these differences were not always explainable.

In the earlier days of renal surgery I cut down on the kidney from the loin in a youth aged eighteen, expecting to find a suppuration either within or around the organ. The patient was suspected to have had scarlet fever three weeks before this was done and had since suffered from intense lumbar pain. He had had a slight rash, some desquamation, a sore throat and albuminous urine with casts. I undertook the operation with some hesitation and limited my incision so as just to enable me to put my finger on the kidney. It felt so tense that I extended my incision, and opened it with confidence expecting to find matter. This was not the case and I closed the wound with the feeling that I had made an error in diagnosis. There was a full discharge of blood and urine from the wound for some days. The latter was lightly plugged with lint and in the course of ten days or so healed soundly. After the incision was made the excretion of urine became far more abundant and the albumen gradually and completely disappeared.

In 1887 I operated upon a miner aged fifty years, who by nature of his occupation spent a large amount of his time underground. Occasionally he suffered from haematuria in conjunction with colicky pains about the groins and I came to the conclusion he was suffering from renal calculus. As however the symptoms were neither urgent, nor confined to one kidney, the consideration of operation was postponed. In the course of a few months after I first saw him and whilst he was continuing his work underground the urine became largely and constantly albuminous and there was some pain referred to the right loin. I took him into the Royal Infirmary at Liverpool where I was residing and explored the right kidney. The organ was found enlarged and tense. An incision of an inch in length was made through the cortex and the pelvis was explored with the finger but after careful examination no stone could be found. There was a considerable

discharge of blood and urine which continued for a fortnight or so, a drainage tube being retained in the wound; on the withdrawal of the latter healing followed and the urine became quite normal. I heard some time afterwards that the patient remained in excellent health and was able to resume his ordinary occupation.

The only other case I shall refer to is one that came under my observation in 1893. It was that of a lady aged forty-four who had suffered from slight haematuria at times for a year previously; occasionally the urine was albuminous. Shortly after I saw her she had a severe attack of influenza which was followed by an aggravation of her renal symptoms. She complained of pain on pressure over the left kidney and the albumen not only increased in quantity, but was constantly present in the urine. As she believed she had passed a small calculus some months previously I thought it a proper case for exploration and this was accordingly done. The late Mr. Durham saw the patient in consultation with me. The left kidney was found swollen and very tense. It was opened and explored with the finger but no calculus could be discovered. There was a free drain of urine with some blood which continued for about a fortnight when the wound closed. The patient is now quite well and the urine normal.

Looking at the three cases I have briefly related, I believe the first was scarlatinal nephritis; the second nephritis from exposure to cold and damp, and the last subacute nephritis following most probably upon influenza. Amongst other features each case was characterized by the presence of albumen in the urine which I am inclined to attribute to inflammation or its immediate effects.

We do not, I think, sufficiently recognize the intense degree of vascular and tubular infarction that attends some grades of nephritis. Some years ago I saw a girl aged seven years suffering from scarlet fever of a malignant type. Almost complete suppression of urine was the leading feature in the case and death took place in four days from the commencement of the illness. At the autopsy the kidneys were found so highly congested that I was not surprised at their being unable to excrete. I remember the passing impression arising in my mind that an incision into them appeared to be the only means that might have been effectual in restoring their function. In a recent paper on scarlatinal nephritis and its varieties Dr. Meadows Turner* remarks: "Out of the 5109 cases fifty-five died with nephritis, either alone or complicated with other lesions. This number includes those who presented some symptoms during life, as well as some others in whom, post mortem, extensive disorganization of the kidney was found, though during life there were no sufficient symptoms for diagnosing such a complication."

*Guy's Hospital Report 1894.

That inflammation attended with exudation, but not necessarily with suppuration is sufficient to destroy the functional power of an organ is evidenced in the case of the testes where ability to procreate is sometimes lost by synchronous or successive attacks of epydidymitis on the two sides. The late Mr. Henry Smith, in connection with this subject, not only showed that the progress of this disease might be curtailed and pain removed, but that the function of the organ be preserved by a limited division of the investing tunic. In this way he urged, the disastrous effects of tension on the organ might be averted. I have frequently availed myself of this practice with advantage.

A few words may be added as to the nature of the operation which might be appropriate in cases of suspected kidney tension, and as to the time and occasion of its application. It may be briefly stated as being that usually adopted for the exploration of the kidney with the finger by means of a small transverse lumbar incision. The surgeon will then be able to judge from the feel of the organ as to whether it is desirable to open it. If the indications are not clear, the wound on being closed by sutures usually heals by first intention. At all events no risk is incurred. In the second place, the operation should, of course, be reserved for cases where there is evidence that the recuperative power of kidneys suffering from nephritis is overweighted. Where after an attack of this kind the albumen is not disappearing from the urine and there is a prospect, unless some relief is found, of permanently damaged kidneys resulting, then a trial of this expedient may be undertaken, without adding to the gravity of the circumstances. In what time all traces of a nephritis, either acute or subacute, should have disappeared from the urine, before the surgeon is called in, is rather a point for the physician to determine.

That many cases of nephritis with high tension and subsequent structural deterioration must necessarily be attended with cardiac hypertrophy or enlarged powers of circulation, is at once obvious. Diminished capacity to excrete can only be compensated for by increase in the rapidity of the blood-current. In the restoration of function we have the only safeguard against the development of this complication.

A Blunder.—The *St. Louis Medical Fortnightly* recently made the amusing blunder, in connection with the report of the last meeting of the British Medical Association, in presenting an excellent photograph of Jonathan Hutchinson over the name of G. Watson Cheyne. Mr. Hutchinson's benevolent brown eyes, huge, bulbous nose and Parkhurstian beard are not soon forgotten nor easily confused with the big personality of Mr. Watson Cheyne.—*Southern Medical Record*.

This is not the only "blunder" which the sheet in question has made. Some of the manufacturing houses of St. Louis can tell of "blunders" which were not only not amusing, but were very expensive to them.

THE EARLY TREATMENT OF INSANITY.*

BY DANIEL R. BROWER, M. D., OF CHICAGO.

Professor of Mental Diseases and Therapeutics in Rush Medical College; Professor of Mental and Nervous Diseases Northwestern University Woman's Medical College, and Post Graduate Medical School, Chicago, etc.

I am glad to find that so much interest is being manifested by this Society in the important question of insanity. In my opinion too little attention has been paid, in the past by our medical societies, to the care and treatment of the insane, largely due to the fact that the general practitioner has not cared to treat this class of patients and has hurried them on to the specialist. Probably because he left his medical college without any adequate instruction in this subject and has not had the time or the inclination, in after years, to make good the resulting deficiency. But to-day great interest is being displayed throughout the profession, in this topic, and our medical colleges abreast with the times have added insanity to their curriculum and at most of them sufficient attention is now given to its didactic and clinical teaching. So that the graduate now goes out with a fair knowledge of its etiology and pathology and well prepared for its treatment.

The distinguished Dr. Gray, for many years the superintendent of the Insane Hospital at Utica, N. Y., studied his cases with reference to the capacity of their family physicians and he found, that a surprisingly small proportion of these patients came from physicians who were recognized by him as thoroughly scientific in their attainments. Such physicians saw the storm as it was approaching and by judicious care and treatment often averted it.

Intimately connected with the question of early treatment of insanity is prophylaxis, for in no disease is the old adage more emphatically true, "that an ounce of prevention is worth a pound of cure." This prophylaxis should begin in infancy; indeed, it should go back and embrace the care of the health of the body and mind of the pregnant and parturient woman.

The child's infancy should be guarded with care, especially in the matter of proper food, abundant clothing and pure air. The gastric and nervous disturbances of this period of life should be promptly and judiciously treated. These neurotic children should be managed with firmness as well as kindness and taught from the beginning obedience and self control. If precocious, as many of these children are, they must be restrained in their school work. If slow to learn, the utmost patience must be exercised and no undue pushing permitted. These children are often in great danger in the public schools, on account of the want of individualizing of instruction here and will successfully pass this critical time much more cer-

*Read before the Southern Illinois Medical Association, at Anna, November 22, 1895.

tainly under the care of a judicious tutor. The use of tea, coffee, alcoholics and the various narcotic preparations must not be permitted.

The associations, habits, and reading of the child must be guarded so as to prevent the premature development of the sexual system. The child's bodily condition should be developed to the utmost extent possible by physical culture; and gymnastics, cycling, rowing, swimming and every other means that will assist in this important work should be employed. Wise culture and judicious discipline will often avert the consequences of the bad inheritance of these children. The males should be advised to marry early, but the females only after their fullest development, in order that they may successfully withstand the dangers of pregnancy and the puerperal period. Both sexes should be impressed with the necessity of moderation in all things.

If these prophylactic measures fail and the insanity develops, then careful study must be made of its causation, always bearing in mind the fact, that in every case there must have been an expenditure of nervous energy much beyond the capacity of the individual. So that every case of insanity is a neurasthenia. Among the pathogenic factors we can often recognize anaemia, lithaemia, oxaluria, malaria or some other toxemia, and its successful treatment will often restore normal mental activity.

I propose to limit this paper to those things which it is wise for the family physician to do at the home of the patient, while considering the question of ultimate care and treatment, with the hope that the prompt and judicious use of them may sometimes at least bring the case to a successful termination without removal to the insane hospital. I am quite sure that too little effort is made at home treatment, that patients are often hurried away without adequate efforts at restoration and moreover some of the cases that cannot be treated at home will do much better in an ordinary general hospital than in one specially devoted to the treatment of the insane.

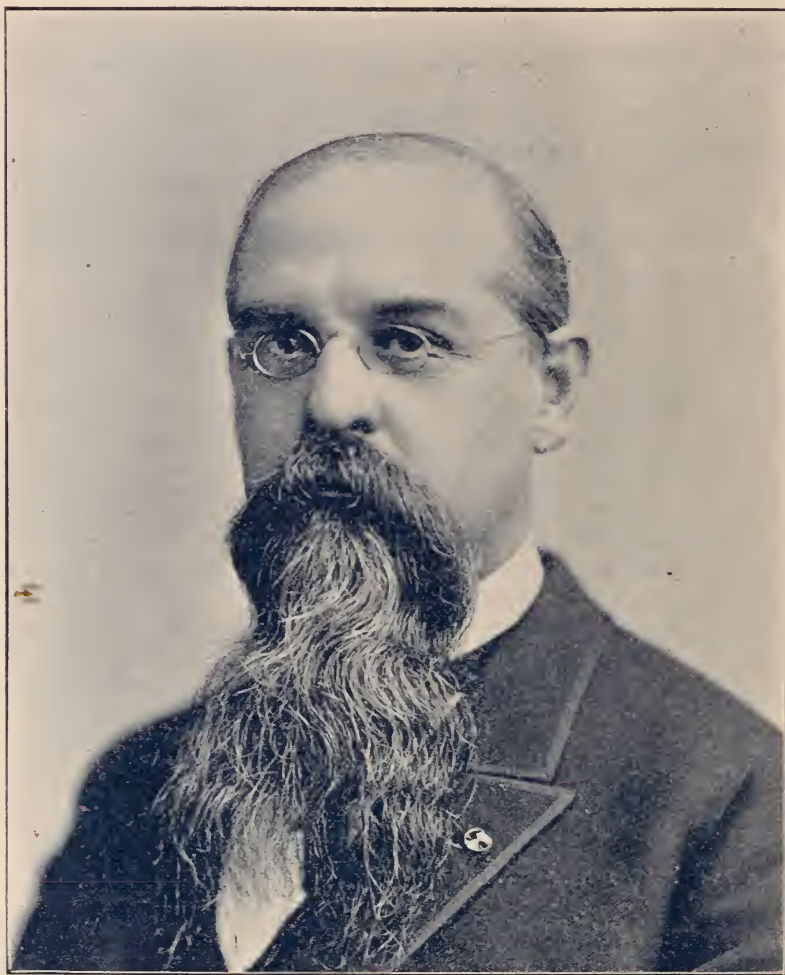
The first essential in this treatment is *isolation*, that is the separation of the patient from the other members of the family. For this purpose, of course, a competent nurse is necessary and a young nurse is better than an old one. The nurse should be bright, cheery and full of resources, always sincere and honest in conversation and in action. No attempt at deception for any purpose should be permitted. In the important matter of delusions, the nurse should ignore them if possible, but never accept them as truth, through motives of expediency.

The second essential is *rest* in bed as nearly absolute in the beginning of the case, as possible, in a room with the largest possible amount of sunshine, well heated and ventilated with all the comforts it is possible for the patient to possess and appreciate.

The first indication for treatment is the relief of the insomnia. In this the tendency is often to overdose the patient with powerful narcotics in or-

der to secure quiet, overlooking the fact that such dosing will seriously interfere with the restoration of the wasted nerve energy by checking the digestion and assimilation of food.

They require eight hours of sleep out of the twenty-four, but this should be obtained by the very mildest means that can be found to accom-



DR. D. R. BROWER, OF CHICAGO.

plish the purpose. Drugs are not always necessary; in mild cases, a hot foot-bath at bedtime with a cold compress to the head, the administration of hot drinks, beer or other fermented liquors, general massage, cerebral galvanism or the wet pack are often all that is necessary. The wet pack is

useful not only as a means of producing sleep, but it has tonic and sedative properties. I think for its administration the patient should lie upon a lounge easy of access on both sides. This lounge should be covered with a rubber blanket and over this a large sheet wrung out of water of a temperature below that of the body, should be placed. The patient should be put on this sheet, which should be quickly folded over him except his head; he should then be wrapped in several blankets and permitted to remain in this pack at least a half hour. Its first effect will be antipyretic but very soon it becomes a hot vapor bath, the cutaneous vessels are dilated, elimination by the skin increased, the pulse and respiration fall and its soothing, sedative influence on the nervous system is often very manifest. After a half hour has elapsed the patient should be vigorously rubbed and placed in a warm bed.

When these several agents for the relief of sleeplessness fail then we of course, must have resort to hypnotics, and of all the long list of these agents I prefer chloralamide, in doses of from fifteen to thirty grains. It has a sleep producing power equal to chloral in many cases and with much less depressing effects on the circulation. It has a more agreeable taste and is much less irritating generally. It produces sleep, in favorable cases, within an hour, and if it fails within this time the dose should be repeated. If given in milk or beer its presence can rarely be detected by the ordinary patient. When chloralamide fails then the combination of chloral and potassium bromide, fifteen grains of each in some convenient vehicle, the fluid extract of glycyrrhiza being the one best, may be of service, and this may be repeated if necessary in one hour. In some cases of mental disease sulphonal is a desirable hypnotic, often producing sleep of a refreshing character, with very little constitutional disturbance. It should be given, I think, in hot water, the ordinary dose being about twenty grains. It acts very slowly and therefore should be administered two or three hours before the usual bedtime of the patient. Hyoscine hydrobromate is a valuable hypnotic, especially in cases of mania. It has the advantage of being tasteless and in very small bulk and therefore can be easily administered in many vehicles. In one one-hundredth of a grain, hypodermically, it is often very efficient, when it fails by the mouth.

The second important indication for treatment is the improvement of the general nutrition. To accomplish this it is often necessary to improve the condition of the digestive tract. Gastro-intestinal fermentation is the rule in these cases and to correct this, laxatives such as cascara sagrada, a combination of aloin, strychnia and belladonna, or a mercurial, are of service. Colon flushings, using the normal saline solution at a temperature of about 103 degrees F. will often very much improve nutrition and lavage with a solution of soap will sometimes improve the appetite and often relieve the sitophobia so frequently present in the early

cases. The gastro-intestinal derangements still further require the use of antiseptics, and it is unfortunate that we have no perfectly reliable intestinal antiseptics. The best are bismuth beta-naphthol, bismuth subnitrate bismuth subgallate and thymol. I frequently use a combination of bismuth beta-naphthol five grains, thymol one grain, papaine (carica) one grain, extract nucis vomicæ one fourth of a grain, three or four times a day.

The *food* must be given in the greatest abundance possible, and when the digestive capacity is poor the food should be predigested, and such things as malted milk, pancreatized milk, beef peptonoids and somatrone are useful and may be given in large quantities under such circumstances. The cases that refuse food should not be allowed to go more than two days without forcible feeding; this can best be done with the nasal tube and should be done twice a day, using about one quart of a mixed food consisting of milk, eggs, minced beef, orange juice, pulp of grapes, wine and medicine combined in various proportions to suit the necessities of the patient. Home treatment most frequently fails in proper feeding.

In cases of melancholia, with a tendency to suicide, one or more attendants must be on duty night and day. This form of insanity is often much benefitted by the use of aqueous extract of opium or codeine in small doses frequently repeated. These drugs will not only diminish the mental anguish but also lessen the sitophobia.

Cases of mania mator and destructiveness can sometimes be controlled by the conium ext. fl. (Squibes) in five to ten minim doses every hour, and when this fails hyoscine hydrobromate hypodermatically will often succeed.

The wet pack has already been mentioned as useful for the relief of insomnia; in addition to this other hydrotherapeutic measure are of service. In melancholia, douches of 80 to 90 degrees F., general in application, and of short duration are valuable stimulants to nutrition, and in mania a prolonged warm bath with cold compresses to the head tends to diminish excitement.

Electricity, especially galvanism, by reason of its alterative and tonic properties is generally indicated. It is best used first as cephalic galvanization by placing the anode at the forehead and the cathode at the nucha, using large electrodes, with a current strength of three to five milliamperes, for about five minutes; and second, by galvanization of the cervical sympathetic, by placing the cathode over the cervical sympathetic ganglia, and the anode at the nucha and using five to ten milliamperes of current for about five minutes. Static electricity from a machine of high voltage, used as insulation for five to ten minutes, and then as induced sparks, from the spinal region, every day is often very useful.

General *massage* is of advantage especially in melancholia because it

improves the circulation, and has a sedative and tonic effect on the nervous system.

The constitutional disturbances of which the most common are anæmia, lithaemia, oxaluria and malaria, will of course require special treatment.

If under this line of treatment the patient improves and there is encouragement for further home treatment, then the isolation can gradually give place to renewed social relations with other members of the family, and the rest to out-door re-exercise and light occupation, and later travel with a suitable companion will hasten and confirm the cure.

To sum up, for the early treatment of insanity at home or in general hospital, the indications are

1. Isolation.
2. Rest.
3. Somnifacients.
4. Gastro-intestinal antiseptics.
5. Diet.
6. Hydrotherapy.
7. Electrotherapy.
8. Massotherapy.
9. Special treatment of abnormal constitutional states.

Castration for Rape.—The crime of rape does not seem to be much abated even by the severest and most revolting punishment. In a very short space of time two rapists have been burned at the stake in Texas. Nevertheless the crime is frequently repeated. Criminologists have claimed that the death penalty had no effect upon the existence of this crime. The spirit of revenge leads the populace to most excessive and brutal means for the punishment of these criminals, and instead of promoting the public peace and preserving the respect for law and order, the people are demoralized and the criminals encouraged. We have frequently advocated castration as a punishment for this crime. It has many points to recommend it; one of the most prominent is the disability for a repetition of the crime, and another equally as important, the prevention of a new generation of criminals. Such a punishment will not satisfy the friends of an unfortunate victim of rape, it will not satisfy the clamor of the public for revenge, but it will prevent the crime.

Criminals, as a rule, are fatalists, and believe that they will not die till their time comes, and then they will have to die, and no act of their's can change their fate. Such men have no respect for laws inflicting a death penalty, but to suffer the loss of that which they consider the most important element of manhood, is a punishment worse than death.

The rapist who, blinded by a passion over which he has no control, commits an assault, is unquestionably guilty of a revolting crime, but by destroying this passion there is a possibility of making him a respectable citizen.

It is a public right to demand the extinction of an individual who has shown himself to be a source of public danger, but it is a public duty and an individual right, if the dangerous element can be eliminated, to preserve his life.—*Kansas Medical Journal*.

NON-MEDICAL TREATMENT OF THE INSANE.*

BY S. C. HALL, M. D., OF ANNA, ILL.

Physician to the Illinois Southern Hospital for the Insane.

I HAVE chosen for the subject of my paper—"Some Observations on the Management and Non-Medical Treatment of the Insane."

First, I will consider the duty of the physician to his patient before and at the time of his commitment. The family physician as in all cases of affliction, is called upon when the mind shows signs of being unbalanced; therefore he has a better opportunity to properly direct the management from the beginning of the symptoms, than any other person.



DR. S. C. HALL, OF ANNA, ILL.

He can, so far as is practicable, have the patient surrounded by all the influences that tend to calm his troubled brain, and, unless it comes under the exceptions hereafter described, see that he be placed in a hospital for treatment in the very earliest recognizable stages of his mental disorder, as every month of delay adds to the difficulty and uncertainty in effecting a cure.

The initial impressions made at the trial for commitment often remain and influence the patient's future for good or otherwise; therefore it is important that these impressions be made as favorable as is possible.

The physicians who are called to assist in the trials for commitment can largely influence the proceedings of

the Court on this line, as they are usually looked upon as the better judges to decide as to the proper disposal of the case.

The physician should impress upon all connected with the trial, that it is always the better plan to make impressions of honest dealings with the patient from the commencement to the end of the trial.

It is due the patient that the trial proceed with as little delay as possible, and that he be protected as far as practicable from the idle gaze of the curious, and the thoughtless remarks they are too likely to make concerning the patient's condition.

*Read before the Southern Illinois Medical Association, at Anna, November 22, 1895.

This class of the curious by right ought to be excluded from the presence of the patient, as their conduct and remarks have a bad effect on him, more or less permanent.

In these trials for commitment the physician has a very important part to act. In the diagnosis of insanity he assumes a responsibility for which he is accountable under the common law; therefore it is important on his own account, as well as for the welfare of the patient, that he make no mistake.

In many cases the patient's unsoundness of mind is evident before he is brought before the physician for his professional opinion. In others the symptoms are obscure and often rendered more difficult of correct understanding and appreciation by the deception or reticence of the patient, and by the prejudices of his friends and relatives.

In overcoming this natural prejudice regarding institutions for the treatment of the insane, the advice of the physician is often called for. A visit to the institution and a familiarity with the management and general appearance of most hospitals of this kind will be largely instrumental in removing this feeling of prejudice.

The physician has a duty to perform at all stages of the examination, in preventing the suggestions of unpleasant topics or associations to the patient, and guarding him as is sometimes necessary from his designing relatives.

It is not impossible that a person of nervous temperament could be actually made insane by an unjust commitment to an asylum where mad men and women are his constant associates.

The physician should, previous to the examination of the patient, get as correct a history as is possible of his habits and general behavior *before* he was accused of insanity. This is important as a criterion to base a decision as to whether he has departed from his normal standard of thinking, feeling and acting, far enough, and a period of time sufficiently long to come within the definition of insanity.

A knowledge of the person's normal habits is almost necessary to be able to make a correct diagnosis in many cases. Conduct that would be considered an insane act for one individual would be normal for another.

Every case is a law unto itself and must be judged by its own normal standard. There is no fixed standard of thinking, feeling or acting. A person must not be judged by comparing his emotions, acts or thoughts with those of his neighbor.

In giving an opinion as to one's insanity or sanity, we must compare his *present* with his *former* habits of thinking, feeling and acting. For instance, if the staid old minister should advise you to go to law for some very trivial matter you would not think him in his normal condition of mind any more than you would the shyster who would advise you to settle

all your troubles, no matter how great, outside the law. In such advice each of these two characters would show signs of a departure from his normal conduct, and it logically follows that to this extent he is under suspicion of mental unsoundness.

When, after due deliberation and careful examination of all conditions surrounding the patient, it is thought the better course to commit him to a hospital, nothing can be worse than to persuade him into going by misrepresentations or deceit of any kind.

If the patient asks the direct question whether you propose to take him to a hospital, and who it is that has requested you to do so, it would be good policy to evade an immediate answer and claim time for reflection, and when all necessary steps are arranged for his removal, to tell him the entire truth. To entice him into a carriage under the pretence that it is for the purpose of giving him a drive or to take him to see a friend, or to a hotel, is certainly unjustifiable under most circumstances.

The deception is one which the patient often keenly remembers, and always with anger. It prejudices him against the persons under whom he is to be placed and puts him into a frame of mind most unpromising for the result of future treatment.

If he has to go, and will not go quietly on being told where he is going and for what purpose, sufficient aid should be provided to compel him to go, but no great demonstration should be made, and never should violence be used.

When deception is attempted, most patients will suspect it, and in such cases it has a bad effect, while in no case does it do good. If they do not suspect it before, they learn immediately upon their arrival at the hospital that they have been deceived, and often feel that the medical officers and others connected with the hospital have been parties to the deception and in consequence will look upon them rather as enemies than friends and will refuse to give them their confidence, or even friendship, which is so necessary for successful dealing with the case.

It is a mistake to believe that a lunatic can be treated altogether as a child. His perception may be as acute, his pride as great as those of the examiner.

As every case of mental disease is a law unto itself, so must each be individualized and managed upon its own merits. There can be no wholesale plan of management. In each case let the decision be made calmly and judiciously, and when convinced of the right and propriety of the course decided upon, pursue it firmly and consistently.

The advantages of hospital treatment in some cases are many. Removal from home is often a benefit through substituting a real trouble for a fancied one. At home the mind is occupied by morbid ideas to the exclusion of everything else.

Apart from familiar scenes, homesickness perhaps develops and as two subjects cannot occupy consciousness *perfectly*, at the same time, there is here substituted a healthy for an unnatural feeling and a help to recovery is supplied.

In patients with small children it is often expedient to remove them from their families, to protect the minds of the growing children from the evil influences of their conduct. The example of an insane member of a household and the anxiety and worry attendant upon him, are often to the last degree harmful, and tend to the mental deterioration of others.

The removal from home of an insane person may be expedient for the benefit of society. While he may not be actually dangerous to all appearances, he is liable to become so under provocation, or through the development of new delusions. The apparently harmless insane are often inclined to wander about and indulge in eccentricities of conduct and conversation so as to be a public nuisance, if not actually demoralizing to the community. These cases should be committed without delay.

There are few homes as well equipped as a hospital to care for the insane. But few families, no matter how wealthy, have the necessary surroundings and safe-guards, which many patients require.

Home care, as a rule, implies poorer treatment, because of lack of facilities, and therefore there is less likelihood of recovery on the part of the patient, and implies many sacrifices on the part of other members of the family.

Not only is home treatment often bad for the patient, but the members of the family, beside the inconveniences, run risks that are by no means light. Therefore the physician should weigh well the effects likely to be caused by the constant attention and apprehension of members of the family, before recommending home treatment.

In cases of heredity he should by no means permit members of the family to undertake the care of the insane, or even come in contact with them for a prolonged period of time in any responsible relation.

Savage says, "I have seen cases in which an insane brother has started insanity heretofore unknown in the family, which passed from member to member till three or four had become insane. The above are some of the reasons why insane patients should be sent to the hospital. But as all general rules have their exceptions, so it is in these cases. As a rule there is no doubt of the propriety and usefulness of early treatment and systematic management afforded by early commitment of the insane to the hospital; still there are cases for which home-treatment is suitable and even desirable.

These are cases from whose nature speedy recovery may be reasonably expected, such as certain cases of insanity following fever and puerperal mania. This class of patients may have their chances of recovery

materially lessened by the journey to the hospital. Two cases of this kind occurred in the Illinois Southern Hospital less than two years ago. The patients had puerperal mania and were brought to the hospital before sufficient time had elapsed to see if they would make an early recovery. Both cases died in a few days after admission. Are there not grounds to fear that the moving of these patients at a critical period hastened their death?

There is no doubt but that many cases are too thoughtlessly and hastily committed to the hospital, as the above cited cases indicate. This calls for a little more care on the part of the attending physician.

Beside the fact that this class of patients usually recover under judicious treatment, the idea is prevalent that persons once sent to the hospital for the insane have a stigma attached to them ever after. This is a potent reason why cases that are likely to recover within a few weeks should not be too hastily committed.

Taking a sentimental view as a matter of principle, I would strongly recommend that a patient should never be sent to a hospital, if such a course can be avoided.

Many of the insane share the same feeling that their sane brothers do, that "Squalor in an attic, with *liberty* is preferable to being locked up in a palace, with luxury." To a few it might make the difference of recovery, instead of lapsing into incurable dementia.

There is no law prohibiting the treatment of a patient at home. The lunatic is not a criminal to be put under lock and bonds, and it is only when he disturbs the public peace, or becomes dangerous to himself or others, that legal authority can interfere.

In many cases the moral aid of relatives is of great value and comfort to the distressed and unbalanced mind. Then why not in the beginning, when the disease is recent, and not of grave character, give the patient an opportunity of remaining in his home where he can have the tender devotion and solicitude of his family, that insures prompt attention to every want? No hired nurse will have that ever present alertness that springs from affection.

If the attentions of relatives are well received (they are not always so received) if accepted with gratitude and eagerly desired, it would be inhuman to deprive the patient of them. In cases of this kind it would be the physician's sacred duty to recommend that the lunatic be kept at home.

Everything that causes him to have a pleasurable emotion is beneficial and a help to recovery. In the line of valuable auxiliary benefits come the furnishing of a congenial diversion, such as taking him to a concert, or a church service, stereopticon exhibition, theatrical entertainments of any kind, all have their useful places. They in some degree supply effective motives for self control, and a stepping stone to recovery.

Through the diversion afforded by attending amusements, healthy

topics of thought are introduced to displace those of a morbid character. Mental action is directed from unhealthy into healthy channels. Voluntary control is stimulated. The ability to fix the attention is increased, sleep promoted and the appetite improved. Pleasurable emotions stimulate vital activity.

All have observed the depressing effect of trouble; how it takes the appetite and deranges the functions of the body. The contrary effect is true of pleasurable emotions, hence their importance as aids to the recovery of the insane.

There comes a time, with many cases, which tends toward convalescence and with others, when it is desirable to stimulate attention and lead the thoughts of the patient in regular and healthy paths. For these cases both mental and manual occupations are desirable. No general rule applicable to all cases can be adopted for the employment of the insane.

Every case must be studied separately and the character of the occupation selected must depend largely upon the character of the patient. His former position in society and habits must also be taken into consideration. It is not always an easy matter to select the occupation best suited for the insane. The main difficulty lies in the very complex elements involved. The selection should be made with reference to giving the excited portion of the brain rest, and the torpid part exercise.

Almost all patients can be employed in some way, no matter what their mental condition may be, save those, of course, enfeebled in body by paralysis or some other cause.

The employment may be simple, but will likely be found sufficient to contribute materially to the welfare of the patient and lessen the care necessary from others.

Judicious employment and the establishment of regular habits of living during the day are the aids to the patient's rest at night, and as repair and restoration are mainly brought about during sleep, everything should be done that will promote natural repose.

In well directed physical exercise we have a means of occupation and recreation which is not only of value for these specific purposes, but a direct means of improving the physical health of the patient.

Lethargic patients are liable to be poisoned by the retention in the circulation of extrementitious material, for the elimination of which exercise is one of the best possible agents.

Others are in such condition of mental and physical torpor, or inactivity, that they do not even exercise their respiratory muscles with sufficient vigor to properly oxygenate their blood. This is as important in mental diseases as in any other form. Sufficient exercise to cause an abundance of fresh air to be introduced into the lungs should be insisted upon, to the end that a better quality of blood be supplied to nourish the brain, and

thereby supply a great help toward revivifying exhausted mental and physical forces, which is the great object to be desired.

It is not my purpose to speak of the administration of medicine, only so far as it relates to the general management of the patient. I will premise by saying, if medicine is expected to do the patient good it must be properly administered.

To this end I believe that every hospital for the insane should have a trained nurse, whose duty it should be, in part, to see that the medicine prescribed by the physicians be properly administered.

Another important duty would be to look after the quality and quantity of food, especially of those in physically poor health, and convalescents. These and other duties would require the presence of the nurse on the wards almost constantly.

The present system of picking up attendants from all parts of the country and the constant changing of the same, will do very well so far as the common duties of keeping the wards in order is concerned, but when it comes to carrying out the management and treatment prescribed by the physician, it is not satisfactory.

Especially is this true of female wards, not that female attendants are less reliable than male attendants, but that their duties as nurses are often more unpleasant, and therefore more likely to be neglected.

This trained nurse should have nothing to do but to go from ward to ward as the exigencies of his or her duties demand. There are many conditions constantly arising that require quickness of perception, tact and good judgement of the trained nurse in the general management as well as in the administration of medical remedies and food.

I believe that an educated and experienced trained nurse placed at the head of the male, as well as the female department, would be a valuable addition, that would bring a more methodical and intelligent application of the measures prescribed, and undoubtedly meet with valuable results.

In concluding my paper I will suggest that it is possible and practicable to lessen the number of the insane by prophylactic management. A woman cannot be expected to bear healthy children who soaks her brain during gestation with the debasing novels of the day, many of which present moral monstrosities on almost every page.

If they could be made to realize the fact that prenatal influences have a tremendous effect in producing physical and mental monstrosities, they would surely forego baneful pleasure that culminates in such disastrous results.

All assorted marriages of those with hereditary neurotic history ought to be prohibited by legislative enactment. Let one of the qualifications to secure a marriage license be a family record, within certain limitations, uncontaminated by disordered intellect. Great latitude in this limitation would

have to be conceded at first, but would narrow as the bad element was eliminated.

I am not sure but still more radical and heroic treatment would be justifiable in properly selected cases. No doubt but that the interference of the surgeon in this matter would be loudly condemned by many, but will not the end justify the means? Has not the community the right to demand that the congenital moral imbecile be put beyond the power of propagating his species? Have not the people at large the same right to self-protection that the individual has? If so, do away with sentimentality, strike at the root of the evil and save future generations from the contaminating influence of the infectious blood of these unfortunate victims.

A NEW AND SCIENTIFIC METHOD OF ADMINISTERING THE DIGESTIVE FERMENTS.*

BY WELLINGTON ADAMS, M. D., OF ST. LOUIS.

Professor of Physiology and Physics and Diseases of the Ear, Nose and Throat in the Woman's Medical College of St. Louis; Author of "Electricity, Its Application in Medicine and Surgery."

THAT dyspepsia is one of the most common of the numerous ills that flesh is heir to, will hardly be gainsaid. Particularly is this the case in the United States, where we live fast, eat fast, and are constantly on the drive in the rapidly increasing struggle for the survival of the fittest. As each year rolls by competition becomes keener, and the nervous energy is called upon to a progressively greater extent to devise the ways and means of meeting the rapidly increasing demands incident to the vagaries and complications of our modern social environment. Time is thus daily becoming more and more precious to us as a people, resulting in rapid mastication and deficient insalivation, the oft occurring progenitors of an aggravated dyspepsia. This demand for a conservation of time has, furthermore, resulted in an unparalleled development of methods of rapid transportation, both inter and intra-mural, and thus are we insidiously deprived of that physical exercise which is so necessary to a healthful performance of the functions of the human economy. The inordinate mental activity incident to American civilization is certainly a potent factor in the rapidly increasing manifestation of dyspepsia observed amongst our people. The observed connection between mental activity and the mental emotions and the digestive function is, however, almost as old as literature itself. Probably Shakespeare was the most prolific lay recorder of this phenomenon. Of the two principal kinds of dyspepsia, gastric and intestinal, the latter

* Read before the St. Louis Academy of Medical and Surgical Sciences; Nov. 22, 1895.

is by far the most subject to nervous and mental influences, and, therefore, peculiarly incident to American life.

But notwithstanding the prevalency of this affection, it must be admitted that our efforts for its relief have been seriously handicapped by reason of the complicated nature of the function of digestion, and the absence of a scientific method of administering the digestive ferments, adapted to the complicated processes of that function. Particularly is this true in the case of the most prevalent type—intestinal dyspepsia. Indeed, I believe it will be conceded by every intelligent and experienced physician that of all the functional diseases intestinal dyspepsia is one of the most difficult of treatment. We have been extremely successful in the direction of the discovery, separation and extraction of the salivary, gastric and pancreatic ferments, but we have sadly lacked a scientific method of administration commensurate to and in harmony with the complicated process of normal digestion. The difficulty arises from the well known physiological fact that the ptyalin, the active ferment of the saliva, requires a medium of alkaline reaction in order to properly perform its function as an amyolytic or diastatic ferment, and that the pepsin, the active ferment of the gastric juice, requires a medium of acid reaction in order to properly perform its function as a converter of proteids into peptones; and that the trypsin, amylopsin, rennet and steapsin, the active constituents of the pancreatic juice, for the conversion of proteids into peptones, starch into glucose, the curdling of milk, and the emulsification of fats, require an alkaline medium for their activity. For instance, if salivary secretion is deficient, or if pancreatin secretion is deficient, or if the normal percentage of the amyolytic ferment of either is decreased, and it is desired to compensate for this by the administration of ptyalin, the extract of pancreas, or an animal or vegetable diastase, we find ourselves confronted by the physiological fact that the normal reaction of the contents of the stomach is acid, and that the ferments which we desire to administer will be thus rendered inert on entering that organ.

Even though the principal trouble be gastric, or of gastric origin, the exhibition of pepsin, alone, or of pepsin and dilute hydrochloric acid, with the other indicated treatment, falls short of the requirements, because in nearly all cases of gastric dyspepsia there is, as an accompaniment, more or less intestinal disturbance, due to the irritation of the sensitive nerve filaments resulting from the passage of the improperly formed chyme from the stomach into the duodenum, and the increased work thus imposed upon pancreatic or intestinal digestion.

It should, therefore, be apparent to every intelligent physician, that the various combinations upon the market, in which pepsin and pancreatin are combined, are worthless, except for the pepsin which they contain, and hence the patient's money can be more advantageously expended by the

purchase of pepsin alone. In many cases both the pepsin and the pancreatin are rendered inert by other ingredients of the combination.

Various expedients have from time to time been resorted to in a vain attempt to obviate the difficulty referred to—such, for instance, as the administration of the pepsin at one time, and the pancreatin or diastase at another; the pancreatin being given either before or from three to four hours after meals, either with or without bicarbonate of sodium; and by the predigestion of the foods to be ingested. The first method has been found to be impractical by all careful observers, because of the impossibility of determining the condition of the stomach at any required time, and the practical difficulty of getting patients to follow explicit directions as to precise time of taking medicines. The time required for the completion of gastric digestion varies greatly with different people—and also in the same person—according to the age, occupation, character of meal, etc. Predigested foods, on the other hand, are not palatable, are often nauseating to the patient, and by their exhibition we lose one of the most potent factors (the taste and appetite) in bringing about the normal digestive secretions. Furthermore, the stimulus resulting from the presence of undigested food is essential as an aid to the normal secretion of the natural digestive fluids, and as a mechanical means of effecting a flow of bile on the passage of the chyme past the common bile duct. So that the exhibition of predigested foods tends to prevent a restoration to the very condition their exhibition is intended to restore.

For the past five or six years I have devoted considerable time to thought and experiment on this subject, in an endeavor to obviate the difficulties outlined. After many unsuccessful attempts, I have attained what I believe all will concede to be success, in what is now presented to you for inspection, and to which I have given the name of *the laminated digestive tablet*. (See accompanying illustration.) It consists of a central mass composed of the intestinal ferments, a concentrated extract of pancreas, or of taka-digestase, trypsin and steapsin, completely surrounded and overlaid by a compressed layer of salol, upon one side of which latter is a compressed layer of concentrated pepsin, 1-3000 (preferably Parke, Davis & Co.'s seale pepsin), to which, if desired, may be added hydrochloric acid, belladonna, strychnine, aloin, ipecacuanha, capsicum, or any other drug that may be required to aid in building up the nervous system and effecting permanent relief. The action of the tablet is as follows: On passing into the stomach the pepsin is dissolved off and aids in converting the proteids into peptones. The salol being insoluble in the acids of the stomach or in neutral solution, is not dissolved, but remains intact to preserve the central mass of pancreatin or diastase from contact with the acid medium of the stomach; when the chyme passes into the duodenum, the remaining portion of the tablet accompanies it, and its

salol is then dissolved off in the presence of the alkaline medium there present, and is split up into salicin and carbolic acid, thus releasing the pancreatin or diastase, which latter is then free and potent to aid in intestinal digestion or the conversion of amylaceous substances into glucose. The salicin and the weak solution of carbolic acid thus formed serves to prevent putrefaction and the formation of those distressing and poisonous gases



Figure 1 Shows a side elevation
Figure 2 Shows a vertical section

which give rise to dyspepnoea, palpitation of the heart, headache, fever, nervous irritability and the remainder of the well known train of symptoms, while the carbolic acid also acts as a local anesthetic to

the irritated nerve filaments, hence the salol is not purely a mechanical protection for the pancreatin, but also serves as a valuable remedial adjunct to the combination. The described actions of the various ingredients of this tablet are well known and recognized.

The practical value of this method of administering the digestive ferments has been amply demonstrated in my practice. It should be borne in mind that no claim is made that the digestive ferments alone will cure chronic dyspepsia. Of course, we all know that they are only used to artificially aid natural digestion, while the general system is by other means being brought up to that condition of normal tone which will enable it to supply the natural secretions in normal abundance and quality, which condition artificial digestion during treatment serves to bring about more certainly and more expeditiously.

CLINICAL LECTURE.—ANTHRAX.

BY WILLIAM JEPSON, B. S., M. D., OF SIOUX CITY, IOWA.

Professor of Principles and Practice of Surgery and Clinical Surgery in the Sioux City College of Medicine.

Ladies and Gentlemen:—

In continuation of our study of surgical pathology we will during this morning's lecture consider the subject of Anthrax.

The subject will probably not elicit from you so great an interest because you are presumed to frequently meet with it in the pursuit of your future vocation, as it will from the fact that you may in some of its forms confound it with conditions which you will frequently meet with, namely, a furnucle or carbuncle. That some confusion may exist in your minds regarding the two conditions, malignant pustule and carbuncle, will not so much be through a lack of difference in the etiological, pathological and clinical characteristics presented in the two diseases, but because of the opinion which is prevalent among many practitioners, an opinion fostered

by the teachings of many text-books, both ancient and modern, that the two conditions are identical. Let me once for all impress you with the fallacy of this opinion. In a furnucle or a carbuncle the characteristic inflammation is produced by pyogenic germs which lead to a conversion of the morphological elements of the inflammation into pus; while in a malignant pustule the inflammation present is induced by the bacillus anthracis, which produces local death of tissue infected without the presence of pus.

Another reason for the subject being of more than passing interest to you will be the historical position which it occupies among bacterial diseases, for it was the first of that large list of diseases which we now know or suspect to be induced by micro-organisms, to have its cause demonstrated to be due to a germ, which resulted through the labors of Pollender and Davain about 45 years ago, while through the subsequent investigations of Pasteur, Koch, and others, the mycology of this disease has become perfected until to-day there is no disease of bacterial origin better understood. Owing to the fact, that the bacillus anthracis is the largest of known pathogenic bacteria it was readily observed by Davain in the blood of diseased animals with the imperfect lens in use at that time.

Much confusion exists as to the nomenclature of this disease. Thus in Germany it is known as "Milzbrand," in England as "Splenic Fever," while in France the term Anthrax is applied to the affection we know as Carbuncle, and "Charbon" is substituted.

The disease as seen in man when resulting through cutaneous infection is known in all countries as "Malignant Pustule" or "Malignant Anthrax Oedema", depending upon the form it may assume, while the disease when occurring through infection through the respiratory or alimentary mucous membrane is often spoken of as "Wool Sorter's Disease" owing to the fact that this form of infection occurs most frequently in those engaged in sorting wool and hair received from infected districts by inspiring dust containing the spores.

The bacillus anthracis is a rod shaped organism whose length is from 2 to 10 times the diameter of a red blood corpuscle and is devoid of independent motion. They are susceptible of rapid multiplication in proper nutritive media (which is most favorable when slightly alkaline) at a temperature of the blood, although growth is possible within 16 C. to 45 degrees C., and in the presence of oxygen.

A peculiar characteristic of the propagation of this bacillus is that it multiplies by fission and never by spores in the body, while outside the body in the presence of free oxygen its multiplication is exclusively by spores.

These spores are amongst the most durable of micro-organisms, and exceedingly difficult to destroy by germicidal agents, be they either chemical or thermal; hence these spores, as I have previously stated to you, are used

as standard test of the value of any disinfectant. It is different with the bacilli which are readily destroyed by chemical disinfectants or moist heat of 60 degrees C. The existence of the bacilli or the spores outside the body is probably most frequent along streams, low lands, and marshes where much decomposing vegetable matter exists, which when associated with the required warmth afford a suitable soil for the growth of any spores which may have been carried there in dust, or by diseased animals being buried here, from whence spores may become attached to the grass and plants which are eaten by animals, thus leading to their infection.

Geographically and zoologically, Anthrax is the most wide spread of all infectious diseases; it is more frequently observed upon the Eastern than the Western Hemisphere; its ravages amongst cattle and sheep on the Old Continent is unequalled by any other animal plague. The susceptibility of animals to this disease is very marked, amongst which the Herbivora exhibit the highest degree, then the Omnivora, and lastly the Carnivora. In man the disease does not occur epidemically, but only sporadically from accidental infection with the bacilli either through the skin, respiratory, or digestive mucous membrane; the skin affords the most frequent avenue of infection and the only one which we as surgeons will be called upon to treat, and hence the only which we will consider. An intact cutaneous structure we may consider an ample barrier against infection by the bacilli or their spores, but any solution of continuity of the same, be it ever so slight, may afford an entrance atrium for the bacilli or their spores if they should come in contact with the same, and as these accidental abrasions occur most frequently upon exposed parts like the hands, and face, we would expect those parts most frequently the seat of malignant pustule and clinical experience proves it to be true. We would further expect to observe the malady most frequently in individuals, who through their occupation are brought in contact with animals or their products which are liable to be diseased, as farmers, dairymen, butchers, etc., still the fact must not be overlooked that mosquitoes, flies, etc., may be the means through which infection may take place, by their carrying the spores from a diseased animal or carcass, to some exposed abrasion. When the bacilli of anthrax have thus gained access to the true dermal or subdermal tissue through a solution of its continuity as already indicated, they multiply rapidly, provided suitable conditions be present, and they induce in the tissues an acute inflammation characterized by rapid exudation, due to extensive damage to capillary walls, with a tendency to necrosis of the tissue involved.

Dating from the time of infection, a period of from 24 to 60 hours generally elapses before the existence of the disease is made manifest, first by the appearance of a small red papule which bears much resemblance to a flea-bite which is accompanied by much itching or burning; thus in one of my patients was this so marked that he felt positive that his trouble origin-

ated from the bite of some insect. This papule continues to increase in size and at the end of 10 to 12 hours it will be surmounted by a small vesicle containing at first a clear serum which later becomes brownish through admixture with altered blood cells. This vesicle will continue to increase in size in proportion to the extension of the inflammatory changes which are the precursors of necrosis of the underlying skin and subdermal tissue; as the infected area increases in breadth and depth, the central portion generally the portion first infected, becomes the seat of necrosis which is shown by the color first becoming darker and ultimately a dark brown or black, where death of the part is complete.

The liquid in the portion of the vesicle underlying the necrosed area dries up, while the margins of the vesicle still containing liquid surround the area of black and dead tissue, so at the end of twenty-four to forty-eight hours we may have a condition not unlike that seen in a "vaccine vesicle". The size of the gangreous area may vary from that of a five cent piece to a silver dollar or even larger. If the tissues primarily affected be abundantly supplied with blood vessels, as for example the cheeks or hands, the eliminative inflammation induced by the presence of the bacilli may be so active as to lead to an early and extensive migration of leucocytes into, and surrounding the area, which will form an impenetrable wall against the further extension of infection and as a consequence by this means the disease becomes localized and constitutional infection is averted; still such infection is yet possible through an imperfectly occluded vein.

While, upon the other hand, if the tissues primarily infected are very lax as about the eye lids, neck or anterior aspect of arms, and not so well provided with vascular supply, mobilization of leucocytes about the seat of infection may not be sufficient, in number, to prevent extension of the bacilli and bring about isolation and thus they may quite rapidly extend from the primary infection atrium to adjacent tissues till all of the face, neck or an extremity, may become involved in this specific inflammation. While the surface may have much of an erysipelatous appearance, although it may often present little or no discoloration of the skin, appearing as a soft œdematous infiltration with ill-defined borders, this form may present complete absence of necrosis and is known as anthrax œdema. Returning to the condition where the infection has become localized, namely malignant pustule, we will find that after a variable period, a line of demarcation will be formed between the living and dead tissue and the latter will ultimately be detached and extruded as a slough, leaving a granulating ulcer which may heal spontaneously, leaving a depressed cicatrix; suppuration is never present unless secondary infection with pyogenic germs has taken place, as the bacilli of anthrax are not pus producing germs.

The constitutional manifestations in this disease are due to one of two conditions, first, absorption into the circulation of ptomaines elaborated by

the bacilli at the local seat of infection, or secondarily, by entrance of the bacilli into the circulation, through imperfect isolation, where through their lodgment in different organs they may induce symptoms not only as the result of their ptomains but from organs there modifying the functions of the organs in which they grow.

The symptoms as induced by their ptomains are much the same as seen in other forms of septic intoxication, such as elevation of temperature and acceleration of pulse, associated with such modification of other functions as is observed in fever. These symptoms may be looked upon as an intoxication which will be of serious import in proportion to the quantity which has gained access to the circulation and the possibility of preventing the entrance of further quantities. If this latter condition can be accomp-



DR. JEPSON'S CASE OF ANTHRAX.

lished such amounts as have already gained entrance will quickly be eliminated and a restitution of normal functions will ensue.

The constitutional manifestations in systemic infection with the bacilli are much those observed in our graver forms of septic infection with the addition that hæmorrhages from the mouth and nose may occur, associated with vomiting and a bloody diarrhœa; difficult respiration with cyanosis is at times seen, also the occurrence of small phlegmonous inflammations in the skin may be observed in some instances. The gravity of systemic infection can not be overestimated as the specific causes of the disease are beyond the action of any therapeutic measures we might employ.

As to the pathology of the disease I know I need say little to you for

the tissue changes observed in the inflammation induced by the bacillus anthracis are identical with those seen in inflammations as produced by other microbes except in as far as these may be modified by a rapidly multiplying non-suppurative bacillus producing a ptomain peculiar to itself, leading to tissue necrosis.

A word as to differential diagnosis. I must caution you against mistaking malignant pustule for suppurations of cutaneous or subcutaneous areolar tissue of limited degrees as seen in furuncles and carbuncles; a furuncle is a small abscess of the skin, conical in shape, the summit of which is occupied by a small slough or pus.

A carbuncle is practically the same as the furuncle only as the inflammation extends laterally, owing to anatomical peculiarities of the skin involved, the pus finds its way to the surface by way of the columna adiposa, at multiple points, making a carbuncle appear as if studded with points of pus. In malignant pustule, we first have a papule, later surmounted by a vesicle, then an area of black necrosed tissue, surrounded by an areola of vesicles, all of which is surrounded by an area of inflammation, but no pus.

Microscopic examination of the suspected tissue may put at rest any doubts. Your prognosis in any given case of anthrax will depend upon the character of the tissue infected, namely, as to whether its present anatomical characteristics, such as density and free blood supply, which will conduce to localization of the infection.

The greater the tendency to and possibility of localization the more favorable the prognosis, while if the converse exists, general infection is probable, and when this occurs a fatal termination may be anticipated. If its location is such as to permit of a thorough and early removal of the infected area a favorable result may be predicted, while if primary infection takes place through the respiratory or digestive mucous membrane, probably naught can be done to avert a fatal result. The surgical treatment of anthrax must be prompt and radical, and should aim at removing the affected area as thoroughly as possible while the disease is yet localized. One of the most potent methods of effecting this removal is by excision. The tissue must be removed for some distance outside the tissues involved as shown by necrosis as evident upon the surface; care must be taken to inspect the margins of the wound so that no areas of active infection may be left behind, from which the disease could redevelop, for the infection and necrosis of deeper structures may be more extensive than is indicated on the surface.

The wound may be well mopped out by a 10 per cent. solution of carbolic acid, after which a generous compress wrung out of a solution of carbolic acid or corrosive sublimate should be applied and this should be covered by oiled silk. Thus we have an antiseptic poultice which by producing

a determination of blood to the part brings about conditions favorable to the isolation and destruction of any bacilli which we may have failed to remove, as well as instituting reparative processes in the wound. Next to the knife the actual cautery is probably the most potent agent. It should be well applied to all affected tissue; it may at times be used in conjunction with excision to great advantage, cauterizing any suspected area which the knife has failed to remove.

As the bacilli (but not their spores) are very susceptible to the influence of carbolic acid, (a 5 per cent. solution of the same markedly inhibiting their growth if not entirely destroying their vitality), its use has therefore been advocated and proven clinically to be fairly efficacious but not to be compared with excision. Its employment consists in using a 5 or 10 per cent. solution, which is deposited in the tissues at the margin of the infected area by means of a hypodermic syringe, the needle of which is introduced well into suspected depth of infection and as it is withdrawn the solution is left in its track. Thus many injections are made about the pustule until a wall of tissue impregnated with carbolic acid surrounds the infection. The employment of toxins in its treatment I need say nothing about as it is yet in an undeveloped state.

I will occupy the remainder of my hour in briefly narrating the points of interest in two cases which have come under my observation. Something over a year ago, a man consulted me in my office regarding an extensive swelling of his forearm which pitted on pressure and had many of the appearances of an erysipelatosus inflammation. Upon the anterior aspect of the same as shown in the photograph, there existed two areas of marked tissue change. The one situated closest to the wrist consisted of a vesicle about one half inch in diameter filled with a sanious liquid; the vessel was resting upon an area of intensely inflamed dermal and subdermal tissue, the central portion of which was evidently about to die, as was manifest by its dark discoloration. About two inches further up the fore-arm existed an area of black necrosed tissue little larger than a silver half-dollar.

Its margins were surrounded by a crop of small vesicles containing a dark liquid and the whole only slightly raised above the surrounding inflamed skin of the arm. The condition was unassociated with pain, although a sensation of burning over the arm existed; the condition had existed for four days and had appeared as two small red spots which itched intensely and which he thought were due to the bite of some insect, and it was difficult for me to convince him to the contrary. The previous evening he had a chill and at the time of his visit his temperature was $103\frac{1}{2}^{\circ}$, and pulse 108.

He complained of much headache and general malaise. Being positive as to the nature of the condition I determined to ascertain the source of in-

fection. I learned that he was a dairyman and that the day preceding the development of the red itching spots, he had posted a cow which had suddenly died, to determine the cause of its illness, and at which time he no doubt was infected.

I informed him of the nature and seriousness of his malady, and advised through eradication by means of excision of the two infected areas, to which he consented, and the same was done immediately. The line of the incision for the smaller pustule occupied a circle about $1\frac{1}{2}$ inches in diameter and the tissues were removed down to the muscles. The incision for the larger area was about $\frac{1}{2}$ inch outside of the vesicle surrounding the dead tissue.

Upon removing the same down to the muscles it was found that I had not gotten outside of all the necrosed tissue as it existed under the skin, so it became necessary to remove a further strip of tissue about $\frac{3}{4}$ of an inch in breadth on the proximal side of the wound. With a Paquelin cautery the areolar tissue underlying the skin at the margins of the wound for a distance of about one-half inch was thoroughly cauterized as well as the floor of the wound. A compress composed of gauze wrung out of a solution of carbolic acid was applied over the whole fore-arm and covered with oiled silk. Upon my visit the following day I found him feeling well with a temperature of $99\frac{1}{2}^{\circ}$ and a pulse 82. The swelling of the fore-arm had markedly subsided. He made a rapid and uneventful recovery. I had considered his condition serious owing to the diffuse extension swelling of the fore-arm which associated with the marked constitutional disturbances I feared might indicate that systemic infection was impending if it had not already taken place, in which event our efforts at local eradication would have been futile. My lamented friend, the late Prof. Ingles, made a microscopic examination of the tissues removed which showed abundance of bacilli present. The second case came under my observation through Dr. J. Griffith Conley about one month after the case just referred to. The case occurred in a young man of about 20 years of age. Five days previous to my seeing him he observed a small pimple developing under his chin, which rapidly increased in size so that when I saw him his neck and the lower portion of face were extremely swollen and inflamed. Underneath his chin there was an ill defined area of gangrenous tissue about two inches in diameter with the existence of vesicles here and there and unassociated with supuration. He was suffering from marked constitutional disturbance, being delirious, temperature $105\frac{1}{2}$ degrees, pulse 132; excision of the infected area being impossible, the same was freely incised by numerous incisions and carbolic acid freely applied. He died the following day. In this instance death I think was due to systemic infection owing to primary infection occurring in a locality not favorable for its isolation.

TUBERCULAR PERITONITIS.

BY BYRON ROBINSON, B. S., M. D., OF CHICAGO.

During the past eight years I have carefully posted perhaps a dozen cases of so-called tubercular peritonitis and besides I have performed abdominal section on six more—in all eighteen cases of adults having what appeared to be marked peritoneal tuberculosis. To be short in regard to the cases of abdominal section to relieve peritoneal tuberculosis I will say that five recovered from the operation and became so well that they left the hospital and passed into the unknown field outside the hospital, from which few report, and I have lost all trace of them. They regained a very large part of their health before leaving the hospital. The sixth case died



BYRON ROBINSON, M. D.
OF CHICAGO.

I think, between two and three weeks after the operation, not from the surgical procedure, but from extension of the peritonitis, due to tuberculosis. I unhesitatingly say that the tubercular peritonitis in the stages at which I operated appeared to be benefitted in all and at least temporarily improved in 5 out of 6 cases.

The present state of the subject of peritoneal tuberculosis is entirely unsettled. Opinions have a wide swing, an extreme swing among surgeons, gynæcologists and internal medical men. But so do all subjects until natural experiments force a more rigid standard of decision. It requires many experiments to learn a small number of Nature's laws. The more wild and varied are opinions on any subject, the rarer the opportunities one has for testing his experiments. Ten years ago we relatively knew nothing of the subject in regard to its therapeutics. If I remember rightly it was the old veteran, the methodical abdominal surgeon, Spencer Wells, who opened the abdomen of a patient possessing a tubercular peritonitis. In 1865 it seems to me she was reported alive, twenty years after. This of course, was a long forgotten circumstance or experiment. But people easily forget matters. It requires a tenacious grip to remember the long continued effects of good and bad results.

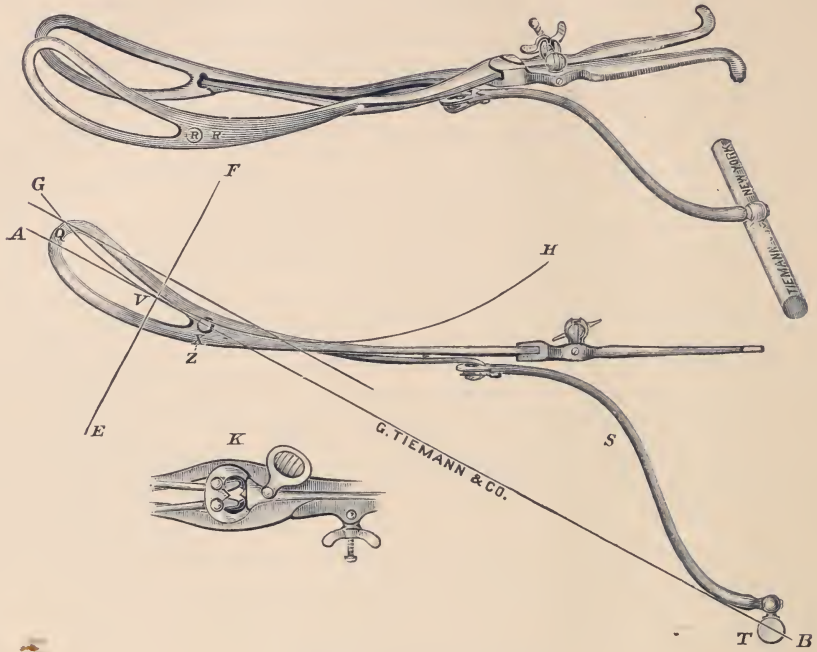
The present trend in tubercular peritonitis is to perform an abdominal section, yet the very reason against such procedure is that we still know nothing about the real method of cure. It is a wonder working. And in truth do we really know whether the section actually cured or would the patient have done as well without the section? Pilbram undertook the tedious labor of finding out how many died of tubercular peritonitis in the pathologic institute of the University of Prague, according to Vierordt and

he found that 165 out of 3500 died of tubercular peritonitis, i. e., about 5 per cent. A mortality of 5 per cent. from tubercular peritonitis is about what agrees with some other estimations. It seems that in one series of one hundred autopsies, which the pathologists and Internes of Cook County Hospital were kind enough to allow me to carefully examine during the autopsy, that some six died of tubercular peritonitis and that several others possessed peritoneums which suggested the same pathologic process, but died from other causes or from tubercles in some other viscus. Differences of opinion arise among physicians from differences of circumstances in life. The surgeon sees one kind of tubercular peritonitis, especially two forms, e. g., large, ascitic abdomen and also the abdomen not only enlarged by fluid, but by boggy masses arising from exudates and inflammation in the omentum or mesentery, both stiffening the mesenterium and omentum so that through emaciated abdominal walls the surgeon distinctly maps out the tumors. Now, just in these cases the surgeon operates and it may be that this surgical cure which we do not understand is in just such cases. The gynecologist to a certain extent, may be classed with the surgeon, but he is generally better able to understand the conditions from his more extensive experience in the abdominal cavity. (In this country, at least, where gynecology and abdominal surgery are becoming so generally separated.)

The man who practices internal medicine sees the patient in another and very different condition. He is visited by patients with peritoneal tuberculosis of lighter grade. They are simply slightly ill, constipated, weak, sweat, have no appetite, occasional and sharp diarrhoea attacks them. Examination of the abdomen reveals very little, no palpable tumors, omental and mesenterial thickening, in short they are in a transitional stage between being compelled to stop labor and going to a surgeon. The different stages in which internal medical men and the surgeon finds the cases of tubercular peritonitis in cities, cause different opinions as to the course of the disease and the results of therapeutics on the disease. My view is that the claim that abdominal section is a cure-all for tubercular peritonitis is not founded on facts—but founded on imagination. We do not understand how section cures it, nor has any one offered a satisfactory explanation. They claim that air passing into the peritoneal cavity produces the cure. Could they settle the fact by injecting air into the cavity of cases where microscopical examination had proved the presence of the tubercular bacillus? But we think we know to-day that tuberculosis is a curable disease, i. e., it may be arrested and not kill a patient. Again, I think that many cases diagnosed and operated on as tuberculosis of the peritoneum are simply chronic peritonitis and the drainage is the cause of the mystic cure. How many are injured by the abdominal section? Many are born to die unreported. How many cases are really tubercular peritonitis which are operated on and reported in the ordinary journal?

SOME NEW INSTRUMENTS.

Dr. Charles Jewett, of Brooklyn, Professor of Obstetrics in the Long Island College Hospital, has invented a new axis-traction forceps, as here-with shown :



Jewett's axis traction forceps.

While built much upon the same principle as Tarnier's they are much lighter and of better curve. They are to be removed when the head descends upon the perineum and the short Hodge's forceps substituted in order to have less danger of perineal laceration; which will occur in from 15 to 20 per cent. of all primiparae in spite of every precaution.

Dr. John C. Schapps, Orthopaedic Surgeon to St. Mary's Hospital,

Brooklyn, has invented a new elastic constrictor for the control of hæmorrhage. As will be seen from the cut it consists of a rubber tube closed at each end by a large ball of the same material vulcanized in, thus avoiding the lodgement of dirt.

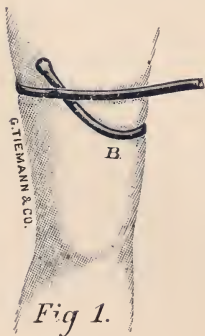


Fig 1.

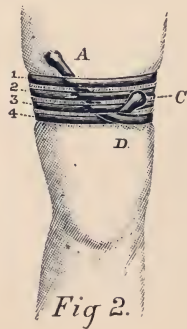


Fig 2.

One of three feet in length suffices for all ordinary purposes.

TRI-STATE MEDICAL JOURNAL.

EDITORIAL DEPARTMENT.

Vol. II.

DECEMBER, 1895.

No. 12.

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REQUIREMENTS OF THE MISSOURI STATE BOARD OF HEALTH.

For many years the Illinois State Board of Health took the lead in promoting a higher standard of medical education, and the mention of its name struck terror in the faculties of medical colleges that were not disposed to fulfill its requirements. In this way it accomplished much good, and on more than one occasion succeeded in closing so-called diploma mills. Whilst it insisted that physicians presenting their diplomas for registration and licenses to practice medicine should be graduates of three-term schools (which was perfectly right and proper), it did continue to do a thing which we consider highly improper, that is, licensing men to practice medicine who have simply passed the State Board examination, but who have not graduated from any medical college, and, in some instances, men who have not even attended medical lectures.

We are proud to say that the State Board of Missouri has inaugurated a still higher standard.

In the first place, students cannot matriculate unless they possess an academic degree or a *first grade* teacher's certificate. Few men who wish

to study medicine are the possessors of the latter, as the examinations for this certificate are very stringent, and it is on this point that we wish to warn the members of the Board. If it is known that the seeker of a first grade teacher's certificate will not use it for the purpose of teaching, but only as a means for matriculation in a medical college, we fear that it might be granted only for personal or political reasons. We have been told on good authority that such things occur.

It is the intention of the Missouri Board of Health to examine the credentials of every physician applying for a license to practice, and if he be found lacking he will not only not be licensed to practice, but the college from which he graduated will be declared not in good standing, and its diplomas will not be recognized. This will, of course, work a hardship to innocent parties, students who have fulfilled all the requirements of the Board. College officials should be careful, therefore, to matriculate only such students as have the proper credentials. We congratulate the Board on having taken this position, and hope it will receive the hearty co-operation of the medical colleges and the support of the profession at large.

GEORGE W. CALE.

GRAVE ROBBING AT TOPEKA.

It is with great regret that we learn of the disturbed state of things at Topeka, Kansas. Unless the newspaper reports are grossly exaggerated, the citizens of Topeka are aroused to fury over the reported robbing of graves by persons who are unknown. It is suspected that members of the faculty of the Kansas Medical College have had cognizance of these crimes and several of the suspected physicians are said to be in hiding. The populace attempted to burn the college edifice, which was saved only by police protection. The class has been scattered, the college closed, and civil and criminal proceedings have been instituted.

This is the first opportunity we have had to express our views on grave robbing by medical students or physicians. We are opposed to crime in any form, and under no circumstances can we approve of the desecration of the tomb. Grave robbing is wrong, not only upon strictly moral grounds, but it is made a crime by statute. We never could understand the exact mental condition of some doctors whom we have known to boast of their achievements in the line of grave robbing. He who can attend a beautiful woman in her fatal sickness, receive the price of his services, attend her funeral, and then, a short time after, dig up her body at the dead hour of night, is indeed a villain and a moral leper. Yet such things have occurred. Fortunately for society in many States heavy penalties are inflicted upon those who are convicted of grave robbing. Only a few months ago a Mr. Shaffer, of Des Moines, was sent to the penitentiary for two

years for grave robbing. His accomplice, Doctor Overton, is now a fugitive from justice. Recently a Missouri druggist, guilty of the same offense, was sentenced to imprisonment for a term of years. In Kansas grave robbing is only a misdemeanor. We trust that the efforts of the authorities of Topeka to bring the guilty parties to toll will be crowned with success. There is only one side to this question; the opinion that the State, because it requires a certain amount of knowledge of its medical practitioners, should make provision for the delivery of the bodies of paupers to medical schools, is another matter. The latter we hope to discuss at some future time.

JAMES MOORES BALL.

DOCTOR WELLINGTON ADAMS.

It is with great pleasure that we introduce Doctor Wellington Adams, of St. Louis, to the readers of this magazine. Hereafter Doctor Adams will contribute regularly to our pages, not only in his special department, that of physiology and physics, but also in the department of original articles. To the scientific world Doctor Adams needs no introduction. For years his ability in otology, in physiological physics, in medical and mechanical electricity has been recognized both at home and in Europe. It was he who first applied electricity to the propelling of street cars; he has invented a number of ingenious and useful instruments for otological work and his article in another part of this issue will give our readers an idea of the practical bent of his mind. In the near future the Doctor will read a paper before the St. Louis Academy of Medical and Surgical Sciences which we venture to predict will be quoted in every otological journal in America and Europe. The crowded condition of our columns prevents the publication of Doctor Adams' picture in this issue. We hope to have that pleasure soon.

NEXT MEETING OF THE TRI-STATE MEDICAL SOCIETY.

The first Tuesday, Wednesday and Thursday of April, 1896, the Tri-State Medical Society of Iowa, Illinois and Missouri will meet in Chicago under favorable auspices. The officers and members propose that this shall not only surpass the celebrated St. Louis meeting of 1895, but that it shall eclipse every Medical Society in this country except the American Medical Association. The carping critics and calamity howlers who form a small circle in Des Moines and dictate the policy of the *Iowa Medical Journal* can look at the feast from afar off, for no man who consults with irregulars can join the Tri-State if we know it.

Already the President, Doctor Robert H. Babcock, with his usual energy, has appointed a splendid committee of arrangements composed of the

following gentlemen: Hugh T. Patrick, Chairman, Wm. H. Wilder and W. L. Baum. These men will find that every gentleman in the Tri-State Medical Society will assist in making the Chicago meeting a success. Arrangements are now under way to secure some of the ablest American physicians to deliver the various addresses. A large number of Iowa doctors have signified their intention to be present. Now in its fourth year only, the Tri-State Medical Society has a power and usefulness far surpassing that of many organizations of greater age. This journal glories in the fact that it has been ever loyal to the Society; that it was hopeful when others were discouraged; that it has assisted in upbuilding an organization which is creditable to American medicine, and a scientific body whose future is assured.

MEDICAL JOURNALS SHOULD BE OWNED BY MEDICAL MEN.

We wish once again to warn our subscribers and advertising patrons against bogus medical journals and fakir journalism. We do not refer so much to the few new journals, which, like mushrooms, spring up at this season and last for a day, but we wish to protest against the support which doctors and advertisers give to Munchausen sheets. Many of these snide journals are started by job printers, advertising agents, and other irresponsible parties, who cover their teeth and wolfish hair with the decent cloak of medical journalism. Such men are often not content with skinning advertisers by one medium alone; they buy or establish another journal or two, and like leeches suck the life-blood of their victims. Often the names of a score or more of doctors will adorn the front page—ignorant decoys that they are. We have always said, and we repeat it now: medical journals should be owned by medical men.

LOOKING FORWARD AND BACKWARD.

It is with profound satisfaction that we close Volume II. of this magazine and prepare to open a new year of editorial work. In the short period of two years this magazine has been built up until it now towers far above many journals of great age. Our subscription list has shown an enormous growth during 1895 and from present indications the coming year will have even better things in store for us as well as for our readers. It is a satisfaction to us to know that we are pioneers in producing an illustrated medical monthly, printed on eighty pound paper and filled with valuable original articles, digests and reports—all for one dollar a year. The illustrations which we give our readers are of the finest and would do credit to any publication, medical or general.

Our success renders us more fully cognizant of the duty we owe our subscribers. We shall aim to give them during 1896 not only "800 pages for one dollar", but we shall spare no labor or expense to secure articles of the very best quality from leaders in the profession, both domestic and foreign. It is significant of the spreading reputation of this journal that the article by Mr. Reginald Harrison, which appears in this issue, was sent without solicitation. Mr. Harrison reads this magazine regularly and he appreciates a good journal.

This is not a fossilized publication, nor a relic of ages long past. We aim to keep up with the times. Furthermore, if occasion demands it, we are willing to forge our pen into a sword and go out to make battle against the Philistines. The profession is beset with charlatans within its own ranks and these must be exposed. It has been said that the present is an age of transition in matters medical, particularly in regard to the code of ethics. Nevertheless we believe that the code of the fathers is good enough for the sons.

ENVIOUS CONTEMPORARIES.

We have them, and they circulate tales of untold woe. The trouble with them is that this magazine is steadily acquiring a subscription list of great value, while their lists are decreasing. The fortnightly ravings of an illegitimate sheet known to fame as the Munchausen of medical journalism, cannot obscure the fact of our continued prosperity. One year ago the advertising patronage of the TRI-STATE amounted to only a sum equal to that of the ordinary medical monthly. A vigorous policy, a skill in catering to the wants of an intelligent body of readers, and, above all, the successful efforts of our solicitors to increase the list of subscribers, resulted in an increase of patronage to the amount of *two hundred and fifty per cent.* Thus time has dealt kindly with us, and we can afford to wish "peace and good will" to all.

OUR CANDIDATE,

Again a year has rolled around. Again new officers are to be elected in the St. Louis Medical Society. Again the professional medical politicians have doubtless prepared a slate. Whose names are on it we know not. Believing in the greatest good to the greatest number, without disparagement of any other gentleman who may be a candidate, THE TRI-STATE MEDICAL JOURNAL advocates the election of Doctor W. G. Moore to the Presidency of the St. Louis Medical Society. In the sixty years of its existence the Society has accomplished nothing. It owns no real estate,

it possesses no library; it can boast of no museum. In many respects its record has been disgraceful. If its future is to be an improvement upon its past, it is necessary that new officers be selected with care, and that they receive the cordial support of every member. The hope of the Society lies in the generation which is to come, and that which is already here. It cannot live upon the dead past. In our opinion the election of Doctor Moore will go a long way toward the accomplishment of things much to be desired.

Doctor Moore has reached that delightful period in life where he has lost none of the vigor, enthusiasm and energy of youth, and gained none of the infirmities of age. A thorough gentleman, he commands the respect of all. He is a friend to young men, and they will rally to his support. Give us Doctor Moore for President, and the coming year will show an administration to which all can point with pride.

NEW CORRESPONDENT WANTED.

If Doctor John B. Hamilton, editor of the *Journal of the American Medical Association*, only knew how disgusted many St. Louis doctors are with what purports to be "St. Louis News," he would either abolish that department or secure the services of an impartial correspondent. Doctors of this neck of the woods are tired of reading about a certain medical college. Why not give news items from all the colleges?

MIDWIVES NEXT.

Having thoroughly remodeled medical education, the Missouri State Board of Health should pay attention to the numerous schools of midwifery. Any woman can enter these schools; the curriculum demands attendance upon two non-graded courses of lectures of five months' duration, separated by an interval of three months, and although the faculties magnanimously permit others to hold the final examinations, the examiners are always friends of the professors. Many a woman holding a diploma in midwifery cannot read either English or German intelligently.

The Board should require: (1) That all matriculants possess a good English education; (2) that the term of study be lengthened; (3) that the instruction be graded; (4) that the final examinations be held by representatives of the State. Human life is too valuable to permit the present methods to continue in schools of midwifery.

Dr. H. W. Coe.—Dr. H. W. Coe, of Portland, Oregon, one of the leading physicians of the Coast, has been in New York, and recently stopped in St. Louis.

IN THE PROFESSIONAL EYE

DOCTOR Warren B. Outten is not only Dean of the Beaumont Hospital Medical College, Surgeon-in-Chief of the Missouri Pacific Railway, Editor of the *Railway Surgeon*, and a genial gentleman, but

Doctor Outten's he also possesses artistic ability of no mean order.

Presentation. Some of his work has been of such merit as to excite the surprise of his fellow physicians, who cannot understand how so busy a man can find time to handle the brush and the palette. To his other accomplishments Doctor Outten has added a reliable knowledge of the history of medicine, both ancient and modern. Some of his finest paintings represent characters like Paré, who was the Father of French Surgery, and Charles A. Pope, the Founder of St. Louis Surgery.

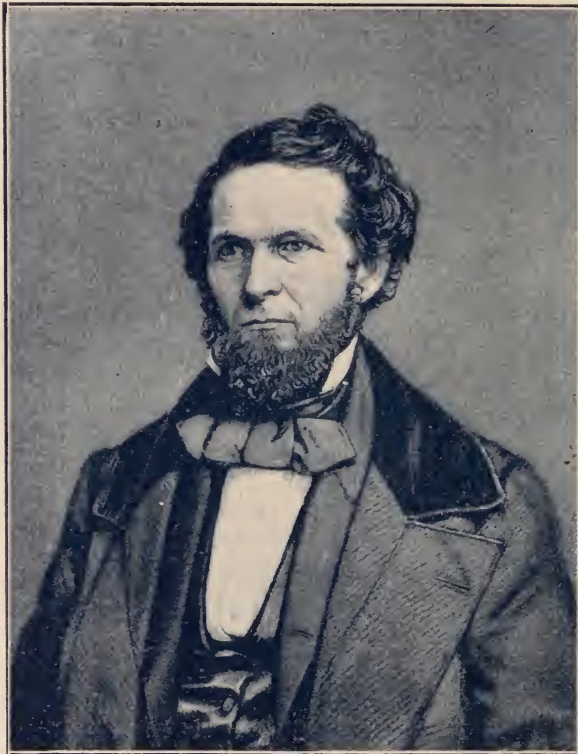
Knowing these things, Doctor Outten's intimate friends were not surprised when he generously donated his portrait of Charles A. Pope to the St. Louis Medical Society. In a neat speech the donor told of his love and respect for Doctor Pope, and his regard for the men who have helped to develop scientific medicine and surgery in the great Mississippi Valley. Doctor Outten's offer was accepted with thanks, and at an early date the formal presentation will be made.

CHARLES A. POPE, born at Huntsville, Alabama, March 15, 1818, after receiving a thorough preliminary education in the university of his native State, began the study of law. This he soon abandoned

Life of for the more noble profession of medicine. His first course
Doctor Pope. of lectures was taken at the Cincinnati Medical College, which was then under the leadership of the celebrated

Doctor Daniel Drake, whose portrait appeared in our September issue. At the age of 21 Doctor Pope was graduated by the University of Pennsylvania, and soon after he went to Europe. One of his colleagues, in speaking of this period of his life, says: "It was in the city of Paris, in November, 1839, that I first met the young surgeon, for he had already begun to manifest his predilection for this branch of the profession, and was then noted as the most expert and neatest operator among us. His friends, acquaintances and teachers, even at that early day, predicted that he would in after years rank with the renowned masters of the noble and daring art." Doctor Pope began the practice of medicine in St. Louis, in January, 1842, and the following year was made Professor of Anatomy and Physiology in the medical department of the University of St. Louis. In 1847 he became Professor of Surgery in the same institution, and two years later he was elected Dean of the Faculty, a position which he held nearly twenty years.

His repeated visits to Europe made Doctor Pope familiar with the great men of England and the Continent; with Civiale, Velpeau, Nélaton, Richet, Longet, Holmes Coot and Paget he was on familiar terms. The city of Paris was his paradise, and her surgeons were his saints. For a quarter of a century Doctor Pope enjoyed a lucrative practice in St. Louis. When in 1867 he left St. Louis and located his family in Paris, it was with profound sorrow that the people of this city read that on the morning of July 3, 1870, Professor Charles A. Pope had died by his own hand. Doctor J. P. Chesney, in writing of the great surgeon, said: "In personal appearance



DR. CHARLES A. POPE.

Professor Pope was graceful and commanding; he was of medium stature, straight as an arrow, lithe and well-knit frame, capable of any amount of superb professional work. In physiognomic expression he was pleasing, but nothing remarkable except his restless bluish-gray eye. On entering the lecture-room his step was quick and his manner hurried, and his nature cold and clean as his scalpel; he indulged in no familiarities, and exacted an observance of the most scrupulous decorum from his class. He always

had the heads of his subjects noted down in very fine hand, on the smallest possible bit of paper, the edges being trimmed with the most particular neatness. As a lecturer, his utterances were low, rapid, brief, clear, forcible, and full; he had no time to explain or recapitulate; to comprehend him required close attention. He was fluent of speech, but made no effort at oratory; few men could say more and say it better in an hour than he. As an operator he was calm, exceedingly expeditious, and abounded in resources. His neatness was surpassing. The rapidity with which he could operate will be better appreciated when I relate that on one occasion, when he was preparing to operate for stone, I took out my watch to time him; this I did privately, of course. From the moment he took up the scapel until the stone was on the table was exactly one minute! Although he performed a great many of the major operations, such as ovariectomy, lithotomy, for hernias, cancers, tumors, etc., his success was constantly a subject of remark by those who saw most of him. Taking the record of his lithotomy cases alone, will confirm the fact. Of the seventy-seven cases cut by him for stone (all the recorded cases I can find up to the end of 1867), only four died. He was careful in his diagnosis, and never operated unless there was a probability of benefiting his patient." The chair of Surgery held by Doctor Pope was and is filled by the venerable Professor, E. H. Gregory.

Doctor Pope was a member of many scientific bodies, and in 1854 was elected President of the American Medical Association. Our portrait represents him in his 37th year.

Important Articles for January.—The January 1896 issue of the TRI-STATE MEDICAL JOURNAL will contain: DIAGNOSIS AND TREATMENT OF SMALLPOX, by Dr. Harry Wells, of St. Louis, (*Illustrated*); PSORIASIS, by Dr. T. M. Baird, of Hot Springs, Ark., (*Illustrated*); AN UNIQUE CASE, by Dr. E. T. Hosford, of Manti, Utah, (*Illustrated*); AN ORIGINAL AND SCIENTIFIC METHOD OF OPENING THE EUSTACHIAN TUBE, by Dr. Wellington Adams, of St. Louis, (*Illustrated*); CLINICAL LECTURE; SOME INTERESTING OPHTHALMIC CASES, by Dr. James Moores Ball, of St. Louis, (*Illustrated*); AN HISTORICAL SKETCH: THOMAS WILLIS, by Dr. A. E. Mink, of St. Louis, (*Illustrated*); REPORT ON PROGRESS IN SURGERY, by Dr. George W. Cale, of St. Louis; REPORT ON PROGRESS IN RHINOLOGY, by Dr. J. Homer Coulter, of Chicago; REPORT ON PROGRESS IN PEDIATRICS, by Dr. Roland Hill, of St. Louis; and the usual number of Editorials, Tri-State News Items, Book Reviews, Transactions of the St. Louis Academy of Medical and Surgical Sciences, etc. Subscription Price \$1.00 a year. Address, Tri-State Medical Journal, 3509 Franklin Ave., St. Louis, Mo.

Has Not Resigned.—We understand that Dr. A. C. Robinson has not resigned the chair of Emergency Practice in the St. Louis College of Physicians and Surgeons.



An International System of Electro-Therapeutics.—For Students, General Practitioners and Specialists. By HORATIO R. BIGELOW, M. D.; and thirty-eight associate editors. Thoroughly illustrated. In one large Royal Octavo volume, 1160 pages. Extra Cloth, \$6.00 net; Sheep, \$7.00 net; Half Russia, \$7.50 net. Philadelphia. The F. A. Davis Co., Publishers, 1914—1916 Cherry Street.

Until recently the number of workers in the line of Electro-Therapeutics has been comparatively few. The subject has not been properly placed in the medical schools and as a result the number of practitioners who are acquainted with its usefulness is small.

Each one of the thirty-eight chapters has been written by a man especially fitted for the work by personal experience in the use of electricity. Every phase of the subject is treated of in a most thorough and comprehensive manner.

Transactions of the Antiseptic Club.—Reported by ALBERT ABRAMS, a member of the San Francisco Medical Profession. Illustrated. New York. E. B. Treat, 5 Cooper Union.

The Antiseptic Club was composed of a number of ultra scientific bacteriologists with anatomical names and witty brains. Dr. Sartorius was their president. Their clothing was antiseptic throughout and only lacked trephine buttons to make it complete. The book is quite cleverly written and will be the cause of many a hearty laugh if taken according to directions.

The Pathology and Surgical Treatment of Tumors. By N. SENN, M.D. Ph.D., LL.D. Large 8vo., pp. 709. Illustrated by 515 Engravings, including Full Page Colored Plates. Philadelphia: W. B. Saunders, 1895. Price, Cloth, \$6.00; Half Morocco, \$7.00. For sale by subscription only.

The appearance of this book has been looked forward to with much interest by the profession in general and the reviewer in particular, ever since Dr. Senn announced that he had undertaken such a work.

The advancements in pathology, particularly in the department with which this work deals, have taken place so rapidly that an up-to-date work on the subject had become a necessity.

A general consideration of tumors constitutes the first part of the work (origin and nature, morphology and multiplication of tumor cells, anatomy and biology, and pathology). Chapter V. is a very interesting and instructive one on Tumors in Plants and Animals, which goes to show that the simpler organisms are the subject of such growths, but in a degree proportionate only to the simplicity. It may be well to mention in this connection the fact that cancer is increasing in all civilized lands in proportion to

the higher *civilized* modes of life and the departure from the simpler habits of our ancestors.

The Etiology of Tumors (Chapter VI.) is one of the most valuable in the book. The subject of *heredity* is one which should receive the attention of the profession at large, and an attempt should always be made to bring out this point in the history of the case. Climate and age are important factors in determining the cause of tumors. It is a familiar clinical fact that certain benign tumors from embryonic fetal remnants are likely to appear at the age of puberty, at the time of post-natal life, when the whole organism, and particularly the organs of generation and the mammary gland in the female, are in a state of the highest physiological activity. It is during this time of life that we most frequently meet with branchial and dermoid cysts, cysts of the ovary and parovarian cysts, and adenoma of the mammary glands; while in the adult we have tumors which are developed from the mesoblast, such as fibroma, osteoma and chondroma.

Traumatism plays an important role simply as an exciting cause in stimulating the pre-existing matrix of embryonic tissue into active tissue proliferation. Inflammation may act in the same manner as a traumatism in exciting the pre-existing embryonic tissues to grow. Cancer cells possess amœboid movement, which accounts partly for the rapid infiltration in some cases.

Carcinoma and sarcoma are not contagious, and the many futile attempts to transplant these tumor tissues into different animals proves also that they are non-parasitic.

The possibility of the transformation of benign tumors and post-natal embryonic tissue into malignant tumors was denied by most of the old writers on surgical pathology. Dr. Senn is not only convinced that this change can take place, but that it happens much more often than is generally supposed. He also says that "certain malignant tumors not infrequently originate from embryonic tissue of post-natal origin. The transformation of a benign into a malignant tumor implies a change in the histological structure of the cells of the benign tumor as well as a change in its environments."

Considerable space is devoted to the chapter on Diagnosis of Tumors. The microscope is of great value both in the diagnosis and prognosis, but not too much reliance should be placed in this method. The reviewer has heard Prof. Arnold, of Heidelberg, when examining a section of tumor under the microscope, say that he preferred to know something of the clinical history and aspects of the case before making a positive diagnosis.

Following the chapters on prognosis and treatment is the important one on classification. "A uniform system of classification of tumors is one of the greatest wants of modern pathology, and all attempts in this direction have proved failures." The author gives four—Virchow's, in which an attempt is made to classify tumors on a histological basis; this has among other defects the carcinomata and sarcomata included with the infected swellings.

Cohnheim's classification is given and commented upon whilst the classification of tumors as prepared by a committee of the College of Physicians and Surgeons, of London, is only mentioned to be severely criticized for its many defects.

Williams' classification is also given. Of especial interest, however,

is the classification of the author, viz: 1. Epiblastic and hypoblastic tumors; 2. Mesoblastic tumors; each with their subdivisions; 3. Epiblastic, hypoblastic and mesoblastic tumors (Geratomata); 4. Swellings caused by retention of physiological secretion (retention cysts).

Clinically, tumors should not be classed as *suspicious*; they are either one or the other, i. e., benign or malignant.

The balance of the work is devoted to a consideration of the special forms of benign and malignant tumors, 169 pages being given to carcinoma. Sarcoma is discussed in a thorough and masterly manner. The last chapter is devoted to retention cysts.

The entire work reflects great credit upon the author, and its appearance serves to further demonstrate Mr. Saunders' ability as a publisher.

Materia Medica and Therapeutics. A Practical Treatise with Especial Reference to the Clinical Application of Drugs. By JOHN V. SHOEMAKER, A.M., M.D., LL.D.. Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital, Philadelphia, etc., etc. Third Edition' thoroughly revised. Reset with New Type and Printed from New Electrotypes Plates. Royal Octavo, Pages ix. 1108. Extra Cloth, \$5.00 net; Sheep, \$5.75 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

The issuance of the third edition of this work was prompted both by the appreciation on the part of the profession of the author's assiduous efforts in the preceding editions, and by the desire to meet the reader's demand for a later and more complete work on this subject, embodying the results of chemical, clinical and physiological research of the last few years.

With a view to enhancing the value of this work as a ready means of reference, the author has embraced within one volume the entire scope of former editions, consisting of two volumes. Many new preparations are introduced and the new applications of old remedies finds adequate treatment. The subject of treatment by means of animal extracts, secretions of juices and immunized serum or antitoxine has been re-written and elaborated, and the endeavor has been made to give a fair presentation of the value of these remedies in combating disease in the various stages. The natural forces and physiological agencies discussed in this volume are of great value in therapeutics, and are often of more avail than drugs in the treatment of disease.

W.

The Treatment of Wounds, Ulcers and Abscesses. — By W. WATSON CHEYNE, M. B., F. R. S., F. R. C. S. Prof. of Surgery in King's College, London. 12 mo, 207 pages. Cloth \$1.25. Philadelphia. Lea Brothers & Co. 1895.

The many well known and valuable contributions of the author to surgical literature are supplemented by this practical work. Mr. Cheyne's writings are based upon his personal experience which has been a large and varied one. He has found a knowledge of bacteriology to be indispensable to the surgeon and claims that the occurrence of suppuration in a primary operation wound is entirely the result of faulty technique on the part of the operator or his assistants.

L.



A CRETIN.

Age, 4 years; height, 25 inches; weight, $16\frac{1}{4}$ lbs.

DR. J. HENRY FRUITNIGHT AND DR. DILLON BROWN.

(Children's Hospital of St. John's Guild, New York.)

*Courtesy of Pediatrics,
Van Publishing Co., 1432 Broadway, N. Y.*

ACADEMICAL NOTES.

Reflections from the St. Louis Academy of Medical and Surgical Sciences.

Doctor Otto Sutter, Superintendent in the St. Louis City Hospital, was elected to membership in the Academy on November 28, 1895.

On the same evening an interesting case of lymphadenoma, involving particularly the cervical glands, was presented by Doctor Carl Pesold.

The symposium on Pleurisy and Pus in the Chest was enjoyed by a large audience. The subject was divided as follows: Clinical History, Doctor George D. Purinton; Diagnosis, Doctor L. P. Walbridge; Treatment, Doctor George Howard Thompson; Surgical Treatment, Doctor Thomas Osmond Summers.

The report has been circulated that the Academy is a "no-code" organization. This has no foundation in fact. An article of the constitution expressly says that the Academy adopts the code of ethics of the American Medical Association. It is not the intention of the Fellows to discuss ethical questions, but rather scientific subjects, and it is presumed that no one will be admitted to fellowship unless he be ethical and in favor of the code.

A Fellow of whom all are proud is Doctor Thomas Osmond Summers, Professor of Anatomy and Histology in the St. Louis College of Physicians and Surgeons, and Orator of the Academy. Doctor Summers is editor of the *Clinique*, the last issue of which says:

"During the last month a new society was organized in St. Louis, having for its pronounced aim the higher professional and social culture. It is formed upon the general *organon* of the New York, Chicago and Paris Academies, and is limited to fifty members. The qualifications of membership are placed very high—a thesis being required upon application, which is submitted to a committee for examination. The social element is quite a feature in the plan of organization, members being requested to appear at all meetings in full dress. Ethical questions are to be tabooed and everything subordinated to higher scientific methods.

Dr. Geo. W. Cale, Jr., was elected President; Drs. James Moores Ball and Arthur Mink, Vice-Presidents; Dr. Emory Lanphear, Secretary; Dr. Wellington Adams, Treasurer; Dr. Geo. H. Thompson, Curator; and Dr. Thomas Osmond Summers, Orator. It is intended in no way to conflict with the regular standard societies, but rather to hold up their hands in the advancement of the profession and encouragement of general society work. The Academy meets every Friday night at the West End Athletic Club. We hope to hear often from its work."

The first meeting of January, 1896, which will be the first Friday of that month, a symposium on Brain Tumor will be given. A large attendance is expected.

Doctor Robert C. Heflebower, of Cincinnati, appeared before the Academy on December 6th, and read a valuable paper upon "The Present Status of the Surgical Treatment of Diseases of the Middle Ear." It was

a thoughtful resume of (1) excision of the ossicles and (2) the mastoid operation. It is unnecessary to say that Doctor Heflebower's effort was appreciated by every member of the Academy.

The presentation of a case of cyst of the omentum, of which only about thirty instances are on record, adds another trophy to the list of surgical rarities of which Doctor Emory Lanphear is the proud owner. The specimen in question was obtained from a woman who had what appeared to be an inguinal hernia. A careful dissection enabled the Doctor to obtain a beautiful specimen.

The clinical lecture on "Lymphadenoma" by Doctor Thomas Osmund Summers, brought out an interesting explanation of the cause of this disease. We hope soon to be able to present Doctor Summers' views in extenso.

Among the visitors attending the meeting of December 6th were Doctor Wm. G. Moore, Professor of Practice in the Beaumont Hospital Medical College; Doctors John H. McIntyre, P. S. O'Reilly, F. W. Abeken, J. G. Ehrhardt; George F. Hulbert, Professor of Gynecology in the Woman's Medical College; G. W. Hinchee, H. W. Lyman, F. W. Hilscher, and others. The Fellows of the Academy gave these gentlemen a cordial welcome, and invited them to return.

International Medical Annual.—E. B. Treat, Publisher, New York, has in press for early publication the 1896 INTERNATIONAL MEDICAL ANNUAL, being the fourteenth yearly issue of this eminently useful work. Since the first issue of this one volume reference work, each year has witnessed marked improvements; and the prospectus of the forthcoming volume gives promise that it will surpass any of its predecessors. It will be the conjoint authorship of forty distinguished Specialists, selected from the most eminent physicians and surgeons of America, England and the Continent. It will contain reports of the progress of Medical Science at home and abroad, together with a large number of original articles and reviews on subjects with which the several authors are especially associated. In short, the design of the book is, while not neglecting the Specialist, to bring the General Practitioner into direct communication with those who are advancing the Science of Medicine, so he may be furnished with all that is worthy of preservation, as reliable aids to his daily work. Illustrations in black and colors will be consistently used wherever helpful in elucidating the text. Altogether it makes a most useful, if not absolutely indispensable, investment for the Medical Practitioner. The price will remain the same as previous issues, \$2.75.

Jacksonville (Ill.) Society.—The Morgan County Medical Society held its twenty-ninth annual meeting Thursday evening, Dec. 12th, at the club rooms. At the election of officers Dr. J. W. Hairgrove was made President; Dr. C. M. Vertrees, Vice President; Dr. Carl E. Black, Sec'y; Dr. E. F. Baker, Treasurer; Dr. A. L. Adams, Librarian; Drs. W. C. Cole, T. J. Pitner and P. C. Thompson, Directors.

FORMULÆ.

Acne Rosacea—

R Sulphur. precip. ʒ j.
 Calaminæ prepar. ʒ ij.
 Zinci oxidi
 Glycerini ää ʒ j.
 Aquæ destil. ad ʒ iv.

M. Sig.: Ft. lotio. The lotion is to be shaken, then painted on with a camel's-hair brush at night.

In the morning face is washed with a little warm water (no soap) and powdered over with the following:

R Acidi borici pts. 10.
 Talci pts. 15.

M. Sig.: Ft. pulv. To be applied every morning. —JAMISON.

Asthma—

R Ammon. brom. ʒ viij.
 Ammon. chlor. ʒ jss.
 Tinct. lobeliæ f ʒ ij.
 Spir. æth. comp. f ʒ j.
 Sir. acaciæ ad. f ʒ iv.

M. Sig.: Dessertspoonful in water every hour or two during paroxysms. —PEPPER.

Lumbricoids—

R Santonin 20 grs.
 Podophyllin 5 grs.
 Sugar 30 grs.

M. Sig.: Divide into five powders; give every four hours until it acts freely on the bowels. The dose of podophyllum can be varied according to the age of the child. —DERAY.

Pulmonary Tuberculosis—

R Creosoti f ʒ ij.
 Alcohol. rectificat. f ʒ xvij.
 Glycerin. pur. f ʒ viij.
 Chloroform f ʒ v.
 Ol. menth. pip. f ʒ ij.

M. Sig.: Tablespoonful in sweetened water before each meal.

—CAROSSO, in *La Medicinè Moderne*.

Biliousness—

R Fellis bovini purif. ʒ j.
 Magnesii sulph. exsiccat scr. ij.
 Resinæ podophylli gr. v.

M. et ft. pil. no. xx. Sig.: One pill three times a day.

—DA COSTA, in *Dominion Medical Monthly*.

Goitre—

Good results have been obtained from the parenchymatous injection of $\frac{1}{4}$ to 1 drachm of a mixture thus composed:

R Iodoform 1 part.
 Sulphuric ether,
 Olive oil ää 7 parts.

M.

—GALEE, in *Revue de Laryngologie*.

For Itching in Eczema—

R Chloral Hydrate
 Camph. Pulv. ää ʒ ss.
 Acidi Carbolicæ gtt. x.
 Balsam Peru ʒ i.
 Menthol, ʒ i.
 Ung. Zinci Oxidi, q. s. ad., ʒ i.

M. Ft. Ungent.

Sig. Apply morning and night.

—*Clinique*.

Psoriasis—

R Ichthyol,
 Salicylic acid,
 Pyrogallic acid,
 Aristol, ää gr. xl.
 Vaseline,
 Lard,
 Lanolin, ää ʒ j.

A powerful ointment to be used in small quantities.

Furunculosis—

R Sulphur gr. iss.
 Camphor, gr. $\frac{1}{2}$.

M. Sig.: Three such cachets to be given during the day.

—*Times and Register*.

Alopecia after Fevers—

- R Alcohol, ʒ vjss.
 Veratrini, gr. vijss.
 Tinct. benzoin, gtt. xv.
 Acid salicyl., gr. vjss.

M. S. : Apply locally.

—KAPOSI.

Diabetes—

In the nervous polyuria or acute diabetes mellitus of children, Dr. J. Comby has made use of

- R Quinin. bromhydrat., ʒ ss.
 Antipyrin, ʒ ss.
 Ext. glycyrrhiz., ʒ iiss.
 Aqua destill., ʒ ij.

M. Sig. : Two or three tea, dessert- or tablespoonfuls at a dose, according to age.—*La Medicine Moderne.*

Catarrhal Angina—

- R Boric acid, ʒ iiss.
 Decoction of marsh-mallow root, ʒ vj.
 Syrup of honey ʒ iss.

M. Sig. : As a gargle.

Descroizille orders:—

- R Sydenham's laudanum, gtt v.
 Barley-water, ʒ vj.
 Honey of rose, ʒ iss.

M. Sig. : As a gargle.

- R Barley-water, ʒ v.
 Honey of rose,
 Syrup of mulberry, ää ʒ j.
 Syrup of clove-pink, ʒ iiss.

M. Sig. : As a gargle.

- R Alum or tannic acid, ʒ ss.
 Syrup of mulberry.
 Honey of rose, ää ʒ iss.
 Decoction of barley ʒ vj.

M. Sig. : As a gargle.

Internally:—

- R Sodium benzoate, or
 Potassium chlorate, gr. xv. ʒj.
 Syrup of mulberry, ʒ v.
 Hydrolate of linden, ʒ iij.

M. Sig. : Teaspoonful every hour.
 —*Le Progres Medical.*

Pruritus Ani—

As constitutional treatment, when constipation is present, Dr. Adler says that among other prescriptions which he has found beneficial are the following:—

- R Extract of nux vomica, 6 gr.
 Extract of belladonna, 2 gr.
 Ex. of physostigma, 2 gr.

Mix and make 24 pills.

Dose: One pill before meals.

- R Ext. of cascara sag., 12 gr.
 Ext. of nux vomica, 3 gr.
 Ext. of belladonna, 2 gr.
 Resin of podophyllum, 2 gr.

Mix and make 24 pills.

Dose: One to two pills at bed-time.

- R Powdered rhubarb,
 Powdered purified aloes,
 ää 15 gr.

Powdered ipecacuanha, 4 gr.

Powdered nux vomica, 6 gr.

Mix and make 12 pills.

Dose: One to two pills at bed-time.

—*Philadelphia Polyclinic.*

Catarrhal Affections—

An excellent cleansing and disinfecting solution for free use in the nasal cavities, by means of the spray apparatus, douche, or syringe, is prepared as follows:—

- R Acidi borici ʒ j.
 Sodii boratis, ʒ j.
 Sodii chloridi, ʒ ss.
 Listerine, ʒ ij.
 Aquæ puræ, ʒ vj.

M.

—*N. Y. State Medical Reporter.*

Nutritive Enema—

- R Water, 150 grams.
 Dry peptone, 10 grams.
 Yellow of one egg,
 Glucose 20 grams.
 Sydenham's laudanum gtt iv..

—TOURNIER.

CORRESPONDENCE.

FORGOT HE HAD SUBSCRIBED, BUT WANTS IT.

BOWEN,¹ ILL., Dec. 12, 1895.

James Moores Ball, M. D., St. Louis, Mo.

DEAR DOCTOR: I have been receiving your TRI-STATE JOURNAL for some time. If my name is on your subscription list please let it remain so. If not, place it there, and send me bill so I can remit for same.

Respectfully, DOWNING D. NICE.

IT'S A GO.

KEOKUK, IOWA, No. 317 High Street, }
December 11, 1895. }

Tri-State Medical Journal, No. 3509 Franklin Ave., St. Louis, Mo.

DEAR SIR: Enclosed I send you \$2, to club with you and the *Midland Monthly*, Des Moines, Iowa, for 1896. Please let me know if it is a go. With best regards I am

Yours truly, J. F. KEMPKER, M. D.

HE MISSED IT.

HOT SPRINGS, ARK., Dec. 4, 1895.

Tri-State Medical Journal, St. Louis, Mo.

GENTLEMEN: Please put me on your subscription books. Since giving up the *Hot Springs Medical Journal* I have missed your journal very much.

Respectfully, T. M. BAIRD, M. D.

READS THE JOURNAL WITH INTEREST.

MANTI, UTAH, Dec. 10, 1895.

DEAR DOCTOR: Enclosed find \$1.00 for renewal of subscription to the JOURNAL, which I always read with interest. Wishing you the compliments of the season, I am

Yours truly,

EDWIN, T. HOSFORD, M. D.,
Surgeon S. P. & V. R'y.

Eight Hundred Pages for One Dollar.—We propose to give our readers 800 pages of choice medical literature for one dollar, during 1896. The mechanical part of the JOURNAL will be improved and several new features will be added to the literary department.

CURRENT EDITORIAL COMMENT.

The Physician as a Business Man.—A prominent practitioner of medicine has said that the physician's first duty to society is to make a living and to keep out of the poor house.

Although the truth of this expression is self-evident it seems to be forgotten and is certainly ignored by a large number of medical men. Doctors are proverbially bad business men. The very nature of their calling throws its business aspects into the background. The doctor's business must be conducted largely on a credit basis and the collection of bills is necessarily difficult. Medicine is a vocation, a profession—not a trade. Nevertheless there is a business side which is frequently ignored. The physician must pay rent or taxes. He must eat, drink, and be clothed. He must support his family and educate his children. He must buy books and surgical appliances. He should make provision for the future both of himself and his family. One thing alone will do all this. That one thing is not the gratitude of patients nor their effusive thanks, neither is it promises to pay at some future time. These things are pleasant episodes in the doctor's life, but they are too intangible to live upon. The one thing necessary to meet these various outlays is money. Nothing but money or its equivalent, will do it.

The question of duty enters largely into the question of business methods. The doctor, like every other able-bodied adult male, is under obligation not to make himself a burden upon society. When he assumes the responsibility of a family, he assumes other duties which he has no right to shirk. These duties cannot be fulfilled by allowing patients to leave bills unpaid which they are able to pay. We should not for an instant sanction the idea that the medical man should do no practice except for money. The fact that he is engaged in a calling implies the duty of being charitable and working willingly and freely for the worthy poor. That question does not enter into our present discussion. We refer entirely to the non-payment of bills by those who are able to pay.

—*Gaillard's Medical Journal.*

A Retrospect.—One of the most prominent features of the past medical year is embodied in the marked advance which has been made in therapeutics. The rational application of remedies and the scientific observations on the action of different forms of medication are such that, in the near future, we may expect to see the art of medicine approaching closer and closer to a scientific form of knowledge, until it might possibly attain to the rank of an exact science. Greater exactitude, an increased diligence, and more conscientious work, have been the chief factors in arriving at the point which has been attained, and a continuance of such methods cannot fail of bringing on the best results.

In considering all these circumstances, we cannot help predicting that the year of grace 1896 will not only be fruitful of much good, but that it will teem with results that shall be but precursors of the blaze of glory in which the end of the nineteenth century shall display itself.

St. Louis Medical and Surgical Journal.

SURGICAL NOTES.

By EMORY LANPHEAR, M. D., PH. G., OF ST. LOUIS.

Professor of Principles of Surgery and Clinical Surgery in the Woman's Medical College of St. Louis.

The Wabash Railway Surgeons Association met in this city, on November 12, under the direction of Dr. W. A. McCandless, Professor of Surgical Anatomy and Clinical Surgery in the Beaumont Hospital Medical College, of St. Louis, the president and Dr. C. B. Stemen, Professor of Surgery in the Ft. Wayne College of Medicine and Surgery, the secretary. A most interesting programme was presented comprising papers on "The Responsibility for Railroad Accidents," by Dr. Geo. R. Highsmith, of Carrollton, Mo.; "The Relation of the Hæmorrhagic Diathesis to Injuries," by Dr. M. Pritchett, of Glasgow, Mo.; "Delayed Union of Fractures," by Dr. J. A. Weitz, of Montpelier, Ohio; "Fracture of the Femur," by Dr. Beardsley, of Lafayette, Ind.; "The Most Common Diseases of the Eye in Railroad Employees," by Dr. Arthur E. Prince, of Springfield, Ill.; "Wounds of the Ankle Joint," by Dr. J. W. Young, of Bloomfield, Iowa; "Injuries of the Cranium and Contents," by Dr. Jared Spooner, of Peru, Ind.; "Presentation of a Specimen of Extensive Fracture of the Base of the Skull with Death on the Eleventh Day," by Dr. W. A. McCandless, of St. Louis, Mo.; "Trephining of the Spine in Cases of Fracture of the vertebrae," by Dr. C. B. Stemen, of Ft. Wayne, Ind.; "Methods of Detecting Color Blindness," by Dr. F. L. Henderson, of St. Louis.

Dr. W. E. B. Davis, of Birmingham, Ala., has been doing a lot of experimental work on dogs showing the effect of extravasation of bile in operations on the gall-bladder and ducts; and has given the results of this as well as his clinical work. He has thoroughly demonstrated the value of gauze in draining bile in injuries of the gall-bladder and ducts. He reports cases where he removed the gall-bladder without tying the duct, simply packing with iodoform gauze; and other instances where he incised the gall-bladder and ducts and packed with gauze around the openings, no stitches being used; yet the patient recovered. Complete walling off of the general cavity was the result. In one case he removed the gall bladder and a portion of the cystic duct where there was obstruction in the common duct, packed with gauze after introducing a glass drainage tube, and there was also complete walling off of the general cavity. He advises that in cases of obstruction of the common duct, no at-

tempt should be made to suture the opening after the obstruction has been removed, as the patient's condition is nearly always serious and a prolonged operation will terminate fatally. But the obstruction should always be removed, if possible. His experiments demonstrated conclusively that the peritoneum is capable of taking care of only a small amount of bile, as large quantities or the constant extravasation of it will invariably produce a fatal peritonitis usually in twenty-four to forty-eight hours. He thinks the field of cholecystenterostomy is a very limited one.

Dr. Henry O. Marcy, of Boston, at the late meeting of the Mississippi Valley Medical Association, read a paper defending the Whitehead operation for hæmorrhoids. It was in the nature of a reply to the strictures cast upon the Whitehead operation by Dr. Edmund Andrews, of Chicago, in a paper read before the last meeting of the Illinois State Medical Society. Dr. Marcy believes that if in the statistics given by Dr. Andrews the names of the operators were mentioned most of the disastrous results will be found to have followed the work of incompetent men. His results had been excellent in those cases in which he had done the Whitehead operation, slightly modified by himself.

In a discussion on the hæmorrhagic diathesis, Dr. H. C. Howard, of Champaign, Ill., reported that he found some twenty years ago a means of controlling the bleeding (particularly from small wounds—often fatal under old plans of treatment), a method that has universally proven successful. It consists of the hypodermic injection of a saturated solution of tannic acid around the seat of bleeding; the acid is dissolved by the aid of heat, as much acid being used as can be taken up by water as hot as can be stood beneath the skin, and this is injected in from three to six points surrounding the field of injury. At the same time large doses of strychnine, one-twentieth of a grain, are injected hypodermically and repeated every two hours if needed. By its influence upon the vaso-motor nerves the strychnine alone would usually be sufficient to check bleeding in a short time, but when the amount of blood lost is considerable it is best not to rely upon the constitutional measures alone but to make use of the local treatment mentioned.

Brain surgeons will be deeply interested in the report of a recent case under the observation of Lepine. The patient was a woman aged forty-four, without a previous history of any significance, who had one night a convulsive seizure followed by loss of consciousness, and subsequently orbital headache, vertigo, and noises in the ears. On admission to hospital there was some psychical dullness, difficulty in walking, apparently from some impairment of equilibration, sometimes a tendency to retropulsion, and slow speech. Next day she had an attack in which she became comatose, with head and eyes turned to the right. The pulse was slow, but unconsciousness only lasted a day. It was succeeded by a month of a condition similar to that in which the patient was on her admission. Then an attack of unconsciousness succeeded, with deviation of the head and eyes to the left and left facial paralysis. On emerging from the unconsciousness a curious psychical change was manifested. She had lost all recollection that her husband was dead (he had died seven years before), and she fancied that the patient in the next bed was her cousin. There was also left hemiopia. Another attack of unconsciousness was experienced, and this was followed by death. At the necropsy the pia mater and dura mater were found adherent at the anterior part of the right frontal lobe, and at this part a gummatous growth was found as big as a walnut. In the longitudinal fissure also, on the left frontal lobe a little in front of the genu of the corpus callosum, a smaller and apparently more recent gumma was found. No other appreciable change in the cerebrum was discovered. The presence of psychical symptoms in this case is very interesting, especially in association with a morbid condition of the frontal lobes.

At the meeting of the Southern Surgical and Gynæcological Association, held at Washington, Nov. 14th, the following officers were elected: President, Ernest S. Lewis, New Orleans; first vice-president, J. Tabor Johnson, Washington; second vice-president, Richard Douglass, Nashville; treasurer, A. M. Cartledge, Louisville; secretary, W. E. B. Davis, Birmingham. Ala. Nashville was chosen as the next place of meeting.

At the meeting of the N. Y. State Medical Association, October 15, 1895 (*Med. Rec.* Oct. 26), Dr. Milliken presented a boy 11 years of age, upon whom 20 months before he had successfully grafted part of the extensor tendon of the great toe into the tendon of the tibialis anticus muscle, the latter having been paralyzed since the child was 18 months old. The case which was

presented showed the advantages of only taking part of the tendon of a healthy muscle which was made to carry on the function of its paralyzed associate, without in any way interfering with its own work. The brace which had been worn since 2 years of age, was left off, the patient walked without a limp, the talipes valgus was entirely corrected and the boy had become quite an expert on roller skates. Dr. Milliken predicts a great field for tendon grafting in these otherwise hopeless cases of infantile paralysis, who heretofore have been doomed to the wearing of braces all their lives.

Dr. Howard A. Kelly, Professor of Gynæcology in the Johns-Hopkins University, of Baltimore, is strongly in favor of ventral fixation (a term which he discards in favor of suspensio uteri) for retroversion. In the past five years he has performed this operation 170 times with only the most favorable results. The indications for the operation are extreme local discomfort associated with uterine displacement and neurasthenia, with backache and headache. In the first class of cases, with local symptoms but no general symptoms, the operation is plain. In the last series of cases it is difficult to say just when the operation is indicated. The most brilliant cures, however, have been in this class of cases. He is willing to take the chances and fail in four cases in order to get one good cure. Of the 132 cases reported, 90 were married, and of these 78 per cent. had borne children and 14 of them had had miscarriages. Not one died or showed bad symptoms. Transient mania occurred in three cases, pneumonia in one case and stitch-abscess in three cases. Cystitis and frequent urination had occurred in four cases only, and had been but transient.

Roberts, of Philadelphia, says of the restoration of joint function after fracture the massage and soaking in hot water, friction with liniments, electricity, passive motion, and attempts at voluntary movement continued for months, will often cause great improvement in the functional usefulness of joints supposed to be irretrievably damaged through fracture.

The *Kansas City Medical Record*, of November, quotes a recent report of a case of gonorrhœal rheumatism accompanying gonorrhœal ophthalmia in a child twenty-five days old. The knee and ankle were affected and gonococci were found in the exudation within the knee-joint. This case is the eleventh on record in the newly born.

At the last meeting of the Mississippi Valley Medical Association, Dr. S. P. Collings, of Hot Springs, Ark., read an essay upon the subject of chronic seminal vesiculitis hæmorrhagica, in which he says there has apparently been little known of the pathological condition of the seminal vesicles until within recent years. The usual cause of this trouble is the extension of gonorrhœal inflammation from the prostatic urethra through the ejaculatory duct into the vesicle itself; at least there is usually a history of a former gonorrhœa with a deep urethral trouble remaining. The vesicles are sometimes involved in very acute and severe inflammation with or without the implication of the cord and epididymis. They may also be involved with tubercular inflammation, although practically never primarily. The most important symptom is the disturbance of the sexual function. The character and appearance of the seminal fluids are more or less changed. The consistency is so increased at times that it is gelatinous. The diagnosis of subacute or chronic seminal vesiculitis would be difficult to make, were we to depend entirely upon symptoms in reaching a conclusion, as they are vague and at times misleading except the appearance of the blood in the semen, which, if thoroughly mixed with it, determines a diseased condition of one or both vesicles at once. The author reported several cases, discussed the treatment as applied to them, as well as that generally used in the subacute and chronic forms. In conclusion, he said that if inflammation of the vesicle occurs in one whose urethra is strictured, cure of the stricture is necessary before we can hope for permanent results in local treatment.

Dr. G. Frank Lydston, Professor of Genito-urinary Surgery, in the Chicago College of Physicians and Surgeons, advocates systematic, careful massage of the prostate and its adnexæ to fulfill these indications: (1) Stimulation of lymphatic absorption and local tissue change by which the exudate is rapidly removed, in many cases with marvelous rapidity. (2) Stimulation of circulation with especial relief of venous obstruction which is so vital a factor in such conditions as those under consideration. (3) Relief of hyperesthesia; as a result of which, manipulation which is often at first quite painful becomes easily tolerated and finally absolutely painless with any amount of pressure that can be brought to bear with the finger. (4) Expression of secretion from the affected glandular structures. In the exceptional case, as already remarked, this expression of secretion is a quite important factor in the result. Clinically, massage of

the prostate is indicated in: (1) Chronic follicular prostatitis, so-called "posterior urethritis," "inflammation of the vesical neck," etc. (2) Chronic prostatic hyperemia with hypersecretion. The so-called chronic follicular prostatitis of the textbooks; the spermatorrhœa of the quack. (3) Prostatic hyperesthesia will frequent micturition or premature ejaculation, the latter being often due to relatively great sensitiveness of the caput gallinaginis. (4) Prostatic hyperplasia in men about middle life, the preliminary stage of enlarged prostate in many cases. (5) Pseudo-tuberculosis of the prostate, involving lympho-adenopathy of simple type.

In a plea for the use of drainage, before the Mississippi Valley Medical Association, Dr. A. H. Cordier, of Kansas City, maintained that the same principles hold good in draining the peritoneal cavity that are applicable to other parts of the body. No surgeon with all the antiseptic precautions possible to be used in opening a diffuse abscess of the thigh or other part of the body, would think of such a thing as at once closing a wound hermetically, leaving many broken down shreds of diseased tissues dangling in the abscess cavity. He might have irrigated the cavity thoroughly with a 1-1000 solution, yet he would not feel it safe to close the wound until after he had made counter-openings and introduced a drainage tube, this being as near ideal surgery as it is possible to obtain in these cases. Freshly boiled distilled or filtered water, cooled to 102 degrees F., should be used in irrigating. The author draws the following deductions: (1) Drainage is a life-saving process when properly used. (2) To use it is not an admission on the part of the surgeon that his work during the operation is imperfect. (3) The use of the tube alone does not produce or leave any condition that favors the development of hernia. (4) The omentum, or other structures do not become entangled in the openings in the tube. (5) A small-sized flint-glass tube, with small openings and open end should always be selected for pelvic drainage. (6) The tube should be used when in doubt as to the absence or presence of drainage indications. (7) To depend upon microscopic findings as to whether a given case should or should not be drained is seemingly scientific, but is neither necessary nor practicable. (8) Gauze drains should be rarely used, and should always be supplemented by a glass drain. (9) There is no danger of infecting the patient through a tube if the attendant is properly instructed.

In the *Lancet-Clinic* of November 23, Dr. J. C. Oliver, of Cincinnati, reports an amputation at the hip joint for osteo-sarcoma of the femur. The patient died on the sixth day of acute septic fever—one of those cases occasionally met of true septicæmia (not sapræmia) without pus formation in the wound; fortunately not often seen of late years.

For the production of surface anæsthesia in regions where the hypodermic injection of cocaine would be dangerous on account of rapid absorption a spray may be used, consisting of:

Chloroform 10 parts.
Ether 15 parts.
Menthol. 1 part.

The only objection to this plan is that the anæsthetic effect does not continue longer than five or six minutes.

Dr. John H. McIntyre, of this city, has been doing some very remarkable work in the way of curing insanity by operations on the pelvic organs of females. At the Southern Illinois Medical Association last month he reported six cases of insanity (mostly melancholia—one of mania) completely relieved by removal of either pus tubes or ovarian tumors. All of which is in line with the work of Geo. H. Rohe, of Baltimore, who cured six cases out of twenty-two operated upon for gross pelvic trouble which was supposed to be the exciting cause of insanity.

Any one particularly interested in the subject of tuberculosis of the genital organs of the male will do well to send for a copy of the November number of the *Hot Springs Medical Journal* which contains a thoughtful article upon this topic from the pen of Dr. J. T. Jelks, Professor of Syphilology in the Barnes Medical College. He does not discuss the matter of treatment.

The *New Albany Medical Herald* states that in a case where the bone has become involved, secondary to cancer of the breast, Aikmann obtained decided relief of pain by the administration of salicylate of sodium, in doses of ten grains, three times a day. Large doses of opium had been given in vain.

Motz has been investigating the character and causes of sarcoma, and has just published some of the results of his researches concerning the blood of sarcomatous subjects. The cultures obtained from such blood show a very small micrococcus, simple or double anærobic, and staining with difficulty. This result was obtained in

eleven out of twelve cases. Inoculation of animals was negative. He considers sarcoma an affection of the blood, localizing itself in the venous walls or capillaries and causing a thrombosis of the affected vessels. This infection of the blood will serve as a diagnostic measure in doubtful cases.

Speaking of a recent treatise upon surgery by a prominent writer of this country, the *London Lancet* says: "If this text-book is a fair reflex of the present position of American surgery, we must admit it is of a very high order of merit, and that English surgeons will have to look very carefully to their laurels if they are to preserve a position in the van of surgical practice."

As bearing upon the question of ætiology of appendicitis it is well to consider the opinion of Hunter McGuire, the celebrated surgeon of Virginia who says that in all the operations he has performed for appendicitis he has never seen a single grape, tomato or cherry seed. It is now pretty definitely settled that the lodgment of foreign bodies has little, if anything, to do with the production of this dreaded disease.

At the recent meeting of the Mississippi Valley Medical Association, Dr. J. Frank, of Chicago, read a report favoring the intra-abdominal shortening of the round ligaments. About fifty per cent. of his cases have been under his observation since the time of operation, which in some instances has been as long as two years, and in all of these the uterus retains its corrected position. He says this operation should be performed in preference to any other in all cases where the uterus is prolapsed or immediately falls back upon replacing it with a uterine sound, and where pessaries and tampons afford no relief, clearly showing that there must be some force which does not permit the uterus to remain in its normal position.

Simple cutting off or severe cauterization of warts never cures or prevents their return, but the trouble may be readily relieved by internal medication in most instances. Good results have been obtained from taking ten drops of the tincture of iodine thrice daily. But as a rule we get the best effects from the arsenical treatment, beginning in adults with two drops of Fowler's solution thrice daily, in children with half a drop thrice daily, and slightly increasing the dose every week. The warts crumble to pieces and disappear, especially when washing and drying the hands, so that the skin looks normal after two or three weeks. Relapses have never been observed.

THE PUBLISHER'S DESK.

The Wide-Awake Tailoring Co. 2735 Franklin Ave.—It is doing good work and has a good trade. It was established by Mr. M. Weinberg between three and four years ago. Mr. Weinberg is a young man and an energetic worker. Not only is he a practical tailor, but he is an experienced and skilled cutter, having learned the art of cutting in one of the best schools in New York City, and he keeps up with the fashions and turns out as good work as any tailor in the city. The suits he makes are as fashionable in cut as those made by the most expensive tailor, but his charges are scarcely half as much as those of town houses. He makes pants to order from \$3.00 up to any price, according to the goods selected. Elegant suits are made for as little as \$13, worth \$20 down town, and they are guaranteed as to material, workmanship and fit. It is worth while to remember these facts, for we are all trying to save money nowadays.

Mr. Weinberg will send for and deliver goods, and the work will be found first class in every respect. He can save you many a dollar if you patronize him, and the work can be relied upon. There isn't in all the West End a tailor who has better deserved the support of the people, and we are satisfied that he will keep on giving the best satisfaction to every patron.

Mr. Weinberg pays particular attention to the *Medical Student* trade; Graduating suits being a specialty.

How We Intend to Check Substitution of Drugs.—Owing to the fact that substitution of drugs is practiced to a great extent, we earnestly request our readers to assist us in reporting to us all cases in which they may have been the victims of this criminal offense, giving the name and address of imposters, also all particulars to substantiate their statements, such as sworn affidavit, etc.

We will expose in our columns the names of fraudulent dealers on receipt of satisfactory evidence.

All our readers will admit, that a doctor who prescribes a certain remedy, expects that his prescription shall be filled accordingly. A druggist has no right whatever to use his own judgment in the matter, otherwise he places the reputation of the physician as well as the life of his patient in jeopardy.

Feeling that all doctors, honest druggists and manufacturers of legitimate preparations will be benefited by our action in this matter, we solicit their assistance.

The above notice must be considered as a warning to druggists who believe that they are at liberty to substitute drugs.

My success with Peacock's Chionia has been more than I expected. The patient, a lady, received more help from it than she had from all the medicine she had taken from different doctors in five or six years. I have placed great faith in Peacock's Chionia and I can not speak in too high terms of its efficiency.

S. J. WESTON, M. D.

Des Moines, Iowa.





