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Original Articles.

GONORRHEA.

By WALLACE A. BRIGGS, M. D., Sacramento.

(Read before the Sacramento Society for Medical Improvement.)

The subject of this evening's paper is one for discussion rather than dissertation. The recent literature in this department of medicine is voluminous and exhaustive, leaving to the essayist little more than the work of recapitulation.

From the earliest period of which we have record, the disease known as gonorrhœa has existed as a most potent scourge to evil doers, and not infrequently as a diabolical curse to innocent victims.

As an originator of good resolutions on the part of misguided youth, its conquests far outnumber those of the world's great reformers; although an assertion as to the permanency of its results would be based upon violent presumption.

Briefly defined, it is a purulent, infectious inflammation, usually confined to the urinary and genital apparatus; although any mucous surface is liable to attack, as of the anal, nasal, aural or buccal cavities.

Until recently, authorities upon the subject had afforded the student but meager knowledge concerning its etiology; nor is it yet definitely settled that the disease is of specific or of non-specific origin. Advocates of one or the other theory seem equally confident of their position, and alike are fortified by a formidable array of alleged facts and experiences.

In 1870 Neisser, after a most extensive and pains-taking investigation, announced that he had discovered the parasite of true gonorrhœa, the so-called "gonococcus." Earlier observers had reached similar conclusions, but Neisser's demonstration was the first to be generally accredited, in that he claimed to have satisfied the three conditions of Koch in the chain of proof that a given infectious disease is caused by a given microbe:

1st. That one and the same spore be always found in a given disease.

2nd. That the same be easily recognized.

3rd. That the disease may be artificially produced in a healthy individual by inoculation with pure cultivations of spores.

By more recent observers, it is claimed that fourteenth generation cultivations have induced the disease in the human subject.

Dr. Andrew F. Currier, in two articles published in 1885 in the *New York Medical Journal*, has elaborated, in the most careful manner, the conclusions of many original investigators, most of whom are arrayed among the advocates of a specific origin for the disease. Some of his deductions are as follows:

1st. That the form and size of the microbe are of minor importance as differential characteristics; inasmuch as in various secretions of the body, healthy and otherwise, micrococci have been found closely resembling the true gonococcus, but which fail of producing gonorrhœa in the healthy subject.

2nd. That not only is the contagious property of the disease located in the gonococcus, but that it is to be distinguished from all others by its faculty of penetrating healthy tissues, and its manner of multiplication.

3rd. That while the evidence is not absolutely complete, even the skeptical will admit that the probabilities are altogether in favor of a parasitic origin.

Another argument, and seemingly a forcible one, adduced by champions of the gonococcus, rests upon the extreme virulence of gonorrhœal ophthalmia, and upon the fact that in pus from eyes so affected is found a microbe identical with that detected in true gonorrhœal pus.

Again, it is inferred that gonorrhœal infection differs from a simple inflammation, in that the former is attended by gonorrhœal rheumatism while no such sequel follows in the wake of the latter.

On the other hand, so eminent an authority as Fessenden N. Otis, M. D., prefaces his recent admirable treatise upon gonorrhœa by the bold and unqualified assertion that it is a vicious, non-specific inflammation. In support of this statement he has framed a most ingenious argument.

It is a fact worthy of note, however, that in the prelude to his discussion, Dr. Otis has included under the general term gonorrhœa, all the varieties of urethritis, including traumatic, many of which are conceded by all to be of non-specific origin. From this it is easy to understand that his deductions are questionable if not wholly unwarrantable. His view of those authorities, who hold opinions adverse to his own, is confessedly made without experimental investigation, and it is but fair to presume that he has overlooked those results which seem most conclusive or satisfactory.

Little else remains to be said under the head of etiology. A long list of authors might be quoted in support of either side of the question, but no new light is thrown upon it by any.

The clinical history of gonorrhœa in the male subject is an oft-told tale. At intervals varying from two to eight days after an impure connection, there is a feeling of uneasiness and itching at the meatus. An examination discovers the lips of the meatus reddened, slightly pouting and oft-times glued together. Gradually the sense of fullness extends within the urethra and the discomfort is increased proportionately, accompanied by throbbing pain, and painful, sometimes difficult, micturition.

The slight mucoid discharge of the first forty-eight hours soon becomes profuse, and is changed to a purulent or muco-purulent fluid not infrequently tinged with blood. Accompanying these symptoms the patient experiences a feeling of general lassitude and debility together with marked febrile reaction. The bowels are constipated and appetite impaired.

Local manifestations, such as balanitis, chordee, orchitis, enlarged, sensitive and oft-times suppurating inguinal glands, and infiltration of the perinæum and prostate are frequent and harassing complications.

The course of the disease has usually been divided into three stages:

First. The stage of incubation, extending over the period from exposure to the establishment of free discharge.

Second. The inflammatory stage, lasting from ten days to three weeks.

Third. The stage of subsidence, usually brief, but in the chronic form of the disease may be extended indefinitely.

In the female, owing probably to the extensive area involved, the outset of the disease is usually accentuated by more pronounced constitutional manifestations.

To detail satisfactorily the course of female gonorrhœa would demand a panoramic review of many cases. Its forms and phenomena are multiplied beyond the experiences of any individual, but no observer will fail to assign it to a place among the most distressing and formidable of all local diseases.

Nor is this true alone from the standpoint of its importance at the outset, but more especially on account of its sequellæ, most of which, owing to multiplicity and insidiousness, present a very serious menace to health if not to life itself.

The following imperfect outline will answer the purposes of this paper.

Within forty-eight hours after exposure there is an intense itching sensation throughout the entire vulvo-vaginal tract, superseded by hyperæsthesia and burning pain over the same area. Painful and frequent micturition are nearly constant symptoms.

During this period the patient may or may not experience a slight chill, but whether this occurs or not the temperature is elevated from one to three degrees.

On the fifth or sixth day a free discharge is noted; at first thin and serous, it soon presents a thick, greenish-yellow appearance. With the establishment of free discharge the acute pain subsides, but the acute sensitiveness persists, inducing the patient to rebel against active measures in the way of treatment.

Through the speculum, which is now regarded as an important ally in treatment, as it surely is in diagnosis, the vaginal mucous membrane presents a deep red appearance, everywhere œdematous, with local elevation of temperature. As the finger of the examiner is carried over the exposed surface it imparts a characteristic feeling of resistance. Upon the importance of this feature Lawson Tait dwells at considerable length. The urethra is involved in a large proportion of cases, and is affected similarly to that of the male subject. The vulvo-vaginal glands are usually indurated and enlarged; and by their extreme sensitiveness resent any approach to the deeper tissues.

The duration of the disease in either male or female subjects,

affected as it is by circumstance of habits, temperament and methods of treatment, varying from veriest quackery to intelligent procedure, cannot be accurately determined. Late observers are unanimous in the view that genuine gonorrhœa cannot be aborted. Even Otis, while insisting upon the identity of gonorrhœa and simple urethritis, is explicit upon this point, naming four weeks as the inside limit of duration. At the same time he must admit that a simple urethritis or vaginitis is frequently well in as many days.

There is no subject throughout the realm of medicine in which so great diversity of opinion and practice has prevailed as in the treatment of gonorrhœa. A very large majority of all the articles that go to make up the *materia medica*, have, at one time or another, been heralded as possessing wondrous virtues as gonorrhœal specifics. It is also very doubtful if nearly all the preparations that have enjoyed a reputation as "sure cures" will ever be raised to the dignity of a place in medical literature.

It is my intention to bring to your notice only a few of the more modern and better accepted views upon the subject.

Leaving the matter of abortive methods with what has already been said, we enter first upon systematic treatment of true gonorrhœa in the male. The efficacy and necessity of absolute rest is beyond cavil, where circumstances will admit of a resort to it, or as near an approach to it as can be reached. The patient should be fully advised that his attack may be materially shortened by strict adherence to this requirement. Additional relief may be obtained by elevation of the external genitals by a sling or pillow.

The flow of urine should be increased by saline diuretics and the bowels thoroughly evacuated by a brisk cathartic. Immersion of the penis in hot water during the act of micturition will greatly allay the usual pain attendant thereon. Little else remains to be done until the customary discharge has been established on the 5th to the 7th day. By this time the question of local treatment by injection will have absorbed the attention of the patient if not of the attendant. If we accept the dictum of such authorities as Otis, Bumstead, Taylor, Noeggeratte, Keyes, and many others, we shall insist that the first requisite of the simple or complex injection shall be its non-irritating quality. Whatever may be its composition, if severe pain follow its use the solution should be so diluted that it can be tolerated.

Omitting a rehearsal of the long list of substances most often employed in this connection, I shall refer briefly to a few of that class, to which advocates of the gonococcus pin their faith, viz.: The so-called germicides.

Carbolic acid has long been used as a component part of several favorite injections, but its independent use has met with little success.

Chloride of zinc, while doubtless a valuable agent, has been generally abandoned on account of its extremely irritant property. If used, however, in very dilute solution, e. g. one-sixth to one-fourth gr. to the ounce, it will be found to be a safe and useful remedy.

The germicide, which seems more nearly to meet all the requirements, is the bichloride of mercury. With this drug also great precautions are necessary lest its irritant effects be produced.

Within the past year I have employed it several times, the solution containing one-eighth gr. to the ounce of water. In every instance its beneficial effects have been noted, though occasionally, during the latter stage of the disease, I have resorted to a mildly astringent solution as an alternate injection.

The error of using solutions carrying too much of the drug, e. g. one to two or three grs. to the ounce, as at first recommended, is not only fatal to a successful issue, but dangerous in the extreme, while the more dilute preparation can be used frequently and without fear.

The following comment upon copaiba as an internal remedy applies equally to its analogues. Its exalted and widespread reputation demands at least passing mention.

All the earlier writers upon therapeutics give it the first place as an internal agent, and doubtless few practitioners have had the temerity to pronounce it absolute. Its nauseous taste and disagreeable effects upon the digestive organs are well known, and if its administration could be proven unnecessary, a host of suffering patients would hail the announcement with delight. Upon the hypothesis of a specific origin for the disease, its use is certainly irrational, in that its effect as a diuretic can be secured by far more agreeable and effective agents. Little else can be said regarding the use of copaiba, save that recent writers leave the student with a grave doubt as to the propriety of ever resorting to it.

In closing this part of my subject and the paper of the evening, I propose briefly to epitomize the general plan of procedure formulated by Dr. Otis in the treatment of gonorrhœa.

Its simplicity and freedom from formidable details recommend it strongly to the profession not less than to the suffering patient; and it is to be fondly hoped that future experience will verify the words of this most renowned teacher.

First. Fully explain to the patient the inefficiency of popular remedies, and the dangers attending their use.

Second. Secure absolute personal cleanliness, thereby preventing infection of other parts, and insist upon as nearly perfect rest in bed as the exigencies of the case will permit.

Third. Soak the penis frequently in water as hot as can be borne, but more especially during the act of micturition.

Fourth. Recommend milk as a diet, and prescribe alkaline diuretics and mineral waters as internal medication.

Fifth. Secure absolute freedom from sexual intercourse and from thoughts associated therewith.

Perfect faith in, and obedience to, these simple formulæ he insists will insure a successful ending of all uncomplicated cases before the beginning of the seventh week.

Much remains to be written upon this, to me, interesting and important subject. But any extended allusions to the many complications and sequellæ of the disease have been scrupulously avoided, and for reasons that are self-apparent.

I feel, however, that it is incumbent upon me to apologize for having passed in silence the treatment of gonorrhœa in the female. I have made this omission in the hope that at some future time this very important topic might occupy the attention of the Society for an evening.

EROSIONS OF THE VAGINAL PORTION OF THE CERVIX OR ULCERATION OF THE SAME PARTS.

By JOHN A. MILLER, M. D.

Of late years medical writers have endeavored to use such terms in the designation of disease, which in their etymology would mirror either the etiology or pathology of the affection. It will be obvious, that this scientific precision in the nomenclature of medicine, depends upon our knowledge of the true

nature of the processes of disease, hence, so long as many diseases as to their origin and nature are *sub judice*, a precise terminology will not be agreed upon.

A term then, which conveys an idea of the subject, must continue in use, whether the same be based upon symptoms, source or locality. But, when one and the same term is applied to several entirely different pathological processes, our ideas become confused, and with the same term, different persons will entertain entirely different conceptions.

When the term "ulceration" is employed, we have one of these confusing elements, especially when applied to the pathological processes of the cervix. With the light, which careful microscopical research has thrown upon the morbid state of the vaginal portion, taken from the living subject, there is no longer an excuse for such an apparent irreconcilable diversity of opinion.

It will be necessary for our purpose, that it be generally understood what the term "ulceration" is supposed to convey, or in other words to comprehend the value of the term, stripped, as it were, of all such qualifying words as papillary, follicular, granular, etc. When we speak of an ulcer, we must have a definite picture in our minds, of a solution of continuity in the soft parts, the result of local death and decay, going on in the tissue, corresponding in extent or surface with the ulcer. When we apply this term to a sore, its applicability must be tested with the question, Whether the loss of substance occurred through local loss of vitality and subsequent decay? If this be answered affirmatively, then there is ground for the designation of an "ulcer." Taking this precaution we shall avoid many errors of judgment, and come closer to a solution of the pathological processes which may present themselves.

If we place the vaginal portion in the field of the speculum and a raw-looking granular surface is seen, which, however, does not come within the scope of our definition for ulcer, the field for pathological speculation is materially lessened, and our diagnosis of the morbid process simplified, and a correspondingly rational treatment suggested.

That ulcerations are met with here, as a result of follicular abscesses or herpetic papulæ, no one will dispute. In these instances, however, the denuded surface takes on an ulcerative process, a result, rather than a cause, but this is comparatively

rare, often such a sore is covered with granulation tissue, in process of repair, which is mistaken for an ulcer.

Outside of these causes, or some similar ones, ulcerations must be limited to syphilis and cancer, yet in the nosology of uterine ulceration, there are so many other varieties, that it seems like presumption to eliminate them from the time honored vocabulary.

If a portion of the cervix present itself to our eye, denuded of its pavement epithelium and having the gross appearance of granulation tissue, are we justified, to come at once to the conclusion, that it is a granular ulcer, when in fact the process of ulceration had no more to do with it, than it had with the pathology of the disease known by oculists as granular degeneration of the eyelids or trachoma, yet this latter malady is given as an illustration of granular ulcers of the cervix by one of the most eminent gynæcologists in New York in the following language: "Begging the reader, at the same time to bear in mind, that what is called here ulcer, is called granular degeneration when it occurs under the lids." A comparison as inaccurate and delusive, as that of variola with purpura hæmorrhagica. If in another specimen the denuded portion has a follicular aspect, and the process of ulceration had nothing whatever to do with this state of things; if, in fact, it can be demonstrated that these follicles are the result of an abnormal cell proliferation, causing deep recesses, or crypts, and when the mouths of these become agglutinated, they become distended, follicles thus formed are pathological, because they invade tissue which normally is free from these structures, then we are forced to bar out the misnomer of ulceration. In order to understand this question thoroughly, it will be necessary for us to refresh our memory in the normal histology of that portion of the cervix, which is immediately concerned in this supposed ulceration, and thus by comparing the normal with the abnormal, we will more readily understand its solution.

It will be sufficient for our purpose to limit our review, to the epithelial elements of the cervix, of which the mucous membrane of the cervix carries two varieties, namely, pavement and cylinder, or columnar, epithelium.

The vaginal portion of the cervix in the adult uterus, is that portion which is freely projected into the vagina and limited by the attachment of the fornix of the vagina, which extends up-

wards a greater distance behind than in front. The os externum in the nullipara is round, but after one or two births the aperture is generally transverse.

The os is limited by two lips, an anterior and posterior lip, of which the former is thicker than the posterior, the latter being the longer of the two.

The mucous membrane covering the external or facial surface of the lips of the vaginal portion is bluish pink, and consists of a number of layers of pavement epithelial cells, resting on a papillary base and basement membrane, resembling in some respects the superficial structure of the skin. This arrangement of pavement epithelium reaches into the cervical canal, and according to Friedlander as high up as the arborescent striæ or rugæ of the cervical mucous membrane.

This boundary is by no means uniform, it varies in different subjects.

I have noticed in this particular, the cessation of the pavement epithelium in the normal cervix, half a line outside of the os, which was discernible with the naked eye as a redish rim. Now, it will be important to remember, that the mucous membrane of the canal of the cervix consists of columnar or cylinder epithelium, and these are generally arranged palisade-like; to the touch it is soft and velvety, and to the eye it presents a red aspect. The physiological cervical glands are nothing more than a folding or dipping in of the mucous membrane, they commence where the change takes place from the pavement into the columnar variety, columnar, of course, being necessary for the glandular apparatus. It is, as yet, not settled, whether these glands are ever present on the vaginal aspect of the cervix in a normal state of things.

In reading the literature extant on this subject of ulceration of the cervix, one becomes confounded and confused in the endeavor to get an intelligent understanding of the subject. The truth of the matter is, that most opinions advanced from time to time, were based on speculation or conjectures, such as the gross appearance of the raw surface would suggest, instead of being based on a minute anatomical research of specimens cut fresh from the living subject. In the microscopic examinations of the dead body, the results were delusive, because the epithelium had been macerated and removed, and the granulations thus presented were supposed to be hypertrophied papillæ.

Drs. Ruge and Veit, the former pathologist to the University Female Clinic at Berlin, have demonstrated that this apparently raw surface is in fact covered with epithelium, and that the granular points are new formations, and have no relation to the papillæ of the mucous membrane. Other gentlemen, who have since investigated the subject, concur in this view, and among them, I can mention Schroeder, Martin and Fishel in Germany, D. Berry Hart, and A. H. Freeland Barbour, of Edinburgh, Scotland.

Under the influence of chronic congestion or inflammation, the cervical mucous membrane becomes the seat of a continued irritation producing pathological changes, which are extremely interesting. The mucous membrane swells, its folds or plicæ palmatæ become thicker, so that the membrane rolls out at the os, and may be recognized as a soft red abundantly secreting mass. If this irritation continue, the cylindrical epithelial cells of the cervical mucous membrane assume a proliferating function, which is particularly active at the external os, or where the border line exists between the mucous membrane of the canal and that covering the vaginal surface, which latter, it must be remembered, is of the pavement variety.

Here, at this margin, the columnar cells in a single layer proliferate and push themselves forward, extending, as it were, the lining peculiar to the canal outside of its domain, over that portion which in the healthy state of things is covered with pavement epithelium. This destruction and substitution of one variety of cells for the other, is in some instances so extensive as to involve the entire vaginal portion, and often spreading on the fornix of the vagina. The origin of this new epithelial structure is in dispute. Some hold that the upper layers of cells through copious abnormal secretions have been macerated, loosened, and cast off, while the deepest layer of the rete malpighi changes into cylinder epithelium. Others hold, that the continued encroachment of the cylinder cells upon the pavement takes place through lateral pressure of the former, and also through cells vegetating or burning into the sub-mucous tissue beneath the pavement cells, atrophying and destroying them.

The extent of the invading membrane is much larger than a mere surface aspect would indicate; it does not stop by simply supplanting the surface, but folds itself into convolutions and deep depressions; the latter involution is more or less complex,

carrying with it the columnar epithelium, thus forming tubular glands or crypts, which sometimes branch out from the bottom, constituting the racemose variety of mucous glands; the growth of these glands is sometimes so thrifty, that they will grow down beneath the mucous surface, and between the muscular bundles of the tissue.

This simple spreading of the cervical mucous membrane explains what was formerly erroneously called ulceration, and to which the German pathologists gave the collective name "erosion;" or simple erosions.

It now will be an an easy matter to understand modifications of simple erosions, such as papillary and follicular, which are the result of the same process.

When the involutions, already referred to, assume, in a measure, a regular arrangement, the tubular depressions dipping down side by side as a result of the vegetating columnar mucous membrane, between these glandular crypts are portions of mucous membrane, which present to the naked eye a fine granular appearance; hence the term, granular or papillary erosions, while under the microscope they resemble somewhat the papillæ, are, however, genetically distinguished from the latter by not growing above the plane of the surface. This is the interglandular tissue, so to speak, of the pathological glands.

Another modification easily recognized and distinguished from the preceding form, is the follicular erosion. These, as the name indicates, are follicles, forming in the field of either the simple or papillary erosions, and a follicle would be here formed, by closure of the mouths of the tubular glands above referred to, the crypts become distended, owing to their secretion being pent up.

These small cysts or follicles met with, as a complication of simple erosion, are lined with a regular single layer of cylinder epithelium.

Keeping these several forms of erosions in mind, with the possibility of a gradual shading off, in some instances, of one form into another, finding the simple variety complicated with the papillary, or the latter complicated with the follicular, we will have no difficulty to interpret these lessons, and avoid the misnomer "ulceration."

DOES COCAIN IMPROVE THE CHANCES OF SUCCESS IN OPERATIONS FOR CATARACT ?

By A. BARKAN, M. D.

The introduction of cocain, scarcely two years since, marks a new era not only in ophthalmology, but in the treatment of all organs and cavities covered or lined with mucous membranes, within our reach. The oculist, foremost in his strong and enthusiastic praise of the wondrous qualities of this drug, was quickly joined by the laryngologist, who thus became enabled to fight successfully with the reflex spasms of even the most refractory throat, and to examine and operate within it with great ease. Then the rhinologist chimed in, and was delighted to have found in cocain a never-failing means of contracting the venous plexuses of the hypertrophied turbinated bones, and of changing the hyperæmic condition of the inflamed nasal mucous into a complete state of anæmia with almost magical ease and rapidity. The greater facilities thus afforded in making a diagnosis of affections in the upper and rear parts of the nasal cavities proved in themselves a great blessing both to physician and patient. Operations in the region of the posterior nares, such as removal of hypertrophies of the rear end of the turbinated bones, adenoid vegetations, etc., the "bete noire" of rhinological practice, were rendered comparatively easy of accomplishment. But "where there is much light there must be some shadow." Voices of caution and warning commenced to get loud. Cases were cited of cocain poisoning, and it was stated that in others the drug refused to take effect. Several Eastern oculists, both competent and honest, reported some unsuccessful cataract extractions, performed under the influence of cocain, the failure being due presumably to the effects of the drug.

Soon after those latter publications, about January, 1885, I commenced the use of cocain; on the first case, of senile cataract. The operation was performed in the ophthalmic ward of the City and County Hospital, on the left eye of a man 65 years of age, in rather feeble health. A preliminary iridectomy had been made about three months previous. A two per cent solution of the best (Merk's) hydrochlorate of cocain was used. Complete anæsthesia was produced. There was no hemorrhage nor prolapse of vitreous. The cataract was delivered by gentle pressure, with ease; the pupil was black, fingers were counted.

The next morning the eye showed symptoms of commencing purulent iritis; do what we could, panophthalmitis set in. My first cataract extraction with cocain proved an entire failure. I refrained from publishing the case at the time, not being desirous of adding a warning voice from the Pacific to those from other parts, because I felt that the patient being not only in poor health, but exceedingly restless, had displaced his bandage, and was moreover suffering from disadvantages in the City and County Hospital, which, according to my observations, does not offer favorable conditions for a septic healing of wounds, and that "post hoc is not always propter hoc!" Although distressed at the failure of this, my first case of senile cataract with cocain, my confidence in the drug was not shaken. I used it, therefore, for the next case of senile cataract, and on eighteen subsequent cases, and am happy to record an uninterrupted series of nineteen successful cataract extractions. Truly, after rain cometh sunshine!

Now, are those cases worth recording? The number is small, it is true. Even in precocain times, under the unfavorable conditions of chloroform or ether narcosis, and without antisepsis, the percentage of loss in these cases, in the hands of such men as Knapp, Agnew, Noyes and many others equally skilfull, in this and other countries, was probably no more than about 1:20 or 5:100. In my hands, it has been more, and that my losses have been reduced to very nearly the same as those of men, whose great skill and command of immense material, have placed them at the very top of our noble profession, is a fact I consider worth mentioning, because I attribute my success mainly to the use of cocain, although perhaps it might more properly be accounted for by the negative gain the patient and his eye receive from the abandonment of a general narcosis, than by the *positive benefit* the operated organ experiences from the use of cocain. Formerly when a touch of the cornea failed to produce closure of the lids, then, and then only was it deemed advisable to proceed with the operation. To accomplish this cessation of reflex action, narcosis had to be carried to the very extreme, and patients advanced in age and, therefore, often afflicted with defective breathing or a poor condition of the circulatory apparatus, inhaled the anæsthetic until their breathing became strenuous, the heart's action irregular, the countenance cyanotic. This sketch may seem overdrawn, but I would

remind the editor of this journal, who kindly encouraged me to make this short publication, and whom I see, with my mind's eye, shaking his head somewhat incredulously, that whenever he was present at a cataract extraction, he was the one to apply ether, and most of the readers of this journal know what that means. In most other cases the ether narcosis proved unsatisfactory; when performing the subtlest of all operations the surgeon rarely felt perfectly at ease; the patient often recovered consciousness too soon, then the work had to be hurried, and in cases where, after delivery of the lens body, the remaining bits of cortical matter should be removed leisurely and completely, the dressing of the wound be neatly finished and the bandage properly applied, the difficulties arising were not unfrequent. And then the vomiting during and after the operation, the restlessness and malaise experienced by patients during several subsequent hours. Patient and surgeon were kept in a state of anxiety for some time after the operation. Now, at the very outset of an operation the conditions are more favorable, the patient can take his usual morning meal and as a rule lies down cheerfully, believing that the operation will practically be painless. The cocain solution used by me in the last fifteen cases was a four per cent solution of White's hydrochlorate of cocain. The patient's head is placed in a slightly reclining position, so that the cocain may come into contact with the upper half of the conjunctival *cul de sac*. From three to four drops are used within fifteen minutes. The instrument having been carefully cleansed in absolute alcohol, the operation is commenced. The stop speculum, used to keep the lids open, does not as a rule produce the least discomfort, the fixation of the eyeball with Graefe's narrow bladed knife exactly at the sclero corneal junction, about three mm. in height (according to De Wrecker) are absolutely painless. As cocain produces, through contraction of the blood vessels, anæmia of the parts with which it comes into contact, there is scarcely any bleeding.

During iridectomy, the second part of the operation, slight pain is sometimes experienced, so slight indeed that if the patient is forewarned, he will not give any signs of it. The laceration of the anterior capsule is next proceeded with; the patient, feeling quite comfortable, willingly keeps his eye turned down, thus materially assisting the operator and avoiding the forcible pulling downward of the eyeball which had often to be re-

sorted to formerly. There is ample time to open the capsule extensively, this materially facilitates the delivery of the lens through the corneasclerotal opening by using gentle pressure with the back of the curette on the lower part of the cornea. No pressure is used which might cause prolapse of the vitreous; soft cortical matter happening to remain behind is gently removed from the anterior chamber, blood coagulum adhering to the edges of the wound are leisurely and neatly removed, then an application of a four per cent solution of boracic acid, the dressing of the eye is finished and the bandage placed. With the exception of the first case mentioned all the other cases enjoyed perfect or very nearly perfect freedom from pain, not only during the operation but remained absolutely comfortable during the hours and days subsequent. The bandage is removed daily, the lids are not opened for the first forty-eight hours, unless slight twinges of pain are experienced. A few drops of a four grain solution of atropia are applied daily after the third day; this generally proves sufficient to keep in check the slight iritis which is apt to be developed. I have not experienced a single mishap with cocain in any of my cases, the recovery in all has been perfect. Within two or three weeks time the patients could read the smallest print, of course with cataract glasses, and in no case had I to perform an operation for secondary cataract. In none of these cases were any deserving special mention, only one rather exceptional, that of an aged man 60 years old, an habitual drunkard, suffering from a far advanced chronic Bright's disease with heart complication, a veritable candidate for death. I operated on him for cataract on both eyes in one sitting at the German Hospital with complete success. Instead of finding considerable reaction the day after the operation the eyes had kept the color of wax, there was no conjunctival or pericorneal injections, but the man had successive attacks of delirium tremens, and succumbed under one at the end of the fourth week. Having been blind from double cataract for some years he keenly enjoyed for a short period his restored sight before passing into eternal darkness. Setting aside the greater precision with which we are now enabled to perform the different parts of the operation, cocain exhibits its blissful effects in preserving the eye from pain, and body and eye in a state of quietude during the hours immediately following the operation, that short, yet very important space of time,

during which nature makes her first commencement in uniting the wound—thus preventing any disease germs from entering the eye. Therein lies probably the main source of success in these cases, and from my individual experience I have come to the conclusion that cocain in rendering the operation, and especially the hours following it, free from pain, improves very materially the chances of success, a fact to be most gratefully acknowledged.

GLANDERS IN THE HUMAN SUBJECT.

By J. D. ARNOLD, M. D.

It is generally conceded that glanders or farcy never originates spontaneously in the human species—whereas all writers upon veterinary surgery insist that idiopathic farcy is by no means unfrequent among the whole-hoofed quadrupeds. That farcy and glanders in man are manifestations of one and the same disease is no longer open to question; they differ only as regards the point of inoculation, and the early or late affection of the air passages. It would appear that the many and conclusive experiments of Viborg should have established this as a fact equally true of the malady in the lower animals; yet, many modern writers upon the diseases of cattle and horses are inclined to the opinion that they are separate and distinct affections. German and French veterinary surgeons adopt the views of Dupuy and Dittrich who conclude that the tumors developed in the skin, lymphatic glands and viscera, in farcy, are histologically identical with tubercle, and pretend to have proved that tuberculous matter from the human subject when inoculated upon whole-hoofed animals invariably produces typical farcy. On the other hand, they believe that glanders in the horse and kindred species is a malignant phlegmonous catarrh of the air passages produced only when the nasal mucous membrane has been the seat of contagion. In accord with this view is the general belief among jockeys and horse dealers that glanders is only contracted through infection, whereas farcy often arises spontaneously in ill fed, ill housed and overworked horses. Col. Fitzwygram, an authority among English horsemen, makes light of the fact that glanders is nearly a constant symptom of farcy in epidemics of this disease, but puts much

stress upon the communicability of all forms of purulent nasal catarrh in hoofed animals.

The more accurate investigations of Boulay and Virchow prove conclusively that farcy and glanders are products of the same systemic poison, and that in glanders the nose and submaxillary glands are the principal site of the disease, whilst in farcy the skin, mucous membrane and whole lymphatic system are the theater of peculiar pathological changes.

The characteristic tuberculoid tumors which develop in the skin and subcutaneous cellular tissue are sometimes the first indication of the invasion of the disease (farcy) but a purulent nasal catarrh and swelling of the cervical glands oftener constitute the *initium morbi*. Numerous experiments have shown that not only the saliva and contents of the farcy tumor are capable of regenerating the disease on inoculation, but that sweat, urine and blood from a glandered animal when put under the skin or placed in the nostril of a sound horse almost invariably produce farcy, and be it remarked, there are not wanting observations recorded, that healthy pus when injected in the veins of horses and cattle will initiate a *pyæmia* with symptoms and course closely parallel to farcy. A well controlled series of experiments cited by Virchow entirely negatives this latter tenet.

In the genus *equinus*, glanders occurs in two well marked modifications—the acute and chronic. In the mule and ass, the disease is nearly always acute, and in man it occurs mostly in the acute form, though the period of incubation is proportionately longer.

The sequence of symptoms depends essentially upon the primary site of infection; coryza, sore throat and enlargement of the submaxillary glands occurring previous to the skin affection, if the nasal or buccal cavities have first received the *contagium*, and only late in the course of the disease when the poison has been introduced into the body through cutaneous abrasion. Whatever be the mode of infection, the disease is always ushered in after a period of latency varying from four to fourteen days, by rigors, increased temperature and general malaise. The fever though subject to irregular remissions continues of a high grade until the appearance of coryza, glandular swelling and cutaneous erythema. The discharge from the nostrils—at first thin and colorless, gradually becomes opaque, thick, purulent and bloody. The whole nasal and pharyngeal

mucoous membrane is the seat of nodular ulcers, which merge into each other and penetrate deep into the tissues, exposing carious bone and cartilage beneath. The submaxillary always and sometimes the parotid grows large and painful; under the skin of the face and extremities, or over the whole body, the touch readily detects round tumors that vary from the size of a millet seed to that of a bird's egg. These enlargements are typical and have been termed *farcy buds*. Each one of the buds becomes the seat of a pustule which quickly breaks, spreads superficially and discharges continuously a thick, dirty yellow serum. The pharynx, larynx and trachea are invaded by sloughing sores, and cedema of the glottis is a not uncommon accident. Gangrenous pneumonia and meningitis are frequent complications. Post mortem examinations have discovered the farcy buds in the deep muscular tissue, the thoracic and abdominal viscera and the brain.

As for the histological character of the farcy tumor, which is the specific product of the disease,—its resemblance to the tuberculous mass is so close, that Virchow uses the same term—*anaemische necrose*—to describe it as he applies to tubercle. It is composed essentially of tissue detritus similar to that found in cheesy and phymatoid degeneration. Klebs and Eppinger, who are firmly persuaded of the mycotic origin of glanders, describe very minutely an organism, masses of which occur as thrombi in the ducts of the glands which are the seat of the buds. Birsch-Hirschfeld, although he considers the disease due to a distinct poison, very justly says: The idea that farcy is a specific tuberculosis of the horse, finds some support in the fact that the buds are anatomically very like tubercle, but the clinical character of the two diseases are radically different. Besides, the experiments lately made by Waldenburg, to produce glanders by the inoculation of tuberculous matter, gave only negative results.

The blood of glandered horses is said by Colin to be greatly surcharged with white corpuscles. Laugenbeck found a peculiar fungus in the nasal discharge and blood which he considers the carrier of contagion. From his description Virchow believes it to be identical with the puccinia sometimes found engrafted upon favus. Virchow himself has never been able to find *fungi* or bacteria either in the blood or secretions of glandered animals.

The virulence of the contagion differs considerably; the product of the farcy bud originating on inoculation, a milder and more chronic form of the disease than the nasal discharge. The poison appears to possess considerable vitality, retaining its infectious qualities many days after drying and exposure to low temperature. The occasional miasmatic development of glanders is established as regards the whole-hoofed animals only. Some cases in the human subject have been recorded, where a source of infection could not be made out. But these cases present doubtful points as to correctness of diagnosis and accuracy of investigation and will not stand as evidence against the view intimated above—that glanders in man is always primarily the product of infection from the lower animals. It is certain, however, that among mammals man enjoys the questionable prerogative of being, next to the horse, most vulnerable to the glander poison.

Fitzwygram, in his very readable book on horses and stables, says that outbreaks of this affection are common among army horses and mules when making long sea voyages. He lays it down as judicious to slaughter all glandered animals as soon as the disease is recognized, not only because of its communicability, but because the creature will surely be unfit for service should he by chance recover.

The following is the history of two cases of glanders that came under my personal observation.

1. A well grown boy twelve years of age had suffered for a week from vague pains in the head, nose and neck—and some slight fever. Two days before I first saw him, the submaxillary and parotid glands had commenced to enlarge, and a thin watery discharge to flow from the nostrils. I believed the trouble to be an ordinary case of mumps and did not interfere except to apply fomentations to the inflamed glands. At my next visit a marked change had taken place in the patient.

There was a temperature of 104, and the pulse was too quick to be counted. The discharge from the nostrils had become profuse and of a greenish yellow color, faintly streaked with blood. Respiration was very much embarrassed in the recumbent position, and the little fellow was only comfortable sitting upon the edge of his cot with his elbows upon his knees and head held between his hands. An eruption resembling pustular acne covered his face, neck and breast, and under each pustule could be

felt a small hard nodular swelling. There was marked anasarca of the eyelids, and the nose was red, swollen and very painful to the touch. It was now very evident that the case was not one of simple *parotitis*, but of glanders, and my inquiry as to the source of contagion discovered that the father of the child had lost a horse with farcy three weeks previous. I subsequently learned that the hay-rack and trough which had been used by the sick horse, were torn from the stable and thrown into the cellar with the intention of burning the wood; unfortunately, however, it had been allowed to remain unburnt for several days. The patient and a younger brother were in the habit of playing in the cellar, and they had, in all probability, handled the infected wood. On the fourth day all the grave symptoms of general sepsis were well marked, and the patient sank into a typhoid condition. The temperature fell, but the pulse remained above 120 and was of a dicrotic character. The eruption upon the face and breast had become confluent, and was continuously bathed in a thick yellowish secretion. The bladder and rectum were involuntarily evacuated, and a deep coma came on from which it was impossible to rouse the patient. Death occurred on the eighth day after the nasal discharge made its first appearance.

2. During the illness of the above patient, his brother, seven years old, began to exhibit symptoms which aroused the suspicion that he also had been infected. He complained of pain in the throat, nose, eyes and back, and there was considerable febrile movement. The submaxillary glands only were slightly swollen and a faint erythema developed over the face and chest, but no pustules formed save just within the nostrils. The tongue and fauces were of a deep purple color, painful to the touch, and the boy could only, with difficulty, be induced to take anything in his mouth except cold water and ice. Some nasal discharge was present, but it was thin and colorless. Indeed, the child presented the picture of commencing scarlet fever or measles, and, under ordinary circumstances, the affection would, no doubt, have been so diagnosed. At the first indication of febrile disturbance in this patient, I had given 5-drop doses of tinct. ferri chloridi alternating every 2 hours with 2 grs. of quinine—the nasal passages were syringed frequently each day with a solution of potassae permanganatis $\frac{3}{i}$. to the pint. Under this treatment the discharge from the nostrils ceased and the disease

appeared to have been arrested. But the child emaciated, remained dull, peevish, and disinclined to take nourishment. His temperature with occasional remissions remained for more than three weeks in the neighborhood of 102.

He made, however, a slow convalescence, and finally emerged from the attack with a paresis of the soft palate as the only appreciable remnant of former disease. The child died nearly eight months afterward from an acute *pleuritis*. I did not see him during his last illness, but I learned from his parents that he had never regained robust health after the attack of glanders.

There is, unfortunately, little to be added in the way of therapeutics, for it is the general experience of writers upon the subject that no drug nor line of treatment appears to have the slightest effect upon the course of the disease.

Antipyretics are certainly indicated at the period of invasion; and during the eruptive stage the preparations of iodine and arsenic are worthy of trial.

When the farcy buds are once formed, it seems a rational procedure to open and empty at least those situated near the periphery, since their contents include the specific poison of the disease, and may become foci of further infection. In the face of a possible contagion a well-directed antiseptis and prophylaxis is, of course, first in order; and, in this connection, let it be observed that all the secreta and excreta of the glandered individual have been proven to contain the specific, active principle of the disease.

A CASE OF EXOPHTHALMOS FROM TUMOR OF THE ORBIT.

By GEO. H. POWERS, A. M., M. D. (Harvard.)

Mr. W., aged 66, consulted me April 26, 1886, giving the following history of his case.

Some five or six years ago there appeared a neuralgia in the right temple accompanied by slight dimness of vision. These two symptoms continued and increased in degree, and to them was later added protrusion of the globe of the right eye.

The neuralgia was never excessive in degree, and never affected the eyeball or the orbit, but was always confined to the

right temporal region until lately; a recent transfer of the seat of neuralgic pain to the *left* temple has caused great anxiety and is the occasion of his coming for treatment.

Status præsens: right eye, protrusion to such an extent that the posterior line of this globe is on the plane of the anterior surface of the other; divergent strabismus; total blindness; some injection of sclera and conjunctiva; mydriasis; tension normal; retinal veins large and showing occasional dark spots in their course; posterior staphyloma; left eye, slight posterior staphyloma, normal tension, S. 18-25.

A growth of some sort could be felt in the right orbit above and behind the globe, and the patient was advised, with the concurrence of Prof. W. E. Taylor and assistant surgeon J. J. Cochrane, U. S. A., in consultation, to submit to enucleation of the eye and extirpation of the morbid growth.

This course receiving the approval of the patient, he was placed under the influence of chloroform, and the tumor first aspirated to exclude the existence of a fluid cyst. The aspirator was instantly filled with arterial blood, and on its withdrawal the conjunctiva was rapidly distended with blood, proving that an artery had been wounded by the canula, and leading us to fear very troublesome hemorrhage in the operation, but the globe was removed in the usual manner without unusual loss of blood.

The opening in the conjunctival sac being enlarged, a solid tumor presented itself deep in the orbit, encysted, apparently unconnected with the globe, optic nerve, or orbit, except at the upper, inner angle of the latter. The optic nerve was upon the wall of the cyst. The tumor was dragged forward by forceps and removed by scissors, leaving a clean, smooth surface at the point of attachment. It was 22 cm. long, and 18 cm. in width and thickness when removed. My friend Dr. H. W. Faulkner, has kindly examined the specimen, and I append his report upon its structure. The neuralgic pain in the left temporal region was immediately relieved by the operation and has not since returned.

April 28th, the second day after the operation, there was quite extensive ecchymosis in both upper and lower lids of the left eye, the lower lid being also œdematous, but this soon disappeared.

I saw the patient six months after the operation and there had been no return of the tumor.

SAN FRANCISCO, Dec. 12, 1886.

DEAR DOCTOR:—I have to-day examined the microscopical specimens of an orbital tumor I prepared for you some time ago, and find the same to be an encapsulated fibro sarcoma which had been punctured by some thing causing a slight hemorrhagic spot in the specimen. It possesses none of the structure of the normal eye itself, and evidently sprung from the orbital tissue.

Yours truly,

H. W. FAULKNER.

CAFFEINE IN HEART DISEASE.—Dr. Otto Seifert (Wurzburg) undertook, in the course of last year, a series of researches on Citrate of Caffeine. All patients to whom he administered it were suffering from organic affections of the heart with imperfect compensation. In one case there was chronic nephritis, with generalized oedema. The caffeine was given in seven cases, sometimes in repeated doses, at others all in one dose. According to Lepine, the daily quantity should be from one to two grammes. The principal advantage which has been claimed for it is that it quickly improves the action of the heart and regulates the cardiac beats. It is also a diuretic, and has no cumulative action. One to two grammes of caffeine should be given in twenty-four hours. Opinions as to the value of the drug are conflicting; the principal drawback to its use seems to be that, owing to its speedy elimination, its action only lasts for a short time. In those cases where compensation has been re-established, the action of caffeine may be as prolonged as that of digitalis. The general condition is influenced in a striking manner; the palpitations, the dyspnoea, and, as a rule, the insomnia also rapidly disappear.—*Brit. Med. Journal.*

TOOTHACHE DROPS.—Dissolve mastic 8 parts in chloroform 14 parts and add balsam of Peru 5 parts. A few drops upon a little cotton are to be introduced into the cavity of the tooth. (Dr. Gaudet.)

Liquefy camphor and chloral hydrate, of each 5 parts, and add cocaine 1 part. A pellet of cotton soaked in this liquid and introduced into the cavity of the aching tooth is said to afford complete and lasting relief. (Dr. Gsell-Feltz.)—*Am. Journal of Phar.*

Proceedings of Societies.

San Francisco County Medical Society.

SAN FRANCISCO, NOV. 9, 1886.

The meeting having been called to order by the President, Dr. W. E. Taylor, the minutes of the former meeting were read and approved.

Dr. A. B. Wefelsburg, New Orleans School of Med., 1870; and Dr. J. G. Day, University of California, 1884, were proposed for membership and referred to the Committee on Admissions.

The Committee on Admissions reported favorably on the credentials of Dr. F. Von Buelow, who was elected to membership.

Dr. Jas. Simpson then presented the report of the Directors for the year ending October 31, 1886, which was received and placed on file. In accordance with a motion by R. H. Plummer, the Directors were authorized to draw the dividends due the Society from the Odd Fellows' Bank in liquidation.

On the motion of Dr. Wm. Watt Kerr, the report of the Finance Committee was referred back until the books of the Recording Secretary had been examined.

Dr. James Simpson asked that an Auditing Committee might be appointed to examine the accounts of the Committee appointed to procure funds for the defense of the "Graves' case." Dr. Kunkler, Dr. Simon and Dr. Morgan were appointed for this purpose by the Chair.

In accordance with a motion introduced by Dr. H. S. Baldwin a salary of one hundred dollars per annum was attached to the office of Recording Secretary.

The following nominations were declined: Dr. Hart for first Vice-President; Dr. Whitwell for Corresponding Secretary; Dr. Soule and Dr. Taylor for the Finance Committee.

The following additional nominations were made. Committee on Admissions, Dr. J. P. Le Fevre. Finance Committee, Dr. J. D. Hartley and Dr. C. Clinton. Executive Committee, Dr. Benj. Marshall and Dr. L. M. F. Wanzer.

The following officers were elected for the ensuing year: President, Dr. Jas. Simpson. First Vice-President, Dr. J. F. Morse. Second Vice-President, Dr. G. W. Davis. Recording

Secretary, Dr. Wm. Watt Kerr. Assistant Secretary, Dr. A. P. Whittell. Corresponding Secretary, Dr. Agnes Lowry. Treasurer, Dr. W. S. Whitwell. Librarian, Dr. C. G. Kenyon. Directors, Dr. Jas. Simpson, Dr. Wm. F. McNutt, Dr. Henry Gibbons, Jr. Committee on Admissions, Dr. Hart, Dr. Fitzgibbon, Dr. Abrams, Dr. McCarthy, Dr. Le Fevre. Committee on Medical Ethics, Dr. Kane, Dr. Davis, Dr. Simon, Dr. C. E. Blake, Dr. Winslow Anderson. Finance Committee, Dr. Hirschfelder, Dr. Hartley, Dr. Clinton. Committee on Publication, Dr. Wm. Watt Kerr, Dr. F. Z. Bazan, Dr. T. J. Le Tourneau. Executive Committee, Dr. Benj. Marshall, Dr. L. M. F. Wanzer, Dr. E. V. Lonigo.

The tellers were then discharged with the thanks of the Society. The appointment of a curator was laid over until next meeting.

On leaving the chair, Dr. W. E. Taylor, the retiring President, said that when elected to the position he had accepted it with some hesitation as he was unfamiliar with the duties of a presiding officer, but he had been so well sustained by the Society, both in the regularity with which the meetings had been attended and the work done, that his term of office had afforded him great pleasure. He believed that this session had been characterized by the largest accession of members to the Society that had ever taken place, and it had been his endeavor to induce especially the young men to unite themselves with the Society. He was fully in accord with the motion passed at last meeting to endeavor to suspend from the State Society those members who had broken faith with the County Society, as he believed it to be the duty of every practitioner to support the medical society in the county to which he belonged. He then introduced to the Society Dr. Jas. Simpson, as his successor in the presidential chair, and congratulated the members on obtaining as president one so well fitted to discharge the duties.

Dr. Simpson, on taking his place, referred to the conscientious way in which Dr. Taylor had conducted the meetings during the past year, and expressed his own intention to be as punctual and regular in attendance, but hoped the members would bear in mind that the success of the Society did not lie in the hands of the President and officers, but in the zeal of each individual for its welfare. There was an abundance of talent in the Society and he hoped that there would be the disposition to use it.

On the motion of Dr. J. D. Arnold, the Society awarded a vote of thanks to Dr. Taylor as an indication of their appreciation of his services.

Dr. Plummer moved a similar recognition to all the retiring officers.

There being no further business the Society adjourned until the 23d of November.

WM. WATT KERR, M. D.,
Recording Secretary.

SAN FRANCISCO, Nov. 23, 1886.

The meeting having been called to order by the President, Dr. Jas. Simpson, the minutes of the former meeting were read and approved. The Committee on Admissions reported favorably on the credentials of Dr. A. B. Wefelsburg, a graduate of the New Orleans School of Medicine who was forthwith elected to membership.

The report of the Finance Committee was received and placed on file.

Dr. Plummer reported that the plaintiff's petition for a new trial in the Graves' case had been refused.

The bill for legal services in prosecuting illegal practitioners were referred to the Committee on Finance.

Dr. Plummer moved that the Treasurer be authorized to expend the remainder of the five hundred dollars, voted by the Society for the purpose of prosecuting illegal practitioners, in paying the bills incurred by the Prosecuting Committee, after said bills have been audited by a majority of the Committee on Finance, without presenting the bills to the Society. The motion was carried.

The Secretary reported that after making inquiries he found that the diplomas for the past Presidents and Secretaries would cost one dollar and a half each. As there was an expression of considerable dissatisfaction he moved that the motion furnishing these diplomas be reconsidered. This motion was carried unanimously as well as a second motion to lay the matter on the table.

The report of the Graves' Committee was reported upon as correct by the Auditing Committee, after which both Committees were discharged with the thanks of the Society.

Dr. J. D. Arnold then read a paper on glanders in the human subject.

Dr. Richter said that a more recent pathology had shown that a bacillus exists in glanders. This bacillus resembles that of tuberculosis, but is shorter and thicker; it can be cultivated upon the potato and has reproduced the disease in animals inoculated with it. In reply to a remark by Dr. Arnold that he was surprised to hear of the inoculation of mice with this disease which was believed to be confined to man and the hoofed animals, Dr. Richter said that this popular idea of the limitation of the disease is erroneous, and in support of this statement mentioned the fact that glanders are not communicable to oxen. He had seen a gentleman and his wife who believed themselves to have been infected by a horse, but neither of them presented any marked symptoms of this formidable disease beyond a pustular like growth on the man's hand. Carbolic acid in a three per cent solution, or corrosive sublimate in the proportion of one to 5,000, destroys the germ, and, therefore, makes an efficient disinfectant wash which when applied to the nasal mucous membrane of the sick animal will do much to prevent the spread of the disease.

On the motion of Dr. Plummer the appointment of a curator was left in the hands of the Librarian.

Dr. Plummer said that as we had entered on a new session he believed all Committees appointed last year to be now ex-officio. He, therefore, moved that the Chair appoint a Committee of three members to continue the prosecution of illegal practitioners until the five hundred dollars voted by the Society for this purpose is exhausted; and that the question of lawyers' fees for legal services rendered in these prosecutions, be left entirely in the hands of said Committee. The motion was carried. The President remarked that our efforts were not likely to meet with much success, but he would appoint the following Committee: Dr. Winslow Anderson, Dr. J. D. Hartley, Dr. G. F. G. Morgan.

Dr. Perry moved that the Society express a vote of confidence in the Committee, approving what had been done in the past, and recognizing this as one of the best ways in which the funds of the Society can be expended. He believed that the remarks of the President relating to the failures of some of the prosecutions were unfortunate and calculated to discourage the Committee in its work.

Dr. Plummer seconded this motion, and said that the failure

to enforce the law was due to the apathy of the medical men in this State. It was only within the last year that these prosecutions had been pushed with any vigor, and the result was that convictions had been obtained all over the State, so that we were entitled to believe that, if every one, of the two thousand physicians in California, would make it his duty to interest himself and his friends in the promotion and maintenance of the medical law, success would in a very short time crown our efforts. He lamented the fact that several members of the Society had not only failed to support the law, but had used their influence against it.

Dr. G. F. G. Morgan believed it to be the duty of the San Francisco County Medical Society to push this matter in the city with all their might, and thought that they would find themselves ably seconded by the people in their endeavors.

Dr. Wm. Watt Kerr said that he was opposed to the medical law in its present form or rather to its enforcement by this Society. The State had enacted a medical law, and it, therefore, belonged to the police, not to the medical profession, to maintain it; he even believed that the prosecutions conducted by the Medical Society had done more to injure than advance medical legislation, because the public knew that they were conducted by an organization hostile to the prisoner in its very constitution, and consequently regarded it not as an attempt to advance medical education, but as an endeavor to obtain something akin to a corner in the market. Furthermore, he did not believe that it was either legal or just to revoke the license of anyone holding a diploma from a regular Medical College, merely because he advertised or committed some other breach of our code of ethics. Physicians could testify their disapproval by refusing to recognize such men, but the people did not care one straw about ethics, all they demanded was a good medical training, and until the prosecutions were conducted on this ground they never could be successful. It had been urged that these men deceived the public, but, if such were the case, the people could bring suit in the civil courts for fraud or malpractice, a proceeding which they were not at all slow to take against regular members of the profession. Finally, merely to say that a certain number of convictions had been obtained, was misleading, when taken as an indication of the success of the prosecutions, because a number of them had appealed to the Super-

ior Court and were still engaged in practice, while others paid their fines and continued to practice.

Dr. Simpson requested Dr. Taylor to take the chair as he wished to speak from the floor. He said that his remark about the futility of these prosecutions was not intended to provoke discussion, it was merely casual, but none the less heart-felt. He regretted exceedingly that he had been compelled to vacate the chair upon the first night that he had occupied it as President of the Society, but the issue had been forced, and it was necessary for him to defend both himself and his opinions. As he had been a member of the State Board of Medical Examiners for eight out of the ten years of its existence, and its President for five of those years, he had made it his duty to familiarize himself with medical legislation, not only in California, but the United States, and therefore might be presumed to know what he was talking about when he expressed his opinion that, honestly speaking, medical legislation had been a failure and quackery flourished as much as ever. But it was not to medical legislation that he was opposed, it was to the conduction of the prosecutions by this Society which was foreign to its Constitution and very different from the purposes for which its founders intended it. Such work was the duty of the police, for, like the former speaker, he was fully of the opinion that the public regarded this as an attempt by the regular profession to obtain a monopoly; and further, he believed that although the Society should spend every cent in its treasury, quackery would flourish in spite of all their endeavors.

Dr. Plummer said that it was not his intention to make any personal allusions, he only desired to express his firm conviction that quackery could be suppressed, and that it was the duty of the medical profession to aid in the work.

Dr. C. G. Kenyon said that while he was in sympathy with the prosecutions as conducted, and did not believe that the people were in sympathy with the quacks, he did not regard this as the best way in which the funds of the Society could be spent, although he favored the continuance of the prosecutions until the money voted for this purpose had been expended.

Dr. W. E. Taylor expressed himself as opposed to the prosecutions since he believed them to be utterly useless, for his own experience was that the quacks were employed not only by the poor but by the very best classes.

Dr. Winslow Anderson said that his position as a member of the prosecuting committee had given him considerable experience in this department of medical legislation, and induced him to expect that their efforts would ultimately be crowned with success. He believed that the number of quacks was decreasing; six convictions had been obtained during the past year and they might look for as many more during the present. He did not think that any of those convicted would resume practice.

Dr. W. Watt Kerr replied that of the six convictions obtained in the Police Court, Dr. Baronidis paid his fine and resumed practice, Dr. Fish appealed to the Superior Court and had his case dismissed, Dr. G. P. Allen submitted to arrest and only agreed to plead guilty after the board promised to use its endeavors to have the minimum fine imposed, and obtain him a license to practice as soon as possible after he ceased to advertise. He had no doubt that the other three would soon turn up in some part of the State.

Dr. Perry's motion was then put to the house and carried.

Dr. Perry called attention to a pamphlet on the milk supply of San Francisco which had caused some inquiry in the Board of Health. He requested anyone who had met with a case of sickness which could be traced to the milk supply to communicate the same to himself or the Board of Health.

Dr. Taylor moved that in addition to the salary voted to the Secretary he be paid one hundred dollars for the services rendered during the past session. The motion was seconded by Dr. Bazan and carried.

Dr. Plummer moved that the Secretary's salary be paid quarterly. The motion was carried.

Dr. Albert Chase presented the following resolution:

Resolved, That Dr. Edward Donnelly be recommended as worthy of membership in the California State Medical Society.

The evening was so far spent that this resolution was awarded the first place under unfinished business at next meeting.

The meeting then adjourned.

WM. WATT KERR, M. D.,
Recording Secretary.

Sacramento Society for Medical Improvement.

SACRAMENTO, November 16, 1886.

The Society met in regular session. In the absence of the President the chair was taken by Dr. I. E. Oatman. Applications for membership were received from Foster L. Atkinson, Rush Medical College, Chicago, February, 1885; G. Vernon Ewing, Cleveland Medical College, Ohio, March, 1852; and Elizabeth W. Ewing, Woman's Medical College, Chicago, April, 1884.

The applications were referred to the Committee on Credentials.

Dr. W. A. Briggs reported the case of a child aged 20 months; first seen on October 31st. It presented symptoms of croupous laryngitis. The symptoms continued for four days, when the cough became more marked, aphonia and dyspnoea supervening. A small patch of membrane, not markedly diphtheritic, also showed over the left tonsil. Ipecac was ordered, and when vomiting ensued a two-inch cast of the trachea was expelled. A spray of lime water had been employed continuously. The membrane reformed, and an emetic being again administered more casts were vomited. The treatment internally was perchloride of iron with alcohol (ʒ ii. every hour). Poultices had been applied locally. The case at date was convalescent.

Dr. Laine reported a case of injury to the middle finger of the left hand by a planing machine. The machine had gouged out the back of the finger with the unguis phalanx, at the same time splitting the second phalanx longitudinally. The fragments were freely movable and could be easily separated. The patient, who was a cornet-player, said that his occupation would be gone unless the second phalanx was preserved, as a shorter stump would be unable to reach the keys. With this object the anterior surface of the finger was brought up as a flap, and the part secured. Perfect union of the divided bone took place with an excellent finger, which does not interfere with his musical vocation.

Dr. G. R. Merrill read a paper on "Cerebral Hemorrhages."

Dr. Simmons said that, as mentioned by Dr. Merrill, attempts had been made of late years to locate cerebral effusions, and he remembered Charcot's plates, in which post mortem examination had proved the accuracy of the diagnosis. This, however, did not affect the treatment of the disease. Bleeding had not been mentioned by the author; it was often desirable, and was not sufficiently practised.

Dr. Briggs had seen a case of hemorrhage into the medulla. A young man, 36 years of age, was suddenly stricken with paralysis. When seen, the pulse was 34 to 36, respiration correspondingly slow. The paralysis was complete; patient could not move a muscle; consciousness was perfect. Respiration gradually slowed and failed. The heart continued to act for some time after respiration had ceased. For many years previous there had been persistent headache, the pain being referred to the base of the skull posteriorly.

Dr. Oatman mentioned a case in which there were several fractures of the limbs from injury. The patient was insensible and convulsed. The temporal artery was opened; the convulsions ceasing on free bleeding.

There being no further business, the Society adjourned to meet on the third Tuesday in December.

JAMES H. PARKINSON,
Secretary.

Annual Address of the Alumni Association of Cooper Medical College.

By PRESIDENT HENRY H. HART, M. D.

[Held November 9, 1886.]

LADIES AND GENTLEMEN: It becomes my pleasant duty as President of your honorable Association, to heartily greet and welcome you to our third annual meeting, and to the hearth of our Alma Mater.

My remarks will be brief, as our time is limited and we have before us business of importance and for the welfare of our Association. I shall not refer to any medical topic, as the many journals and other works, published during the year and read by you all, would make such remarks but repetition. I shall simply embody in my address a few items for the benefit of our organization, which as yet is in its infancy.

Our Alumni now number one hundred and fourteen, which is far less than should be, considering the number of our graduates. Many have not joined our ranks, for the want of that filial interest, that every one should have in an institution like this, and of which our organization is an outgrowth.

Here is an institution of scientific learning, which embodies all that is noble in an honorable profession, a profession in which

we shall devote our energies and lives, and a profession in which many of our members have already obtained reputation, not alone among the laity, but in the ranks of medicine and surgery, in the political and social world—a reputation of which we Californian graduates cannot fail to be proud.

The question has often been asked me by our own graduates, “What good is an Alumni Association?” “What benefit will be derived from it?”

In answer I can but say that this Association cements still stronger the ties of friendship and affection that existed when we were classmates together. It brings us still closer in relationship with our former professors, whom we still look to with the same reverence and pride that filled us during our student life. This Association has for its objects the welfare of our Alma Mater, the advancement of medical education, the cultivation of pleasant social intercourse between its members, the assistance to weed out from our midst the curse of humanity, “quackery,” and the issuing of an annual Alumni prize.

As I have stated before we are still in our infancy, but are determined to perpetuate our organization, and, to repeat the words of my predecessor, Dr. John F. Morse, “It is desirous on the part of the members, to see this organization occupy, as it should, a leading position in the medical organizations of the State.”

I regret very much to say that the prize of fifty dollars, so generously offered by Professor Barkan, was not responded to with the alacrity that was expected; but three papers were sent to the Committee on Prize Essays. The excuse which I can offer for the small number of papers sent, is perhaps that too much was expected. The resolution reads: “For the best essay, which shall consist of a statement or description of twelve cases, with deductions.” In my opinion one original case in practice, with its etiology, pathology, treatment, etc., would be sufficient; provided that it be thoroughly investigated and contain results of original research. One subject in any branch, either medical or surgical, is sufficient; and the prize should not be awarded to any member, unless the essay be deemed sufficiently meritorious.

Besides the prize which the successful aspirant would receive, he would have the further inducement of the publication of the essay in the *Medical Journal*, by which he would be brought

more prominently before the profession. I hope that at our next annual meeting, we shall be able to show a better record in prize essays, as I am sure that our Association is composed of some excellent material.

I shall now bring before you a very important subject. The question is asked: "Is the expense of the prizes to be borne by the treasury of the Association?" otherwise where will the money be obtained?

This indeed is a question, the solution of which must be sought at once.

At our last meeting Dr. Barkan came to our rescue, but we cannot depend on the faculty every year, and here I would suggest that a small charge for the certificate of membership be made. This would at once ensure us a substantial fund to begin with, as over one hundred and eleven certificates have been issued, and each year there will be an income from this source.

The actual cost of the certificate to the Association, is about one dollar and fifteen cents.

When the Association was first organized, the Constitution and By-Laws were hurriedly gotten up, in fact they were compiled in a few moments, and now that our institution is a permanent one, I would suggest that a few changes be made.

The changes proposed and the reasons for them are as follows: Article IV. of the Constitution reads: "The officers of the Association shall be a President, two Vice-Presidents, Corresponding and Recording Secretary, the latter also serving as Treasurer."

Thus you will perceive that one of the officers holds two positions, while we have a sufficient number of members to have an extra officer to serve as Treasurer, which officer would take some of the burden and responsibilities of the Secretary. It is true that we at present have no money in our Treasury, but let us hope it will be only a very short time ere we have a large fund on hand.

It has been remarked "that a full Treasury will be a bone of contention" in the Association, but in this I do not agree, as there are other large organizations similar to ours in the East and elsewhere, whose bank accounts run into the tens of thousands. We hear no strife among them, they are successful, and we, to meet with equal success, must have a fund to meet all contingencies.

An Assistant Secretary would also be advisable, whose duties in case of emergency need not here be dwelt upon.

Article V. of the Constitution reads: "There shall be annual meetings of the Association." Ought there not to be some change made in this? Why should we meet at such a late hour in the day, and hurry through with our business at a rapid rate in an hour and a half, or two hours? Would it not be advisable to have a morning and afternoon session; or meet quarterly; or semi-annually?

By-Laws Article III., Section 1, reads: "The dues shall be one dollar annually." To further increase our prize fund, I would suggest a small increase in the dues. I am sure that every member would be willing to pay the increase, knowing that the money is to be used for a good purpose. While it is true that a number of members are usually in arrears, it is equally the fact, as I ascertained when Secretary for a number of years, that eventually such member living far in the interior or out of the State, when visiting the city pays all arrears.

One more suggestion for the benefit of the prize fund; perhaps one of our wealthy professional brethren, or even one outside of the profession, would like to perpetuate his name, by giving the interest of a certain sum every year for the benefit of Medical Science, and an annual prize, as we find in New York City, in the Association of the Alumni of the College of Physicians and Surgeons, the Carthwright prize, Stevens prize, Joseph Mather Smith prize, and the Alexander Hodgdon Stevens prize. It might be worth while to appoint a committee to ascertain if a like result could be accomplished here.

In conclusion, ladies and gentlemen, I thank you all for the great honor which you bestowed upon me, by electing me your President at our last annual meeting. I have greatly appreciated this evidence of your confidence, and you will find me in the future, as in the past, one who will always be foremost to work for the interest of my Alma Mater and her Alumni.

Medical Society of the State of California.

OFFICERS.

President.—W. S. Thorne.

Vice-Presidents.—R. H. Plummer, W. F. McNutt, A. G. Anthony, W. R. Cluness.

Permanent Secretary.—Wallace A. Briggs.

Assistant Secretaries.—J. H. Parkinson, L. M. F. Wanzer.

Treasurer.—G. C. Simmons.

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Board of Examiners.—James Simpson, W. F. McNutt, Charles H. Steele, C. E. Blake, C. G. Kenyon, R. H. Plummer, William Lawlor.

Alternates.—G. W. Davis, W. W. Kerr, H. H. Hart.

STANDING COMMITTEES.

On Practical Medicine and Medical Literature.—W. W. Kerr, San Francisco; N. S. Giberson, Eureka; A. W. Saxe, Santa Clara; P. M. Lussion, San Jose; B. Dozier, Los Angeles.

Surgery.—T. W. Huntington, Sacramento; R. A. McLean, San Francisco; W. E. Taylor, San Francisco; Thos. Phillips, Stockton; W. H. Hammond, San Jose.

Obstetrics.—R. B. Cole, San Francisco; S. E. Meade, San Jose; W. S. Taylor, Livermore; Jules Simon, San Francisco; L. H. Patty, Petaluma.

Medical Topography, Meteorology, Endemics and Epidemics.—J. B. Trembly, Oakland; H. Worthington, Los Angeles; E. P. Vaux, Santa Cruz; R. M. Hunt, Nevada; W. E. King, Ukiah.

Indigenous Botany and Domestic Adulteration of Drugs.—W. P. Gibbons, Alameda; Anabel McG. Stuart, Santa Rosa; J. G. Bucknall, San Francisco; C. M. Fenn, San Diego; F. B. Kane, San Francisco.

Public Hygiene and State Medicine.—G. G. Tyrrell, Sacramento; M. M. Chipman, San Francisco; H. S. Orme, Los Angeles; H. J. Crumpton, Saucelito; Benj. Knight, Santa Cruz.

Histology and Microscopy.—Albert Abrams, San Francisco; Chs. H. Steele, San Francisco; W. D. Johnston, San Francisco; J. H. Wythe, Oakland; J. W. Robertson, Crescent City.

Mental Diseases and Medical Jurisprudence.—Fred. W. Hatch, Napa; E. J. Wilkins, Napa; A. H. Agard, Oakland; C. B. Bates, Santa Barbara; J. G. Jewell, San Francisco.

Medical Education.—W. S. Whitwell, San Francisco; F. W. Todd, Stockton; T. H. Pinkerton, Oakland; E. W. Woolsey, Oakland; W. L. Twitchell, Alameda.

Publication.—Luke Robinson, San Francisco; James Simpson, San Francisco; Jacob D. Arnold, San Francisco; W. A. Briggs, Sacramento; G. W. Davis, San Francisco.

Arrangements.—James Simpson, San Francisco; R. H. Plum-

mer, San Francisco; W. W. Kerr, San Francisco; H. H. Hart, San Francisco; G. J. Fitzgibbon, San Francisco.

Prize Essay.—W. Ayer, San Francisco; C. N. Ellinwood, San Francisco; R. J. Rooney, Auburn; P. Wheeler, Oakland; H. Voeller, Sacramento.

Gynecology.—H. N. Rucker, Merced; Luke Robinson, San Francisco; John Scott, San Francisco; C. B. Brown, San Francisco; Kate P. Van Orden, San Francisco.

Diseases of Women and Children.—Dr. O. O. Burgess, San Francisco; C. Annette Buckle, Oakland; H. W. Smith, Placerville; J. R. Laine, Sacramento, C. F. Miller, Hill's Ferry.

Ophthalmology, Otology, Laryngology.—A. P. Whittell, San Francisco; W. E. Briggs, Sacramento; J. D. Arnold, San Francisco; H. Barkan, San Francisco; Geo. H. Powers, San Francisco.

Necrology.—B. R. Swan, San Francisco; N. S. Hamlin, Marysville; N. B. Coffman, Healdsburg; J. J. Hackett, Smith's Ranch; G. Chismore, San Francisco.

Medical Legislation.—R. H. Plummer, San Francisco; L. C. Lane, San Francisco, I. E. Oatman, San Francisco; J. L. Meares, San Francisco; A. B. Nixon, Sacramento.

Graduating Exercises.—A. B. Stuart, Santa Rosa; G. W. Davis, San Francisco; F. Delmont, San Francisco; L. O. Rogers, San Francisco; C. A. Kirkpatrick, San Francisco.

SPECIAL COMMITTEE ON LEPROSY.

Dr. W. F. McNutt, Dr. H. S. Orme, Dr. W. E. Taylor.

Cocaine Addiction.

Mr. Editor:—If any reader of your journal has met with a case of Cocaine addiction and will send me the fullest details at his command, I'll thank him for the courtesy, reimburse him for any expense incurred, and give him full credit in a coming paper.

J. B. MATTISON, M. D.

Brooklyn, 314 State street.

CORROSIVE SUBLIMATE CATGUT.—A 5 per cent aqueous solution of corrosive sublimate is prepared, in which thin catgut is soaked for about 8 hours, and the thicker kinds for 10 or 12 hours. The catgut is subsequently kept in vials with alcohol.—*Am. Jour. of Phar.*

PACIFIC MEDICAL AND SURGICAL JOURNAL
AND
WESTERN LANCET

EDITORS:

WILLIAM S. WHITWELL, A. M., M. D.

WM. WATT KERR, M. B., C. M.

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SAN FRANCISCO, JANUARY, 1887.

Editorial.

THE CURABILITY OF INSANITY.

In the excellent report of the Superintendent of the State Asylum at Stockton, which we have read with much interest, the statement is made that of those who have been admitted during the year 40 per cent have recovered. This is most certainly true, but does it give information as to the actual curability of the insane? At one time it was the custom to give to the outside world most favorable statistics as to curability, and the superintendents of the different asylums vied with each other in mathematical calculations which proved conclusively that eighty, and even ninety, per cent of their cases recovered, until one of them, more ambitious than the rest, placidly announced that of all the recent cases discharged during the year he had cured 100 per cent. The highest possible maximum having been reached, emulation did not cease, but merely took the opposite course, for compilers began to point out the errors, which had run curability up to these unreasonable figures, and they have continued diligently a system of cutting per cents until it looks very much as if they were now trying to prove, instead of all being cured, that no one

recovers even from a recent derangement of the mind. As it is a matter of no little importance to determine how many of those afflicted do actually recover, we will call attention to some of the causes which have led to this extreme fluctuation in statistics.

Formerly it was the rule to compute recoveries on the basis of the number discharged instead of upon the admissions, an evidently more reliable way. In the present report this change alone would make it appear that 76 per cent recover in the place of 40 per cent.

Again, to the uninitiated the report of so many admissions and recoveries is supposed to apply to persons, whereas in reality it applies to cases. An important difference, for a case may recover six or seven times even within a twelve month, and figure in the annual report as six admissions and six recoveries. If the time be lengthened, there is no limit to the number of recoveries; one case is known to have been admitted 59, and discharged as recovered 46 times. So well recognized is the fact that these rapid recoveries favor statistics, that one superintendent deplored extremely the final death of one of those recurrences, for the reason that it would spoil his usual high average of recoveries at the end of the year.

The number of recoveries to each case being uncertain, it is impossible to know the number of individuals admitted or recovered, but in estimating the curability of the insane, it is the *person* and not the *case* that interests us.

If statistics then intimated, as they should, the number of *persons* admitted and discharged each year there would be an immediate and sharp falling off in the percentage of recoveries.

This may be represented by a short table:

Admissions 9	Recoveries 3
Readmissions 5	“ 4
—	—
14 cases.	7 cases.

During the year 14 cases have been admitted and 7 recovered, giving 50 per cent of recoveries. Suppose that the readmissions are those of one and the same person, then of 9 persons only 3

have recovered, or 33 per cent. This is still larger than it should be, for one of those reported as recovered is still an inmate at the end of the year, so that the per cent is really but 22.

The percentage of recoveries being based upon the number of cases instead of persons, the result obtained is evidently higher than it should be as an indication of curability. The "personal equation" as it is called has considerable influence on the percentage, the zone is so broad between recovered and improved that no two men ever agree on which side patients should be placed. Another factor is the amount of accommodation provided for patients. If there is plenty of room patients are allowed to remain; if the asylum is crowded they are hurried out. The opening of the commodious new building at Stockton at the end of 1884 probably accounts for the low per cent of recoveries (17 per cent) for 1885. To eliminate this factor it is only necessary to obtain the average for '85 and '86, which gives only 28 per cent of recoveries based, even then, upon cases.

Statistics from the large asylums of Massachusetts based upon the number of *persons* admitted give from 18 to 20 per cent of recoveries; at the same time it is stated that nearly half the cases admitted are within a few years readmitted, so that of the 20 per cent probably only 10 per cent are permanently cured. How different is this result from that obtained from the earlier reports which represented that 75 per cent recovered, and yet, it is probably very near the truth.

Those who wish for further facts will do well to consult a work by Dr. Pliny Earle which has recently been issued by J. B. Lippincott Company. Dr. Earle was one of the first to call attention to the fallacies of the statistics of the insane, and the book referred to contains his studies for the past decade.

We close by quoting the rule which was formulated by Dr. Thurnam, of York, England, after tracing the history of 244 persons up to the time of their death:

"In round numbers, then, of ten persons attacked by insanity, five recover and five die, sooner or later during the attack. Of the five who recover, not more than two remain well during the

rest of their lives; the other three sustain subsequent attacks, during which at least two of them die.

“ But, although the picture is thus an unfavorable one, it is very far from justifying the popular prejudice that insanity is virtually an incurable disease; and the view which it presents is much modified by the long intervals which often occur between the attacks; during which intervals of mental health (in many cases of from ten to twenty years in duration) the individual has lived in all the enjoyments of social life.”

STOCKTON ASYLUM REPORT.

Dr. Mays in his annual report shows that the proportion of insane in this State is not in excess of that of many other states, and that in proportion to the population insanity is steadily declining. As it is generally admitted that insanity is really on the increase in a majority of the States, we can only explain this fact by supposing that in early days there were conditions which were especially favorable to the development of insanity, which have since passed away.

The same causes at that time operated upon native Americans, only to a greater extent, which now explain the prevalence of insanity among Europeans to-day, viz., breaking of family ties, new associations, new habits of life. While only one of the native population in 662 is attacked, the ratio among the foreigners is one in 250.

Foreigners, in easy circumstances with but few cares, have often remarked and spoken of a period of mental disturbance, generally of depression or stupor, which has come over them perhaps a month or so after their arrival, and sometimes lasting a number of months. If there is mental perturbation among this class, with how much more power must the same influences work upon the mind of the poor and distressed.

It will probably take a long time for the State to wake up to the injustice of placing idiots among the insane, and it will be necessary for superintendents each year to call the attention of

the public to this great wrong. Many an idiot can by care and training be made to develop a very considerable intelligence, so that if they do not become useful members of society, at least they may avoid being a burden. Without training and segregation they are left to lead useless lives among the insane.

The admission of insane convicts to the State Asylums every superintendent in the land has cried out against, and Dr. Mays again mentions the necessity of hospitals connected with the State Prisons for the reception of this class. "As a rule they retain, though insane, their cunning and dangerous propensities, rendering it unsafe as well as improper to associate them with our patients."

That the authorities have not recognized the necessity of a dead house for the proper reception of the dead is a matter of astonishment. The inconvenience, to say the least, occasioned by the want of such a place must have been great, for there were in all 135 deaths during the year. For the last 14 years a pathologist has been connected with the asylum at Utica, N. Y. He lives in the building and is one of the hospital staff. His duty is to make the autopsies and to utilize the material afforded for investigation of the changes which take place in the nervous system. Much good work has been done, and as much might be accomplished at the asylums in this State.

That the medical staff is too small is very evident, there being but three physicians to nearly 1,500 patients, and not only this, for two of the physicians are on duty but about six to eight hours while the rest of the time are away from the asylum grounds. This leaves the superintendent the whole care and responsibility for 16 hours out of the 24. If the State does not feel as though it could bear any increased expense, internes might be appointed who should serve their time as those of other hospitals for one or two years, as the case may be, and so give students who especially desire it, an opportunity of becoming familiar with the phases of insanity. Such an education would help spread a correct view of the usefulness of asylums in general, and encourage

the sending recent cases promptly to the hospital, and in this way increase the chances of recovery and diminish the expense to the State.

DR. JOHN SCOTT.

On the 24th day of December a man prominent for nearly twenty years amongst the medical profession of San Francisco passed away after a short sickness. Devoting himself chiefly to gynecology, it was mainly due to his persistence and energy that others became interested, thus rendering the founding the California State Woman's Hospital possible, which, from small beginnings, has taken its place as one of the first charities, and is to-day the only hospital in the State which is devoted solely to diseases of women. Its influence for good is felt not only in California but over the entire Pacific Coast. It is to-day a monument of which any man might well feel proud, although even now it is one whose usefulness has only just begun.

Dr. John Scott was born in Ireland in 1823, and he leaves a widow and two daughters, who have our utmost sympathy for the loss they have sustained.

He was a member of the State Society, the San Francisco Obstetrical Society and Vice-President of the American Gynecological Society at the time of his death.

HEBRA'S OINTMENT is best prepared by digesting the component parts at a temperature below 100° C. from 24 to 36 hours and stirring for several hours until all traces of water have been evaporated. When thus prepared Hebra's ointment is almost white, very mild and smooth, not rancid and of greater stability than many of the officinal ointments. One drop of oil of cloves added to 50 gm. of ointment preserves it for a considerable period.

FERRATED COD LIVER OIL, as usually prepared, has a bitter acrid taste. By saponifying cod liver oil and decomposing with ferric chloride, then dissolving the precipitate in cod liver oil, a ferrated oil devoid of any unpleasant taste is obtained.

Health Reports.

San Francisco Health Report.

ABSTRACT.

	Jan.	Feb	Mar	Apl.	May	Jun.	Jul.	Aug	Sept	Oct.	Nov
Total, 1885.....	438	468	502	468	512	516	458	455	415	432	421
Total, 1886.....	519	382	479	418	435	397	437	408	394	425	452
Phthisis.....	91	67	67	77	63	39	52	43	51	48	62
Pneumonia.....	66	28	34	29	26	18	14	16	14	15	27
Bronchitis.....	25	13	12	11	11	5	7	11	7	3	6
Heart Disease.....	31	22	23	15	16	21	23	25	17	19	18
Aneurism.....	2	1	—	—	1	1	3	2	1	3	1
Apoplexy.....	16	12	8	8	9	11	10	12	4	7	20
Typhoid.....	5	9	7	12	7	6	12	19	13	21	11
Paralysis.....	4	8	10	9	8	12	6	6	8	6	4
Cancer.....	16	9	15	6	15	12	16	18	15	17	14
Diphtheria.....	13	14	14	16	22	9	3	8	12	18	30
Croup.....	15	7	13	8	10	1	5	4	5	7	10
Infant Convulsions..	16	10	18	14	17	11	14	12	9	11	14
Meningitis.....	17	9	10	16	5	—	21	13	9	9	13
Casualties.....	12	21	13	10	15	17	10	13	14	11	15
Suicides.....	5	4	9	8	10	6	3	5	8	2	9
Homicides.....	3	3	2	1	2	1	4	2	2	2	4

Population according to U. S. census, July 1st, 1880, was 234,520; Caucasian, 212,520; Chinese, 22,000. Estimated population, June 30th, 1884, 270,000.

Report of the State Board of Health.

Reports from eighty-nine localities in different parts of the State give indications of a very fair condition of the public health, and an absence of any severe epidemic disease. The dryness and low temperature observed during the month of November increased materially the fatality of pulmonary diseases and of those affecting the air passages. The total mortality reported from sixty-eight cities and towns, with an estimated population of five hundred and eighty-three thousand two hundred and fifty, was eight hundred and thirty-eight, or a percentage of about .14 per thousand, which will compare favorably with that of any other State in the Union. Of these deaths—

Consumption caused one hundred and twenty-nine, which is an increase of twenty from the preceding month.

Pneumonia. The mortality from this disease was sixty, nearly double that reported in October. This may fairly be attributed to the increased number of those attacked rather than

to any increased virulence in the type of the disease—the meteorological conditions of the month being most favorable for the development of acute inflammatory conditions.

Bronchitis caused but nine deaths, which indicates that the type was much less severe and not so prevalent as pneumonia.

Congestion of the lungs was fatal in six instances.

Diphtheria shows a marked increase in its death rate, there being forty-four decedents reported from this cause, an increase of fourteen from the preceding report. Thirty died in San Francisco, four in Cross Creek, two in Sacramento, two in Stockton, two in Williams, one in Gonzales, one in San Jose, one in Jolon, and one in St. Helena.

Croup had a mortality of twenty, or nearly half as many as those dying of diphtheria, and all in towns where diphtheria was noticed. The evidence of the identity of these diseases gets stronger daily.

Whooping-cough, although continuing quite prevalent, had the limited mortality of four.

Scarlet fever is reported as causing eight deaths.

Measles had the small mortality of three.

Smallpox is absent from the State; no deaths being reported from it.

Diarrhoea and dysentery shows a marked decrease in its death rate, there being but three deaths attributed to it in November. In October there were fifteen.

Cholera infantum likewise shows the diminished mortality of ten.

Typhoid fever. The deaths from this disease have decreased from forty-five in October to twenty-eight in November.

Typho-malarial fever caused only four deaths.

Remittent fever was fatal in two instances only.

Cerebro-spinal fever shows a slightly increased mortality, twelve deaths being caused by it.

Alcoholism proved fatal to eleven persons.

The following towns reported no deaths and very little sickness: Alturas, America, Arbuckle, College City, Cottonwood, Downieville, Davisville, Fort Bidwell, Forest Hill, Folsom, Hill's Ferry, Igo, Knight's Ferry, Lincoln, Merced, Rocklin, Willits, and Wheatland.

PREVAILING DISEASES.

Reports received from ninety localities continue to give indications that the prevalence of disease of an acute character is quite limited; indeed, some of our correspondents seem to imply that in many of the towns there are more doctors than patients. However, we find that

Cholera infantum is noticeable in Davis, Wheatland, St. Helena, Cloverdale, Bakersfield, Oakland, and Vallejo.

Diarrhœa and dysentery are also sporadic in Elk Grove; Camptonville, Wheatland, Susanville, Martinez, Jolon, Sierra City, Dixon, Anderson, Castroville, Anaheim, Red Bluff, Sacramento, and Stockton. The type is mild and with but very limited mortality.

Pneumonia. The diffusion of this disease is now quite general, and is reported in Sacramento, Gridley, Nicolaus, Camptonville, Colton, St. Helena, San Francisco, Oakland, Los Angeles, San Diego, Fort Bidwell, Tehama, Merced, Hill's Ferry, Amador, Cloverdale, Martinez, Dixon, Watsonville, Angel's Camp, Anderson, Hanford, Bakersfield, Marysville, Red Bluff, and Santa Rosa.

Bronchitis has also been observed as prevalent in Nicolaus, Davis, Camptonville, Tehama, Fort Bidwell, Etna, Willits, Merced, Angels Camp, Arbuckle, San Francisco, Martinez, and Red Bluff.

Influenza also prevails more or less throughout the State, but is not of a fatal character.

Whooping-cough is prevalent in Sacramento, St. Helena, Willits, Amador, Saucelito, Los Angeles, and San Francisco.

Diphtheria continues to spread over the State. Sporadic cases have appeared in Sacramento, San Francisco, Oakland, Stockton, St. Helena, Santa Rosa, Martinez, Jolon, Igo, Amador City, Auburn, Anderson, Pomona, Gonzales, Williams, Georgetown, Placerville, and Cross Creek.

Dr. H. C. Crowder, of Williams, reports several cases of severe type of sore throat in his neighborhood.

Dr. Davidson, of Hanford, reports the diphtheria in Cross Creek to be of a very malignant character.

Croup also prevails in Shasta, Sacramento, Amador, Martinez, Williams, Millville, Benicia, Marysville, Oakland, and San Francisco.

Measles are reported in St. Helena, Monterey, Chico, Riverside, and Healdsburg.

Scarlet fever has appeared in Lassen County; also in Martinez, Sacramento, Redding, Amador City, Auburn, Anderson, Truckee, Woodbridge, Ontario, Colusa, Shasta, San Francisco, Georgetown, Placerville, Santa Rosa, and is still spreading. This increase of scarlet fever shows the necessity that exists for the establishment in every town of a local Board of Health, together with an effective sanitary organization, to insist upon such measures as will limit the spread of this and kindred diseases. If scarlet fever, particularly, was not so far-reaching in its effects, and so many of its victims invalidated for life, there might perhaps be a lame excuse for indifference to its advent. But knowing, as we do, that an epidemic of scarlet fever means certain death to some, and lifelong sickness to a great many, it cannot be too strongly urged upon our legislators to pass such restrictive laws as will, under proper supervision, limit this malady within the narrowest bounds.

The discovery of Dr. Klein of London that scarlet fever may be produced by milk derived from diseased cows offers a clew to the origin of those mysterious outbreaks which so often puzzle the sanitarian, and give rise to the supposition of the spontaneous origin of scarlet fever. We believe that scarlet fever never arises spontaneously, but is always developed from a previous case, the germs of the disease being so tenacious of life that they may lie dormant for years, and then spring into virulent activity whenever a soil suitable for their development is presented. The most thorough disinfection is therefore absolutely necessary for the destruction of these germs, and without it the disease will have its periodical recrudescence whenever an inviting opportunity offers. Disinfection will not be undertaken by individuals except under compulsion, or, if undertaken, will be inefficient without the instructions and under the supervision of a competent officer of health.

Erysipelas is mentioned as occurring in Hill's Ferry, Lakeport, Millville, Truckee, Anderson, Red Bluff, and Martinez. The type is mild, and without fatality.

Typhoid fever and typho-malarial fever have been noticed as prevailing to a greater or less extent in Petaluma, Susanville, San Fernandez, Jolon, Igo, Sierra City, Anderson, Truckee, Yreka, Weaverville, Red Bluff, Santa Rosa, Gridley, Livermore,

Riverside, Etna, Colton, San Francisco, Sacramento, Los Angeles, San Diego, and Martinez. Dr. Allen, writing from Riverside, doubts the presence of typhoid fever in that city. It is not epidemic anywhere. Sporadic cases are met with in almost every city.

Smallpox was reported in Arizona, but no confirmation of such report has been received in this office. We may, therefore, rest assured that it has not crossed our borders as yet.

GERRARD G. TYRRELL, M. D.,

Permanent Secretary California State Board of Health.

SACRAMENTO, December 10, 1886.

RECENT EXPERIMENTS OF PASTEUR.

Translated by Dr. W. D. MONTGOMERY, from *Le Progres Medical*.

Now I have to communicate to the Academy the results of some new experiments upon dogs. The objection may be raised to the usual practice of vaccinating men after being bitten, founded on the practice of vaccinating dogs before being bitten, that the immunity of the animals to the rabitic virus was not sufficiently demonstrated. In order to answer this question, it is only necessary to induce the protective state in dogs after being trephined and inoculated intracranially with the virus of hydrophobia. Trephining is the most certain method of infection, and the results are constant. My first experiments upon this point were made in the month of August, 1885. Their success was only partial. During the last few months as soon as I had the requisite leisure I repeated these experiments. The following is an account of the conditions under which they have been successful: the vaccination ought to commence on the day following the inoculation with the virus, and it ought to be carried out rapidly, giving the series of protective spinal cords in twenty-four hours or even less, then repeat the treatment once or twice every two hours. If Dr. von Frisch of Vienna has failed in his experiments of this kind, his failure is due to the slow method of vaccination which he had adopted. In order to succeed it is necessary to vaccinate the animals rapidly, and then revaccinate them. The condition of success in these experiments may be formulated thus: the success of the vaccination of animals after their infection by trephining depends on the rapidity and intensity of the vaccination. The immunity conferred under these conditions is the best proof of the excellence of the method.

Notices of Books, Pamphlets, etc.

- BIENNIAL REPORT OF THE DIRECTORS AND SUPERINTENDENT OF THE STATE INSANE ASYLUM AT STOCKTON.
- THE CURETTE AS A DIAGNOSTIC AND THERAPEUTIC AGENT IN GYNECOLOGY AND OBSTETRICS. By BERNARD BROWNE, M. D., Baltimore.
- MECONEUROPATHIA. By C. H. HUGHES, M. D., St. Louis.
- GALVANO-CAUTERY IN DISEASES OF THE PROSTATE, BLADDER AND URETHRA. By ROBERT NEWMAN, M. D., New York.
- FIBRO- OR SPINDLE-CELLED SARCOMATOUS* TUMORS, with the report of a case and presentation of the specimen. By B. A. WATSON, A. M., M. D., New Jersey.
- THE MILK SUPPLY OF SAN FRANCISCO.
- REPORT ON RHINOLOGY, the treatment of nasal and pharyngo-nasal catarrh. By J. ADDISON STUCKY, M. D., Lexington, Ky.
- CERTAIN HEREDITARY AND PSYCHICAL PHENOMENA IN INEBRIETY. By T. D. CROTHERS, M. D., Hartford, Conn.
- REPORT ON CLASSIFICATION OF MENTAL DISEASES. By CLARK BELL, Esq.
- THE TREATMENT OF UTERINE FLEXIONS. By VIRGIL O. HARDON, Atlanta, Ga.
- ANTISEPSIS IN OVIARTOMY AND BATTEY'S OPERATION. By ROBERT BATTEY, M. D., Rome, Ga.
- MEDICAL EDUCATION AND MEDICAL COLLEGES IN THE UNITED STATES AND CANADA, 1765-1886. Ill. State Board of Health.
- THE EXPLORATION, EXCAVATION, AND ILLUMINATION OF THE INTERIOR OF BONES IN ANY PART OF THE BODY. By M. J. ROBERTS, M. D., New York.
- BIENNIAL REPORT OF THE PRESIDENT OF THE UNIVERSITY OF CALIFORNIA. 1886.
- HUMAN COLOR SENSE CONSIDERED AS THE ORGANIC RESPONSE TO NATURAL STIMULI. By L. WEBSTER FOX, M. D., Phila., and GEORGE M. GOULD, New York.
- TRANSACTIONS OF THE MEDICAL ASSOCIATION OF THE STATE OF MISSOURI. 1886.
- TRANSACTIONS OF THE LOUISIANA STATE MEDICAL SOCIETY. 1886.
- TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND. 1886.
- TRANSACTIONS OF THE AM. DERMATOLOGICAL ASSOCIATION AT THE TENTH ANNUAL MEETING, held Aug., 1886.
- WARLONT'S MANUAL OF ANIMAL VACCINATION. Translated and edited by ARTHUR J. HARRIES, M. D. With an appendix showing the results of revaccination and the comparative utility of animal vaccine. Phila., John Wyeth & Brother, 1886.

Dr. Warlomont is the founder of the Vaccine Bureau of the Belgian Government, which furnishes the best vaccine obtainable in Europe. As Dr. Warlomont was for a long time the official head of this bureau, his book can hardly fail of being

reliable and valuable. It is in fact a short treatise which gives the latest views on vaccination and especially with regard to the comparative value of animal and humanized lymph. The subject of infection is fully considered, and the author believes that, there being real danger of the transmission of disease, arm to arm vaccination should be abandoned. For this and for other cogent reasons he advocates the employment of animal lymph.

This is now easily obtainable, thanks to Dr. Martin of Boston. Dr. Foster of New York and Messrs Wyeth & Brother of Philadelphia, and many others who have studied the subject and started farms for the special purpose of providing pure, healthy and reliable virus.

THE MECHANISM OF INDIRECT FRACTURES OF THE SKULL. By CHARLES W. DULLES, M.D. Reprinted from the Transactions of the College of Physicians of Philadelphia. Philadelphia: P. Blakiston, Son & Co.

This *brochure* shows research and much original experimental work. It opens with an historical study which, as is so usual, begins by quoting Hippocrates. The definition of fractures of the skull given by this distinguished surgeon was not improved upon, if even then, for more than two thousand years. The different theories are considered which have been advocated as explanations of these indirect injuries, viz., the *contrecoup*, the vibratory, and the "bursting" theory of the Germans. In 1883 Wahl formulated the theory that fractures could be divided into: 1st. Crushing fractures, in which the line of fracture runs at right angles with the axis of the applied force; and, 2d. Bursting fractures, in which the lines of fracture are parallel to this force.

The author finally gives a series of 119 cases, the published accounts of which appeared to be sufficiently clear, with the intention of showing how fully they support the bursting theory. On analysis of these he finds that while in 111, fractures occur which might, on this theory, be expected, there are only eight which seem to contradict it. He, therefore, feels justified in believing that the law governing these fractures depends on the fact that the skull is a hollow elastic case—if a blow be received, the axis in the direction of the blow is shortened, while "all the axes lying in planes at right angles to this line are correspondingly lengthened, with proportionate lengthening of their circumference and separation of their meridians, so that the direct depressing force is converted into an indirect disruptive

force, the effect of which is to produce fissures, having a general meridional direction."

When the force is sufficient to crush the skull, the marks of bursting disappear, and other fractures independent of the bursting are formed.

Some twenty-seven plates are given which show the actual position of the fractures caused by force applied in a given direction.

The work is well worth careful study.

MANUAL OF OPERATIVE SURGERY. By JOSEPH D. BRYANT, M.D., Professor of Anatomy and Clinical Surgery, etc., at Bellevue Hospital Medical College. With about eight hundred illustrations. New York: D. Appleton & Co., 1887.

The mistake, which is usually made by writers of surgical works, of trying to make them complete and consequently of writing of subjects which are far better handled by special treatises, has been avoided by the author of the present work. He omits even reference to operations upon the eye and ear or to operations which are peculiar to women. The work is devoted strictly to operative surgery and is profusely illustrated, many of the illustrations being either original or modified.

As an exponent of the latest advances in operative surgery, as well as the views of an eminent teacher, it is of particular value to the student, to whom it can be highly recommended.

A TEXT-BOOK OF MEDICINE FOR STUDENTS AND PRACTITIONERS. By Dr. ADOLPH STRUMFELL, formerly Professor and Director of the Medical Policlinic at the University of Leipsic. Translated by HERMAN F. VICKERY, A.B., M.D., and PHILIP COOMES KNAPP, A.M., M.D., with editorial notes by FREDERICK C. SHATTUCK, A.M., M.D. With one hundred and eleven illustrations. New York: D. Appleton & Co., 1887.

The first edition of this text-book, issued in 1883, was quickly followed by a second and then by a third edition, showing the great success with which it has met. It has also been adopted as the text-book in Theory and Practice of Medicine in the Medical Department of Harvard University.

Its value to the American student is chiefly in the concise and full manner in which diseases of the nervous system are treated, for the other branches of medicine are perhaps as ably treated by American authors. Some few changes from the original have been made by the translators, but apparently these have been in all cases for the advantage of the English student.

The nomenclature of Physical Signs in Diseases of the Lungs has been made to conform with that proposed at the meeting of the American Medical Association in May, 1885, which causes the introduction of a number of unusual terms.

The work, although in Germany published in several volumes, has been by Messrs. Appleton & Co. very creditably issued in a single volume without sacrificing the clearness of type. It is likely to become very popular and have an extensive sale.

AN EPITOME OF THE NEWER MATERIA MEDICA, Standard Medicinal Products and Five Pharmaceutical Specialties, introduced and manufactured by Parke, Davis & Company, to which is added a complete Property and Dose List. Detroit: Parke, Davis & Co., 1886.

So many preparations of new drugs have appeared within the last few years, that this book will prove a great convenience to the practitioner, for the reason that many facts are here collected which can otherwise only be found by searching the files of the medical journals of the day. At the end of the book is a complete list of all drugs mentioned, giving names, synonyms, properties, and dose.

PRACTICAL GUIDE IN ANTISEPTIC MIDWIFERY IN HOSPITALS AND PRIVATE PRACTICE. By HENRY J. GWORIGUES, A.M., M.D. George S. Davis, 1886.

This is another volume of "The Physician's Leisure Library" which is being issued by George S. Davis of Detroit. It gives a valuable and interesting account of the method followed in the Maternity Department of Charity Hospital to lessen mortality by the use of antiseptic precautions. Other chapters are devoted to prophylaxis in private practice; the treatment of puerperal fever when it unfortunately does occur; and consideration of special points relating to antiseptic midwifery.

DEATH BY A DRUGGIST'S ERROR.—The fatal mistake of a Haverhill druggist, whereby eighty-eight grains of podophyllin were put up for one dose for a young woman, the signs, representing half a grain, being mistaken for eighty-eight, the mistake resulting in the death of the young woman, illustrates the folly of allowing young clerks with no preliminary study or preparation to undertake the responsibility of dispensing drugs. Were the law whereby apothecaries are authorized to dispense medicines as stringent as it ought to be, or were there, in fact, any State statute whereby a man with no fitness for the place is forbidden to sell powerful drugs (and in all foreign countries such protection is given the public, ignorant and incompetent men being excluded from the druggist's office), such mistakes would seldom or never occur. A very superficial knowledge of materia medica would have indicated to the dispensing apothecary that eighty-eight grains of podophyllin was a dose that it would be impossible for a physician to prescribe.—*Boston Med. and Surg. Journal.*

Extracts.

On the Contagiousness of Leprosy.

The question whether leprosy be contagious has been much discussed recently at the Academy of Medicine of Paris. The theory of contagion has its partisans and its opponents, and the latter seem to be in the majority in that learned assembly. It may not be without interest to publish the results of researches on the subject undertaken in the Sandwich Islands, Mauritius and Reunion, as well as in British Guiana. These have recently been summarized in an interesting contribution to the *Progres Medicale*, by Dr. R. Suzor, of Mauritius, and from which we shall freely quote.

It is of secondary importance to know if leprosy existed in the Sandwich Islands prior to 1848, if M. Quoy has seen it there in 1819. The fact remains that at any rate the disease was exceedingly rare in 1848. At about that time commenced the immigration of the Chinese, and amongst them the presence of leprosy was recognized. Ten years later, in 1858, the disease was for the first time mentioned as common in the country. Either it did not exist before the arrival of the Chinese, and therefore it was they who introduced it; or, if it did exist before their time, how can we explain the extreme slowness of its development before their arrival and its sudden extension in the following ten years to such an extent that a tenth of the population became lepers? If the latter hypothesis be true, it reminds us forcibly of the case of Europe in the Middle Ages. Leprosy existed, but it was comparatively rare. The Crusaders, while in the East, went into the ancient homes of the scourge, and shortly after their return to their own country the disease became so prevalent that people talked of epidemics of leprosy, and in France alone more than 2,000 leper-houses were established to isolate the sick. Another fact is to be noted, that wherever isolation has been stringent the number of the affected has rapidly diminished. It is the inverse of what has passed at the Sandwich Islands, and the two facts seem to militate in favor of the idea of contagion.

Mauritius and Reunion until the 17th century were uninhabited, and the first colonists permanently established were French. Then came immigrations of Africans, Hindoos, and lastly Ch

nese. At the present time hundreds of lepers can be counted without difficulty, of all races, even Europeans. Now it is proved that several lepers have landed there, coming from Africa or Asia as slaves or as coolie laborers. In British Guiana the history of leprosy is still clearer and more interesting. 1st period: Prehistoric. The country was inhabited exclusively by Indian tribes. 2d period: European colonies established. No leprosy. 3d period: Slavery. Among the African slaves who were landed there a few were attacked with leprosy. They were rigorously isolated on the confines of the plantations, and the cases all remained limited to the blacks. In 1831 there were altogether 431; and a special establishment was founded on the banks of the river Pomeroon, where they were all sent. But at this spot there were already established several tribes of Indians—Carribs, Accoways, Arrowacks, Warrows, etc. Disliking their new neighbors, they all left the district except the Warrow tribe, who fraternized and had intimate relations with the lepers. In 1842 McClintock wrote: "We have taken a census of the whole Indian population. We have met with a great number of lepers of both sexes, but all invariably belonged to the Warrow tribe." This points to contagion. The Bovianders, hybrids of Negroes and Warrow Indians, are also frequently the subject of leprosy. This points to heredity.

In 1838 came the emancipation of the slaves, who spread themselves all over the colony, going wherever it seemed best for them and mixing freely with the general population. At about the same time the planters imported coolies from China and India, and among these, as usual, lepers were sometimes found. To-day there are two lepers per thousand of the population, and the whites and mulattoes furnish their contingent to the disease as well as the Negroes and Indians.

Some cases may be cited:

1. Cases of Dr. Regnaud, observed at Mauritius.

(a.) A black woman, a widow with a child *æ*t. 5 by her first husband, married again a man suffering from leprosy. The latter fondled the child a great deal and they were constantly together. The disease soon spread in the child. There was no trace of hereditary leprosy in the woman or in her former husband.

(b.) A white man acquired anæsthetic leprosy with ulcers. His wife assisted the doctor every day in the dressing. She was probably less careful in afterwards washing her hands. At any rate,

a month after the death of her husband, a leprous spot developed on the right cheek, and two months later she was everywhere covered, and the disease grew worse.

A great many cases of this kind could be cited. Simple coincidences, they may be called, but in this case we should have to say that "the exceptions are more numerous than the rule."

2. A young Scotchman, born in Scotland, of parents who had never left Europe and whose hereditary history was in every respect perfect, arrived at Guiana. One night, being drunk, he had connection with a woman, whom he found to his horror the next day to be a confirmed leper. Ten months later he developed the first symptoms of leprosy, of which he died. (Drs. Manget, Edge, Watt.)

The author knows several other similar cases, one of which was in his care.

3. Joseph Francis C., æt. 20, Portuguese, white, born in Demarara, his parents still living and healthy. Ten years ago he was attacked by leprosy, the tuberculous form like the preceding. A sister, æt. 18, is also leprous. They were both vaccinated with lymph taken from an infant belonging to a leprous family. Their brother and three sisters, who were not vaccinated from the same source, are perfectly well.

The Drs. Manget, Army Surg. Gen'l., and Hillis, Physician to the Lepers' Asylum of British Guiana, who personally knew the family, consider the facts as absolute proof of the propagation of the disease by vaccination. It would be easy to quote others.

The cases of hereditary leprosy are numerous. Let it suffice to cite the works of Boek, Danielson, Carter, Hillis, etc. Here are a few facts borrowed from the last author.

(a.) J. L'Esperance, confirmed leper at 2 years. Mixed form of the disease. Father and mother both leprous, the father having the tuberculous variety, the mother the anæsthetic. The mixed form usually only develops between the ages of 20 and 40 years.

(b.) Marie B., æt. 43. Parents leprous. She herself still free from any manifestation of the disease, but she has six children from 10 months old to 14 years—all with tuberculous leprosy—which generally does not appear until after puberty.

(c.) Dr. Saturnin (Trinidad) and the committee of the R. Col. of Physicians, of London, quote two cases of leprosy in the new born.

These facts without answering the requirements of Kaposi's eminent annotators, who desired to see a child born in Paris, of a leprous mother, and being immediately separated from her, afterwards becoming leprous, appear to us to shake somewhat the position of the adversaries of the hereditary transmission of the disease. How shall an affection, which is propagated by heredity, by contact, by sexual intercourse, by vaccination, which shows itself most often on the uncovered part of the body, which takes on the skin a serpiginous course, be considered contagious or not? The same question might be as well asked with regard to syphilis, which is far from contagious in all its stages, and which does always produce its hereditary character.

Finally it will be possible, we hope, to take up the experimental study of the question. For some time we have been trying the cultivation of the bacillus of leprosy in human blood. If pure cultivations are obtained, we shall have the opportunity of renewing the tentative inoculations by Neisser. It will also be interesting to study the bacillus of tubercle in this new medium.

P. S. ABRAHAM.

—[*Annals of Surgery*, October, 1886.

The Influence of Maternal Impressions on the Fetus.

By DR. FORDYCE BARKER, New York.

The belief that maternal impressions may affect the nutrition and development of the fetus in utero has existed from the earliest periods of which there are any records. The oldest evidence of this belief is found in chapter xxx. of the book of Genesis, in an account of a business transaction between Jacob and his father-in-law Laban, in which this belief prompted Jacob to adopt a method which, in recent times, has become very common in Wall street, that of doubling his capital "by watering the stock."

Five columns of fine print in the catalogue of the Surgeon-General's library at Washington demonstrate the copiousness of medical literature on this topic and how largely it has occupied the medical mind. That maternal impressions may affect the form, development, and future character of the fetus is very generally accepted as true by women in all ages, and by men so far as they have any idea on the subject, without doubt.

Three of the most distinguished writers of fiction in modern times have based incidents on this belief in a way which they

would not have done if they had supposed that these incidents would have been rejected by their readers as improbable.

Without referring to the many authors who have written on this subject, he thought it might be truthfully said that down to the beginning of the eighteenth century this was the accepted belief of the medical profession. Blondell, an English physician, appears to have been the first to question this theory in 1727.

Within the past twenty-five years, many papers have been published in which this theory has been strongly controverted.

Dr. Barker believes, however, that the weight of authority must be conceded to be in favor of the doctrine that maternal impressions may affect the development, form and character of the fetus.

Montgomery says: "Pregnant women should not be exposed to causes likely to distress, or otherwise strongly impress their minds." Rokitauský says: "The question whether mental emotions do influence the development of the embryo must be answered in the affirmative."

Carpenter (Physiology) says: "No sound physiologist of the present day is likely to fall into the popular error of supposing that marks upon the infant are to be referred to some transient though strong impression upon the imagination of the mother; but there appears to be a sufficient number of facts on record to prove that the habitual mental conditions on the part of the mother may have influence enough at an early period of pregnancy to produce bodily deformities or peculiar tendencies. But whatever the impression transmitted, it must be of a character to modify the nutritive materials supplied by the mother to the fetus."

Dalton (Physiology) says: "There is now little room for doubt that various deformities and deficiencies of the fetus, conformably to the popular belief, really originate in certain cases from nervous impressions, such as disgust, fear, or anger, experienced by the mother."

It will be observed that all who disbelieve in this doctrine base their skepticism on what they regard as physiological reasoning, and chiefly on the assertion that there is no direct nerve communication between the maternal and fetal system, and nerve impressions cannot be transmitted to the fetus. Deformities, they urge, are due to arrest of development, but no one

has brought forward any sound physiological reason why this arrest of development may not have been carried by maternal impressions, affecting fetal nutrition by their influence on the maternal blood, as well as by falls, injuries, diseases, uterine amputations by ligation of the umbilical cord, and the various other causes which have been assigned. His personal acquaintance with the profession lead him to suppose that a very large majority of obstetricians utterly disbelieve in this influence, and he ascribed this skepticism to the fact that, while they find this belief almost universal, to such an extent as to cause great anxiety in many of their patients, especially if they have been subjected to any strong emotion, yet the verification of this apprehension is so extremely rare, that probably not one in a hundred of practising obstetricians meets a convincing case.

Extremely rare as is the occurrence of cases which prove the result of this influence, yet he thought the fact is so well proved by sufficient authentic evidence to make it as certain as any other fact which cannot be explained by science, and there are many such. Indeed, in the light of all the evidence which has been accumulated on this point, it seems to him as reasonable to deny the occurrence of earthquakes, because philosophy has not yet been able to give a satisfactory explanation of their cause.

Dr. S. C. Busey, of Washington, believes that there is some relation of cause and effect between maternal impressions and fetal deformities, and in support of this belief submitted the following propositions: first, any prevalent and current belief must be based upon an element of truth; second, in the physical world there is no effect without a cause, so it is likewise true in the world of life, that there can be no effect without a cause.

If there is one single case in which there is no probable doubt that an impression did produce the effect, the inference must be clear that similar cases may follow. And if there is precise correspondence between these impressions and the deformities, the affirmative of the question must be accepted as presumptively proven.

All the cases may be divided into four groups: 1. Those which come under the head of coincidences. 2. Impressions in which there are fetal marks, blemishes, with absence of correspondence. These two classes are constantly urged as showing that there is to relation of cause and effect, whereas Dr. Busey

would regard them as simply demonstrating that Nature does not always give us positive evidence.

The third class was that in which there was no previous mental impression and correspondence between the observation and fetal deformity.

The discussion was continued by Dr. John S. Billings, of Washington, honorary member, who concluded his remarks with the statement that the best thing was to recognize our ignorance on the subject, to make experimentation where experimentation was available, and to collect such facts as might exist, and be content to admit that on this subject, as on many others, we do not know. The discussion was further continued by Dr. Goodell, of Philadelphia, who related a most remarkable case of deformity produced by maternal impression, and the discussion was closed by Dr. Barker.

On motion of Dr. Chadwick, of Boston, a committee of three was appointed to investigate and report on this subject at some subsequent meeting of the Society.—*Am. Jour. Obst.*

Division of the Optic and Ciliary Nerves as a Substitute for Extirpation of the Eyeball.

By CHARLES BELL TAYLOR, M. D., F. R. C. S., Surgeon to the Nottingham and Midland Eye Infirmary.

The operation of extirpation of a lost or damaged eyeball, undertaken either to relieve pain or to obviate the risk of total blindness from sympathetic inflammation of the sound eye, is one which the surgeon is very frequently called upon to perform; it is also one which is very much dreaded by the patient and his friends, and it entails the substitution of an artificial eye which, like other foreign bodies, is apt to become very troublesome afterwards. Any alternative operation, therefore, which will either relieve pain, or cut off the connection between the two eyes, so that the morbid process shall not travel from one eye to the other, cannot but be regarded as an important addition to conservative surgery

What is the mysterious link by which the morbid process in one eye is transmitted to the other? H. Muller thought that sympathetic inflammation was transmitted by the ciliary nerves; this theory, however, is incompatible with the occurrence of sympathetic ophthalmia some weeks after enucleation, and many

such cases are recorded. The recent researches of Knies and Deutschmann, more in accordance with clinical facts, seem to have demonstrated that the inflammatory process is transmitted by the medium of the lymphatic vessels of the optic nerve. It matters little, however, which theory is adopted. Let us admit that it is through the medium of the nervous elements, optic, ciliary, or both, which interlace or spring from a common origin in the brain or medulla, that irritation is propagated from one eye to the other, and we have at once a key to the problem how to save both eyes, so far as appearance is concerned, and at the same time to preserve the sight of one; for it is manifestly easy to divide the nerves, both ciliary and optic, which connect the eyeballs, without removing the globe itself, and experience has demonstrated that after the operation nutrition goes on unimpaired, and that the movements of the eyeball continue exactly the same as before.

In performing this operation I make an incision immediately over the insertion of the internal rectus tendon, divide it on a blunt hook, seize the eyeball with forceps, pull it forwards, turn it inwards, and sever the optic nerve as far back in the orbit as possible. The globe is then rotated, and the stump of nerve cut off close to the sclerotic, the eyeball is then replaced, a suture inserted, and the operation completed by the application of a compress bandage.

Division of the optic and ciliary nerves has two important advantages—First, we are enabled to operate early, as patients do not object to submit to what may be termed a slight operation to relieve pain, or diminish risk, while they often absolutely refuse to submit to extirpation. Secondly, we obviate that wasting of orbital fat and tissue, that falling inwards towards the orbit of the eyelids, and loss of muscular and motor power, which a few weeks after extirpation are apt to give an unnatural appearance to the artificial eye.

Within the last four years I have performed this operation thirty-one times, and I must say that the results have been most gratifying. Nutrition is unimpaired, motion in all directions is perfect, and indeed in some cases it is difficult to say which eye has been operated on. The accompanying photograph of a young girl who was sent to me, two years ago, in order that her left eye might be extirpated on account of pain occasioned by injury, with sympathetic irritation of the right eye, is an average specimen, certainly not the best, of the results obtained.—*English Practitioner*, Nov. 1886.

TERRILLON. "NEURALGIA OF THE BREAST."—*Le Progres Medical*,
March 6th, 1886.

Sir Astley Cooper was the first to describe neuralgia of the breast, or, as he called it, "irritable tumor," though he divided the affection into two great groups, those in which there was no obvious swelling, and those in which the pain had its origin in a tumor.

Terrillon describes three varieties of mammary neuralgia. In the first form the breasts are hard, tense, and turgid (erectile); the patients are young, stout, often of arthritic diathesis and plethoric. The neuralgia is most severe before and during menstruation; it may last for several years, is intermittent, there are painful points scattered throughout the breast, the subcutaneous veins are turgid, the gland is not freely movable upon the chest wall, the skin and subcutaneous tissue are indurated, and this thickening may extend for a considerable distance beyond the limits of the breast itself. The painful spots may be quite distinct and constant in position, and may correspond to small granular nodules to be felt in the gland. After menstruation the pain largely subsides. Pressure increases the suffering, and even rapid changes in atmospheric tension affect it. Leeches are to be applied, and salicylate of soda given internally.

In the second variety are classed the patients with large pendulous breasts, moving freely on the thoracic wall. The neuralgia may come on after menstruation has ceased, and the breast during the painful attacks which may correspond to the monthly crises becomes harder, larger, and more tender. Strapping and support to the breast is the treatment required.

The third form includes cases of thin women with small fatless breasts, often closely applied to the chest wall. The pain is increased during menstruation, and at these times the breasts become harder; the least pressure is painful. During menstruation the gland lobules become hard, and feel like a bunch of raisins, but the lobules are not separable from one another. Fly-blisters, systematic pressure, and salicylate of soda form the treatment.

Sometimes the neuralgia is dependent upon the pressure of a tumor, comparable to the painful subcutaneous tubercles of other parts. The tumors are usually fibromata or myxomata. Removal of the growths usually cures the neuralgia, but the cure is not always permanent.

Mammary neuralgia is usually limited to one breast; the pain may be diffused throughout the gland, or there may be limited painful spots. A small tumor may or may not exist. Radiatory pains may spread from beyond the gland to the neck, down the arm, and even into the little fingers. The pain is sometimes persistent, but with exacerbations; sometimes there are intervals of complete freedom. The kind of pain is also variable; pricking, stabbing, and twisting pains are described, and sometimes a feeling of tension.

The subjects of this neuralgia suffer in general health, and are usually much distressed by the idea of cancer. The affection is obstinate, and has little tendency to spontaneous cure.

Injuries, ill-fitting stays, or in some cases (group two) lack of accustomed support from stays, arthritic tendencies, disorders of menstruation, and nervousness, predispose to neuralgia. Careful search should always be made for small tumors, myxomata, &c., but it should be remembered that malignant growths are rarely painful in their early stages. The difficulty is in distinguishing between small fibromata and small myxomata and lobular indurations. Intercostal neuralgia is distinguished by the pain extending along the whole intercostal space, and not appearing in the gland itself; the presence of Valleix's painful points on the side and at the back will help to clear up the case. The prognosis is good as regards life, but the pain may become exceedingly severe.

Treatment varies with the case; protection and pressure for the pendent breasts, revulsives and bleeding for the turgid glands, and careful strapping and bandaging for most cases are the best treatment. The strapping should be applied every three or four days, and kept up for three weeks or more. In obstinate cases punctiform cautery or ether spray should be tried. Arsenic and sulphate of quinine for the intermittent cases, salicylate of soda for the rheumatic, and aconite and bromide of potassium for the neurasthenic should be given internally. Any tumor must of course be removed, but there is a possibility of persistence of the neuralgia even after removal.—*Medical Chronicle*.

INJURIOUS EFFECTS OF COCAINE.—Among the very large number of cases in which cocaine has been used in ophthalmic surgery, not a few have been recorded by good observers where unpleas-

ant and even serious consequences have been attributed to its application. Desquamation of the corneal epithelium is probably frequently found; but much more definite changes result after operations on the cornea, under anæsthesia by this drug, such as vesicular and parenchymatous keratitis, which may leave scarring of the cornea, and permanently interfere with vision; even panophthalmitis after cataract extraction has been attributed to its use. Some of the reported disasters may be assumed to be directly dependent on the drug, applied with every precaution; some are due to its application in too strong solution, or in too liberal a manner; whilst in others it has probably done no direct mischief, but has acted as the medium of septic inoculation. The gelatine discs may possibly readily take up septic material, as cocaine appears to be largely hygroscopic, and in solution it readily decomposes with the presence of septic organisms. Our cocaine solutions have for a long time been rendered aseptic by sublimate or boric acid, as is the case in most ophthalmic clinics; and Galezowski has introduced into his discs a sufficient proportion of mercuric chloride. We have not traced any local trouble to the use of the drug, which we have used in 4 per cent and 10 per cent strength, but in a few cases slight conditions of constitutional trouble have seemed the result of its application; and after two cataract extractions, the patients were sleepless and very excitable throughout the night; two others suffered from very severe headache, and two or three have had diarrhoea. There have been attributed by various observers to its use apathy, very marked malaise, headache reaching an extreme degree, dyspnoea, weakness in walking, difficulty of speech, cramps and trembling in the extremities, sickness, loss of appetite, and even delirium. A case is published where three drops of a 2.5 per cent solution produced severe prostration. Cocaine is likely, as its price is lowered, to come into very common use; but it is evidently necessary to have some care in its application, more particularly, as published cases would seem to show, in children, old people, and worn-out constitutions. Preparations used should be sufficiently fresh, and discs containing it should be kept dry. A 2 per cent solution is a more rapid and more transient mydriatic than the atropia group; it is especially useful in ophthalmic examination of nystagmus, where it distinctly lessens the movements.—*British Med.-Chir. Jour.*

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CURE OF ABDOMINAL ANEURISM BY LORETA'S METHOD.

By JOHN F. MORSE, M. D., San Francisco.

The following case may be of sufficient interest to warrant its publication:

Last year Prof. Loreta proposed and carried out an operative procedure for the cure of abdominal aneurism, a report of which may be found in the *New York Medical News*, December 12, 1885.

Since then Dr. Lange of the German Hospital in New York, imitated Prof. Loreta by inserting a wire into the sac of an abdominal aneurism, but performed the operation in a manner which will scarcely meet with general approval. An account of it may be found in the *New York Medical News*, November 21, 1886.

It was also stated at the meeting, in which Lange reported his case, that the operation had been done years ago by Dr. Buck, with what result is not mentioned.

Thomas D. Haley, age 32, nativity Massachusetts, admitted to City and County Hospital, November 13, 1886.

History.—Patient denies ever having had syphilis, or having used tobacco or spirits to excess. On the 4th of March, 1886, he was struck violently in the abdomen by a coal bucket, which occasioned him at the time no serious inconvenience. A week later, however, he began to suffer from vomiting and constipation, which was accompanied by intense pain in the back, sides and abdomen, and he then noticed for the first time a pulsating

swelling in the abdomen. He was confined to his bed and was under the treatment of several physicians for the period of one month. He was then removed to the German Hospital where he first came under my care. The diagnosis of abdominal aneurism was readily made and the patient was put to bed, placed on low diet and large doses of the iodide of potassium for three weeks. He then felt so much improved that he left the hospital and returned to his labor as a stevedore. He continued at work for three months, when he was seized with a similar attack as before. During this time the tumor had gradually grown larger, and the pain in the back became so intense that sleep could only be obtained by the use of opiates.

The following is the report of interne Akerley:

“Patient is a well developed and muscular man, weighing 180 pounds, and measuring 5 feet 11 inches. Heart and lungs as well as kidneys and liver normal. About the center of the abdomen extending a little more to the left of the umbilicus is situated a pulsating tumor, which shows all the signs of an abdominal aneurism. The pulsation of the femorals is weakened.”

Nov. 17th, 1886, the patient was etherized and the abdomen cleaned and disinfected. The operation of Loreta was then commenced, Drs. von Hoffmann, Silva, Patton, Williamson and Akerley, assisting; Drs. Healy, Lovelace and Kreutzmann being also present.

An incision four inches long was made over the tumor, through the linea alba. On opening the abdominal cavity, the intestines were withdrawn and covered with warm cloths. The aneurism was thus exposed and found to be about the size of both fists.

An exploring needle, one milimeter in caliber was thrust into the sac, when a stream of arterial blood spurted through it. One yard and a half of one-half milimeter silver plated copper wire, was carefully passed through the needle into the aneurism and the needle withdrawn. The slight hemorrhage resulting was readily stopped by touching the small opening with pure carbolic acid, rendered fluid by the addition of a little glycerine. After the usual toilet of the abdomen, the abdominal wound was united by means of five deep and four superficial stitches. An antiseptic dressing of carbolized gauze was applied.

After the operation the patient suffered for several days from

vomiting, but his temperature never rose above 101° F. and only one day.

The day following the operation the pulsation in both femorals was scarcely perceptible, but soon appeared again.

On the 23d of November, a week after the operation, the dressing was removed for the first time, and the abdominal wound being healed, the stitches were removed. The pulsation over the tumor was very slight.

Nothing of importance transpired until the 26th when the patient complained of great pain in the left groin, and an examination revealed the left leg enormously swollen, cedematous and cold and no pulsation was to be felt in the left femoral. In the right femoral it was very feeble. The left leg was wrapped in cotton and warm bottles applied. In two or three days the swelling had disappeared, the pulsation in the left femoral not reappearing.

In another week all dressings were taken off and the patient continued to improve.

December 13th. The pulsation over the aorta is no stronger than over a normal aorta, and auscultation reveals no bruit in the sac, which is extremely hard to the touch. The patient is ordered to remain quietly in bed, on his back, in order that the clot may become firmly consolidated.

December 17th. Pulsation over tumor scarcely perceptible, no bruit to be heard on auscultation. Patient is in excellent condition and anxious to get up. Wound in abdomen entirely healed. Pulsation in left femoral has not returned, is slight in right femoral.

December 28th. Patient has been up for a week. Pulsation has returned in left femoral, slightly increased pulsation over sac. Patient has no pain and is in excellent condition.

January 7th, 1887. Patient is about to leave the hospital. Pulsation in tumor again diminished. Tumor reduced one-half its size at the time of operation, consists of a hard nodule. No bruit. Scarcely any difference in pulsation of femorals.

This, the first successful case of the kind, proves the feasibility of Prof. Loreta's method of treating aneurisms of abdominal aorta.

**VALEDICTORY ADDRESS—MEDICAL DEPARTMENT,
UNIVERSITY OF CALIFORNIA.**

By A. L. LENGFELD, M. D., Prof. of *Materia Medica* and *Medical Chemistry*.

Friday evening, Dec. 3d, 1886.

MR. PRESIDENT, GENTLEMEN OF THE GRADUATING CLASS, LADIES AND GENTLEMEN:—One of the most fascinating problems of the modern scientist, is to study the origin of our various institutions, of our manners and our customs, to trace them to their very commencement, and to note the manifold changes which they have undergone and are undergoing under the influences of civilization. Tracing back the history of medicine, we find the ancients believing, not only in the divine origin of medicine, but confining its practice entirely to the priesthood. Among the Greeks, the God of Medicine was *Æsculapius*, and in the temples dedicated to him, the majority of cures were effected, and *Hippocrates*, our Father of Medicine, was the son of a priest of the Temple of *Kos*.

With the advance of civilization, and as a natural result of individual preferences and superior attainments, and in accordance with the principles of evolution, we find a distinctly separate profession, the profession of medicine, gradually developed. The division of labor which this separation produced, allowed each more time for the study of and the practice of his calling, and made each more perfect in his chosen avocation. But, just as the practice of a special branch of medicine requires a general knowledge of our science, and just as the one having the best, the broadest and the most extensive knowledge of the entire field of medicine, will be the most successful specialist, so also will that general practitioner, who remembering the priestly origin of his calling, looks further and deeper than the mere physical symptoms for the cause of the malady, examines into the mental, the moral and the spiritual condition of his patient, be the most successful.

As physicians, your duty is not only to attend the sick, to relieve their pains and cure their diseases, but also to assist your brother, the priest, in advancing our social customs, improving our morals and elevating human character. With the church divide the privilege of protecting the community from fraud and imposture, and of exposing the errors and superstitions of the past and the present. Assist every social

movement, public or private, tending to improve man's moral and intellectual welfare or having for its object the discouragement and prevention of indolence and vice. As the church by its teachings endeavors to show, by the strict observance of certain precepts, everlasting blessings may be obtained in the future, so should you, by your teachings, show by proper attention to those sanitary laws, which should regulate every social custom, much of the pain and much of the misery of the present may be avoided.

You will frequently be the oracle, to whom will be referred questions bearing upon all these subjects, especially all such as relate more particularly to medicine, and your sentiments, potent for good or ill, may indirectly benefit or afflict thousands. Your social position and professional standing demand that you use your knowledge for the benefit of the community, and in no way can you better assist them than in showing the fallacy of the so-called patent medicine. Of all subjects that may press themselves upon your attention, of all the evils which afflict the people of the United States, an evil which does more to injure their health and affect their moral and mental nature, there is none more deserving of your careful consideration, of your strongest condemnation, than the indiscriminate use of patent medicines.

As John Stuart Mills says, "those who most need to be made wiser and better, usually desire it least, and if they desired it, would be incapable of finding the way to it by their own light." As the public is incapable of judging of the patent medicine evil, your duty is to light them on their way, show them how to distinguish the true from the false, and teach them how to be wiser and better. If at first your sincerity is doubted and your motives impugned, and the public told that you oppose patents, principally, because they so frequently rob you of a fee, be not discouraged. Be patient and firm, show by precept and by example that you are honest in your assertions and earnest in your convictions, and victory will eventually crown your efforts.

The manufacturers of patent medicines will claim that their practice is no innovation, that for centuries it has been customary for physicians to prepare special remedies, many of which obtained a world-wide celebrity and, but little changed, are still among the most frequently prescribed remedies of to-day. This assertion is true; from time immemorial, physicians have pre-

pared special compounds, which they have recommended for special diseases, but not as a panacea for all ailments, and those who suggested and compounded them were competent physicians, well versed in the medicine of their day, and eager only to alleviate human suffering, and keeping their methods secret, merely because the ignorant superstition of the age forced them to throw a certain mystery around their art. Not so, the patent medicine manufacturer of to-day; he is ignorant alike of medicine and of the properties of drugs, he cares nothing for the sick, to him it is immaterial what vicious habits may be produced, what diseases may be aggravated, or what deaths may result from the use of his nostrum—so long as it brings money to his pocket, shekels to his coffers.

The manufacturer of patent medicines enters the field as a mere tradesman, excepting to the public, makes no secret of his qualifications, informs the trade that he has entered the field for business and for profit and offers them all kinds of inducements to assist him to filch the public. To them he makes no pretense of being a Samaritan, he wants gold, the public wants nostrums; he furnishes the one, the public gives him the other.

He will inform you that there is a demand for Chinese doctors and medicines, that the people will have prayer cures and mind cures, that the public positively demands to be fleeced, and he is only helping the public to exercise their inalienable right. That while no sane man would dream of fooling with the delicate mechanism of his watch, he will not hesitate to trifle with the far more delicate mechanism of the human body, and too often after having tried the trick of pounding the watch in the mortar, will blame the physician for his inability to put the parts together again. That while most people would not permit an inexperienced cook to prepare their dinner, they are ever ready to swallow any remedy which any cook may prescribe for their physical ailments.

The patent medicine manufacturers tell you that they are merely assisting nature's law by helping a fool to part with his money, that their nicely worded circulars, illustrated pamphlets, and highly colored lithographs, do more to influence the ailing in the choice of a remedy than all the wisdom and all the truths which you may teach. Unfortunately this is too true; the credulousness of the public, in everything that savors of the

mysterious, is wonderful, but do not despair, the truth will prevail and your duty to the community demands the truth from you. Never hesitate to show the injury—moral, social and physical, which patent medicines are doing, nor to expose the tricks of their manufacturers. To the ignorant show the dangers which lurk in their use and to the fool teach wisdom.

Show the harm which the various soothing syrups, so freely advertised and so highly lauded, for the quieting of crying babies and the cure of infants' troubles, are doing. Ask the mothers for the proof of their efficacy; they will tell you that the remedy did all which was claimed for it; their darlings are quiet and the little grave with its white tombstone, is THEIR testimonial.

Point at hundreds of tiny and puny infants, their helplessness exciting our pity, their future lives our sympathy, and show the effects of the indiscriminate use of infants' food and milk foods. Show that fashionable mother, leaning over and weeping over her sickly child, how she has wronged that child, how she has neglected the most important duty of a mother to her child, how she has cheated that child of one of its rights, the right to the mother's breast, an inalienable right possessed by every infant, an instinct possessed by the very beasts of the field, and a right which nothing can ever replace. Only human mothers systematically neglect to give their infants nourishment, and yet, it is the mother alone "who can save from virtual starvation and death. She alone can add inches to the stature, fulness to the muscles and vigor to the mind."

Show how the drink and the opium habit, vices which have attained alarming proportions, and which are undermining the health and the happiness of thousands, are nurtured and fostered by the indiscriminate use of patent medicines? Tell your patients and the public that nearly all the advertised tonics, bitters and wines, are but mixtures of poor liquors with poorer drugs. That they are intended to catch the nimble dollar, avoid the revenue liquor license, and be allowed sale in the various prohibition cities, counties and states. That they are prepared, not only so that a man can take his whisky with a clear conscience, but with a sense of his own worthiness in taking such good care of his health.

The increase of tippling and drunkenness among women, may in great measure be attributed to the indiscriminate use of these

stimulants. Many a lady who would not touch a drop of liquor, fears not a wineglass full of somebody's bitters, and the few medicinal substances present in the bitters are credited for the exhilarating effects due to the poor liquor. The business man who never takes a drink, has on a shelf in his office somebody's tonic, wine or elixir, and never hesitates to take a dose when he feels out of sorts or is at all worried, and he too, like his female companion, credits the few medicinal ingredients for the hilarious effects of the liquor.

Ask the victims how they acquired that worse curse, the opium-habit, and many will tell you that it was by the continued use of one or more of the largely advertised nervines, pain-panaceas or cough cures. The pain was relieved, the medicine credited, the effect found soothing, the medicine continued and the habit acquired. And thus the victim is unconsciously acquiring a taste for opium or for liquor, vices which no language can faithfully depict, no words forcibly enough describe. Many are they, who curse the day when first they took a patent tonic or patent pain cure, and wish they were dead. But no, patent medicines do not always kill, they allow their victims to live a social death and bury him in the Insane Asylum instead of in the grave. The idiotic child, the melancholic adult, the raving maniac, are certificates of the cures which patent medicine manufacturers do not publish.

While we may excuse the public, ignorant as they naturally are of the medicinal value of medicines, for being swindled by patent medicine manufacturers, what shall be said, what can be said, and what apology can be made for the physician, who, presumed to be qualified by special education to judge of the value of his remedies, deliberately prescribes something, he knows not what, puts his faith in the confidential circular of our unknown seeker after wealth, and gives his patient something, whose published formula he knows to be incorrect, if not absolutely false.

But, physicians do not prescribe patent medicines, you say; perhaps not, but can you tell the differences between a patent medicine and a proprietary article? A patent medicine is a remedy recommended to the public, a proprietary article one recommended to the physician. A patent medicine claims to be a sure cure for ALL ills of whatsoever nature or kind. A proprietary article, a panacea only for certain specified difficultly curable or incurable

diseases. The composition of the patent medicine remains unpublished, and is claimed as a privileged secret. The proprietary article pretends to give the complete composition of the remedy, but claims the process as a privileged secret. The advertising of a patent medicine is limited to a history of popular diseases, their symptoms and the cures which the remedy has made, and we all know that it is a pretty healthy man who can read a patent medicine almanac without suddenly discovering that he is afflicted with about 150 of the 200 diseases described therein.

The advertising of a proprietary article necessarily demands a more scientific method, a method, however, nearly identical with and fully as tricky as that of the patent medicine, only, as the dealings are with a more intelligent clientelle, the methods used are of a more refined nature. No sooner are your professional cards printed, before each mail will flood you with their circulars and deluge you with their samples. The bright gold letters of your new sign will not for many days reflect the duller sunlight, before their smooth-tongued, gentlemanly traveller, usually an unsuccessful and impoverished practitioner, will call and show you how his firm have succeeded in combining remedies which all other pharmacists deem incompatible and how by some special arrangement their superior manufactured article can be supplied at a cost less than that of the crude materials. He whets your vanity by the most urgent appeals for your support, and having found him an agreeable person, his stories rich and racy, his literature interesting, even if not very truthful, you fall a victim to his wiles and order his remedy. You forget that his published formula is palpably false, his certificates of eminent professors and teachers usually forged and his preparations never the equal of the recognized official remedies, even though he adopts the true scientific name with only a slight change in the terminal. That his published formulas are false and his certificates forged, is proven not only by the analysis of his compounds as occasionally made by eminent chemists and published in the various scientific journals, but also by the processes at law when such questions have come up.

Within the past year, a professor in Philadelphia lecturing to his class, cited a certain proprietary article extensively prescribed by certain physicians of that city, as an example of worthlessness and of fraud. The proprietor had him arrested for libel. At

the trial, however, the complainant could not deny the truth of the professor's statements and without a word for the defense, the case was dismissed.

Another case occurred recently in New York, where certain eminent physicians, tired of seeing their names attached to forged certificates, had the manufacturers prosecuted. At the trial, the firm publicly acknowledged that the certificates were forged and promised, in consideration of having the suit dismissed, never to do so again.

Another example, very recently occurring here, in our own city, shows not only the worthlessness of the published formulas, but how the presence of the principal active ingredient is positively denied. A child being treated for some infantile complaint, requiring the use of a sedative, was ordered a certain proprietary article which claimed to be absolutely free from opiates, and was, in fact, recommended as a substitute for opium, whenever that drug was indicated. The child grew worse and one of our professors was called in consultation; he found the child suffering from morphine poisoning, the attending physician was astonished at the discovery, but the child died all the same. Who was guilty of the murder? The attending physician, the manufacturer, or our professor, who correctly diagnosed the trouble?

The physician who prescribes a proprietary article has become indifferent, careless and reckless, he no longer reasons, and having lost confidence in his own judgment and his remedies, is ready to give anything which anybody may recommend. His code of ethics prevents him from consulting with the quack, his professional pride keeps him from sending his patients to the quack, but nothing hinders him from using any quack's remedy.

Generally, however, it is the physician of the least caliber, who is the most persistent in demanding these goods, and when spoken to upon the subject, will justify his actions by telling you that the articles must have a semi-scientific value, for are they not advertised in his medical journals? Yes, they are so advertised, and it has frequently been a subject of wonder among the better members of the profession, why respectable medical journals, other than those established for the pushing of some specialty, should allow their pages to be used for advertising nostrums.

The great aim of these journals is to elevate and improve the

professional standing, and how they can consistently in one column demand the very highest qualifications of those who practice medicine, and urge the absolute necessity of abiding by the code of ethics, and in the very next column boom some quack remedy, is a matter which has puzzled many a professional brain. The editors either shield themselves behind the publishers, or tell you that their journals and their advertisements are only read by those qualified by age and special education to judge them, by those so aged and so good, that their minds cannot be undermined by any of their obscene and offensive advertisements, or else so old and so wicked that nothing which they can say will possibly make them worse.

If professional journals even are occasionally obliged to offer excuses for their filthy contents, what apology can be made, and what defense presented by the proprietors and editors of our daily and weekly press, secular and religious, for so continuously permitting lewd advertisements in their papers? No respectable paper would willingly and openly advertise crimes against nature, and yet what else, are some of the advertisements daily seen in every paper in the land? Who can misunderstand the personals, the Samaritan's beneficent offer, the references to female diseases and female pills, so freely advertised in our family papers, advertisements far more degrading and far more disgusting than any published details of any spicy scandal. Is it thoughtlessness and carelessness on the part of the supervising editor that allows the objectionable matter to appear, or is the greed for gold, the love of wealth, so great in this age, that even these great moral teachers of our generation, readily and willingly sell their columns for obnoxious and obscene purposes? Let us hope that it is but negligence and their attention being called to the matter, they will carefully expunge everything vulgar and offensive. If not, you must awaken public interest in the subject, stimulate the society for the suppression of vice to action, or make the sentiment of the people, the vox populi, heard even in the editor's sanctum!

But, how is the young physician, with his limited knowledge of pharmacy, to judge these advertised remedies? He has been constantly taught the value of recognized authorities, and seeing some such honored name freely attached to the advertised nostrum, is puzzled to know whether the remedy is really what it claims to be, or whether the name has been adopted merely as a

blind and as a catch. Under such circumstances, let him do just what he would do under other embarrassing circumstances; let him have a consultation, not in the restricted sense in which it is usually used by physicians, but in a broader and more liberal sense; let him consult with the pharmacist!

The pharmacist of to-day is a professional gentleman, his calling as much a special branch of the science of medicine, as is the practice of surgery or that of dentistry. No physician hesitates to consult with a surgeon in a case requiring special surgical skill, nor to counsel with a dentist in diseases of the buccal cavity or injuries to the teeth, then why hesitate to consult with the pharmacist? His special knowledge, his skill and his services, are required many times more frequently than are those of the others, and yet, rarely is his advice sought, or his counsel heeded. This feeling of superiority, still entertained by physicians, is without doubt the result of the relationship formerly existing between the members of the two professions, in that time long past, when the apothecary was but the physician's servant, and as such servant, gathered the doctor's simple herbs, powdered his crude drugs, made his boluses, applied his leeches, and did such other work as to-day is only expected and demanded of the nurse. But the world has moved and from being the mere servant, the pharmacist of to-day, is the *peer* of the physician. Educated in his special branches as thoroughly as physicians are in theirs; his colleges demanding as high a standard of preliminary education, and as thorough an acquaintance with pharmaceutical subjects, as medical colleges require of their matriculants and of their graduates; with laws governing the practice of pharmacy fully as stringent, as any that govern the practice of medicine, the pharmacist occupies a position where he is not only deserving of your professional consideration, and entitled to have his ability and his worth fully recognized, but also to receive from you these same courtesies which you so generously extend to other specialists. Every old practitioner, and every physician who has ever served an apprenticeship to a druggist, fully recognizes the importance of such consultations, the practical value of a pharmaceutical education and the necessity of such instruction for the student.

To the efforts of our late honored, respected and beloved colleague, Dr. A. M. Wilder, prof. of ophthalmology and otology, is mainly due the change in our curriculum which encourages

and promotes such teachings. Prof. Wilder had served his time behind the recipe-counter, had seen active service as assistant surgeon and surgeon during the late war, had before his twenty-sixth year been medical director of no less than three different army corps in the field, had been for years in active general practice in Kansas, and for many years in special practice in this city, and was from his experience fully qualified to judge the value of a pharmaceutical education to the practising physician.

One year ago, seated amidst his colleagues, his genial face beaming with pleasure at the sight of the immense audience which greeted our graduates and encouraged their teachers, already feeling that the hand of death was upon him, that his days of pleasure and of pain in this world were numbered, he calmly awaited the end, conscious that a part of his life's work was accomplished, and that the advanced condition of our University, for which he had so assiduously labored, was fully recognized by the profession and the public.

Professor W. was a man of stern integrity, of a severely just and upright character, a painstaking, careful and conscientious teacher. An earnest worker and a bold writer of forcible ideas and strong convictions, with the ability to express them and the courage to defend them, fearing not opposition, but rather inviting it, he died in the discharge of his manifold self-imposed duties—duties in which he never failed. Had he been less conscientious in the discharge of these duties, less regardless of personal ease and comfort, less anxious to alleviate human sufferings, less charitable in his many acts, our dead, kind friend might still have been amongst us.

As physician, as soldier and as teacher, Professor W. had but few equals, and whether in private, in field, or in hospital practice, he was ever foremost. Devoted to his profession, never contented with present excellence, but always striving for progress and improvement, he at all times evinced a lively interest in every department of knowledge, whether philosophy, art, science or literature. Open handed and open hearted, loving the true and hating the false, true to his friends, bitter, yet just, to his enemies; we fully realize the extent of the calamity that has overtaken us. In mourning his death, we feel that we have lost a warm hearted, generous and noble friend, our faculty an earnest and truthful adviser, the University a

faithful and careful teacher, the profession an able and skillful physician, and society an esteemed and valuable citizen.

And now, gentlemen, as the result of three years of hard study, years preceded by many others of preliminary work, and after having passed an examination that would readily admit you to the medical corps of the armies or navies of the United States or England, you are to receive your diplomas to practice medicine. Let us hope that you have other aims and other desires, than that of making money; remember that the science of medicine is still in its infancy, there are many, many discoveries yet to be made, many explanations of ordinary vital phenomena still to be looked for; let your diplomas be but incentives to harder, deeper and more conscientious study. Remember that there is no surer means of preventing all aimless desires, than study, nothing better to prevent all abstract dreaming than absorption in some specialty. Do not rest satisfied with mediocrity, aim at superiority, be not satisfied with the knowledge only of your own professional affairs and of those things immediately connected therewith, but be well versed in all subjects, even comparatively remote from the science of medicine, and show your superiority by being able at all times to apply such general knowledge to your special wants. Remember that your work is not for a race which was born but yesterday and will die to-morrow; your discoveries and your successes, not for an hour or a day, but that the result of your undertaking, small though it be, is destined to influence the happiness, the welfare and the lives of many future generations. Strive, therefore, to emulate those already recognized as most eminent and most successful contributors to medical science, endeavor to attain to their high rank and distinguished position, a position which can but gratify your highest ambition, add lustre to your Alma Mater and reflect honor upon your teachers and to your professors.

And now, giving but utterance to the heartfelt wishes of my colleagues and of myself, we hope that your work and your studies will ever be the delight of your life; your many years of arduous practice rewarded by the respect and esteem of your associates, the love and the reverence of your patients, and the evening of your days, crowned with the wreath of fame, be calm and peaceful.

ANOTHER OBJECTIVE SYMPTOM OR SIGN OF EARLY PREGNANCY.

By JAS. S. WINTERMUTE, M. D., Tacoma, W. T.

I take pleasure in placing upon record an objective symptom of early pregnancy, a description of which I have never read in my limited medical literary researches, or heard spoken of in medical conversations. A sign which, although dependent upon a semipathological condition, and consequently upon an abnormal medium of assistance to perception, may, in at least some cases, materially aid the observer in arriving at a definite and conclusive diagnosis of pregnancy.

In cases of trivial laceration of the os uterus, where a sub-acute endocervicitis involves the mucous membrane and sub-mucous tissue lining the uterine canal, we usually find as one of the objective symptoms of such a condition, a muco-sanguinous discharge of glary-white tint, and semi-fluid consistency filling the caliber of the uterine channel.

Now, when fecundation occurs under such circumstances, early in the period of gestation an impulse is communicated to this discharge from within, and from the maternal heart, that is to say, the material within the uterine canal is impelled forward and recedes synchronously with the mother's pulse.

I have witnessed this condition in a primipara who at the utmost could not have been, at the time, over four weeks pregnant, for she was then only four or five days overdue, and I had examined her subsequently to her last sickness, when I had made free use of the uterine sound while treating her for the laceration from which she was suffering.

Prior to witnessing the pulsation, however, I had erroneously attributed this suppression to the rather free use of astringent remedies which I had prescribed as an injection.

After placing her in position and introducing the speculum, it so happened that she lay in a position, where the light from the window behind me reflected from the surface of her uterine discharge directly to my eye; this accidental position highly favored observation, for the impulse which the discharge received in this case was so slight, that I strongly doubt whether its movement could have been recognized had her position not been just so. But as it was, the detection of a regular impulse which accurately corresponded with the mother's heart was readily discernable.

Totally unable to mentally account for such a condition, otherwise than by attributing it to early pregnancy; I carefully avoided all introduction of the sound, and have since been gratified to learn that my surmise regarding the lady's condition was correct.

Accepting, if you please, this theory of the impulse, which I describe, as a sign of early pregnancy, some very delicate physiological points are at once verged upon. Does the embryonal sac at this early period of gestation, receive an impulse from the mother's heart or placenta, which it could convey to the discharge? Debarring the possibility of such a movement, from whence did the discharge receive its impulse in this case? Was it directly from the placenta that it derived its impulse, or was it from the walls of the cervical canal? No severe degree of inflammation ever existed there, and, therefore, I debarred the possibility of the existence of any abnormally vascular area of circulation, or of any abnormal circulatory channel in the region of the uterine canal.

Admitting the phenomena to be due to the existence of normal pregnancy, an idea at once strongly presents itself concerning the invention of a soft unresisting probe of some character suitable for introduction into the womb, and thereby obtaining the pulsation of pregnancy. Such a probe, of course, would have to be constructed of material, the surfaces of which would accommodate themselves to the surfaces with which they come in contact—something similar to a fluid bag, for instance.

An instrument for such a purpose might be manipulated by skillful hands with perfect safety; and if it be true, that the embryonal sac receives an impulse from the placental circulation, an impulse received through the medium of such an instrument, would prove amply satisfactory evidence of the existence of advanced pregnancy.

To relieve the morning nausea of gestation, we frequently resort to dilation of the womb mouth with apparent impunity. Why not adopt a special probe-fluid bag, or other suitable contrivance, to introduce immediately after the cessation of menstruation, and before the uterine channel is physiologically sealed, in order to determine the presence of any pulsating intra-uterine tumor?

CASTRATION.

By BARTON DOZIER, M. D., Los Angeles, Cal.

This may be called "the age of oophorectomy." The poor women are castrated by the hundred, and doctors approve and applaud, and husbands look on with apparent indifference, or may be, decided approbation.

The question naturally arises, why is this? The answer to the question is the fruits of the operation. A sickly, irritable, helpless, expensive and cranky wife, is transformed into a healthy, amiable and industrious helpmeet.

Now, if castration will do so much for a woman, may it not accomplish quite as much or more for a man similarly affected?

Certainly an epileptic, a lunatic, or one bordering on lunacy, when placed under our professional supervision, whether in our private practice or in public institutions, should be transformed into responsible and useful members of society if it is within the bounds of medical or surgical skill to do so.

From the report of the recent meeting of the St. Louis Obstetrical and Gynecological Society, I make the following extract from the remarks of Dr. Gregory, which corresponds with the ideas I have had on this subject for some time. Dr. Gregory said: "A few weeks ago a physician brought his wife to this city for the purpose of having laparotomy performed. She was his second wife, a handsome young woman, not more than thirty years of age. She has had epilepsy for several years, and has had one child. She has some ovarian trouble, and her husband insisted upon a laparotomy as the only thing that would cure her. The operation was performed. He was in my office on Monday and told me that his wife was sufficiently recovered to be taken home, and had had no paroxysms since the operation was done.

"I wonder that this thing does not get into our asylums, into the ordinary insane asylum, I wonder that men are not treated in a similar way. I don't see if mania, or mental conditions approximating mania are cured in the female by this operation, why castration should not be resorted to to cure the same class of troubles in the male."

The following case I will give as an illustration of the good effects of castration:

About a year ago while in charge of the Mendocino County

Hospital, a young man about twenty-seven years of age presented himself for admission. He was very tall and slender, much emaciated, weak and very nervous. I thought that I detected in his peculiar expression and manner that of the onanist. So I began questioning him upon that particular point. He denied that he had ever practiced self-abuse, but admitted that he frequently suffered from nocturnal emissions, in fact would sometimes have them through the day while at work, and thought he lost considerable semen whenever he urinated. His whole trouble, he imagined, was due to the drain upon his system by the escape of semen in the urine.

I placed him upon the usual treatment, strychnia, quinine, phosphates, etc., with and without bromides at bedtime. He improved considerably, but with many relapses, for first two months. During the succeeding two months the relapses came more frequently and were not so promptly recovered from, so that at the end of the fourth month of treatment he was about as bad off as when he entered the hospital, in fact his mind was becoming seriously affected, due, I think, more to his brooding over his troubles than to the actual disease itself.

About this time he came to me crying, and said that he thought that he was going crazy and would not live very long, and wanted to correct the statement he had made to me in denying that he had practiced self-abuse. He had practiced the habit to excess up to ten years ago, since then he had been trying to throw off the habit, and for the past two years had succeeded in doing so, but he thought it was too late and there was no help for him.

I told him that there was one remedy left which, if he would submit to, might cure him. He replied that he would submit to anything that I thought would cure him and keep him out of the asylum.

I explained to him that castration was the remedy to which I referred, and that while it might cure him, still it would unsex him and render him incapable of ever becoming a husband or father. He seemed to appreciate these facts, and said he cared nothing for them; all he wanted was to be able once more to make a living for himself, and insisted that the operation be performed. In order to give him more time to fully think the matter over, and also to give the other remedies a more thorough trial, I did not perform the operation for at least five weeks.

The end of that period found the patient neither physically or mentally better, if anything, worse, but exceedingly anxious that the operation be done. Fully convinced that further delay would be useless, I at once proceeded to perform the operation, the patient being first placed under the influence of chloroform by my friend Mr. J. R. Mathews, druggist. Both testes were removed. Aside from their being somewhat smaller in size and softer than is usual in adults, I could detect nothing else of an abnormal nature.

The patient was kept in bed a few days, and in two weeks the wounds were entirely healed. Two months after the operation he was discharged from the hospital cured, weighing nearly 185 pounds, and as happy a man as I ever saw.

He returned to his work of "logging" in the redwoods, and when last heard from was as able to do as big a day's work as any other laborer in the woods.

I have no doubt that this patient has been saved from becoming a lunatic and in all probability an early death, and transformed into an independent and useful individual with every prospect of long life.

In speaking with Dr. L. C. Lane of San Francisco, a few months ago, upon this subject, he said that he thought it was an operation capable of accomplishing great good when applied to proper cases, but he looked upon it as a very dangerous operation, not to the *patient*, but to the *surgeon*; and related a circumstance wherein a medical friend of his lost his life at the hands of a man that he had several months before castrated for some incurable disease of the testes, and with the full consent of the patient and approval of consulting physicians. It seems that the man after recovering his health, so brooded over the great loss that he imagined he had sustained, that he at length became desperate and determined upon revenge, sought out the surgeon that had unsexed him and shot him on sight.

Many examples of this kind certainly would be considerable of a stumbling block in the way of the operation becoming very rapidly popular with the profession, and I think it would be difficult to ever popularize it among our patients.

There is no good reason, however, why this operation cannot be occasionally done in our private practice when proper subjects are brought under our professional care, and such certainly do occasionally present themselves; while in our lunatic asylums

there is as large a field as one could wish for, to test its efficiencies.

It goes without contradiction that one who inherits, as well as one who is afflicted with lunacy, should not marry. The sins, or rather the afflictions of the parent in this disorder particularly, are almost certain to be visited upon the children, even unto the third and fourth generation.

But there is no law to prohibit any one who inherits the disease, or who has himself been a lunatic, from marrying. The lunatic at least, therefore, should be castrated on general principles, not only as a precaution against future attacks in himself, but also as a protection to future generations.

A medical board consisting of the resident physicians of the asylum and two or more consulting physicians, should be a part of every lunatic asylum, and whenever in the opinion of this board the operation of oophorectomy or castration would be of benefit to any inmate of the asylum, the operation should be performed.

I believe that the time is not far distant when this operation will be a common one for the cure of certain classes of lunacy and epilepsy.

I believe it should also be a part of the penal law of our land, that when a person has been proven guilty of rape, he should, in addition to being compelled to serve a term of years in the penitentiary, also be castrated, when the death penalty is not inflicted.

THE ENGLISH "CONTAGIOUS DISEASES" ACTS.

By F. I. SHEPHERD, M. D.

How to lessen the evil effects which arise from public prostitution, is a subject which should engage the attention of all people who desire to improve the moral and physical welfare of their race. It is not merely a question of the present, for the diseases engendered by prostitution reach to even the third and fourth generation. When looked at from this point of view, the gravity and importance of the question are much increased. Again, many seem to think that only the guilty are punished, and that "the punishment fits the crime," but it is innocent women and children who suffer worst, children enter the world with the mark of a most virulent disease in their bodies, and if

not hurried to an early grave, carry a shattered and diseased body through life. There is a feeling among the majority of respectable people that the subject should be kept in the background and treated as if it did not exist, but still the evil goes on, and it would be much more honor to face the question fairly and endeavor to devise some means by which the evil, arising from prostitution, might be diminished. Those who are in the habit of looking on both sides of a question, and are not controlled by blind fanaticism or utopian dreams, are convinced of the hopelessness of endeavoring to abolish immorality by legal enactments. Sovereigns, both spiritual and temporal, have each in their turn attempted the suppression of prostitution, and have signally failed; if the Church and peaceful governments have not succeeded by the employment of force, how can a few enthusiasts hope to conquer by moral suasion. If the evil cannot be crushed out by force, would it not be better to endeavor to control it, and so lessen its disastrous and far reaching effects. The diseases which result from immorality are preventable, and why should not the sanitary authorities put in motion the same machinery for their arrest as they do for other contagious diseases which are much less injurious to the community. If the consequences of immorality were only visited on the guilty, then no more need be said, but unfortunately innocent women and children also suffer, and syphilis may be acquired in many other ways than immoral ones, and when once acquired it is handed down from generation to generation. The arguments of the opponents of legislation for controlling prostitution are principally two in number. (1.) That the compulsory examination of prostitutes, and their detention when found diseased, is an infringement of individual liberty. The same argument is used by the anti-vaccinationists, and yet in times of small-pox epidemics, isolation of the diseased and vaccination of the rest of the community are measures which commend themselves to the majority as perfectly justifiable. The liberty of spreading a horrible, loathsome and frequently fatal disease is one that surely can be dispensed with. This disease does not, like small-pox, last a few weeks, but a lifetime, is transmitted even to the third generation and is seen later on under the guise of brain tumors, rheumatism, spinal affections, eye diseases, aneurisms, etc. Anyone who has had to visit, professionally, hospitals or dispensaries is well aware that

nearly one-half of the diseases treated there are in one way or the other connected with syphilis.

Dr. J. W. White of Philadelphia, who has had a large experience in treating venereal diseases, both in public institutions and in private, says that ten to twelve thousand cases of syphilis are treated annually in public charities in Philadelphia, and that not less than 50,000 of all classes are, in that city, at one time, affected with syphilis, and that in the whole United States over two millions are syphilitics.

Dr. A. L. Gihon, in an able article on the "Prevention of Venereal Diseases by Legislation," says that 30 per 1000 of apparently healthy recruits for the American navy are rejected for venereal diseases.

(2.) The second argument used by the opponents of such Acts as the English "Contagious Diseases Acts," is that the penalties of wrong-doing are reduced and that thereby we play into the hands of the transgressors of the moral law. These moralists exclaim, "let them suffer the consequences of their sin." This is called the religious argument. It would be all very well, as Dr. Gihon remarks, if the sinner alone could be consumed in the fire he has kindled, but the fire reaches and withers the innocent with the guilty. It would be better if those pseudo-moralists would follow the example of Him who went about doing good even though he was classed the friend of sinners. He did not hesitate to offer mercy to the magdalens of his day.

The Earl of Mount Edgecombe, addressing a meeting in favor of the "Contagious Diseases Acts" in 1882, in answer to those who on moral and religious grounds opposed the Acts as representing the sanction of vice, said, "that when vice had extended throughout the land and had brought with it such fearful consequences it was impossible to do other than recognize it. There were only two courses for the Legislature to adopt. (1.) To attempt total suppression by penal enactment, which would be utterly impossible; or (2.) to attempt to lessen the evil by indirect means. Of course the country could shut its eyes to the vice and let it go unchecked, disseminating disease, misery and suffering, not only among those who deserved the punishment, but among the absolutely pure and innocent."

In England the opponents of the Acts passed to regulate prostitution and lessen disease, and called the Contagious Diseases Acts, have at last triumphed. Only a short time ago they

succeeded in carrying a motion in the House of Commons, introduced by the Right Honorable Mr. Stansfeld, to repeal the Acts. This unfortunate occurrence is one much to be regretted, and although many sections of the community are elated by the result of the vote, and are glorying in the supposed victory of virtue over vice, I trust that in the following short paper I may be able to convince the reader of the enormous amount of good which has for more than sixteen years resulted from the enforcement of the Contagious Diseases Acts.

The history of these Acts, abridged from the *Lancet*, March 15th, 1886, is briefly as follows: Twenty-four years ago a Select Committee of the House of Commons described the state of prostitution at the English Naval and Military Stations as "appalling," and pressed upon the government of the navy the necessity of grappling with the mass of vice, filth, and disease which surrounds soldiers' barracks and seamen's homes. The result was the Act of 1864, which, though of some use in reducing the amount of disease, was yet found inefficient. After an enquiry of a Medical Committee extending over nearly two years, the Act of 1864 was replaced in 1866, by that of Mr. Childers. Committees of the Lords in 1868 and the Commons in 1869, reported so favorably of the working of this Act that it was followed in 1869 by an Act which considerably enlarged the sphere of its operation, and in several details was a great improvement on the former Act.

In 1869 an organized opposition to these Acts was instituted and has continued ever since. In 1870 an attempt to repeal them was defeated by a large majority, and the matter was referred to a Royal Commission. The Royal Commission, while recommending certain changes, reported favorably upon the Acts and urged their maintainance. They said: "We attach great importance to the maintenance of a system, which, if it cannot altogether annul, may at least materially mitigate a pestilence which is not like other diseases of occasional occurrence, but one of perennial growth. The offenders who bring this affliction upon themselves by their own vicious indulgence may have no claim to the compassionate care of the State, but the numerous innocent people who suffer from the disease are surely entitled to consideration." Notwithstanding this favorable report of the Royal Commission, the opposition to the Acts by fanatical agitators was more violent than ever, and motions for the

repeal of the Acts were brought forward in 1873-75-76-78 and '79, and defeated by large majorities. In 1879 a Select Committee was appointed to enquire into the working of the Acts, and, after an inquiry extending over four years, reported that the Acts had successfully served the two objects to which they were directed, viz.: The diminution of venereal disease and the increased efficiency of the army. In 1883 the compulsory examination of women was abandoned in consequence of a resolution of Mr. Stansfeld, which was carried on a snatch vote.

The effect of this was that the admission of females into government hospitals fell off fifty per cent, and, in consequence, there was a great increase of disease among the soldiers and sailors. In March last a motion for the repeal of the Acts passed the House of Commons without a division, after the defeat of an amendment by a large majority. The motion was introduced by the Right Honorable Mr. Stansfeld.

Such in short is the history of these Acts, which for years did an incalculable amount of good by lessening the spread of a terrible disease, which pervades every class of the community, and the repeal of which was brought about by a class of bigoted and unreasonable agitators, who "refuse sympathy and help to erring and suffering fellow creatures, simply because a spirit of phariseeism affects to find an excuse for refusing to do good lest evil might come."

As I mentioned above, the Contagious Diseases Acts were passed by the House of Commons in consequence of a Select Committee, which was appointed to investigate the state of morality existing in various military and naval stations. The report gave such a deplorable account of the appalling amount of vice and immorality that was openly and without hindrance going on in these places that remedies for the improvement of this state of affairs were immediately suggested, and finally, after considerable discussion, the Contagious Diseases Acts were passed. The Acts applied only to seaport and garrison towns and for a distance five miles around; these towns included Cork, Aldershot, Plymouth, Shornecliffe, Curragh, Portsmouth, Woolwich, Chatham, Colchester, Devonport and others. As amended in 1866-9, the Acts provided that women who were known to be prostitutes, should have their names placed on the government register, and should submit to periodical medical examination, and if found diseased should be detained in hospital till cured.

If they desired to reform and return to their homes on their discharge from hospital, they were conveyed to their destination free of charge. A special surgeon, whose duty it was to carry out the regulations relating to the inspection of prostitutes, was appointed in each district. Now, what was the effect of these Acts in the districts in which they were in force? Almost immediately the amount of venereal disease in the army and navy largely decreased, as did also the number of brothels and prostitutes. From the knowledge which the registration of the unfortunate women gave the authorities, many of the fallen women were reclaimed, and went back to society to earn an honest living. Many young girls between twelve and twenty were returned to their friends, whilst others who had just commenced their career of vice were rescued. So the immediate result of the Acts was not only to lessen the amount of disease, but also to restrict and discourage prostitution. No one who has personally observed the working of the Contagious Diseases Acts has questioned their value from either a sanitary, social or moral point of view. The state of such towns as Portsmouth, Devonport, Colchester, when under the Acts, contrasted with what they were previously, was very marked. From being hotbeds of vice and poison centers for the whole country they became quite respectable; vice was no longer allowed to display itself unchecked in the streets, and those who desired to encounter it had to search for it in out of the way places. Whilst the Acts were in force, those who wished to indulge their vicious tastes, could not do so as secretly as elsewhere.

The report of the Assistant Commissioner of Police for 1876, states that seventy-four girls between twelve and sixteen had been rescued, and a like number between eighteen and thirty. In the army report for the same year the number of diseased soldiers had fallen from 130 per 1,000 in 1863, to 29 per 1,000 in 1875. At the same time among the sailors in unprotected ports 96 per 1,000 were diseased, whilst in protected was only 43.

Another report states that the number of prostitutes was reduced from 2,650 in 1870 to 1,879 in 1880.

In 1865, 76 per cent of the prostitutes examined were diseased; in 1876 only 6 per cent. In two years 786 diseased prostitutes were restrained from exercising their calling by being confined to hospital, and so prevented from contaminating an enormous number of people with a most dreaded disease.

The annual report of the Assistant Commissioner of Police for 1877, on the operation of the Acts, says: The common women attended the hospitals for medical examination with great regularity; 1,581 women had been registered for the first time, 183 had been rescued, and 134 had been cautioned, but not put on the register, the number of brothels had been reduced by 22 (767). Of 623 prostitutes coming from outside and examined for the first time, 382 were found to be diseased, out of 1,670 examined in the protected districts only 6.5 per cent were diseased. In 1877, 626 women were restored to their friends, 241 entered homes, 81 married, and 22 died.

The report of the Select Committee of the House of Commons for 1881, says that in 1866, when the Acts were passed, there were in the subjected districts 135 prostitutes under 16 years of age, in 1881 only 6. Beer houses and public houses provided with accommodations for purposes of prostitution, had been reduced from 138 in 1866 to 15 in 1881, and these were principally at Aldershot.

The report of the Select Committee for 1882, gives very strong evidence in favor of the Acts. They divided the effects of the Acts in hygienic and moral. In speaking of the hygienic effects they say that there was a great reduction of venereal diseases among the soldiers (from 16 to 5 per 1000) and also among the civil population, and that the disease among the prostitutes affected was much less virulent. Again, they say the extent to which the Acts have diminished primary and constitutional syphilis in the subjected districts appears of itself to your committee to establish the hygienic utility of the Acts. In considering the constitutional, moral and social aspects of the principles and administration of the Acts, the committee were of opinion that the objections raised against them by the opponents were not sustained by the evidence adduced in support of them. One objection of the opponents was "that virtuous women may be and are brought under their operation," but on careful investigation the committee reported "that the charges of misconduct brought against the police had broken down, and that the police were not chargeable with any abuse of their authority, and that they have hitherto discharged a novel and difficult duty with moderation and caution." The committee were of opinion that the Acts have been shown to be beneficial, by the diminution of prostitution and especially the diminution

of juvenile prostitution, by the improvement of the physical condition of the women, and by the promotion of public order and decency in the subjected districts. After such a report it is unnecessary to say that the committee could not recommend a repeal of the Acts; nay, the committee would have recommended the extension of the Acts to other towns, had they thought that public opinion was prepared for the change. With regard to juvenile prostitution the committee speak as follows: "Since the introduction of the system, a continuous and great decrease in the number of juvenile prostitutes had taken place in the subjected districts, and as juvenile prostitution is the principal source by which the supply of fallen women is kept up, it is evident that the Acts in diminishing the number of youthful prostitutes are operating effectually to diminish the number of adult women abandoned to an evil life."

The Rev. E. P. Grant, Vicar of Portsmouth, who gave evidence before the committee, said that since the introduction of the Acts the number of prostitutes and brothels had been reduced and the women were more orderly in their conduct, "no such instances of extreme degradation as formerly existed are now brought before the magistrate's notice, only about seven per cent of those in the register were diseased in the year, while more than seventy-five per cent of those coming from unprotected districts were subjects of venereal diseases." Again, "when formerly young girls of 14 or 16 were commonly found among the common women, now they are very rarely seen." In conclusion he states that the morality of Portsmouth as the result of the Acts has been immensely improved.

Last year Sir Richard Cross, speaking on the Criminal Law Amendment Bill in the House of Commons, observed that "so long as the Contagious Diseases Acts were properly worked, there were no girls under 16 on the streets of the towns to which the Acts applied." A Select Committee of the House of Lords appointed last year to consider the laws relating to the protection of young girls, reported that they attributed the prevalence of juvenile prostitution to certain causes which they mention. According to the Select Committee of the House of Commons: "Every one of these causes has been proved to your committee to be vigorously and effectively counteracted by the administration of the Contagious Diseases Acts, so that the alleged reduction of juvenile prostitution in the subjected districts is borne

out by the fact that the influences stated by the Committee of the House of Lords to be its principal source are deprived of most of their strength where the administration of the Acts is brought to bear against them."

The evidence brought before the Select Committee of House of Commons in 1882, said the *London Lancet*, "uncontestably proved not only that the hygienic requirements for which these acts were passed were satisfactorily fulfilled, but that their moral effects upon the class to which they applied were equally in their favor."

Admiral Sir H. Stewart in 1882, at a meeting held at Devonport to investigate the working the Acts, said, "that some years ago he commanded a vessel in the Mediterranean, which had a crew of 1350 men. It is the custom for the fleet to winter for six months at Malta; during the six months he was there the Acts were in force and when the cruising season came round he was able to go to sea without a case of venereal disease. During their absence the Acts were suspended and the ships came back and wintered there, and when going out again after six months he had to leave 30 men behind suffering from venereal disease. The Acts were again enforced and on leaving the following summer for the annual cruise not a case of venereal disease was found among the men."

The clergymen of all denominations examined before the Select Committee of the House of Commons in 1881, were unanimous in their testimony as to the benefit effected in the towns in which they resided. They said that to the operation of these Acts is due the large decrease in the amount of open immorality and clandestine prostitution, and that if the Acts were repealed private prostitution would largely increase. They found the Acts most valuable in enabling them to reclaim fallen women, and they knew of no abuse of their powers by the police. They strongly advocated the compulsory detention of diseased women in the hospital. The fact is that no one could dispassionately and accurately examine and weigh the evidence which public returns regarding the Acts supplied, without coming to the conclusion that the Acts were a necessity and most beneficial to the communities in which they were in force, and that if they were extended to other parts of the country, like beneficial results would follow.

On the suspension of the compulsory examination of prosti-

tates in 1882, Arch Deacon Earl of Plymouth said: "Juvenile immorality greatly increased, rescue and prevention were much less frequent, whilst open profligacy has again become rampant and the condition of the streets is again relapsing into the disgusting state which preceded the passing of the Acts." The number of cases for the six months ending Oct. 1st, 1882, treated in hospital was 997, 277 females and 720 males, whilst in the third quarter of 1883, 1282 venereal cases were treated in hospital, 1191 males and only 91 females,—showing conclusively that whilst fewer women were admitted into hospital more disease was contracted.

It is a significant fact that the members for the districts subject to the Acts never voted for their repeal, and that the inhabitants of the districts in which the Acts were in force are most indignant at their suspension, and in various letters and deputations give personal experience as to the beneficial working of the Acts.

Fleet Surgeon De Merie, writing to the *Lancet*, says that since the suspension of the compulsory clauses of the Acts in seaport towns, when a transport is expected, many women in hospital, affected with venereal disease, leave the institution in order to go and meet the ship and of course any sailors coming in contact with them become affected with venereal disease.

I could bring forward much more evidence of the same kind to prove how very beneficial from a moral and hygienic point of view the Contagious Diseases Acts proved to be, and how well they met the conditions for which they were applied. The evidence presented has been selected at random from the various reports presented to Parliament for the last ten years. There is one remarkable fact in connection with the evidence as to the successful working of the Acts, and it is this, that all the evidence in favor of the Acts is given by clergymen, medical men, and others, who reside in the places where these Acts were in force, and who have actually seen their beneficial effects, whilst that against is from people who have no personal experience of the Acts, but oppose them on religious, moral, and sentimental grounds. These people would rather cover up their sores, allowing them to fester and putrify, hidden from the public gaze, than have them uncovered, cleansed, dressed and brought into a healthy state of healing.

It would be a great triumph of sense over fanaticism if such

Acts could be extended to the whole country; the moral and hygienic tone of the towns especially would be much improved, and vice would no longer be allowed to flaunt itself unchecked on the public streets to the utter ruination of many an innocent youth who would never wilfully have sought it. But apparently public opinion is not yet ripe for such a condition of affairs, and is too easily influenced by the vapourings of weak-minded sentimentalists and bigoted fanatics to allow such reforms to take place. What will be the result of the repeal of the Contagious Diseases Acts? According to the report of the Select Committee of 1882, it will be as follows:

(1.) Full license for venereal disease of all kinds to disseminate itself unchecked, either by police or hospital treatment.

(2.) A serious diminution in the effective strength of the army and navy.

(3.) Relegation of numbers of these unhappy women to the state of hopeless misery, squalor, and disease, in which they lived before the system was introduced.

(4.) The letting loose of crowds of abandoned women and girls of all ages on the streets and thoroughfares, swarming with soldiers and sailors with little or no practical check or control in their behavior.

Since writing the above paper, I notice in the *British Medical Journal* for April 17th, 1886, a report of Mr. H. Hadlow, fleet-surgeon, "on the recent increase of syphilis in Cape Colony," which confirms the predictions of those who dread the evil that will follow the suspension of the Acts. I give an abstract of this more interesting and instructive report.

In Cape Colony the Contagious Diseases Acts, which was in force for some time, was repealed eleven years ago. In consequence, the worst forms of venereal disease gradually made their appearance, and at length became so widely spread, that a debate and resolution on the subject in the Legislative Council two years since roused public interest, and paved the way for renewed legislation on the part of the House of Assembly.

After the repeal of the Acts a great extension of railways took place, syphilis spread, coincidentally, far and wide amongst the half civilized and savage population along the new lines. The infected natives invariably concealed their condition until brought to death's door by the severity of the disease, for syphilis attacks savage and barbarous races, hitherto unaffected,

with great malignancy. In one district one-fifth of the entire colored population are known to have syphilis, and a large proportion of concealed cases must exist.

The House of Assembly was opposed to legislation till it was found that the disease was affecting the infant white population through native nursemaids, and in up-country farms through making playmates of native children.

In 1884 the reports of the District Surgeons, presented by command of the Governor to both Houses of Parliament, confirmed these fearful reports. The farmers took to discharging syphilitic native laborers, so that the natives in the country began to apply for medical relief earlier than before, and this to a certain extent acted beneficially. The discharged laborers, however, flocked to the towns with most disastrous results. The District Surgeon at Caledon reports: "I have also treated an unusually large number of private patients suffering from the disease; only a week ago I was consulted by a farmer for his little girl about two years old. I found her suffering from severe syphilis. On enquiry I found several other members of the same family similarly affected. Now these children have contracted the disease from a colored nurse." From Oudsthoorn and other districts come similar reports. In some very sad cases, white ladies have become affected through suckling their own children, who had already been partially reared by native wet nurses. At Richmond a colored girl aged seven, in charge of several white children, was found to be suffering from syphilis. In consequence of this report of the District Surgeons, the Legislature passed an Act, containing compulsory clauses of a very stringent character, almost without any opposition.

¶ This report of fleet surgeon Hadlow, shows very clearly how the innocent suffer for the sins of the guilty, and also what frightful results follow the unchecked dissemination of syphilitic diseases.

The Graves' Case.

The report of the committee appointed to receive contributions to defend this case showed how well all the physicians and societies throughout the State had subscribed. The total receipts amounted to \$1,779.50, and the expenditures were

Paid to E. R. Taylor.....	\$779.50
Paid to Hall McAllister.	500.00
Paid to E. R. Taylor.....	500.00—\$1,779.50

In addition to this Dr. Graves expended a correspondingly large sum of money for other counsel and Court expenses.

Proceedings of Societies.

Proceedings of the San Francisco County Medical Society.

SAN FRANCISCO, Dec. 14, 1886.

The meeting having been called to order by the President, Dr. Jas. Simpson, the minutes of the former meeting were read and approved.

Dr. H. Kreutzmann, a graduate of Erlangen, Germany, was proposed for membership by Dr. Morse and Dr. Renebome, and referred to the Committee on Admissions. The Secretary was requested to notify the Committee on Admissions that they must report at next meeting on the application of Dr. J. G. Day.

Dr. Donnelly then read a communication on leprosy, referring particularly to the good results obtained by the use of chaulmoogra oil.

In the remarks that followed, Dr. Fitch said that he had used the chaulmoogra oil without receiving any benefit from it beyond a restoration of the eyebrows; chrysophanic acid had also failed in his hands, but Dr. Arning had met with some encouragement in the use of pyrogallic acid. It should always be borne in mind that the virtue of any drug can only be tested by its use in a prolonged series of cases, as the disease occasionally disappears without any special treatment; he, himself, had met several such cases. His experience had been that the form of leprosy most amenable to treatment was the plaque form, the next was the anesthetic, while the excrescent form was almost hopeless. He had treated one case with salicylic acid before meals, iodide of potash and bichloride of mercury after meals, with the result that all symptoms of leprosy except the wasting had disappeared. *Etiology.* He did not believe leprosy to be a skin disease, as in most of the autopsies he had found fusiform enlargements on the nerves going to the affected parts; in nearly all the cases he had witnessed there were anesthetic areas and only in one in two thousand did he find hyperesthetic areas. He considered the disease to be of nervous origin, connected directly with the syphilitic poison, and occurring most frequently in cachetic people, of dirty habits, and living upon an insufficiently varied dietary.

Dr. D. W. Montgomery said that recently Prof. Unna had reported cases of leprosy cured by the use of resorcin, pyrogallic

acid and ichtyol. He gave them on the principle that they were reducing agents and would consume the oxygen necessary for the growth of the bacilli. The tubercles of phthisis could be distinguished from those of leprosy by the fact that the latter have blood vessels running through them while they are absent from tubercles of phthisis.

Dr. O'Toole thought that climate played an important part in the production of this disease.

Dr. Fitch replied that all history admits the great severity with which any disease attacks a virgin soil.

Dr. Rosenstirn remarked that although some of the clinical symptoms of leprosy and syphilis are very similar there are such marked differences between the two, that they cannot be reconciled. We had not been able to inoculate leprosy, but could do so with syphilis even in the tertiary stage. Bacteriological researches also had shown a distinct micro-organism in leprosy which is not present in syphilis. Moreover the treatment of leprosy resembles that of phthisis while it differs from that of syphilis.

Dr. Sundberg said that he had obtained some cures from the combined use of chaulmoogra oil and mudbaths, but that in India it had failed among the natives, and perhaps the improvement had been due to the improved hygienic conditions. In Norway the people dwelling in the districts where leprosy is most prevalent, live mainly upon fish, and will eat their food when it is in a putrid condition, but in India the disease occurs equally among fish and meat eaters and vegetarians. Many people believe that it is not hereditary but contagious, and is spread by the use of spoons and other utensils infected by saliva containing the bacillus. Cunningham, on the other hand, declares it to be hereditary but non-contagious.

Dr. Donnelly did not think that there could be any connection between leprosy and syphilis, otherwise leprosy would be very common in New Mexico where there is an abundance of syphilis but no leprosy.

Under the head of unfinished business Dr. Chase's motion that the Society should recommend Dr. Donnelly for membership in the State Medical Society came up for discussion. As the case was only referred to the County Society for investigation and had been reported upon to the State Society, and no

new charges had been made since that time, the resolution was laid on the table.

There being no further business the Society adjourned until Tuesday, 28 December.

WM. WATT KERR, M. D.,
Recording Secretary.

SAN FRANCISCO, Dec. 28, 1886.

The minutes of the previous meeting were read and approved. The Committee on Admissions reported favorably upon the credentials of Dr. H. Kreutzmann, who was forthwith balloted for and elected to membership of the Society.

The credentials of Dr. J. G. Day not having been presented to the Committee on Admissions, his application for membership was cancelled.

A paper was then read by Dr. Bazan. Subject—Pasteur's method of inoculation in the treatment of hydrophobia, with a translation of a communication from Pasteur to the Academy of Medicine, Paris.

The paper was not lengthy but contained some valuable statistics, and was listened to with marked attention. A brief discussion followed, which was participated in by Drs. Rosenstirn, Arnold, Kreutzmann and Bazan.

Dr. Morse then read a report of a case of abdominal aneurism, which he had recently treated by the introduction of fine wire into the aneurismal sac. The result of the operation, so far, appears to have effected a complete cure, with a total cessation of all former existing symptoms of the disease, and the patient desires soon to resume his daily labor.

Under the head of new business, Dr. Kenyon explained to the Society, the facts connected with the case of Dr. Prentiss or Prentice, a recent arrival and would-be practitioner in San Francisco, who was refused a license by the Examining Board, on the ground of insufficient identification and unprofessional conduct where he formerly practised. He is at present engaged in suing for a writ of mandamus to compel the Board of Examiners to issue him a license, of which the end is not yet.

There being no further business before the Society, a motion to adjourn was carried.

A. P. WHITTELL, M. D.,
Assistant Secretary.

Sacramento Society for Medical Improvement.

SACRAMENTO, Dec. 21, 1886.

The Society met in regular session, the President, Dr. W. H. Baldwin, in the chair.

The Committee on Credentials having made its report, Foster L. Atkinson, Rush Medical College, Chicago, was elected a member.

The application of A. B. McKee, Cooper Medical College, San Francisco, November 9, 1886, for membership in the Society, was received and referred to the proper committee.

Dr. Huntington described and exhibited a splint to be used with any fracture of the leg involving one or both bones. He had tested it in five cases and found that it worked most satisfactorily. The apparatus consisted of a piece of quarter inch wire, about 86 inches in length, bent to the form of the letter U. The sides were about five inches apart, the free ends being united by a strip of copper sheeting. The last twelve inches of the curved portion, were bent at a right angle so as to form a foot piece. In preparing the splint for use, each wire was wound with strips of wadding over which a bandage was applied. A second bandage included both wires and formed a bed for the limb. The splint was a posterior one and extended some inches above the knee. Lateral splints were used as required, extension or suspension were not interferred with. He had never heard complaints of pain from pressure on the heel or elsewhere. The apparatus was cheap, very simple, the materials were generally procurable and no special skill was demanded in its construction.

Dr. Cluness observed that it much resembled the anterior wire splint of Nathan Smith which he thought was in some respects superior.

Dr. Simmons had thought on first seeing the apparatus that it was to be applied posteriorly. He believed that its adaptability depended on the dexterity of the surgeon. Smith's and Hodge's splints had given excellent results, and the fact that they were not more generally used was due to the extra amount of trouble required. In reply to a question he would say that he had treated many cases of compound fractures in these splints with excellent results. In California during the heated season with fractures of the lower extremities suspension was very desirable.

The President remarked that this splint would prevent the upper end of the lower fragment from dropping down, in fractures of the inferior third of the tibia, where the hollow above the heel usually required a good deal of padding.

Dr. Parkinson read the notes of a case of aneurism of the arch of the aorta and exhibited the specimen. During the time—seven months—that the case had been under observation no bruit was perceptible. Death ensued from rupture of the sac posteriorly into the right pleural cavity.

Dr. G. C. Simmons read a paper on the subject of “The Young Physician in Practice.”

The paper not admitting of discussion, members contributed their personal experiences on the points involved.

There being no further business the Society adjourned to meet on the third Tuesday in January as ordered.

JAMES H. PARKINSON,
Secretary.

Erratum.

In last month's *Journal* Dr. Briggs instead of Dr. Huntington was credited with the article on Gonorrhœa. The mistake arose from the fact that Dr. Huntington omitted to put his name on the paper while that of Dr. Briggs was written on the back of the last sheet.

CASE OF AMPUTATION OF THE HIP-JOINT, IN WHICH RE-INJECTION OF BLOOD WAS PERFORMED, AND RAPID RECOVERY TOOK PLACE.—The patient, a boy of eighteen, very emaciated and anæmic, with strumous disease of both hips, left knee and left elbow, was operated on by A. G. Miller, M.D., in the Royal Infirmary, Edinburgh. Dr. Duncan collected the greater part of the blood which escaped from the limb in a vessel containing a solution of phosphate of soda, and after the arteries had been tied, injected the mixture into the deep femoral vein. The patient did not suffer from shock after the operation, nor had he any depression of temperature. Healing rapidly took place. Dr. Miller considers it unlikely that the boy would have survived had not the greater part of the blood been re-injected.—*Edinburgh Medical Journal*, February, 1886.

Licentiates of the California State Board of Examiners.

At a regular meeting of the Board of Examiners of the Medical Society of the State of California, held December 1, 1886, the following persons, having presented the necessary diplomas, affidavits, fees and letters of recommendation, were granted certificates to practice medicine in this State:

- 001 ✓ SAMUEL A. BOOKWALTER, M. D., Visalia; Louisville Med. Coll., Ky., Feb. 28, 1873.
- 2002 FRANK B. BUTTOLPH, Duarte; Long Island Coll. Hosp., N. Y., June 27, 1878.
- 2005 WILLIAM CRAIG, M. D., Yountville; Med. Dept. Univ. of Pennsylvania, Penn., March 14, 1871.
- 2006 ARTHUR DU MILIEU, M. D., Sierra City; Cooper Med. Coll., Cal., Nov. 9, 1886.
- 2007 HENRY A. EVANS, M. D., Bakerfield; Queen's Univ., Kingston, Ontario, Apr. 1, 1878.
- 2009 FRANK E. GALLISON, M. D., Coulterville; Coll. of Phys. and Surg., Chicago, Ill., Feb. 23, 1886.
- 2010 DAVID GOCHENAURE, M. D., San Diego; Med. Dept. Univ. Pennsylvania, Penn., March 13, 1868.
- 2011 WILLIAM D. GREEN, M. D., Los Angeles; Med. Dept. Victoria Univ., Canada, May 12, 1886.
- 2013 SAMUEL M. HAMILTON, M. D., Colton; Jefferson Med. Coll., Penn., March 9, 1853.
- 2014 EDMUND S. HANNA, M. D., Los Angeles; Jefferson Med. Coll., Penn., March 8, 1856.
- 2015 WILLIAM J. HOLMAN, M. D., Pasadena; Med. Dept. of the State Univ. of Iowa, Ia., March 1, 1876.
- 2017 BENJAMIN F. KIERULFF, M. D., Los Angeles; Rush Med. Coll., Ill., Jan. 25, 1867.
- 2018 CHARLES E. KUSTER, M. D., Los Angeles; Rush. Med. Coll., Ill., Jan. 25, 1865.
- 2019 WILLIAM G. B. LEWIS, M. D., El Cajon; Miami Med. Coll., Ohio, Feb. 28, 1873.
- 2020 WILLIAM L. McALLISTER, M. D., Pasadena; Indiana Med. Coll., Ind., Feb. 28, 1873, and Med. Coll. of Indiana, Ind., Feb. 28, 1879.
- 2021 WILLIAM J. McQUAIG, M. D., San Francisco; Med. Dept. McGill University, Canada, March 29, 1886.
- 2022 ALBERT B. MCKEE, M. D., Sacramento; Cooper Med. Coll., Cal., Nov. 9, 1886.
- 2023 FREDERICK C. McVEAN, M. D., Santa Cruz; St. Louis Med. Coll., Mo., Mar. 6, 1885.
- 2024 WILLIAM N. MOORE, M. D., Round Valley Reservation; Louisville Med. Coll., Ky., Feb. 26, 1885.
- 2025 CHARLES J. MULLEN, M. D., Los Angeles; Missouri Med. Coll., Mo., March 11, 1874.
- 2026 ELI FRANKLIN OSBORN, M. D., Gilroy; Coll. of Phys. and Surg. of Keokuk, Iowa, Feb. 17, 1859.
- 2028 JOHN W. ROOT, M. D., Beaumont; Med. Dept. Univ. of the City of New York, N. Y., March 9, 1882.

- 2030 THOMAS W. SHAW, M. D., Los Angeles; Bellevue Hosp. Med. Coll., N. Y., March 1, 1871.
- 2031 JOHN L. SIEPKES, M. D., Lodi; Cooper Med. Coll., Cal., Nov. 9, 1886.
- 2032 LEVERETT SWEANY, M. D., San Francisco; Med. Coll. of Indiana, Ind., March 3, 1881.
- 2033 SILAS T. TROWBRIDGE, M. D., San Francisco; Rush Med. Coll., Ill., Feb. 20, 1851.
- 2035 FRANKLIN O. BOYCE, M. D., Santa Rosa; Long Island Coll. Hosp., N. Y., June 3, 1875.
- 2012 KRIKOR A. HAGOPYAN, M. D., San Francisco; Med. Dept. Univ. of the City of New York, N. Y., March 13, 1883.
- 2034 JOHN J. TULLY, M. D., Sierra City; Cooper Med. Coll., Cal., Nov. 9, 1886.
- 1999 RICHARD H. ASHEY, M. D., San Francisco; Cooper Med. Coll., Cal., Nov. 9, 1886.
- 2000 MARY E. BENNETT, M. D., San Francisco; Cooper Med. Coll., Cal., Nov. 9, 1886.
- 2003 JAMES N. CAMP, M. D., San Francisco; Cooper Med. Coll., Cal., Nov. 9, 1886.
- 2004 WILLIAM CHAPMAN, M. D., San Francisco; Cooper Med. Coll., Cal., Nov. 9, 1886.
- 2008 MARY D. FLETCHER, M. D., San Francisco; Cooper Med. Coll., Cal., Nov. 9, 1886.
- 2016 JOSEPH N. JOHNSTON, M. D., San Francisco; Cooper Med. Coll., Cal., Nov. 9, 1886.
- 2029 MAX SALOMON, M. D., Heidelberg; Cooper Med. Coll., Cal., Nov. 9, 1886.
- And at a special meeting, held December 8th, 1886, the following additional certificates were also issued to:
- 2036 J. D. BLAIR, M. D., Independence; The University of Glasgow, Scotland, April 20, 1839.
- 2039 JOHN B. LAIDLER, M. D., Folsom; Med. Dept. University of Georgia, Ga., March 1, 1885.
- 2041 ALLEN P. POAPS, M. D., Los Angeles; Minnesota Hospital College, Minn., Feb. 10, 1885.
- 2042 WILLIAM H. PORTER, M. D., Santa Cruz; Coll. of Med. and Surg. of Univ. of Michigan, Mich., March 26, 1873.
- 2044 CORNELIUS C. VANDERBECK, M. D., San Francisco; Jefferson Med. Coll., Penn., March 9, 1872.
- 2046 LOUIS N. HILLEARY, M. D., Poway; Med. Dept. Univ. City of New York, N. Y., March 13, 1880.
- 2043 JULIUS SOBOSLAY, M. D., San Francisco; Med. Dept. Univ. of Cal., Dec. 3, 1886.
- 204 BENJAMIN A. PLANT, M. D., San Francisco; Med. Dept. Univ. of California, Cal., Dec. 3, 1886.
- 2038 WILLIAM P. CHALMERS, M. D., San Francisco; Med. Dept. Univ. of California, Cal., Dec. 3, 1886.
- 203, ERNEST S. BROWN, M. D., San Francisco; Med. Dept. Univ. of California, Cal., Dec. 3, 1886.

- 437 KEMLO R. MCD. WILSON, M. D., San Francisco; Med. Dept. Univ. of California, Cal., Dec. 3, 1886.
- 438 THOMAS H. GOODSIR, M. D., Garberville; Royal Coll. of Surgeons, England, 1863.
- 439 HIRAM R. KELLY, M. D., Pasadena; Starling Med. Coll., Ohio, Feb 28, 1865.
- 440 DAVID MACK, M. D., Scenega; Harvard Med. Coll., Mass., July 15, 1863.

R. H. PLUMMER, Sec.

COLD BATHING.—The *Lancet* says the use of cold water as a bath for ordinary health purposes—we are not speaking of its use for strictly medical purposes of reducing the temperature of the body in certain states of diseases—is purely reactionary. The cold bath is only useful, or even safe, when it produces a rapid return of blood to the surface immediately after the first impression made, whether by immersion or affusion. The surface must quickly redden, and there must be a glow of heat. If these effects are not rapidly apparent, cold bathing is bad; and no such effects are likely to be produced unless the circulation be vigorous and both the heart and blood vessels are healthy. Great mistakes are made, and serious risks are often incurred, by the unintelligent use of the cold bath by the weakly or unsound. Moreover, it is necessary to bear in mind that there is seldom too much energy to spare after middle age, and it is seldom expedient for persons much over forty to risk cold bathing. We would go so far as to say that no one above that age should use the tub quite cold unless under medical advice. It is possible to be apparently robust and, for all the average purposes of life, healthy, and yet to have such disabilities arising out of organic disease or weakness as to render the recourse to heroic measures, even in the matter of cold bathing, perilous.—*Md. Med. Jour.*

MARK TWAIN once stopped at the house of a friend who had seven children, one of whom, a boy, was at the time suffering from a scurf on his head. The boy's mother was telling Twain about it, and asking him what she had better do. Twain inquired very carefully about when the scurf first appeared, what the symptoms were, and what remedies had been employed. Then, after thinking a moment, he ran his fingers through his hair, and said: "Try sandpaper."—*Med. Age.*

PACIFIC MEDICAL AND SURGICAL JOURNAL
AND
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EDITORS:

WILLIAM S. WHITWELL, A. M., M. D.

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SAN FRANCISCO, FEBRUARY, 1887.

Editorial.

HOW WE TREAT WOUNDS TO-DAY.

Many of our readers, doubtless, are already familiar with the excellent little volume bearing this title, which was reviewed in our columns some months ago, and will be glad to learn that a second edition has been issued. The only difference between this and its predecessor will be found in the introduction, which endeavors to explain the unvarying success that has characterized the career of Mr. Lawson Tait as a worker in the field of abdominal surgery, and attributes to ignorance or prejudice all opposition to the Listerian system. We regret exceedingly this addition, since its whole tone is so wild, rash and fanatical as to prejudice an impartial reader against the book, and give him an idea that the writer, having but recently awakened to a realization of Listerism, has not sufficiently recovered from the shock to appreciate the objections raised by its opponents. When we find the author ignoring the debated points, hardly referring to favorable results obtained by other than the Listerian method, and regarding as dolts or obstructionists all opponents to the

system to such an extent as to characterize Mr. Lawson Tait as "the great English opposer to progress in Surgery," we cannot help feeling that he is injuring the cause he advocates.

The term antiseptic surgery, when used to designate the system introduced by Prof. Lister, is an unfortunate one, as it refers to a result that can be obtained in many different ways, among which his system is generally acknowledged to be the most efficient. Yet, the phrase is such a common one, that we can hardly look for any change. Long before the promulgation of Mr. Lister's theory surgeons had agreed that primary union was preferable to healing by granulation and suppuration, the days of copious "laudable pus," referred to by Dr. Morris, had passed away, and many plans for the maintenance of asepsis, which culminated in the introduction of Listerism, were discussed. The student endeavored to attain this end by keeping the wound clean and cool; but to do this thoroughly frequent dressing was required which entailed an immense amount of labor, delayed the healing process by disturbing the parts, and very often, notwithstanding the utmost care, his efforts entirely failed.

To this antiseptis by simple cleanliness Mr. Lister added the germicidal method; we say "added," because our experience has shown us that many practitioners trust implicitly to the free use of germicide, and pay no attention to those mechanical and chemical irritants which delay the healing process, and are totally uninfluenced by the antiseptic lotion. Listerism, therefore, is not only antiseptis, but antiseptis by the germicidal method.

It may be said that this is a distinction without a difference, but we would remind our readers that it implies the whole question of the germinal or non-germinal origin of disease, and, furthermore, we would express our belief that nearly all the failures which occur in the treatment of wounds by the Listerian method are directly attributable to a failure to appreciate this difference. There is an antiseptis which is Listerian, and sometimes there is an antiseptis which is not Listerian. Nothing can be more

absurd than the by no means uncommon remark that Mr. Lawson Tait and several other eminent surgeons, who are so scrupulously cleanly in their work as to be fastidious about their whole operative toilet, are really practising Mr. Lister's method, and therefore sailing under false colors. Repeatedly we have heard such statements made, and they only have served to convince us that the speaker had failed to comprehend that Listerism not only means cleanliness but the use of a germicide, and that without a germicide there cannot be Listerism, no matter how antiseptic a wound may remain. Nothing can be more contemptible, ungentlemanly, or unscientific than to impugn the sincerity of an opponent's convictions. The germ theory of disease is still in its infancy, and doubtless we have many erroneous ideas regarding it, just as a few years ago the spray was deemed absolutely essential to the success of an operation, which can only be corrected by fully appreciating all the objections brought to bear against it, and not by closing the eyes tightly, or refusing to see and accept as honest the results and criticisms furnished by its opponents.

That several of our most prominent surgeons and physicians still regard micrococci as the consequence or innocuous accompaniment, and not the cause of septic processes, may be gathered from numerous statements like the following quotations from a recent work by the distinguished physician and microscopist Dr. Lionel S. Beale: "That neither the ordinary bacterium nor common allied forms, nor the germs of these, have anything to do with exciting disease may be regarded as certain." It is not, therefore, the illiterate and thoughtless portion of the profession that has refused to accept the germ theory; on the contrary, that class is generally found hanging on to the skirts of the majority and repeating with echo-like imperfection the precepts of its leaders.

Not only is Listerism cleanliness *plus* germicides, but it is germicides *plus* cleanliness, and it would be better for the practice of a class of surgeons, already referred to, if they would

bear this fact in mind. Too much reliance is placed on the germicides and too little attention is given to the fact that severe and even fatal inflammation may be set up by irritants that are entirely beyond the reach of antiseptic solutions. Especially is this the case in abdominal surgery which is very unfortunate as, at the present time, there is an unwarrantable tendency to estimate the value of the whole antiseptic system by the successes achieved in this one domain. Repeatedly have we seen an abdominal section conducted in the most slovenly way, intestines roughly handled, blood allowed to escape into the peritoneal cavity and mopped up with disinfected sponges as unceremoniously as a cook polishes his sauce-pan, the surface washed with an antiseptic solution, the wound closed, and the whole procedure christened an antiseptic operation. Is it a matter of surprise that such cases frequently fall victims to a fatal peritonitis?

The following explanations of Mr. Lawson Tait's success are offered by Dr. Morris: 1. The normal peritoneum is not sufficiently moist to favor microbe growth. 2. The serum exuded during an operation is very rapidly absorbed after the operation has ceased. 3. Peritoneal irritation subsides soon after the operation has been completed, unless microbes cause fermentation in the serum. 4. Mr. Tait produces very little disturbance of the peritoneum, and the serum is absorbed before microbes can develop. 5. "Mr. Tait through active purgation in cases of beginning abdominal fermentation removes the serum from the body so rapidly that no opportunity is given for the continuance of microbe development; and the microbes which have gained an entrance are drawn out through the capillaries and lymphatics, and discharged per vias naturales."

We cannot agree with Dr. Morris in the explanations offered, as we believe the English surgeon's successes to be due to his skill and method of operative procedure, together with the despotic control he exercises over the patient and all her surroundings. The peritoneum and its exudations have always been a *most favorable* locality for the culture of bacteria, but mere exposure

to the air, or entrance of air into the abdominal cavity, scarcely produces more than a hyperæmia unless there be prolonged cooling or abrasion of the epithelial surface. Mr. Tait avoids this accident more than most surgeons by the smallness of his opening and handling the viscera as little as possible while his thorough drainage prevents fermentation in the serum. The rapidity of his operation and the comparatively slight amount of disturbance, by which the shock is reduced to a minimum, constitute the chief element that contributes to his success. The success with which we can now avoid the septic processes, that used to be the bug-bear of surgery, has of late years led us underestimate the importance of this other factor in determining a favorable or unfavorable result; but the intricate nervous supply of these organs, together with the complete prostration that accompanies their slightest derangement should convince us the great shock to the system that may be caused by any operation necessitating their disturbance.

We have dwelt longer on this subject than was our original intention, but felt constrained to point out one or two causes of failure in the antiseptic treatment of wounds, and in closing would recommend to the careful consideration of our readers the little volume whose title we have borrowed.

FORTY THOUSAND NEW DOCTORS IN TEN YEARS.—The *Medical Record* says that in the last nine years 103,595 persons have matriculated as medical students, and one-third of these, or 33,684, have become doctors of medicine. At this rate the total number of doctors for the decade will be nearly forty thousand. For making these the medical colleges must have received over twelve millions of dollars.

PROF. VIRCHOW is reported to have said in a recent lecture in Berlin that Pasteur had done the world a great service if he had succeeded only in allaying the fear consequent upon the bite of a mad dog.

Death Reports.

San Francisco Health Report.

ABSTRACT.

	Jan.	Feb.	Mar.	Apl.	May	Jun.	Jul.	Aug	Sept	Oct.	Nov	Dec.
Total, 1885....	438	468	502	468	512	516	458	455	415	432	421	521
Total, 1886....	519	382	479	418	435	397	437	408	394	425	452	491
Phthisis.....	91	67	67	77	63	39	52	43	51	48	62	70
Pneumonia....	60	28	34	29	26	18	14	16	14	15	27	32
Bronchitis....	25	13	12	11	11	5	7	11	7	3	6	14
Heart Disease.	31	22	23	15	16	21	23	25	17	19	18	19
Aneurism.....	2	1	—	—	1	1	3	2	1	3	1	—
Apoplexy.....	16	12	8	8	9	11	10	12	4	7	20	9
Typhoid.....	5	9	7	12	7	6	12	19	13	21	11	13
Paralysis.....	4	8	10	9	8	12	6	6	8	6	4	10
Cancer.....	16	9	15	6	15	12	16	18	15	17	14	15
Diphtheria....	13	14	14	16	22	9	3	8	12	18	30	42
Croup.....	15	7	13	8	10	1	5	4	5	7	10	11
Infant C'nvlsns	16	10	18	14	17	11	14	12	9	11	14	10
Meningitis....	17	9	10	16	5	—	21	13	9	9	13	11
Casualties....	12	21	13	10	15	17	10	13	14	11	15	16
Suicides.....	5	4	9	8	10	6	3	5	8	2	9	10
Homicides....	3	3	2	1	2	1	4	2	2	2	4	4

Population according to U. S. census, July 1st, 1880, was 234,520; Caucasian, 212,520; Chinese, 22,000. Estimated population, June 30th, 1884, 270,000.

Report of the State Board of Health.

The mortality returns from seventy cities and towns, containing an estimated population of five hundred and eighty-seven thousand two hundred and forty, gives the total number of deaths as eight hundred and eighty-eight, a percentage of 1.5 per thousand, which, when compared with other states, shows very favorably in regard to the salubrity of our climate.

The mortality of December shows a slight increase over that of November, which may be accounted for by the increase of pulmonary complaints, and the wider diffusion of diphtheria and scarlet fever.

Consumption likewise increased the mortality by twenty-three deaths, one hundred and fifty-two deaths being recorded this month, against one hundred and twenty-nine in November.

Pneumonia was also more fatal, there being sixty-nine deaths from this cause.

Bronchitis caused twenty-one deaths, which is an increase over the preceding month, no doubt influenced by the very un-

favorable climatic conditions which prevailed for those suffering from acute bronchial diseases.

Congestion of the lungs was fatal in eight instances.

Diphtheria continues to show an increased mortality, there being fifty-six deaths reported from this disease. In San Francisco there were forty-two deaths during the month, in Oakland three, Hanford two, and one each in America, Fall River, Los Angeles, Mariposa, Maxwell, San Jose, Santa Rosa, Stockton, and Vallejo.

Croup follows closely the death rate of diphtheria, and by it still further confirms the identity of these diseases. There were no less than thirty deaths reported as croup—just twelve less than those reported as diphtheria—which ought to put sanitarians on their guard to counsel disinfection and isolation in every case that comes under their notice.

Whooping-cough, although present throughout the State, caused no death.

Scarlet fever is credited with twelve deaths, which is an increase over the report of last month.

Measles caused five deaths.

Diarrhoea and dysentery were fatal in nine instances, which is an increase of six over the preceding month.

Cholera infantum has decreased its mortality to eight.

Typhoid fever shows a decrease of six from last report, there being only twenty-two deaths from this disease recorded.

Typho-malarial fever caused but two deaths.

Remittent fever was fatal in five instances.

Cerebro-spinal fever likewise shows a decreased mortality, four deaths only being so reported.

Alcoholism caused five deaths.

The following towns report *no deaths* during the month of December: Angel's Camp, Anderson, Alturas, Azusa, Camptonville, Galt, Knight's Ferry, Lodi, Lakeport, Madera, Millville, Los Gatos, Lemoore, Nicolaus, Redding, San Mateo, Saucelito, Visalia, Williams, Willits, and Ontario.

PREVAILING DISEASES.

Reports received from ninety-five localities in various parts of the State indicate an increased prevalence of pulmonary diseases, diphtheria, croup, and scarletfever. So far, none of them have become really epidemic, and, by strict quarantine, might still

be confined to the places in which they are now endemic and there eradicated.

Pneumonia is noticed as prevailing extensively, and with considerable fatality, in San Francisco, Oakland, Sacramento, Los Angeles, Marysville, Chico, Colton, Riverside, Sonora, Colfax, San Jose, San Diego, Fall River, Downieville, Watsonville, and other towns.

Bronchitis is also observed for its frequency in Arbuckle, Davisville, Nicolaus, Bodie, Fort Bidwell, Fresno, Sacramento, Vallejo, Oakland, and San Francisco. The type is mild.

Influenza is quite prevalent in Sierra City, Bakersfield, Crescent City, Jolon, Napa, and other towns; mild in character and not attended with any fatal tendency.

Whooping-cough is still present in Saucelito, Merced, Amador, and Sacramento.

Diphtheria prevails quite extensively throughout the State. Dr. J. M. Vance, writing from America, Santa Clara County, states that the disease appeared there early in December, apparently in a mild form, as no precautionary measures were adopted to limit its spread, until a death occurred, when strict quarantine was instituted, the houses disinfected, and isolation enjoined; the result was, that the disease disappeared before the end of the month.

In Maxwell, Dr. Robe writes, that there has been quite an epidemic of sore throat, with some cases of diphtheria and membranous croup, with corresponding fatality. The disease also lingers about Truckee; it has appeared in Sacramento, and in the form of diphtheritic croup was very fatal. Fall River, Hanford, Oakland, San Jose, Santa Rosa, Stockton, Los Angeles, Jolon, Mariposa, Vallejo, Lodi, Anderson, Eureka City, and San Francisco report its presence. Every city or town having a local Board of Health (and every town should have one), ought to issue an ordinance compelling householders or tenants having diphtheria or scarlet fever in their houses or tenements, to signify its presence by exhibiting, in a prominent place, a distinguishing flag, as is the custom when smallpox invades a dwelling. This would serve as a warning that danger lurked in that vicinity, and prevent the spread of the disease by visiting friends or relatives; it would save many lives, and could be of injury to none.

Scarlet fever is reported in Sacramento, Susanville, Maxwell,

St. Helena, Colton, Lodi, Truckee, Anderson, Cottonwood, Dixon, Placerville, Millville, Santa Rosa, Nevada City, Auburn, Eureka City, Los Angeles, Oakland, and San Francisco. In Auburn it was diffused by allowing a child to attend school with the eruption already developed; in other towns a probably like causation might be obtained, and, until the public is educated to appreciate the value of an EFFICIENT health officer, such histories of the spread of death-dealing disease will be constant.

Typhoid fever is much less prevalent than might be expected at this season of the year. It is, however, noticeable in Salinas, Galt, Maxwell, Igo, Lodi, Gridley, Amador City, Weaverville, Lakeport, Los Angeles, San Diego, Sierra City, and San Francisco. The type is apparently not severe, as the mortality is limited.

Diarrhœa and dysentery, in a sporadic form, are noticed in many places. The type is mild and easily under the control of remedies.

Smallpox is causing a good many deaths in Guaymas. Consul Willard states that it is confined to the lower classes; that fact, however, does not render it less infectious or mitigate our anxiety lest it should gain entrance into California.

GERRARD G. TYRRELL, M. D.,

Permanent Secretary California State Board of Health.

Sacramento, January 10, 1887.

RECKLESS PUBLIC SPIRIT.—A curious libel case will shortly be tried in Paris. Last May, a young man, the son of one of the deputies for Cantal, drew a lot to serve as a conscript in the army; at the medical examination, however, he was rejected as unfit for service on account of heart-disease. Dr. Amagat, another deputy for Cantal, thereupon wrote a letter to the Minister for War affirming, as a medical man, that the young man was not suffering from any disease, and denouncing what he described as a scandal. An inquiry was ordered, and a medical commission headed by Professor Germain Sée, examined the young man, and came to the conclusion that he was suffering from disease of the mitral valve with hypertrophy. Hereupon, Dr. Brousse, the army surgeon upon whose advice the conscript was rejected, obtained leave to bring an action for calumny against Dr. Amagat. After a preliminary application, the law-courts have held that the action will lie, and Dr. Amagat is likely to learn the folly, as well as the bad taste, of bringing reckless charges against the honor of a professional brother.—*British Med. Journal.*

Notices of Books, Pamphlets, etc.

A TREATISE ON ELECTROLYSIS AND ITS APPLICATIONS TO THERAPEUTICAL AND SURGICAL TREATMENT IN DISEASE. By ROBERT AVERY, A. M., M. D. Fellow of the Mass. Med. Society, etc. New York: William Wood & Co. San Francisco: W. S. Duncombe & Co.

As electrolysis is having a wider application each year in the treatment of disease, it is but natural that books should appear devoted to the subject alone. It is an important one, and well worth the attention of the physician and surgeon. The work under consideration gives a description of the different batteries which are the most useful and the methods by which electrolysis can be most effectively used. One chapter is devoted to the treatment of Basedow's disease or goitre and a number of successful cases are instanced in which the goitre is made to almost entirely disappear. The treatment of hypertrichosis seems to have been equally successful, but we doubt whether many physicians or patients would stand the operation for 110 hours. The case related certainly shows great patience on the part of both the operator and the person operated upon. The results of treatment by this method of cases of cancer and other growths, of aneurisms, of hydatids and of many other forms of disease extend the hope that much may be accomplished in the future by the scientific application of electrolysis.

THE HEALING OF ARTERIES AFTER LIGATURE IN MAN AND ANIMALS. By J. COLLINS WARREN, M.D., Assistant Professor of Surgery, Harvard University; Surgeon to the Massachusetts General Hospital, etc. One Volume. 184 pages. Superbly illustrated with twelve full-page plates in black and colors. Parchment muslin binding. Price, \$3.25. New York: William Wood & Company. San Francisco: W. S. Duncombe & Co.

The author states that the attempt has been made to study the subject in a most comprehensive manner, observing not only the tissues concerned in the repair, but also the changes which take place in the artery from the moment of ligature until no further change occurs. The first chapter is devoted to the history of the subject from 1500 B. C., when Susrutas tied the umbilical cord, up to the present time, when animal ligatures are so universally used. Chapter second gives the result of many experiments performed upon animals and many observations of specimens taken from the human subject. Closure of the foetal vessels and the summary are the subjects of the last chapters, but there is added an appendix, biography and index.

The result of careful study and much original work has given to the profession a most excellent monograph.

Extracts.

PATHOLOGY OF ANEURISM.

(Read in the Section of Pathology at the Annual Meeting of the British Medical Association in Brighton.)

By TIMOTHY HOLMES, M. A. Cantab., F. R. C. S.,
Surgeon to St. George's Hospital.

I understand it to be the wish of the managers of this meeting that the discussion which they have asked me to introduce shall turn rather on the practical aspect of the question than the theoretical—that is, shall bear on medical and surgical practice, rather than anatomical details. The time at our disposal does not allow of a complete treatise on the disease; and, therefore, all I shall here attempt will be a discussion of some of its main particulars, in connection with points of practice which are still unsettled. I shall speak of the influence of syphilis in causing aneurism; of the relation between the aneurismal tumor and the mouth of the sac; of the vital actions of the sac itself; and of some of the methods of spontaneous cure; using these pathological questions as illustrating the treatment of the disease (1) by medical means, (2) by the old operation, (3) by electrolysis, (4) by the introduction of foreign bodies, (5) by manipulation, (6) by Esmarch's bandage and by flexion, (7) by rapid pressure, and (8) by the distal ligature.

It is evident that I can only touch on all these matters very lightly, and that my office to-day is rather to start doubts than to solve them.

Stated generally, the cause of aneurism may be said to be the weakening, in a given spot, of the resisting power of the wall of the artery to the blood-pressure. The artery is weakened by a wound or laceration of the external coat, or of the whole wall of the vessel, or (which I believe is common) by laceration of the internal coats, so that the blood insinuates itself beneath the external coat, and distends it; or an atheromatous patch deprives the artery of its elasticity in that spot; or an ulcer penetrates the arterial wall completely or incompletely; or the artery is weakened by inflammation of the parts which surround and support it; or increased strain is put upon it by corporeal exertion, or by cardiac irregularity; or these various causes are variously combined.

But it is evident that such general statements are of little use in practice. We are not yet fully informed as to the nature of the various degenerative processes to which arteries are liable. Two, however, are familiar to us—the atheromatous—which used to be regarded as a fatty degeneration, but which is now believed to be really inflammatory, though fatty changes speedily ensue,—and the syphilitic, or gummatous, which has been minutely studied in the arteries of the brain, and which, no doubt, affects other arteries also. No one doubts that the atheromatous degeneration is a constant cause of aneurism; but the connection between aneurism and syphilis is a more doubtful matter, and it is to this question that I shall first address myself.

The logical possibility—nay, even the great probability of such a connection—is indubitable. There is no question that the subjects of aneurism have frequently had syphilis. Dr. Mahomed published statistics to prove that aneurism is more common in syphilitic subjects than in others (*Path. Trans.*, vol. xviii., p. 347); and however short of proof such statistics may be, we may admit that the fact is probable. But it does not show any real connection between the two pathological processes, nor did Dr. Mahomed adduce it for that purpose. In fact, he expressed in the same paper his conviction that there is not a tittle of evidence that the prevalence of aneurism in syphilitic cases is due to a “syphilitic arteritis.” Syphilitic subjects are usually persons broken down by hard living of all kinds, and have been exposed, beyond the average of other men, to the causes which produce diseases of the circulatory system.

In saying that it is still uncertain whether aneurism is produced by a specific syphilitic arteritis, I do not wish to be understood as denying that a syphilitic affection of the arteries exists. Many cases have been put on record in which lesions exactly like the gummatous affections of other parts, have been found in the arteries of persons the subjects of other syphilitic diseases. This has been done, especially for arteries of the brain, by Heubner (*Dieluetische Erkrankung der Hirnarterien*, Leipzig, 1874), and many cases are described with complete anatomical details by English pathologists, such as Clifford Allbutt (*St. George's Hosp. Reports*, iii., 60; *Path. Trans.*, xxiii., 16); Greenfield, Gowers, Buzzard, Davidson (*Ibid.* xxviii., pp. 272, 286, 295, 300), Sharkey (*Ibid.* xxxiv., 10), and many others. Constitutional syphilis seems to affect the arterial system, sometimes

in the form of a thickening of the internal coat, with exudation in the neighboring more external portions of the arterial wall, and narrowing or even complete obstruction of the tube, sometimes in the form of gummatous tumors of the external coat, or the sheath. Now, it is obvious that a deposit, whether in the external or internal part of the wall of the vessel, may soften or break down, and so leave the vessel weakened at that spot, and prone to aneurism. Admitting fully, however, the theoretical possibility, when we come to look to the records of cases, there seems little proof of the prevalence of such syphilitic ulceration of arteries. Thus, in Heubner's work, we have notes of fifty cases from his own and others' practice, in most of which the whole arterial system was examined after death. In only one case (No. 24) was there an aneurism, and in one other (No. 18) ulceration and rupture of an artery. In both these cases, the artery affected was in the brain. In none was there any external aneurism. There was indeed more or less extensive atheroma in several, but it is obvious that there is no reason why an atheromatous subject should not contract syphilis, or *vice versa*. The two processes, however,—the syphilitic, and the atheromatous degeneration of arteries,—are very clearly contrasted, and in many respects opposed to one another: mainly in these two particulars, that the syphilitic process is most common in the smaller vessels, especially the cerebral—the atheromatous in the largest arteries; and that the syphilitic leads usually to thickening of the arterial walls, contraction of the tube, and thrombosis, while the atheromatous produces weakening of the wall of the vessel, leading to aneurism or rupture. There is, therefore, little support from pathological anatomy for the view that syphilis is a frequent cause of aneurism; nor has the great practical objection ever been answered, that, if it were so, aneurism would be far more common in the female sex than it is. The question is an important one to our present purpose, since the assumed syphilitic nature of the disease has been used to explain the alleged virtue of the iodide of potassium in its cure. I would, therefore, just remind you how often these, like other affections, are classed as syphilitic when they occur in syphilitic persons, and again, how often the previous occurrence of syphilis is inferred from the existence of an affection which the observer assumes to be syphilitic.

My own view of the matter is that the true syphilitic degen-

eration of arteries rarely leads to aneurism, but rather to the obliteration of the small vessels which are its favorite seats. But I would not deny that there may be exceptional cases, in which the syphilitic deposit breaks down prematurely, and the arterial wall gives way, either totally, causing hæmorrhage; or partially, leading to aneurism.

The fact that aneurism is more prevalent among the syphilitic than the non-syphilitic, if true, seems to me inconclusive. In this, as in all other medical matters, nothing is more misleading than the so-called "statistical" argument. The causes of medical facts are so complex, that it is hardly possible to eliminate all causes but one, in two opposed series of cases; yet this must be done before a reliable statistical comparison can be made.

I have not here the space, and perhaps it hardly falls within my appointed province, to discuss the alleged virtues of iodide of potassium in the cure of aneurism. Without denying its success in the hands of others, I can only say that in my own hands, and in the other cases which I have had the opportunity of watching, it has proved futile. If it cures, it does so, I think, not by any specific influence on an assumed syphilitic deposit in the wall of the vessel, but by its influence on the general circulation. Nor have I ever been able to convince myself of the curative virtue of any drug. Complete rest and carefully regulated diet are almost always beneficial, and, in some exceptionally fortunate cases (such as Mr. Stanley's) may produce a cure; and, as far as I can see, it is more reasonable to ascribe the cure in those cases which have recovered under the use of iodide of potassium, acetate of lead, or other drugs, to the accompanying rest and regimen than to the medicinal treatment.

Whatever may have been the pathological action (traumatic or spontaneous) which has weakened the wall of the artery, it yields in a portion or the whole of its circumference, and for a greater or less distance; and hence a difference arises between different forms of aneurism, which has great practical significance. The typical form of those aneurisms which are produced by the giving way of a small portion of one side of the wall of the artery has been described, with his usual lucidity, by Mr. Syme, who, however, committed the error of speaking as if he believed that all aneurisms are of this form—an opinion which I cannot think that so great a surgeon could really have entertained, though his words imply it. "In every aneurism,

whether large or small, traumatic or spontaneous, the aperture of the artery is situated towards the center of the tumor, so that a portion of the vessel, longer or shorter according to the size of the sac, is contained within its cavity, or rather embraced by its wall." (Syme, "Treatment of Axillary Aneurism," *Medico-Chirurgical Transactions*, vol. xliii., p. 138.)

Many aneurisms are, no doubt, of what we may call "the gummate" form—standing off from the trunk of the vessel like a bud. On the other hand, many are of the cylindrical or fusiform variety, having been formed by the yielding of a more or less extensive tract of the whole artery. Many, again, are of a mixed form, having, as in the fusiform aneurisms, two openings in the sac, by which the artery enters and quits it; but these are not, as in the fusiform, at opposite ends of the tumor, but may be close together.

The practical importance of these apparently minute particulars would be at once apparent to any surgeon who should often repeat Mr. Syme's adventurous operations for the cure of aneurisms in the axilla, neck, and abdomen. In all these situations more especially the neck) it might be a question of immediate death or life to the patient, whether there was only one opening which the surgeon's finger could command, or whether there was a second in some possibly remote, and certainly unknown, position, down which the blood would pour (for in all parts of the body, and in the neck especially, the reflux stream is very rapidly formed), obscuring all the field of operation, and very probably rendering the ligature of the artery impracticable.

Let me illustrate these different relations between the vessel and the aneurism by these three drawings, taken from actual specimens. This diagram, taken from Scarpa, shows the condition described by Syme. There is a single opening, a portion of the artery is embraced by the wall of the aneurism, and the old operation might have been performed; though, of course, not without the most formidable danger. In this, on the contrary, taken from an axillary aneurism, preserved in the Museum of Guy's Hospital, there is a large sausage-shaped tumor, and the artery opens into and out of it by two openings situated several inches from each other; besides which, large branches open out of the sac, and the tumor is embraced on all sides by the nerves of the brachial plexus. In the third drawing which I shall have to refer to again; a small popliteal aneurism is

shown, with the artery opening into and out of it. If the disease had gone on longer, and the aneurism increased to a large size, these two openings might have been separated by the whole extent of the tumor, as in the last specimen, or the sac might have grown upwards or downwards along the vessel, leaving the two openings separated by either a large or small distance.

But, in speaking of Mr. Syme's cases, we should recollect that some of them were not really aneurisms, in the strict sense, but instances of subcutaneous laceration of arteries, there being no sac. These cases are rather analogous to wounds of arteries, and are amenable to the same treatment.

And this leads me to speak of the importance of the sac in the pathology and cure of aneurism. We are, I think, too apt to reason about aneurism as if the sac were a dead india-rubber bag, acted on by hydraulic pressure, instead of a living tissue, whose vital actions must be taken account of, in any complete theory of the growth or cure of aneurism. The persistent fluidity of the blood in healthy vessels is due, no doubt, to the vital properties of their walls. The constant presence of layers of coagulum in portions of aneurismal sacs can hardly be due to other than the converse of such properties. The rapidity with which under favorable circumstances aneurismal tumors shrink and sometimes almost disappear is quite inexplicable on mechanical principles, and must be due, in great part, to the vital actions of the tissues forming the sac. The sudden growth of aneurisms in one direction, and often when consolidation is going on rapidly in other parts of the tumor, is equally a vital phenomenon. And all this shows that our treatment, to have the best prospect of success, must be directed not to the contents only of the aneurism, but must be such as to place the sac in the most favorable conditions. The treatment introduced by my late friend, Mr. Moore—viz., the introduction of foreign bodies, has the inevitable defect that it is in no way directed to the sac of the aneurism; inevitable, I say, because the treatment was only intended for, and should only be used in cases where more promising measures are inapplicable. In many cases it even acts injuriously on the sac, producing inflammation and softening, which lead either to rupture or to extension of the tumor. The same may be said of the electrolytic treatment. It is often injurious to the sac and to the tissues around it, and therefore has often an injurious and sometimes a fatal effect on the

aneurism. Yet there is no doubt that both electrolysis and the introduction of foreign bodies have, in fortunate cases, been followed by considerable benefit. In one famous case—that of an abdominal aneurism treated by the introduction of copper-wire by Professor Loreta, of Bologna (*British Medical Journal*, April 11th, 1885), this improvement was so considerable as to produce temporary cessation of all the symptoms and an appearance of radical cure.

I will here translate the account which Professor Loreta gave me on the termination of this case in a letter dated May 3rd, 1885.—“ His death happened ninety-two days after the operation, he being at the time in an excellent state of health and the tumor hardly perceptible to the touch. *Post mortem* examination showed that his unexpected death was caused by rupture of the aorta immediately above the tumor, just where the remains of the aneurismal sac joined at an angle with the anterior wall of the aorta. The sac was only the size of a walnut, and perfectly consolidated by organized coagula; the copper-wire was unaltered and rolled up into a ball inside the sac itself. In fact, everything showed that the effects produced were actually those sought by the operation.” Professor Loreta adds, as a conjecture, that it is possible that the compression and other changes following on the consolidation of blood in the tumor might have interfered with the circulation in the wall of the artery, and thus produced the rupture in its coat.

Another case was lately published, under the care of Dr. Cayley and Mr. Hulke (*Medico-Chirurgical Transactions*, vol. lxxix., p. 267), in which considerable temporary benefit was obtained in a case of aortic aneurism by the insertion of wire; and Mr. Bryant's case of popliteal aneurism is well known, where a considerable amount of consolidation followed the insertion of horse hair (Bryant's *Practice of Surgery*, 4th ed., vol. i., 517). And we may easily admit that either of these methods might indirectly, or accidentally, prove curative by the production of a clot which might obstruct the mouth of the aneurism and imitate that cure by impaction, which I believe to be not very uncommon, and which was deliberately imitated by Sir W. Ferguson in his very ingenious, but very dangerous, proposal of manipulation. This same form of cure is also, I believe, often produced by the action of Esmarch's bandage, and in all forms of direct pressure, as well as the “rapid” method of indirect pressure.

Now in this cure by impaction of the clot, the sac plays a prominent part. Released from the constant distending and disturbing force of the circulation, it rapidly contracts on the semi-solid contents of the aneurism, and furnishes the means and the agents for the absorption of its fluids, so that the tumor rapidly shrinks and hardens. Whenever the disappearance of the *bruit* proves that the mouth of the sac is obliterated we may expect this to occur, and it appears to me that the rapidity of the action varies with the integrity and vigor of the sac. All the methods of natural cure afford valuable indications for surgical treatment, but this method by impaction of clot, is of especial interest from the analogies which it presents with some of the most recently-introduced methods of treatment, manipulation, Esmarch's bandage, flexion and rapid pressure. In manipulation, the cure is sought almost wholly by the impaction of clot. The surgeon attempts to empty the tumor of its fluid contents by pressure and to detach some of the clots by rubbing the sides of the sac against each other. In one case, at any rate, where Sir W. Ferguson manipulated an aneurism at the root of the neck, the symptoms produced were identical with those which marked the impaction of clot in the carotid in Dr. Bence Jones's case to be presently mentioned, and they were no doubt produced by the same cause. Again, in the use of Esmarch's bandage, not only the dissection of Mr. Wagstaffe's case just referred to, but also the history of other successful cases seem to me to prove that impaction of clot plays a large part in the process; and I doubt not that the same thing often, if not always, occurs in the cure by flexion of the limb. In successful cases, also, of rapid pressure, the pulsation and the *bruit* usually go on after the pressure is withdrawn, and then the *bruit* stops, while the contents of the tumor still remain semi-fluid, and even some pulsation may be detected. The movement in the contents of the sac then ceases, as the impaction becomes complete, and soon the rapid shrinking of the tumor testifies to the completeness of the cure. In other cases the *bruit*, after a temporary absence, recurs, and the aneurism is soon pulsating as strongly, and its contents become as completely fluid, as before the application of pressure.

All these methods of treatment partake, therefore, of the dangers involved in the spontaneous cure by impaction, while they have also dangers of their own, manipulation, Esmarch's ban-

dage, and flexion, involving the risk of rupturing or contusing the sac; while rapid pressure causes in some cases injury to the viscera or other parts by the compressor, and, in others, involves the danger of prolonged anæsthesia.

Too little importance is, I think, usually attributed to the existence and character of the aneurismal *bruit*. Its absence is of evil augury for the curability of the case, as proving that there is no proper mouth to the aneurismal sac. Let me instance this in the case (reported in the ninth vol. of the *Clinical Transactions*) of a very small popliteal aneurism, or aneurismal dilatation, destitute of *bruit*, occurring in the person of a man in the prime of life, aged 34, and apparently in good health, but whose unfortunate end seemed to show that he was much addicted to drink. Though the tumor was so very small, and the patient tolerant of pressure, no progress towards cure was made by more than a month's patient treatment, and so the artery was tied. One can hardly doubt that a sacculated aneurism of so small a size would have easily yielded to flexion or pressure.

We see how rarely external aneurisms are devoid of *bruit*, and, on the contrary, how common this is in thoracic aneurism: and, the reason is obvious, namely, that the former are, as a rule, sacculated and curable, the others often destitute of any distinct orifice, and practically incurable.

Then the way in which the *bruit* radiates from a given spot, and the presence or absence of a thrill due to roughness or coagula on its sides, are important practical points, which should not be left out of view in the study of any case with a view to treatment.

The nature and direction of the growth of an aneurism are often matters of much importance in choosing a means for stopping such extension when it threatens to become dangerous. This is clearly shown in cases where innominate or aortic aneurisms are growing towards the windpipe, and where that growth has been stopped by the distal ligature of the carotid. Such operations are often successful in preserving life, even though the aneurism remains uncured. I would refer to a case (reported in *Clinical Transactions*, ix., 114) of a young woman, then unmarried, whose left carotid artery I tied for an aortic aneurism. I heard from her in July, 1884, nearly nine years after the operation, and she was then in fair health, married, and attending to her household duties. I wrote again to her former address a

few weeks ago, and received no reply, so cannot say whether she is still alive. The aneurism had never been cured, but its growth had been suspended during this long period. Nor is it difficult, I think, to see how these operations prove beneficial. The aneurism grows in the given direction because the "carotid" portion of the sac, either through weakness or through organic softening, the result of inflammation, yields to the force of the carotid circulation. The ligature of the artery diverts the blood into the anastomosing branches, derived either from the subclavian of the same side, or from the opposite side of the body, and thus the pressure is taken off from the weak portion of the sac, which may then recover its contractile power as coagulation commences in that portion of the tumor. I have tried to show that this coagulation may be powerfully assisted by the coagulation of blood in the tied artery, extending into the mouth of the sac, but it does not seem that such extension of clot from the seat of ligature is a necessary condition of cure.

Let me illustrate my meaning by a reference to the accompanying drawings—some of the series which I had made for a course of lectures on aneurism delivered many years ago at the College of Surgeons. They show three preparations: the first is from a case of innominate aneurism, reported by Mr. Heath (*Path. Trans.*, ix., 95), in which the subclavian portion of the sac was cured by the impaction of clot in the mouth of the artery as it leaves the tumor, but the carotid portion went on growing, and burst into the trachea; the second are two views of a preparation taken from a patient of Dr. Bence Jones in St. George's Hospital, whose case is reported in the same volume of the *Path. Trans.* Here (as the front view shows) the carotid artery has been obstructed by clot, causing the obliteration of the whole vessel, exactly as after a long-previous ligature. The impaction of clot in the carotid artery occurred about five years previous to his death, which was caused by phthisis. It was attended by urgent head-symptoms and complete loss of consciousness. This has been followed by the complete cure of the whole of the carotid portion of the sac, and this portion is so much the larger, that it appeared at first sight as if the whole tumor was obliterated; and it is so reported in the *Path. Trans.* But on making a section at the back of the tumor (as represented in the second view) I found that the subclavian portion of th

sac, which was very small, is unobliterated, and that the stream of blood passed directly up this portion of the sac into the subclavian artery. The cure, therefore, though practically complete, was anatomically imperfect. The third shows precisely the same state of parts in a case where the carotid artery has been obliterated by the ligature. The patient was under the care of Dr. Wright, of Montreal, and the artery was tied eighty-seven days before death. The patient died from cerebral softening, the result of the operation; but its effect on the aneurism was to produce a "practical cure," exactly like, in every particular, to the effect of the impaction of clot in the carotid artery in the former case.

These three cases, taken together, form the neatest demonstration that I am acquainted with of the action of the distal ligature; the first shows a state of things in which distal ligature of the carotid might possibly have been followed by complete cure; while the second shows that, even without complete cure, the growth of the aneurism may be stopped, and the patient restored to health by the spontaneous obliteration of the carotid as it leaves the sac; and the third is an interesting example of the production of precisely the same state of parts by operation on the carotid.

If I am right in this explanation of the action of the distal ligature, it would follow that the complete obliteration of the tumor can only be anticipated when the aneurism is situated on a single artery without branches, as would be the case in an aneurism affecting the carotid artery alone; but that in aortic and innominate aneurisms only portions of the sac can thus be consolidated. This, however, may often be the means of preserving the patient from immediate death.

There are many cases, especially of aortic aneurism, where the growth of portions of the sac has threatened to prove fatal, and where such portions of the tumor have been successfully dealt with by the introduction of foreign bodies, or by electrolysis—that is to say, the operation has succeeded in producing consolidation in that portion of the tumor, and the patient has been rescued from the immediate danger; and it is, I think, more in these partial proceedings than in attempts at complete cure that the value of electrolysis and the introduction of foreign bodies is shown.

I do not think that I ought to occupy your time further. The

observations I have made, are, no doubt, disjointed and unsystematic; but they may, I hope, furnish material for discussion to the many able pathologists and surgeons attending the meeting. —*British Medical Journal.*

Tumors.

I. MYXO-SARCOMATOUS TUMOR OF ABDOMEN, WEIGHT 8 KILO. 120 (LBS. 18) GROWTH IN 32 DAYS. By M. CHASSAGNE. D., *æt.* 24. Sergeant in an infantry regiment, previously in good health, complained of a vague pain in the hypogastric region, worst behind, on May 29, 1884. There was no swelling, and it was thought to be of no consequence. Two days afterwards he was admitted to hospital, with abdomen hard and somewhat distended, and complaining of a steady, fixed pain, as before. His bladder was sounded without result. Abdomen gradually increased in size, and pain continued, and at the end of eleven days he was sent to another hospital, being now seriously ill. Diagnosis, ascites. His face was pale and pinched. Temp. at 5 P. M. 103° F. Tongue dry and furred. Abdomen was hard and voluminous with a shape resembling that of pregnancy rather than that of ascites. No irregularities to be felt on palpation; signs of ascites negative. By June 19 there was great œdema of legs and abdominal wall, with distention of superficial veins. Pain continuing, on June 23, after some hesitation on account of the universal dulness, the abdomen was tapped below the umbilicus, but only thick, bloody fluid was drawn off, rapidly clotting. Ice applied to the abdomen relieved the pain and reduced the temperature. In two days he was again tapped, with a similar result. On the evening of June 30 he had regurgitant vomiting of even liquid food, and on the morning of July 1 he died, thirty-two days after his first complaint, on May 29. At the post-mortem examination an enormous solid mass was found occupying the abdominal cavity and hiding all the viscera except a part of the transverse colon, which was pushed forward; the ascending and descending colons were embedded in the tumor, the stomach was compressed and pushed up, and the small intestines were forced up into the left hypochondrium. The spleen, kidneys and liver were compressed, but apparently normal. Mesenteric vessels, abdominal aorta and inferior vena cava diminished in size. The tumor consisted of a pale outer, myomatous, jelly like part, and a central por-

tion, dark red in color and fibrous in texture, with a jelly like fluid in its interstices. The author states that the rapidity of this tumor is unique. No similar case that he can find recorded took less than one year to grow, and some took as long as seven years. The post-mortem examination showed that any attempt to remove tumor would have been hopeless, even had an exploratory incision revealed its true nature.—*Gaz. Med. de Paris*, May 8 and 15, 1886.—*Annals of Surgery*, Nov., 1886.

The Treatment of Certain Forms of Vomiting.

By F. P. ATKINSON, M. D.

There are few disorders which cause more discomfort and distress than those accompanied with incessant attacks of vomiting, and there are few which try more the skill and patience of the practitioner. The cause being more or less different in each particular case, it is of course impossible to suggest a line of treatment which shall be applicable to all alike, and I, therefore, propose to take into consideration the treatment of some three or four kinds of vomiting, and to state, where I am able, the grounds upon which my recommendation is based.

First then in cases of simple *bilious vomiting* there is, in my mind, no question that a mixture containing 15 minims of solution of potash and 4 of laudanum, administered every four hours, acts like a charm; I can safely assert that in no uncomplicated case will there be any further vomiting after the second or third dose. The solution of potash acts as a direct sedative to the stomach, and it is, I believe, a powerful stimulant to the secretion of bile. At any rate, Dr. Parker's experiments show that it disintegrates nitrogenous tissues, and that the excretion of urea and uric acid is increased during its administration, while Dr. Noel-Paton has lately affirmed on experimental grounds that urea-production and bile-secretion are both increased by the destruction of red blood-corpuscles.

For relieving the vomiting of *pregnancy* I would suggest a little milk and tea, with a small piece of bread and butter or biscuit, immediately before rising in the morning, and a biscuit or two at various intervals throughout the day, whenever there is a feeling of emptiness. The rationale of this is probably as follows:—digestion under the circumstances is rapid, and there is moreover a determination of the stream of nutrition from the brain and stomach to the *fœtus in utero*. Frequent very light

meals are thus indicated in the interest of the cerebral and gastric circulation. Of course oxalate of cerium and ingluvin may be tried as adjuncts if necessary. Where this line of treatment is unavailing, Sir Peter Eade of Norwich suggests slight dilatation of the os uteri with the finger, as sometimes the vomiting is a reflex phenomenon depending on some local condition of the uterus. Dr. M. O. Jones of Chicago, also holding the same view, proposes cauterisation of the cervix with solid nitrate of silver. By this means he considers that the nervous phenomena may be concentrated at the point of irritation, and the stomach thus saved. Dr. Marion Sims tried this experiment in one case and was well satisfied with the result.

In vomiting resulting from *ulcer of the stomach*, the great object is naturally to give the stomach as much rest as possible, and yet to keep the condition of the blood as rich as possible. This may be accomplished by two methods, one (useful where the disease is not very far advanced) is to give very small quantities of peptonised milk of koumiss at short intervals, and a teaspoonful of Brand's essence of beef or Valentine's meat-juice mixed with cold water every four hours. The body should moreover be oiled night and morning to help nutrition, and covered with warm clothing to prevent cold. Later on when the pain has almost subsided, small pieces of sponge-rusk, dry biscuit, corn-flour, blancmange, arrowroot, barley-water, &c., may be allowed; and by slow degrees the patient may get back to the ordinary diet. The drugs used should be tartrate of iron, which is a blood-nutrient and astringent; juice of conium, which is a sedative; glycerine, which is a soothing and protecting substance as well as an antiseptic; and tincture of calumba, which is a mild astringent and tonic. Where the vomiting is very urgent it is advisable to give the stomach entire rest, and administer peptonised meat enemata.

The vomiting which occurs in *infants brought up by hand* is often very troublesome to deal with. Where it arises from inability to digest the casein contained in milk, it is advisable to try one of the many peptonising powders which are now in the market, or to prepare the milk, as recommended by Professor Frankland, in the following way:—"Let one-third of a pint of new cow's milk stand twelve hours, then remove the cream and add to it two-thirds of a pint of new milk as fresh from the cow as possible. To the one-third of a pint of skim-milk left after taking away the cream, add a piece of rennet, about an inch

square in size (or a small teaspoonful of the essence of rennet), and let the vessel holding the skim-milk be placed in warm water, and there remain for from five to fifteen minutes till curdling is effected. Break up the curd repeatedly, and carefully separate the whole of the whey, which should then be rapidly heated to boiling point in a small tin pan placed over a spirit or gas lamp. During this heating a further quantity of casein separates, and so after this careful straining through fine muslin is required. Now dissolve 110 grains of powdered sugar of milk in the hot water, and mix it with two-thirds of a pint of new milk as before prepared with extra cream. This gives one pint of 'artificial human milk' which should be used within twelve hours of its preparation." The Aylesbury Dairy Company supply some such artificially-prepared human milk; their product keeps rather longer and often appears to agree where the other does not. Where even this is rejected the food proposed by Dr. Eustace Smith should be tried, viz., two tablespoonfuls of whey, two tablespoonfuls of water and one tablespoonful of cream, and if necessary, especially if there is some diarrhoea, a few drops of Valentine's meat-juice may be give three or four times a day. The body should be oiled night and morning if the vomiting has been going on for some time, and in the case of the last-mentioned food milk should be added as soon as possible in small but gradually increasing quantities.

In attacks of *sea-sickness* very little can be done at the moment beyond applying pressure to the pit of the stomach, keeping the person in the supine position and as near as possible to the center of the vessel, administering pretty frequently some Brand's essence of beef and about three or four cocaine lozenges at long or short intervals, according to the necessities of the case. But though little can be done at the time, if a person is known beforehand to suffer severely from sea-sickness, and the voyage is likely to be a long one, it is a good plan to administer 15 grains of bromide of potassium three times a day for a week or two before starting. This steadies the circulation of the brain and quiets reflex action.

Though but few of these remarks of mine are new they bring before one at a glance simple methods of dealing with various disturbing conditions, and hence they may prove of service to those who have some such troublesome cases on their hands.—*English Practitioner*, Nov. 1886.

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Original Articles.

INTUBATION AND TRACHEOTOMY.

**A Comparative Study, with a Report of Ten Cases of the Former
and Twenty-two of the Latter.**

By JEROME A. ANDERSON, M. D., San Francisco.

(Read before the San Francisco County Medical Society.)

The urgent and absolute indication in all cases of purely mechanical suffocation, is to admit air to the lungs. There is no choice of remedies, and until quite recently there was none of methods. The old, clumsy tracheal catheters, introduced from and protruding out of the mouth, were of some use when only an extremely transient impediment to aeration was to be tided over, but of none whatever where the difficulty assumed a permanent character, as in membranous or diphtheritic croup. Until O'Dwyer perfected his tubes, together with the instrument for their introduction and extraction, there was no resource except tracheotomy or its congeners.

Since then, however, the choice lies between his method and the tracheal incision, with the balance of both professional and popular prejudice veering decidedly towards intubation.

To add a few brief data to the very scanty stock of information as to the comparative merits of the two methods of procedure is the object of this paper.

My cases of intubation number ten, and are as follows:

Case I. Katie Ellerd, aet. three years seven months; diphthe-

ritic croup. Patient of Dr. Sullivan, who treated her for diphtheria of the fauces several days before it invaded the larynx sufficiently to cause asphyxia. Dyspnoea was urgent, and there was also evidence of profound systemic poisoning. A tube was inserted for temporary relief only, as there was little hope of the patient surviving the blood poisoning. Instant and evident relief followed, but the child accidentally caught the thread attached to the tube and jerked it out.

The dyspnoea returned in two hours and the tube was reinstated, when a large quantity of viscid mucous was coughed out, after which the relief was perfect. The child died in seventeen hours, the tube remaining patulous to the last. Death was from heart failure, consequent upon blood poisoning.

Upon visiting the child after death, in order to extract the tube, the parents positively refused permission, and only yielded after a lengthy and to me very exasperating argument. This little episode caused me to have a more definite understanding on this point in my following cases—something quite necessary, too, in view of the horror ignorant people have of any *post mortem* interference.

Case II. Louis Esse, aet. three; diphtheritic croup. Patient of Dr. McLaughlin, with history and present condition exactly resembling the last. A tube was inserted, and, after a few moments, cough and profuse expectoration, perfect relief followed. The tube was coughed out in thirteen hours and swallowed during the paroxysm which caused its expulsion. Removed by *post mortem*.

Case III. — Stiche, aet. two and a half years; membranous croup. Respiration almost completely obstructed and child cyanosed and collapsed. Tube inserted and patient resuscitated. Relief grateful and very marked. After thirty-six hours the symptoms seemed so much improved that the tube was removed. It was found necessary to reinsert it in four hours, and in a short time after doing so a severe catarrhal bronchitis followed. Death ensued from this cause on the fifth day from the first insertion of the tube. Extraction was done a few moments before death, and the lumen found unobstructed.

Case IV. — Michelsen, aet. eighteen months; membranous croup. Tube inserted with the usual relief, but removed in twenty-four hours, because it seemed to be obstructed, and replaced in fifteen minutes. The disease now rapidly extended to

the lungs, and the tube was again removed for the same cause after remaining in thirty hours longer. Marked exacerbation of the catarrhal pneumonia, and death ensued from this cause seventy-two hours from first insertion. No obstruction was found in the tube after death or at either of the former extractions.

Case V. Willie Dineen, aet. twenty-six months; diphtheritic croup. Tube inserted with the usual result. I desire to state here, to avoid repetition, that in each of these intubation cases death was momentarily impending from extreme suffocation before the tube was inserted. The tube was coughed out at the end of twenty-four hours and a larger one then inserted, which was not removed until the tenth day and had to be reinserted, because of return of the symptoms, in four hours. Catarrhal bronchitis followed in a few hours, and confirmed my already aroused suspicions that there was some causal relation between this complication and the manipulation of the tubes. The bronchitis subsided in four days, and at the end of the nineteenth day the tube was finally removed. Its removal was followed by severe dyspnoea for nearly twenty-four hours, but this passed away and the child recovered.

Case VI. Flora Flumer, aet. thirty-eight months; diphtheritic croup. Dr. Hastings' case. Occlusion of the larynx, very complete, so much so that I found it necessary to use the smallest sized tube as a dilator, following it by the proper size afterwards. Removed in fourteen hours, for the reason that death from heart failure was momentarily impending, and the child quietly expired shortly afterward.

Case VII. — Ottenbeck, aet. thirty-five months; diphtheritic croup. The disease had invaded a large portion of both oral and nasal cavities besides the larynx and trachea. Tube inserted, and the child—a remarkably strong one—did well until the eighth day, when paralysis ensued, and death rapidly followed.

Case VIII. — Matzino, aet. twenty-six months; membranous croup. Tube inserted with the usual relief, but the lungs became quickly involved, causing death from this cause on the third day.

Case IX. — Koegel; aet. three and a half years; diphtheritic croup. Suffocation imminent at first visit to patient, and upon introducing the fingers to guide the tube, the whole of the

larynx was found to be invaded by the disease, and so gangrenous that the stench was intolerable. Notwithstanding this unfavorable condition, the tube gave perfect relief, and the child died an easy death from heart failure forty-eight hours afterward.

Case X. — Fitelbry, aet. seventeen mos.; membranous croup. Tube inserted with the invariable relief following. Lungs invaded in six hours, and death from catharrhal pneumonia in twenty hours from first insertion.

Of tracheotomies I have done twenty-two; twelve of which were reported in a former paper before this Society. Of these twenty-two, eighteen were done for diphtheritic croup, with seven recoveries, and four for membranous croup, with one recovery. Of my ten intubations, six were for diphtheritic croup, with one recovery, and four for membranous croup, with no recovery.

I am aware that these figures are much too insignificant to base any extended generalizations upon, but the cases were all carefully observed and accurately reported, and such figures are often of greater value than larger, yet more loosely gathered, compilations.

There have been one hundred and sixty-five cases of intubation reported, by O'Dwyer, Waxham, Jennings, Northrup and others, with twenty-eight per cent of recoveries. This is an extremely good showing, but none of these observers make any distinction between croup and diphtheria—a position I myself occupied a year since, but one from which I have fairly been driven by accumulating experience. As much of the value of this paper, I fancy, turns upon this point, I will briefly state what I consider to be the distinctive features:

Diphtheria I regard as an infectious and contagious disease, caused by a specific poison or germ, as yet undiscovered.

Croup is the result of a profound impression by cold upon the cutaneous system carried to the nerve centers and thence reflected outward to the throat.

The membrane of diphtheria is a genuine, granular degeneration of the mucous membrane, and often the underlying tissues, caused by the invasion of a specific germ, and is a necrosis or death of the parts invaded.

The membrane of croup is an exudate capable of quick organization, just as the effusion of pleurisy is an exudate, and also capable, under certain conditions, of organization.

The membrane of diphtheria is intimately adherent to the underlying structures, and only separates, as all true sloughs do, by a completion of the necrotic process.

That of croup may be wiped off with comparative ease.

In diphtheria the membrane is composed, microscopically, of granular detritus interspersed with extensive columns of various cocci and bacilli. Macroscopically, it is tough and lengthy, like a skin slough.

In croup it is a stratified fibrous exudate containing numerous leucocytes. Macroscopically it is comparatively soft and friable.

In diphtheria the membrane, true to its specific nature, invades in spots and by steps.

That of croup is more diffused and general, reaching often from the trachea to the finest capillaries.

I am aware that there may be, and often is, a primary invasion of the larynx by the diphtheritic membrane, thus causing a species of diphtheritic croup, unaccompanied by any evidence of the disease in the throat. To this very form of concealed diphtheria I attribute most of the confusion which has arisen as to the differential diagnosis of the two diseases. In this form, however, we have, owing to the anatomical distribution of the lymphatics, only asphyxia as a marked symptom; no fever; no swelled glands; little or no evidence of blood poisoning.

I am also quite aware that both a coccus and a bacillus have been claimed by their discoverers to be the specific germ of diphtheria, but my own investigations upon this point convince me that the true germ yet remains an unknown factor.

A review of my intubation cases shows that no patient with membranous croup recovered, but, on the contrary, that in every instance the disease was apparently aggravated. This, too, in the face of my preconceived idea that the tubes were peculiarly adapted to just this type of obstruction. Not only did the inflammatory process rapidly extend to all parts of the bronchial ramifications, but a sharp and perilous traumatic bronchitis, exactly resembling catarrhal bronchitis in its physical signs, followed the extraction and re-introduction of the tube in one case (No. V.) of typical diphtheria, which was previously doing well. Why this should be so I am unable to explain. It can not be due to irritation of the superior laryngeals and consequent cough for there is almost no cough except when the patients swallow liquids; when a drop or two enters beside the imperfectly-closed

epiglottis and causes a purely mechanical effort at expulsion. I rather incline to the opinion that the constant pressure of a large foreign body impacted in the larynx and trachea irritates the terminal branches of the sympathetic distributed to this portion of the air passages, thereby causing inflammation by reflex disturbance of the already predisposed remaining portion. That this view is near the truth, is evidenced, I think, by the fact that this result did not occur in but one purely diphtheritic case, and in that one only after the diphtheria had practically subsided. This difference of behavior is in complete accord with the nature of the two diseases. In diphtheria we have such marked anesthesia of the parts involved that, as I have before pointed out, the fact that the patient complains of a sore throat is a strong indication that the disease is not diphtheria. In fact, in diphtheria we never have absolute pain or tenderness of the parts except in those comparatively rare instances where the disease is superimposed upon tonsillitis or some other inflammatory process; or where it is yielding and passing away before proper treatment.

In membranous croup quite the opposite conditions obtain. In place of the necrosis and anesthesia of diphtheria, we have a highly inflammatory, supersensitive condition, intolerant of and aggravated by any mechanical interference. The tubes act as any similar foreign body might and undoubtedly increase the inflammatory action. For this reason, it necessarily follows that for membranous croup tracheotomy holds out far greater promise of relief. The loss of blood which almost inevitably accompanies the operation has a markedly beneficial effect upon its acutely inflammatory processes. The tube is—in the low operations, which I always prefer—below the zone of acute inflammation and comparatively non-irritating. Bronchitis, of course, will almost surely follow if the air respired is not both warmed and moistened, and not to take these absolutely indicated precautions constitutes, in my opinion, such bad practice that it amounts to legal malpractice.

In diphtheria, however, intubation is undoubtedly better practice. The patients are always enemic, always blood poisoned to a greater or less extent. Every drop of blood lost, I think, lessens their chances of recovery, and tracheotomy is, as I have said, usually a bloody operation. Loss of blood and shock have, in my practice, caused two deaths upon the table.

All this is avoided by intubation, and with a properly selected and properly introduced tube the aeration is simply perfect. Parents have no objection whatever—an important point, as all practical tracheotomists know—but, on the contrary, are grateful and pleased at the evident relief, no matter if the ultimate result be bad. For a patient to “die easy” is to take away half of the reproach and ingratitude from the unsuccessful practitioner.

One word as to the introduction and extraction of these tubes. The operation, if indeed it deserves that name, is quite easily done. Let the child be held in a sitting posture, with the head quite erect, so as to bring the glottis within easy reach. Select a tube, attach a thread, insert the gag, pass the left fore finger down the throat, elevate the epiglottis, place the tip of the finger directly upon the aperture of the glottis, which is readily recognized, and gently insinuate the tube under the finger and into the trachea. Catch its top when well within the trachea, loosen and remove the introducing instrument, and complete the introduction by pushing the tube down with the finger until its head passes well within the glottis. It can be done in much less time than it takes to describe it. After a few moments' coughing and expectoration the finger is again introduced and the proper position of the tube verified, when the thread is cut and withdrawn, the finger holding the tube firmly in its place while this is being done. No appreciable force is necessary, or indeed would be allowable if it were.

The extraction does not require chloroform, and is done in a precisely similar manner by locating the end of the tube by touch and introducing the extractor under the end of the finger.

A properly fitting tube is rarely or never coughed out, and, as long as the patient has sufficient strength left to expectorate, will never become obstructed, as the mucous is expelled more easily through its smooth, moist permanent aperture than through the inflamed and membrane-covered trachea.

In conclusion, I beg to state that although I have had but one recovery out of my ten cases of intubation, I am by no means discouraged. The entire number consisted, without exception, of the most malignant type of these cases, and offered but little hope under any plan of treatment. I am confident that many of the ordinary, sporadic cases of diphtheritic croup can be saved by intubation, and a certain percentage of recoveries from even membranous croup be secured under similar conditions.

In membranous croup I shall tracheotomise, if it be permitted; if not, I shall continue to practice intubation, hoping to discover some therapeutic means which may either prevent the extension of the disease to the lungs, or exercise sufficient controlling influence to avoid a fatal issue, should prevention be impracticable. Trusting that this paper may call out in its discussion some suggestion in this direction, I submit it to the Society.

CONSUMPTION AND COW'S MILK.

By H. M. POND, M. D., St. Helena, Cal.

This paper offers some clinical evidence in favor of a possibility of contracting phthisis from milk of diseased cows, in support of a theory of contagiousness of phthisis and the success of antiseptic treatment as compared with other methods of treatment of phthisis.

J. S., aged 36 years, native of Louisiana, came to California in 1852, and resided in San Mateo Co., Cal., on a ranch owned by his parents, for 15 years prior to 1881. There were in the family father and mother, three boys and two girls, all rugged and healthy, no family taint of consumption or other hereditary disease. Father died at 60 from the results of excessive drink, a habit formed during the sickness of his children, and aggravated by the loss of property incident to their care. Mother died shortly after, aged 58, from the effect of overwork, sorrow and anxiety. She was under the best professional care, and her lungs were pronounced free from disease. All the family, parents and children, were in best of health up to 1881. During the winter of 1880, three or four of their herd of twenty cows were noticed to be ailing, growing poor in spite of best of care, and coughing, and eventually they all died, but during the greater part of their sickness the milk was used by the family, as there was no noticeable change in the quality, and in fact, the disease of the cows was not particularly noticed till they grew very weak.

Early in 1881, the younger daughter, aged 18, contracted consumption. It is noticeable in this connection that she was particularly fond of milk, and used it much more freely than any of the others. She steadily failed, and after about eight months sickness, seeking a change of climate at the advice of her phy-

sician, went to live at Redwood City with a married sister. Here she stayed two months, but as she grew worse, she was taken home, and died one month later.

She had hardly left her sister's home before that lady, who, up to the time of her younger sister's visit, had been in vigorous health, was taken sick, and by the expiration of one month, was so much reduced that she was not able to attend the funeral of her sister. She also steadily failed, and died at the expiration of eight months sickness.

In the meantime, a brother aged 22, who had lived all the time at the San Mateo ranch, and had taken much of the care of his youngest sister, was taken sick with the same symptoms, and had been suffering about two months at the time of the second death. He lived about six months from the beginning of his sickness. Less than three months after his death, the only remaining sister began to give evidence of having contracted the fatal disease, and in her case, its progress was more rapid and virulent than in any other, only four months intervening between a condition of apparently vigorous health and her death.

All these cases were attacked in the same way, they were almost identical in their course, all had the benefit of very excellent medical advice, and followed strictly the generally accepted treatment for phthisis—cod liver oil, syrup of hypophosphites, fresh air, abundant and easily assimilated food, etc. The last two cases died at St. Mary's Hospital in San Francisco.

About four months after the death of the last sister, the only remaining brother, the patient now under consideration, who had been with his sister much during the latter part of her sickness, was attacked with the symptoms which all had shown in the early stages of their sickness. He presented himself to the physician who had attended his brother and sister in St. Mary's Hospital, and after careful examination was candidly informed that he was in the same condition, and fated to go the same way that they had gone.

During the illness of his relatives Mr. S. had spent much time in the study of consumption, and had greedily read everything that came to his notice pertaining to that disease. Shortly before his own attack he had read an account of Koch's discovery of the bacillus tuberculosis, and had readily accepted the germ theory as the one best fitted to explain the cases in his

own family. Disheartened by the failure of accepted plans of treatment in the previous cases, he determined to fight his own battle on the germicide plan.

Accordingly, he confined himself in his room for a week, constantly inhaling creosote with such persistence, and in such strength that he shed off the mucous membrane from the mouth and throat, and his lungs felt raw and sore in breathing. But after that week the cough ceased, the expectoration stopped, his appetite increased, he gained flesh, weight and strength, and was, in his own judgment, *well*. He met his physician some time later, and astonished him greatly by his improved and to all appearance sound condition. For more than a year he went on, doing hard work, and never conscious that he had lungs.

In May, 1884, he was again attacked, after having been a second time in intimate relationship with a patient dying of consumption, and began to cough and fail in flesh and strength. Confident that he could again rid himself of his trouble, and dreading the ordeal of creosote inhalation through which he had forced himself before, he put off treatment until November of the same year. He describes his condition at this time as truly pitiable. His strength failed, night sweats had begun, his cough and expectoration were excessive. In this condition he again applied to his physician, who checked his night sweats with atropia, and advised a return to the inhalation treatment again, suggesting a spray of corrosive sublimate solution 1 to 1,000 instead of creosote, and giving internally creosote and cod liver oil. Under this treatment he rapidly improved, and has been able to do a good day's work as a teamster and farm hand ever since, up to Dec. 15, 1886. His cough had never left him entirely, however, and at this date he began again to have night sweats and fever with increase of expectoration and to fail in strength.

Shortly prior to this he had noticed an account of Dr. Blake White's treatment by intra pulmonary injection of carbolized iodine, and had had some correspondence with Dr. Blake White relative to his treatment. Encouraged by that correspondence, and feeling that his disease had reached a point where inhalations could not reach it, he applied to me to carry out the method of intra pulmonary injection upon him. After checking the fever and night sweats with quinine and atropia, I began the treatment, giving the first injection on Dec. 18th, 1886.

At this time there was dulness over the whole upper lobe of the left lung, and moist rales in abundance, with evidence of breaking down in the lung under the 2nd and 3rd ribs. The injection was made in the mammary line and second intercostal space, the needle penetrating $2\frac{1}{2}$ inches. It was immediately followed by a trace of blood in the sputa (which had not happened before), and by the odor of iodine in the mouth. The effect was certainly beneficial. Pulse diminished, cough much lessened, expectoration not much more than half what it was before the injection, and appetite and strength increased.

A second injection was given one week later, and the improvement noticed after the first was continued and increased. He was ordered to resume his cod liver oil and creosote, and to resort once more to his inhalations. On Jan. 4th, 1887, the third injection, was given this time in the 3rd intercostal space. It was followed by a slight hemorrhage of perhaps an ounce of blood, but after the excitement thereby occasioned had passed away the improvement went steadily on.

The patient feels strong once more, his cough troubles him but little, his discharge is greatly lessened, and to-day (Jan. 12th) he is about to resume his labor and see what creosote and cod liver oil, and inhalations of corrosive sublimate spray will do to continue the improvement begun by the injections into the lung.

The moist sounds are very much diminished, and the mucous "click" described by Dr. Blake White has to a great extent succeeded them. There is still dulness on percussion, still evidence of much lung disorder, but there is no question of great benefit already attained.

When we contrast the two years and a half that this patient has been fighting his disease and keeping well enough to work all the time under the antiseptic treatment, with the 11, 8, 6 and 4 months which brought death to his brothers and sisters under the generally accepted treatment, the conclusion must be in favor of adding antiseptic inhalations, and intrapulmonary injections to our usual methods of treatment.

CONTRIBUTIONS TO ABDOMINAL SURGERY.

By CLINTON CUSHING, M. D.

(Read before the San Francisco Medical Society.)

On Feb. 6, 1885, I was asked by Dr. Henry Gibbons, Jr., to see a case of abdominal disease, supposed to be a pelvic abscess. The previous history was as follows: H. J., æt. 18, unmarried, had always enjoyed good health until about eight months prior to my visit, when she fell sick with severe pain in the pelvic region, accompanied by high fever and chills, since which time there had been a gradual failing in health, emaciation, and enlargement of the abdomen.

When I saw her she was manifestly suffering from the existence of pus in the body, as proven by the chills, fever and profuse perspirations.

A large pelvic abscess was diagnosed which probably had been caused by an attack of pelvic inflammation several months previously, and an abdominal incision was advised.

On the following day, Dr. Gibbons and Mr. James Akerly assisting, ether was administered and the abdomen opened in the linea alba midway between the pelvis and umbilicus and at once there was a discharge of fully two quarts of bad smelling pus. The incision was now enlarged to admit the introduction of two fingers, and the pus cavity thoroughly washed out with an abundance of warm carbolized water. An examination of the cavity now demonstrated that the upper wall of the abscess was made up of the small intestines and omentum agglutinated together by lymph, and extended across the abdominal cavity on a line with the umbilicus. The uterus was crowded against the rectum and the ovaries and fallopian tube were buried in a mass of lymph so as to render them scarcely distinguishable. The bladder was apparently small and evidently much contracted as she was unable to retain but a small quantity of urine at a time.

With the dilating trocar a counter opening was now made through Douglass' pouch into the vagina, a rubber tube drawn through from the abdominal opening and the ends tied together over the pubis.

She reacted well from the ether and the cure progressed favorably for three days when it was discovered that urine was escaping from the abdominal wound, and an examination showed

that the upper part of the bladder had sloughed, and all the urine was now passing into the abscess cavity.

At the end of ten days I made a large vesico-vaginal fistula in order to drain the urine away from the abscess, and at the end of sixty days the case had made great improvement, had gained much in weight and was out of bed, when a small abscess formed in the region of the right ovary outside of the original abscess, the cavity of which was now quite small.

To relieve this I now passed the dilating trocar into the abdominal incision, through the new abscess, and then down through the roof of the vagina upon the finger which was introduced upon the right side of the cervix. After dilating this opening I drew into the track of the trocar a rubber drainage tube and after two weeks the abscess healed, and the tube was removed.

At the end of three months the patient was able to go out of doors in fine weather, suffered no pain, slept well and her appetite was good. She was instructed to keep the parts clean and await the healing of the pus cavity and the abdominal wound.

Upon my return from abroad she presented herself, apparently in the best of health, but with still an extremely minute opening at the site of the abdominal wound. This had entirely healed by the first of October, 1886, and on Oct. 16, I closed the vesico-vaginal fistula successfully, thus effecting at last a cure.

As will be seen from the foregoing history, the case was beset with many difficulties and perplexities, and one demanding patience and a variety of resources. Contrary to my expectations the menstruation has been regular and normal for several months, showing that the structure of the ovaries was not wholly destroyed by the extensive pelvic disease.

The case is remarkable as showing the power of the human organism to withstand the existence within a closed cavity of the body, of large quantities of fetid pus, for several months without a fatal result.

At this writing the patient is in excellent health.

The following case I report by permission of Prof. Douglass.

In the latter part of July, 1885, I was asked by Prof. Wm. A. Douglass to see a case in his ward at the County Hospital, who was suffering from an abdominal tumor.

The patient was a widow, aged 40, and the tumor had been

developing for a number of years. The general health was good and the growth only caused inconvenience on account of its size, which interfered with her earning a livelihood in the prosecution of her profession of a nurse.

Upon examination an irregular lobulated solid tumor was found extending from the pelvis to the diaphragm, the larger part being to the left of the median line.

The diagnosis was, a multilocular fibro-myoma, and an operation for removal advised. Accordingly she was placed under ether and the abdomen opened in the usual manner, when the diagnosis was confirmed. The large irregular growth was found to be free from adhesions.

In order to limit the size of the abdominal opening as much as possible, a portion of the tumor, which was partially pedunculated was now removed and the stump ligated. The balance of the growth was then removed from the abdominal cavity and the portion just above the bladder was perforated from before backwards, by a pair of strong hemostatic forceps, and a piece of rubber tubing drawn through into the track was left upon the withdrawal of the forceps. The tubing was then passed twice around the stump and secured from slipping, with heavy waxed silk, and the tumor cut away about an inch above the elastic ligature.

That portion of the peritoneum divided in the abdominal incision was next stitched carefully together with catgut just above and below the stump and also to the peritoneal covering of the stump itself, in order to prevent any discharges from the extra abdominal portion from finding their way into the peritoneal cavity. A pair of hemostatic forceps was now passed through the stump above the ligature, and allowed to lie across the line of incision to prevent retraction into the abdomen. The abdominal wound was closed in the usual way and the stump dressed with iodoform and absorbent cotton.

Not more than a few ounces of blood were lost; there was very slight shock and the case went on to recovery without any unfavorable symptoms.

I removed the ligature on the tenth day, and the forceps a few days later. The patient is now in good health and earning her living.

I herewith present for inspection the tumor as an excellent specimen of this variety of fibro-myoma.

Miss H. K., æt. 27, presented herself at the clinic for women of the Cooper Medical College complaining of the pressure on the left side by a morbid growth that interfered with her comfort when standing or walking. She stated that a small tumor has existed in this region since she was a child and that at one time a truss had been applied with the idea that a hernia existed.

The tumor was about the size of a large goose egg, was but slightly movable, was elastic and could be felt in the bi-manual examination through the roof of the vagina, in the left ovarian region.

A diagnosis was made of ovarian cyst, probably dermoid, and an operation for removal recommended.

Sept. 13th, assisted by Dr. W. S. Whitwell and in the presence of the senior class of Cooper Medical College, the abdomen was opened in the usual manner sufficiently to introduce two fingers, when it was found that the pelvic organs were normal and that while the tumor projected into the abdominal cavity that in reality it was outside the peritoneum.

An incision was now made directly over the tumor and the tissues carefully divided until the sac was reached. When this was lifted up by a pair of hemostatic forceps and opened there escaped a quantity of cheesy semi-solid matter mixed with gray hairs, showing conclusively its dermoid nature.

The upper end of the sac was apparently a continuation of the round ligament. After the ligation and division of the round ligament the sac was dissected out, and was found to occupy the entire length of the inguinal canal.

Leaving two rubber drainage tubes in the track of the removed tumor, the two incisions were closed in the usual way with carbolized silk, and a dressing of iodoform and absorbent cotton applied. The drainage tubes were removed on the third day, and the convalescence was uninterrupted until the fourteenth day, when she had a moderately severe attack of pneumonia of the lower lobe of the right lung. From this she recovered without serious symptoms, and is now in perfect health.

The noticeable feature of this case was the unusual location of the growth, and its simulation of an intra-peritoneal cyst.

The diagnosis of a dermoid cyst was based upon its slow growth and the fact of its existence from early life.

At the time of the operation I had supposed that the case was

unique, as I had no recollection of seeing a similar case reported, but Professor F. Winckel, of Munich, who was in San Francisco a few days after the operation, and to whom I spoke regarding it, informed me that he had reported a case where he had removed from a patient a dermoid cyst from each inguinal canal, he considering them as cysts of the round ligament.

I herewith present the sac from which the hairs and caseous matter have been removed.

Also a section of the cyst wall mounted by Dr. D. W. Montgomery showing the arrangement of the tissues.

The following report of the microscopical and macroscopical appearance of the cyst was prepared by Dr. Montgomery:

“The inner surface of the cyst quite rugous, with here and there a few fine silvery white hairs growing out from it. Horny and mucous layers well marked. Papillary layer not well marked, only a few papillæ being seen. The corium very loose, and the meshes large. Some of the sections show well formed sebaceous glands.”

Miss L. C., aet. 20, came to my house for advice about the middle of Sept., 1886, giving the following history: About two years ago she began to suffer from pain and discomfort in the ovarian region, for which she was treated by some one in this city, but without success. In April, 1885, I was asked to meet her attending physician in consultation regarding her, with the result that I opened a pelvic abscess in the right ovarian region through the roof of the vagina, leaving in the opening a self-retaining drainage tube through which the abscess cavity was washed out. The improvement not being satisfactory, I saw her again in June when an additional opening was made through the vaginal roof on the left side of the cervix uteri by which the pus cavity was effectually drained, and after which her convalescence was slow but satisfactory. Within the following six months she gained forty pounds in weight, and was able to go about with but little discomfort.

In the spring of 1886 she again began to fail in health, and when she came to me had lost twenty-two pounds in weight, and presented an extremely anæmic appearance. There had not been menstruation for six months.

Upon examination a small sinus was found on right of cervix in roof of vagina through which a sound passed towards right ovarian region. The discharge from this was thin and small in quantity.

Being convinced that this was not alone the cause of the serious impairment of the health, I examined a sample of her urine, and found a moderate amount of albumen present.

I then referred her to Professor J. O. Hirschfelder, for an opinion as to the state of her kidneys. His conclusions were that she was suffering from commencing amyloid degeneration of the kidneys due to the existence of the chronic pelvic abscess, and that it was useless to undertake treatment for the relief of the renal trouble until the abscess should be cured.

After stating all the facts to the mother it was agreed that a laparotomy should be undertaken for the relief of the pelvic disease.

On Sept. 28th, my assistant, Mr. Johnson, administered ether, and, assisted by Dr. H. M. Sherman, the abdomen was opened in the median line, when a condition was found that was as bad as could well be imagined, short of malignant disease.

The omentum, the small intestines, and the contents of the pelvis were matted together in a solid mass in such a manner as to apparently defy any attempt to separate them. A band of adhesion as large as the little finger and firm as a tendon, extended from the region of the right ovary and was attached to the abdominal wall at the left of the umbilicus. After the ligation of this immense bridle, the work of dissection began. With the handle of the scalpel and the finger nails the adhesions were cautiously broken up and the thicker ones ligated. At the end of half an hour the omentum and the small intestines were removed from the underlying pelvic structure and thus enabled me to make out that both ovaries were enlarged and consisted of cheesy looking masses of semi-fluid pus, lying in a bed of organized lymph. The right one was shelled out of its bed without ligatures being used, no bleeding followed except slight venous oozing. The left ovary was then loosened sufficiently to pass a ligature beneath it and, after ligation, was removed.

No semblance of fallopian tubes could be made out in the mass of organized lymph that filled the pelvis.

After careful sponging the pelvis was packed with sponges wrung out of hot water to check slight venous oozing, the abdominal sutures introduced, and when upon the removal of the sponges it was found that the bleeding had ceased, the abdominal wound was closed leaving a glass drainage tube in the lower angle of the incision.

Although the operation had occupied two hours, at the close the pulse was good and but slight evidence of shock.

For the first thirty-six hours a few ounces of bloody serum escaped from the tube, and after that a considerable amount of pus, yellowish white in color and of an offensive odor.

At the end of three days the drainage through the tube and also through the vaginal sinus was tinged with fecal matter, showing that a small slough had occurred in the wall of the intestine where separated from the adhesions.

The temperature was never higher than one hundred and one at any time and then only for one day, with this exception the temperature was normal. The nausea and vomiting were troublesome and were finally quieted on the third day by giving a grain of calomel every hour until the bowels moved. The patient was given rectal enemas of beef tea, milk, tr. opii and brandy every four hours.

At the end of eight days the prospects seemed fair for recovery, as the patient was taking nourishment and the pulse was good, but she died from exhaustion on the evening of Oct. 6th.

I report this case thus fully to call attention to the difficulties that may be expected in cases of chronic pelvic peritonitis, when the abdomen is opened for the purpose of removing diseased structures, and also to the fact that in such a case, no operative procedure can be of any value to the patient except one of a similar nature to the one reported. It is true that this was an exceptionally bad case.

In Edinburg, in Birmingham and in London, I saw the abdomen opened many times for chronic pelvic disease, but in no case have I ever seen such firm adhesion.

Notwithstanding the desperate nature of the case, I believe the patient would have recovered had not the vitality been reduced to so low an ebb previous to the operation, for there was no inflammation set up, and the fecal fistula would probably have healed as normal evacuations took place from the rectum for several days before death.

Herewith I present the ovaries from the case.

Dr. D. W. Montgomery, who has kindly made a microscopic examination of the ovaries, sends me the following report:

“**MACROSCOPICALLY.**

“Ovary almost entirely replaced by an abscess which at one point opened on the surface of the organ by a large fungous

looking opening. The abscess walls were thick, being composed externally of connective tissue which gradually faded away into the cheesy looking tissue of which the greater part of the abscess wall was composed. The abscess cavity was very small. The internal surface of the abscess very irregular, friable, and composed of the cheesy looking tissue before mentioned. A small abscess was found in what seemed to be the broad ligament. This abscess had thin walls, and contained rusty looking watery pus.

“ MICROSCOPICALLY.

“ Several foci of inflammation containing giant cells with the nuclei arranged around the periphery were found. These foci resembled tubercles. No tubercle bacilli were found, however.”

Mrs. F. F., æt. thirty-three, had never been pregnant, menstruation regular, painful, small in quantity.

Suffered severe pain most of the time in left ovarian region, under left breast, and in left side of face.

She had been under the care of Dr. R. W. Murphy for several months on account of a severe neuralgic affection of the left side of the face and a severe pain in left ovarian region and under left breast.

Dr. Murphy asked me to see her on account of a tumor in the pelvis on the left side of the uterus.

Upon examination she presented the appearance of seriously impaired health. She was very thin and sallow, and had the expression of one who had suffered much. She had been using for some weeks suppositories containing opium to get relief from the intolerable pain in side and head.

An elastic tumor was found firmly fixed in the region of the left ovary, about the size of a large orange. A diagnosis was made of ovarian cyst, fixed by adhesions, or possibly an intra-ligamentous cyst, and its removal advised.

On September 16th, 1886, assisted by Drs. R. W. Murphy and H. M. Sherman, the abdomen was opened in the usual way, when at once was found the evil effects of former severe attacks of peritonitis, in the shape of strong adhesions between the small intestines, omentum, and pelvic organs.

After ligating and dividing a number of adhesions the tumor was exposed and found to be a parovarian or intra-ligamentous cyst that required to be dissected out of its bed in the connective tissue of the left broad ligament. This was now done, after

the expenditure of some time and the application of a number of ligatures. When the sac had been completely removed, a large surface on the left of the uterus was devoid of peritoneum.

After packing the pelvis with sponges wrung out of hot carbolized water the abdominal sutures were introduced, and when the sponges were then removed the oozing of blood had ceased. A glass drainage tube was now passed down to the site of the removed tumor and the abdomen closed in the usual manner.

The right ovary was apparently normal and was not disturbed.

The case progressed favorably and without any bad symptoms.

The drainage tube was removed on the third day, the abdominal sutures [on the ninth day, and convalescence was uninterrupted, except at the end of two weeks a recurrence of pain in side and face.

An examination per vaginam shows an exudation of plastic lymph on the left of uterus at the site of the removed tumor; this, however, will disappear in a few weeks.

The pain in the side is now much improved, and it will probably disappear entirely. The neuralgia in the face and head still troubles her at times.

CASE OF IMPACTED BILIARY CALCULUS.

By WINSLOW ANDERSON, M. D.

(Reported to the San Francisco County Medical Society.)

Early in the morning of September 19, 1885, I was sent for in great haste to go and see a lady said to be "dying in convulsions." Arriving at the bedside I found the patient in a severe tonic convulsion with marked opisthotonus. The body was well nourished, warm and covered with profuse perspiration. The face was cyanosed and the lips drawn into the "risus sardonius;" the pupils were dilated and the masseter muscles firmly contracted. The pulse was weak and rapid, and the respiration interrupted to such an extent that she was in imminent danger from asphyxiation. My first thought was the possibility of a poison having been ingested, as the case very closely resembled one of strychnine poisoning I treated some months prior, but from a few interrogatories addressed to the attendants, it was

learned that the patient had been suffering with slight convulsions at intervals, for two days past, and that nothing of a poisonous nature had been taken to their knowledge.

Whatever may have been the cause of the convulsions, it was clear to my mind that unless something was done to relieve the patient from the danger of asphyxiation, a fatal issue would supervene. Accordingly I administered chloroform (by inhalation) in large quantities, and had the satisfaction of seeing a general relaxation of the muscular system, and respiration again restored in the course of ten to fifteen minutes. During this relaxation I took the opportunity of making a careful physical examination, which resulted in negative evidence only.

The temperature was 101° F. in the axilla, respiration 16 and pulse 90.

Having discontinued the chloroform while examining the patient and still seeking for some ætiology, she again suddenly developed opisthotonic convulsions which lasted until she was brought under the influence of the anæsthetic. I kept her under the influence of chloroform for some two hours, at the end of which time I left her sleeping quietly, promising the attendants that I would return in one hour.

In the meantime I sent for the regular family physician, Dr. J. D. Willson, who had been in attendance since the first attack.

Upon returning, I found Dr. Willson there, from whom I obtained the following history: The patient, Mrs. H., aged twenty-six, married five years, had two children, the younger of which is six months. She had a good recovery. Her husband is a capitalist and both have resided in San Francisco for many years. On the morning of the 17th, two days prior, the patient had some trouble with one of the servants, whereupon she immediately developed these convulsions. She was apparently in perfect health, although at times thought to be hysterical. When the doctor was first called, he looked upon the convulsions (in the absence of any other assignable cause), as one of the manifestations of hysteria, superinduced by the excitement incident to the dismissal of the unruly servant, and, very properly, exhibited antispasmodics. In spite of treatment, however, the convulsions returned at intervals of several hours, and were growing worse. On the third morning of the attack, when the chloroform was administered, we both made a careful examination. She was examined while under the influence of the anæ-

thetic as well as during the intervals when there were no convulsions. The chronic and tonic muscular contractions were clearly reflex or spinal, but we were unable to discover any aetiological factors whatsoever.

We could invariably control the convulsions with chloroform and would keep her under its influence for several hours at the time, at the end of which she would be free from their return for three, four, five or more hours. She was repeatedly examined during these intervals with the following result:

There was *no pain anywhere*, she took her nourishment and appeared quite well and happy. The pupils were normal, tongue slightly coated and the countenance bore a cheerful expression. The lungs were perfectly healthy. It was remarked that the heart's impulse was growing weaker. The hepatic region was normal, no enlargement or tenderness on pressure. The stomach, spleen, bowels and kidneys all appeared healthy. The skin was moist and clear, no discoloration or itching observed at any time. In fact, there was not the slightest physical evidence indicative of the disease and our diagnosis was reflex convulsions from some unknown cause. The secretions and excretions were normal, no albumenuria. Her mind was perfectly clear even *during* the convulsions, although she could not speak or move, she knew and recalled things we said and did, after the convulsions ceased. She described how intensely she suffered in every muscle of her body during these convulsions and begged us to prevent their recurrence.

The temperature ranged from 99° to 101° F. during the whole period of her illness, excepting on one occasion when it ran up to 105° F. in the axilla. The temperature would always rise 1° to 2° F. during a convulsion. Antispasmodics and anaesthetics with appropriate nourishment were given and she seemed to improve daily; after the third or fourth day the convulsions became fewer and less severe. On the eighth day she seemed very well, sat up in bed, took her nourishment and appeared convalescent, not having had a convulsion for two days. On the afternoon of this same day she died suddenly before any medical man could reach her.

Rigor mortis set in a few hours after death.

At the post mortem next day I searched carefully for some pathology in the nervous tissue, but beyond some little congestion of the membranes nothing abnormal could be found. The

lungs were normal. The heart had undergone fatty degeneration so that the finger and thumb would penetrate its walls upon slight pressure.

Every other organ in the body appeared quite normal excepting the liver, which was slightly congested. The gall bladder, however, was found to contain 19 calculi (exhibit) and impacted within the cystic duct about half an inch from the bladder was a large calculus measuring 11 mm. (about half an inch) in diameter. The gall bladder also contained considerable viscid mucous and thick bile.

Nowhere were there any signs of inflammation and the only pathology present was the degeneration of the heart, the nineteen biliary calculi and the impaction of the cystic duct.

Some of the interesting features in this case are the *entire* absence of pain, so constant in impacted biliary calculi, and the absence of the usual symptoms of this disease, together with the great difficulty of making a correct diagnosis from the mere presence of the convulsions.

Were these convulsions reflex and depending upon the irritation caused by the presence of the impacted gall stone? And was death superinduced by the degeneration of the cardiac tissues, consequent upon the great strain and want of blood supply produced by the convulsions?

OBSTETRICAL CASES.

Reported by J. H. TAGGART, M. D., Yuma, A. T.

Case 1st. Was called August 31, 1885, to see Mrs. M. in labor for eighteen hours. According to the custom of this people, Mexican, the case was attended by ordinary nurses till they found she was in trouble that they could not control.

I found the patient on the floor and apparently in great distress. She was about thirty years of age, some four feet and six inches in height, and of circumference to accommodate a weight of full two hundred pounds. I had her lie on a bed with her buttocks to the edge, the limbs being supported by the nurses. The legs and thighs were very much swollen by dropsy, and they, as well as the abdomen, were covered with varicose veins. I was told that the "waters had broken" some twelve hours before, and that at least a bucketfull had come away, when a

hand was discovered at the vagina, and that though the pains had been strong and constant and the midwife had pulled all she could, no progress had been made. I found the hand—the right one—at the vulva, the head in the right iliac fossa, and the shoulders presenting down and forward at the upper strait. On touching the abdomen, the uterus could be distinctly made out and seemed to be in two parts; that below corresponding to the foetus as already made out, and another part back of the umbilicus and to the left with a deep sulcus between. I diagnosed twins with the liquor amnii all evacuated and the walls of the uterus clasping closely both foetuses. I found the pelvis quite roomy and introduced my whole hand with ease into the vagina, but it stopped there. The contractions of the uterus were almost continuous, and any effort to find a foot was resisted by the whole force of the uterus, the most powerful one I ever manipulated, and the hand forced back to the vagina.

But relief must be had quickly, as the patient was fast becoming exhausted, and rupture of the uterus seemed imminent. I have observed that the lower pelvis seemed more than ordinarily roomy; the right arm of the foetus lay partially behind it and presented at the vulva; if I could only replace that arm and put it where it belonged, I might possibly bring the head to place so as it would engage in the strait, after which I would have no fear, and this I succeeded in doing after a few trials, and the child came into the world almost immediately. It was asphyxiated at first, but was restored after less than twenty minutes' effort.

The mother was resting nicely but the placenta remained, and seemed firmly attached, not yielding in the least to traction on the cord.

According to my usual custom, I introduced my hand into the uterus, to remove the placenta, unless the twin I expected to find was presenting in advance of it. I soon found there was no second foetus, and congratulated myself that I had not announced the coming of a second stranger before I knew he would keep the appointment. What I did find was an hour-glass contraction of the uterus, and at the neck a flexion of the fundus to the left at an angle of 90° or at least the line of contraction caused the uterus to take that form. All was now clear why I could not reach the feet; they were above the neck, and when my fingers passed above the body of the foetus they touched the roof, as it were, and were easily pushed back.

It is wonderful how the child could have borne such pressure so long and live.

There was now but one thing to do—to push the fingers past the stricture, dilating it till the hand could reach the adherent placenta, detach and remove it, and it was done, though not till I had another exhibition of the tremendous power of the uterus, which pressed my hand and arm so closely, and with such power, that they were numb and painful for two or three days afterward. The mother made a fairly good recovery, this being retarded only by a moderate phlebitis for about two weeks. The varicose veins all disappeared in another week or two. The child succumbed when about a week old from convulsions, from what cause I did not learn.

Case 2d. About the same date I was called to see Mrs. M. C., Mexican, in labor for about one day. She was about twenty-five years of age; had borne several children; no trouble before this time; was quite slender, but well developed and strong. Found the foetus with back presenting, head in the right iliac fossa, quite similar to the position in the preceding case, but no hand had come down. The contractions of the uterus were constant and powerful. At the first touch it was evident that the child was dead, as the skin slipped from the flesh.

A determined effort was made to reach a foot, but without success. I then noticed that with each pain the back curved down below the upper strait, so, placing my index finger as a blunt hook over the abdomen of the foetus, and making strong traction, it closed upon itself with the lumbar vertebræ for a hinge, and delivery followed a moment after, the placenta also coming away at the same time. The foetus was of average size at full term. The mother made a good recovery.

The following are the members of the committee "to report on the formation of a Medico-Legal Board," or a Protective Union against blackmail: A. B. Stuart, C. E. Blake, R. A. McLean, J. F. Morse. The committee is a special one and was appointed by the retiring president of the California State Medical Society, Dr. W. P. Gibbons.

Proceedings of Societies.

Proceedings of the San Francisco County Medical Society.

SAN FRANCISCO, January 11, 1887.

The meeting having been called to order by the President, Dr. Jas. Simpson, the minutes of the former meeting were read and approved.

Dr. C. C. Vanderbeck, a graduate of the University of Jefferson Medical College in the year 1872, was proposed for membership by Dr. Wm. Watt Kerr and Dr. Whittell. The application was referred to the Committee on Admissions.

Dr. C. Cushing reported six cases of abdominal section. [This paper will be found in another part of the *Journal*.] Dr. C. B. Brown said that the careful collection of all statistics relating to laparotomies on this coast was a thing to be much desired, both on account of their scientific value and the surgical reputation of California. Many operations were performed, information regarding which never passed beyond the surgeon's study, and she hoped that at the next meeting of the State Society some measures would be taken to collect and preserve an accurate record of such cases.

In reply to a question by Dr. J. D. Arnold, Dr. Cushing said that the operations had been conducted with all antiseptic precautions except the use of the spray. He also called attention to the great difficulty of obtaining clean sponges, and said that even after they had been boiled in water, soaked in muriatic acid and repeatedly beaten, particles of sand and organic matter would be found in them.

Dr. D. W. Montgomery called attention to an article in *Le Progres Medical* which described an abscess, occurring in the mamma, which possessed the same peculiar characters as that described in one of Dr. Cushing's cases. It had been diagnosed as a cancerous tumor.

Dr. J. A. Anderson had removed a similar cyst from the breast of a patient.

Further remarks by Drs. Bazan, Buckley, Gibbons and Davis closed the discussion of the case.

The resignations of Dr. H. N. Winton, Dr. W. F. Jones, and Dr. M. F. Patten were read by the Secretary and received by the Society.

After some informal conversation regarding the misrepresentation of medical topics and prosecutions made in many of the daily papers, and the lack of interest manifested by the profession in these prosecutions, Dr. Gibbons asked the appointment of a committee to obtain from store-keepers their reasons for prohibiting their clerks from sitting down, or availing themselves of any support while they were not waiting upon customers. As the evening was far spent the subject was postponed until next meeting. The Society then adjourned.

WM. WATT KERR, M. D.,
Recording Secretary.

SAN FRANCISCO, JANUARY 25, 1887.

The meeting having being called to order by the President, Dr. Jas. Simpson, the minutes of the former meeting were read and approved.

The following gentlemen were proposed for membership and referred to the Committee on Admissions:

J. H. Stallard, member of the Royal College Physicians, London, 1887; by Drs. Simpson and Kerr.

H. W. Dodge, University of California, 1884; by Drs. Lewitt and LeFevre.

J. N. Camp, Cooper Medical College, 1886; by Drs. Hart and Fitzgibbon.

Dr. C. G. Kenyon exhibited some calcareous particles which had been expectorated by a patient residing in the country and sent to him for examination. The general opinion was that they were calcareous deposits that had formed in the tonsils.

Dr. J. A. Anderson then read a paper on Tubage of the Larynx and Tracheotomy. [This paper is printed in another part of the *Journal*.]

Dr. Kenyon said that he attributed the rapid development of bronchitis or croupous pneumonia after the performance of tracheotomy to the rapid inflation of the lungs with cold air. Lately he had been in the habit of putting a bottle of hot water over the chest, and covering the child's head with a sheet, so that nothing but warm air could be inhaled, and since the adoption of these precautionary measures, his success in the operation had very much improved. His medicinal treatment consisted

in the administration of potas. chlor. grs. v., ammon. mur. grs. ii., every two hours for the first twenty-four hours. Every other hour he gave tinct. ferri. mur. mxx., and kept this up for some days.

Dr. Gibbons had not yet resorted to tubage, but intended to do so as soon as he could procure the instruments, since his tracheotomies had proved very unfortunate. Two of these had lived from two to four days after the operation, but died from recurrence of the disease lower down in the trachea. He thought that the tubes were intended to be heavy, so that this may be a factor in preventing their expulsion from the larynx. It was a noticeable fact in the cases reported by Dr. Anderson, nearly all of them were infants, as this is a most unfavorable age for the performance of tubage.

Dr. Arnold said that so far as the comparative merits of the two operations were concerned, he was not able to speak, since he had attempted intubation only in one instance, and that was a case of spasmodic croup. The child was thirteen months old and exhibited all the symptoms of croup, but he could not find any membranous obstruction. The tube was introduced into the larynx twice, but each time it was expectorated, accompanied by a large quantity of mucous; consequently he desisted from further attempts, and as the dyspnoea still continued, determined to perform tracheotomy. This, however, proved to be unnecessary, as after an emetic the child brought up a large quantity of mucous and slime, after which it made an excellent recovery. He believed that O'Dwyer's tubes would be more successful in simple stricture of the larynx than in membranous obstruction. The pneumonia or bronchitis following their introduction was partly due to the irritation caused by the instrument lodged in the sensitive larynx. For this reason he thought that the tubes might be made lighter; and it would also be an improvement to make the introducer hollow, and with a pistol shaped handle, so that respiration might be continued during introduction of the tube and the catch be loosened by the forefinger.

Dr. Morse called attention to a reported case in which the tube had carried the membrane before it down into the larynx where it acted as a wad and completely asphyxiated the patient.

Dr. A. J. Miller thought that Dr. Arnold's proposed modifications of the tubes were excellent. They might be made of silver or gold and thus the size remain about the same while

they were lighter and the lumen larger. In O'Dwyer's original article great stress was laid upon the form of the tube as preventing its expulsion, but nothing was said about the weight, and therefore the latter could have little influence in securing retention. He did not think much of the operation as the tube was so easily obstructed and could be cleared only with great difficulty. In performing tracheotomy great care should be taken to prevent the entrance of blood into the lungs which acts as a mechanical irritant and produces pneumonia. He believed in the duality of diphtheria and membranous croup, the one being a necrosis commencing at the mucous membrane and eating inwards, while the latter consisted in a fibrinous exudation on the surface which congealed and formed a membrane.

Dr. Flood maintained that notwithstanding all operations and methods of treatment nearly all cases of true diphtheria die, and he believed that many of the reported recoveries were instances of catarrhal croup which had been mistaken for membranous croup.

Dr. Albert Chase mentioned the fact that he was still in the habit of applying a swab vigorously to the throat so as to loosen the membrane and have it expectorated.

Dr. Anderson said that in diphtheria he operated as soon as cyanosis began to appear, but in membranous croup he waited until the dyspnoea was more marked, in case he should have erred in his diagnosis and found the disease only catarrhal. In performing tracheotomy he always operated very rapidly and did not use an anæsthetic, and we should not be discouraged at unfortunate results, as Jacobi, who is now successful in about twenty-five per cent of his cases, had at one time reported fifty consecutively fatal cases. He thought that O'Dwyer's tubes needed to be heavy to aid in their retention. For the last two years he had been working at the bacteria of the mouth and fauces and found almost fifty distinct varieties. A short time ago, with a No. XII. Zeiss lens, he discovered a small body which so far as he can find is peculiar to the mucous membrane and blood of diphtheritic patients, but has not been able to confirm his investigations by the crucial test of cultivation.

In medicinal treatment of diphtheria he used:

R

Hydrarg. Bichlor, grs. $\frac{1}{2}$

Potas. Chlor.

Sod. Sulph. aa., grs. ii.

To be repeated every hour until there is decided action on the bowels or stomach, and afterwards follow it up with soda sulph. and potas. chlor., alternating every hour with tinct. ferri. chlor. in twenty minim doses. He kept the air in the room warm and moist, and saw that the patient was well nourished. He had never met with any trouble from combining the muriate of iron with the bichloride of mercury. In local applications he believed great care should be exercised and all roughness avoided. His custom was to touch lightly the diphtheritic patches with a hair pencil moistened with muriate of iron or carbolic acid in the hope of disinfecting them and thus destroying foci for the spread of the disease. The object was to disinfect the slough, not to remove it. When the nares were blocked he had frequently relieved the obstruction by passing bougees of cocoa butter, each containing a grain of iodine and a grain of carbolic acid.

Dr. Arnold remarked that notwithstanding our new remedies the deaths from diphtheria and membranous croup still remained at about fifty per cent. He did not believe in the use of the probang as it was a rough and violent method which injured the fauces and did no good as the membrane always returns. Dr. Rogers had used the bichloride of mercury and tinct. ferri. mur. combined with satisfactory results as he had lost only three from his last twenty cases of diphtheria. In addition to this he made local applications of the liq. ferri. sub-sulph.

Dr. Wagner called attention to the fact that Jacobi and all other authorities say that the bichloride should be given alone as it is incompatible with every other salt.

The evening was so far spent that further discussion was postponed until next meeting.

By vote of the Society Dr. Gibbons' request for the appointment of a committee to investigate the reasons for shop-girls being compelled to maintain an upright position during their work hours was declared the special order of business for next evening.

There being no further business the Society adjourned.

WM. WATT KERR, M. D.

Recording Secretary.

San Francisco Obstetrical Society.

SAN FRANCISCO, Dec. 30th, 1886.

No meeting of the San Francisco Obstetrical Society has been held for more than a year. During this time the records were accidentally destroyed.

A special meeting was called by the President, Dr. Clinton Cushing, for the double purpose of taking action upon the death of one of the Fellows, Dr. John Scott, and for the purpose of resuscitating the Society.

The meeting was called for the evening of Dec. 30th, 1886, and the Society met at the residence of Dr. Cushing.

Fellows present: Drs. Cushing, Cole, Von Hoffmann, Gibbons, McNutt, Wagner, Chismore, Blake, Burgess and Whitwell. Dr. Cushing in the chair.

The first business attended to was in regard to the death of Dr. Scott. Dr. Cole moved that a committee of three be appointed by the chair to prepare resolutions. This motion being seconded and carried, Dr. Cushing appointed Drs. Cole, Burgess and Chismore. The committee retired and in due time returned with the following:

WHEREAS, The San Francisco Obstetrical Society feels with deepest regret the loss, by death, of Dr. John Scott, one of its ex-Presidents and most esteemed Fellows, therefore be it

Resolved, That in consideration of his eminent services to this community and State in founding the California State Women's Hospital, and his long and faithful work therein, his death becomes a public loss;

Resolved, That his leading position as a gynecologist, his deep learning, long experience and unusual energy, added to his high education and great personal worth, make his loss to this Society one that it is difficult to overestimate;

Resolved, That the Fellows of this Society desire to express to the family of Dr. John Scott, their sincere sympathy in their great bereavement;

Resolved, That the Secretary of the Society be instructed to transmit to the family of the deceased a copy of these resolutions.

Dr. Chismore then moved that we go into an election for officers for the ensuing year, it being in accordance with our By-Laws that officers be elected at the December meeting of the Society.

This being seconded, the following gentlemen were unanimously elected:

PresidentDr. Clinton Cushing.
 First Vice-President.....Dr. John Wagner.
 Second Vice-President.Dr. Charles Von Hoffmann.
 Treasurer.Dr. Wm. F. McNutt.
 SecretaryDr. W. S. Whitwell.
 Pathologist.....Dr. C. E. Blake.

The President appointed as Committee on Admissions: Drs. Whitwell, Chismore, Von Hoffmann.

The Society adjourned to meet on the second Thursday of January, at the house of Dr. Burgess.

M. PAUL BERT AS A PHYSIOLOGIST.—M. Paul Bert, whose death the French press is just now lamenting, was, before he seriously turned his attention to politics, won over to physiology by Pierre Gratiolet, the head of the Anatomical Laboratory at the Jardin des Plantes, and was for five or six years Claude Bernard's assistant. At the sitting of the Academy of Sciences on Monday, the President, M. Jurien de la Graviere, expressed regret that politics had diverted M. Paul Bert from physiology, and M. Vulpian remarked that his death, though glorious for the country, was a calamity for science, his numerous memoirs having placed him among the first physiologists of the age. It is told of the late M. Paul Bert, as an instance of his scientific enthusiasm and fearlessness, that at one time, when he was impressed with the prevalence of small-pox, from which those vaccinated in youth and not revaccinated had suffered largely, he decided to test for himself the value of revaccination; and he did so in a manner which might possibly have cost him his life, had his doubts been justified. He was vaccinated, and afterwards had himself inoculated at Havre with virus from a man who was dying of small-pox. He escaped the disease.

The Archives of Gynæcology, Obstetrics and Pædiatrics, issued by Leonard & Co., New York, series of 1886 just completed, has met with such warm encouragement, the publishers have decided to issue monthly, and commencing January, the parts will so appear, instead of bi-monthly as heretofore.

Licentiates of the California State Board of Examiners.

SAN FRANCISCO, February 9, 1887.

At special meetings of the Board of Examiners, held January 10th and 13th, the following physicians were granted certificates to practice medicine and surgery in this State:

- CONLAN, WM. E., San Francisco; Med. Dept. Univ. of California, Dec. 3, 1886.
CORCORAN, GEORGE, San Francisco; Univ. of Glasgow, Scotland, Ap. 29, 1849.
DEAN, ANDREW J., Haywards; Med. Dept. Univ. of California, Nov. 7, 1881.
DOIG, JOHN R., San Diego; Coll. Phys. & Surg., Chicago, Ill., Mar. 11, 1884.
DORSEY, ROBT. R., Los Angeles; Med. Dept. Univ. of Penn'a, Mar. 15, 1882.
GONZALEZ, M. E., San Francisco; Cooper Med. Coll., Cal., Nov. 6, 1883.
GREGORY, ALFRED B., San Luis Obispo; Jefferson Med. Coll., Penn., March 15, 1882.
KEEFE, THOMAS, San Diego; Cooper Med. Coll., Cal., Nov. 4, 1882.
KINGSLEY, THOS. H., Lower Lake; Med. Dept. Univ. of Cal., Dec. 3, 1886.
LAGAN, JOHN, San Francisco; King and Q. Coll. Phys., Ireland, Oct. 8, 1886, and Royal Coll. of Surg., Dublin, Ireland, July 29, 1886.
LICHAU, ERNST, San Francisco; Univ. of Wurzburg, Ger., July 14, 1886.
MANSFIELD, LOIS F., Santa Barbara; Women's Hosp. Med. Coll. of Chicago, Illinois, Feb. 29, 1876.
MATHEWSON, JAS. M. E., Oakland; Med. Dept. Univ. of Cal., Nov. 10, 1882.
MAUPIN, WM. T., San Jose; Jefferson Med. Coll., Penn., March 10, 1864.
MCDONALD, THOS. J., San Diego; Univ. of Victoria, Canada, May 12, 1886.
RABE, B. A., Oakland; Med. Dept. West. Res. Univ., Ohio, Feb. 7, 1871.
RYEE, WASHINGTON M., San Francisco; Med. Dept. Univ. City of N. Y., 1846.
SARGENT, JACOB P., San Francisco; Bellevue Hosp. Med. Coll., N. Y., May 1, 1886.
TAGGART, CHAS. F., Tulare; St. Louis Med. Coll., Mo., March 5, 1884.
TRULL, FRED. W., San Francisco; Bellevue Hosp. Med. Coll., N. Y., Mar. 15, 1886.
WARREN, AUG. H., Los Angeles; Med. Dept. Univ. City of N. Y., March 6, 1886.
ZIMMERMAN, G. W., Woodland; Med. Coll. of Ohio, O., March 2, 1868.

At the regular meeting of the Board, held February 2, 1887, the following physicians received certificates to practice medicine:

- ELWOOD, FRANK B., Alhambra; Kansas City Med. Coll., Mo., March 7, 1882.
MORSE, SILAS E., San Lucas; Med. Dept. of the Univ. of Kansas City, Mo., March 2, 1882.
SEAMAN, EDGAR D., Wilmington; The Coll. of Phys. and Surg. of the City of New York, N. Y., Oct. 2, 1883.
SMART, WILLARD N., San Diego; Long Island College Hosp., N. Y., June 22, 1871.

At a special meeting, December 8, 1886, the application of R. E. Foley, of Janesville, was rejected because of insufficient credentials.

Licentiates of State Board of Examiners.

At a special meeting, held January 13, 1887, the application of Wm. H. Sommers, of Moore's Station, was rejected, because of insufficient credentials. He presented to the Board a long affidavit asserting that he graduated at the Chicago Medical College, but the records of that institution showing that he did not graduate there, he subsequently wrote a letter to the Board admitting the falsity of his affidavit.

The application of C. Palmer M. C. Prentiss, of San Francisco, who calls himself in his advertisements "Dr. Prentice," was rejected at a special meeting of the Board, held January 26, 1887, because of unprofessional conduct.

Pending the investigation of his case before the Board, he sued out a writ of mandate in the Superior Court to compel the issuance of a certificate. The suit terminated in favor of the Board.

R. H. PLUMMER, Secretary.

PELVIC HÆMATOCELE.—In his recent Ingleby lecture on this subject, Mr. Lawson Tait summarizes his views as follows: We come, then, to the following conclusions: That in the great majority of cases of extra-peritoneal hæmatocele the disease may be left alone, being rarely fatal, and that it is to be interfered with only when suppuration has occurred. That, on the contrary, intra-peritoneal hæmatocele is fatal with such almost uniform certainty, that so soon as it is suspected the abdomen must be opened and the hemorrhage arrested. In the overwhelming majority of cases the source of the hæmatocele will be found in the broad ligament, and then it can be dealt with, and with every prospect of success. If any one objects to this, I appeal again to the canon of surgery, which is of uniform application. For surgical hemorrhage cut down and tie the bleeding point; if a big branch of the femoral artery were bleeding, my colleagues who deal in such cases would cut down and tie it. Why should Poupart's ligament be a line of demarcation within which this surgical writ will not run? Why should my friend Dr. ——— be allowed to do to the external iliac artery what I am prohibited from doing to the internal iliac division? Indeed, at page 202 of Bernutz and Goupil's work they assert this principle: "The indication in such a case is plain—we must stop the hemorrhage."—*Gaillard's Med. Jour.*

PACIFIC MEDICAL AND SURGICAL JOURNAL

AND

WESTERN LANCET

EDITORS:

WILLIAM S. WHITWELL, A. M., M. D.

WM. WATT KERR, M. B., C. M.

The Editors are not responsible for the views of contributors.

All communications relating solely to the editorial management of the JOURNAL, should be sent to No. 620 Folsom St., San Francisco.

All business communications should be addressed to L. H. Bonestell, 401 Sansome St., San Francisco.

SAN FRANCISCO, MARCH, 1887.

Editorial.**CALIFORNIA WOMAN'S HOSPITAL.****Who is Dr. Chismore?**

While the appointment of a surgeon-in-chief for the California Woman's Hospital was under consideration Dr. George Chismore's name was mentioned, and some one of the Board of Lady Managers asked who is this Dr. Chismore? He is never here, nor does he put patients in the hospital! Why should a man be placed in this position who takes no interest in this great charity? His name was passed and the Board recommended a man, no doubt ably fitted for the place, but one who had been but a short time connected with the institution, and who had never given his time, influence, and money in the early struggle for existence, through which all such institutions must invariably pass before they reach the firm footing of prosperity.

As early as 1872, becoming connected with, and consequently interested in the work, Dr. Chismore devoted his energies, which all who know him will allow are of no mean order, his time by day and night, and his money, which at that time he could ill afford to spare, for the good and to the advancement of this hospital, and for twelve long years no one of the staff was more

punctual in attendance, or more faithful in the performance of the duties required. Early in its history he secured the interest of a friend, who, besides giving him encouragement and aiding by advice, was able to secure the attention of a number of monied men, who gave in the time of need most substantial support.

The time came when it was evident that if the hospital was to live, if it were to really become a notable charity, it must have a building of its own, it must be moved from its obscure quarters on Howard street, where it occupied a hired habitation, to a place which it could call its own.

Who was to undertake this work? Who would give the time, the money, and who would subject themselves to the many petty annoyances which would surely follow? No one! No one could be persuaded to sacrifice himself. What was done after months of talking and vain desire? Who came to the rescue? Dr. Geo. Chismore. The late Surgeon-in-chief told us that had it not been for the influence which Dr. Chismore was able to bring to bear, the new hospital which now stands on Sacramento street would never have been built. Dr. Chismore went to his friend Mr. E. T. Murphy, whose interest had never flagged, and asked as a personal favor that he would accept the Presidency of the Board of Trustees, and put the undertaking through. The position was accepted; the promise given; and after discouragements which more than once threatened failure, the indomitable energy of Dr. Chismore and Mr. Murphy crowned the movement with success and the new hospital was built.

The institution being now in a flourishing condition and on a firm basis, Dr. Chismore withdrew from active duty, an increasing practice in another line making demands upon the time which in the earlier years of the hospital he had so freely bestowed.

This is but an outline of what has been done, but surely there must be some member of the Board of Managers or Trustees who can remember, if they try, the unremitting service, which for more than ten years Dr. Chismore rendered the hospital.

It would, however, seem not, for without a dissenting voice the name of another surgeon was handed to the Trustees, and he was unanimously elected to the position.

What can have induced the Trustees to have overlooked Dr. Chismore's rightful claims for consideration? Is it possible that by an agreement of which they were ignorant, or which they chose to ignore, the succession to the position was secured for another? What gives this the air of possibility is the well known fact that once at least the endeavor was made to sell the position for \$12,000. The proposition was accepted. It was subsequently refused by the purchaser because the institution was an incorporated and not a private one as he had supposed, and because he did not think it just to make any arrangement which might interfere with Dr. Chismore's undoubted rights.

If there was an agreement, and the impression has certainly gone abroad among medical men that there was one, we think it time that the institution ceased to pose as a charity. Let the Trustees pay more than a nominal rent for the land they have obtained from the city for purposes of charity, and let the governing Boards desist from calling on individuals to aid them in their *noble work*.

THE NEW CHARTER AND THE BOARD OF HEALTH:

The Charter proposed for the City and County of San Francisco, contains several clauses of great importance to the regular medical profession.

The first item that attracts our attention is the proposed change in the constitution of the Board of Health. At the present time this body is appointed by the Governor, and consists of the Mayor and four regular physicians, but under the new conditions it is to be appointed by the Mayor, and will be comprised of the President of the Board of Aldermen, three physicians, and a master plumber.

The appointment of this last member seems to be entirely out

of place, for although there cannot be any doubt that good plumbing is an important factor in the maintenance of public health, it is only one of the many agencies that work towards the same end, most of which are capable of being efficiently discussed only by medical men. Among them we may mention the subject of quarantine, the necessities of public medical institutions, the prevention or arrest of different epidemics, such as scarlet fever, small-pox, cholera, typhoid fever, etc., each of which has its own poison that must be combated by special means. How much a plumber's opinion is worth under such circumstances we cannot tell.

If there be any desire to have a member of the Board who is an expert in the construction of buildings, the purpose will be served much better by appointing an architect rather than a plumber in that capacity, since the former is familiar with the entire subject of house sanitation, such as plumbing, drainage, ventilation, size and arrangement of apartments, while the latter is limited to his trade.

The appointment of the President of the Board of Aldermen on the Board of Health is an excellent idea as he represents the commercial interests of the citizens which are very liable to conflict with health ordinances, one of the most difficult questions of modern times being the establishment of an effectual quarantine that will not interfere with commercial relations.

Under the present Charter the physicians to the City and County Hospital are nominated by the "Faculty of the regular medical colleges that now exist or may hereafter exist in said City and County," but the new Charter makes this clause read "by the Faculty of the *regularly incorporated* medical colleges." A superficial reading would hardly discover the difference or at least its importance, but the fact remains that this little change opens those positions to eclectics, homœopaths and any other irregular school. The trouble does not stop here, for we all know how easy it is for a number of men to incorporate themselves into a medical school. A standard of medical education

is not fixed by the law of this or any other State, the teaching of medicine is not under State supervision, and the consequence is that a school may change its curriculum as often as it likes, and make it as short or as long as the condition of its financial affairs indicates. Most of our readers are aware that a few years ago some irregulars in this city resurrected an old charter, and started a college that issued diplomas after a period of a few months study; of course the matter created some indignation, but the graduates were legally qualified medical men, and some of them are practising to-day. It is to such men as these that the new Charter would open our hospital appointments, and while there is not much chance of such a misfortune so long as the Board of Health consists of respectable men, the danger exists, for every year the local politicians are trying more and more to capture the Board for the sake of the salaried offices which it controls, and as there is no law to prevent homœopath, eclectic or any irregular from being appointed on the Board of Health, provided he be *legally qualified*, there is no saying what complexion it may assume after any subsequent election.

It is not our desire to touch upon politics, but in the face of all this we cannot help urging our professional brethren to use all their influence against the adoption of the new Charter.

The new Charter very wisely abolishes the office of Police Surgeon, and in his place appoints a salaried assistant to the City Physician; it should have gone still further and abolished the Receiving Hospital which has so long disgraced the city. This institution is to be under the supervision of the two surgeons who visit the City and County Hospital. These gentlemen receive from the city one hundred dollars, *per mensem*, *i. e.*, three and one-quarter dollars per diem, and for this munificent salary they must spend about three hours every day in going to and visiting the patients in the City and County Hospital, and also attend to the Receiving Hospital, which is situated at the other end of the city.

San Francisco is determined to have its pound of flesh and will shortly appear as Shylock.

We hope soon to see the Receiving Hospital abolished and its place taken by an efficient ambulance service, that will rapidly convey the patients to the City and County Hospital where they will be properly treated.

State Medical Society.

The next annual meeting of the State Medical Society will be held in San Francisco on the 20th, 21st and 22d days of April. The *Transactions* of the session 1885-86 are now ready. Members in the country can obtain them by forwarding to editor a ten cent postage stamp.

THE new *Medical Register* is now ready, and copies can be procured at the office of the Secretary, Dr. R. H. Plummer, 652 Mission street.

THE interesting article entitled "The English Contagious Diseases Acts," which appeared in the February number was written by Dr. L. J. Shepherd, M. R. C. S. Eng.

Dr. Shepherd is Professor of Anatomy in McGill University, Montreal, and is a frequent contributor to the *Canada Medical Journal*. He has also contributed articles to the *Popular Science Monthly*.

Centralblatt für Chirurgie.

After an interval of two years since the operation, Kroubin saw a case that he had operated on for recurrent round celled sarcoma of the parieties of the chest, and of the left lung, occurring in a young girl.

The examination showed the girl to be perfectly well, and this case demonstrates that secondary sarcoma of the lung can be successfully removed, and that the healthy condition thus obtained has lasted for two years.

D. W. MONTGOMERY, M. D.

Health Reports.

San Francisco Health Report.

ABSTRACT.

		Jan.
Total, 1886.....	5237	519
Total, 1887.....		522
Phthisis.....	730	76
Pneumonia.....	319	39
Bronchitis.....	125	20
Heart Disease.....	249	31
Aneurism.....	15	2
Apoplexy.....	126	19
Typhoid.....	135	13
Paralysis.....	91	8
Cancer.....	168	14
Diphtheria.....	181	40
Croup.....	96	9
Infant Convulsns.....	156	9
Meningitis.....	133	13
Casualties.....	167	12
Suicides.....	79	5
Homicides.....	30	2

Population according to U. S. census, July 1st, 1880, was 234,520; Caucasian, 212,520; Chinese, 22,000. Estimated population, June 30th, 1884, 270,000.

Report of the State Board of Health.

Reports of deaths received from sixty-three towns and cities, with an estimated population of five hundred and sixty thousand two hundred and fifty, give a total of nine hundred and fifteen as the mortality for the month of January, which indicates a decided increase in the death rate over that of December. The meteorological conditions which existed during the past month were unfavorable to those suffering from affections of the respiratory organs, which may, in a measure, account for the increase of the death rate in these affections. Diphtheria, which prevailed extensively, has also augmented the mortality in an appreciable degree. We find that

Consumption is credited with one hundred and fifty-three deaths.

Pneumonia caused seventy-eight deaths, which is a large increase over the mortality of the preceding month when a larger section of country was heard from. The fatality of pneumonia

was no doubt influenced by the cold weather which prevailed during the month, as we find

Bronchitis reported as causing thirty-two deaths, an increase of one-third over those reported in December.

Congestion of the lungs was fatal in twelve instances, also an increase of one-third over the deaths from this cause reported in the preceding month.

Diphtheria continues to cause an increased mortality. Fifty-seven deaths from it are recorded, forty of which took place in San Francisco, where the disease prevailed extensively; three in Sacramento, three in Stockton, two in Santa Rosa, and one each in Chico, Los Gatos, Martinez, Mariposa, Modesto, Oakland, San Diego, Sierra City, and Santa Cruz.

Croup is not reported as causing more than seventeen deaths, which is a decrease of thirteen from last report. They all occurred in towns or cities where diphtheria was observed.

Whooping cough had a mortality of five, which is that many increase from last report.

Scarlet fever. The deaths from this infectious disease were only six, which is a decrease of six from last report. The disease has hitherto been quite mild.

Measles. The mortality from measles is three, which is also a decrease.

Diarrhoea and dysentery were fatal in but five instances.

Cholera infantum records but three deaths.

Typhoid fever. The mortality from this disease was twenty-one, thirteen of which occurred in San Francisco, the other eight having taken place in various parts of the State, and indicates a general absence of the disease in the interior.

Typho-malarial fever records but one death from this disease.

Cerebro-spinal fever caused three deaths.

Remittent and intermittent fevers were without any mortality.

Alcoholism caused the death of fourteen persons.

The following towns report *no deaths*: Angel's Camp, Anderson, Calistoga, Crescent City, Cottonwood, Elk Grove, Fort Bidwell, Gonzales, Igo, Knight's Ferry, Lodi, Lincoln, Newcastle, Roseville, Saucelito, Tehama, Williams, Willits and Berkeley.

PREVAILING DISEASES.

An uncalled for criticism in an inland paper, reflecting upon one of our valued correspondents for intimating that disease

prevailed when but one death occurred from it during the month, compels us to explain that under the head of "prevailing diseases" it is intended simply to note those affections which are noticed by observers as occurring more frequently than others in a community. If the diseases are epidemic, it is so stated; or if accompanied by great malignancy, that fact is also mentioned. It is, however, a mistake to suppose that a limited mortality necessarily implies a limited prevalence of disease, as one of the most prevalent diseases just now in this State is influenza, and yet its mortality is extremely small. The same may be said of parotiditis, or mumps, which in many places is epidemic, as it is now in Sacramento, and yet no mortality is recorded as occurring from this cause. These hypercriticisms on the work of the State Board of Health are unjust, and made without reflection. The Board has no other purpose to serve than that of the people, and any fact that will tend to increase their welfare by warning them of the prevalence of this disease or that, and enjoining them to take precautionary measures accordingly, ought to be encouraged, and not made the subject of captious criticism of those gentlemen who so kindly supply the information given.

The reports of sickness received for the month of January indicate an increase of disease throughout the State, especially of those affecting the respiratory organs. It is not easy to understand the influence that season has upon the spread of disease, but that the meteorological conditions which existed during the month had a considerable influence in developing pulmonary affections cannot be doubted. We find from the hundred reports received from all parts of the State that pneumonia, bronchitis, and influenza are mentioned as present in all of them, diphtheria in a great number, and diarrhoea and dysentery in very few. In these classes of cases atmospheric conditions take a prominent part in the production, and may be a potent means of their transmission under certain circumstances.

Pneumonia prevails to a large extent in San Francisco; it is also noticed as present in Oakland, Sacramento, Gridley, Hill's Ferry, Fall River, Watsonville, Napa, Colton, Arbuckle, Alturas, Anderson, Merced, Ione, Chico, Forest Hill, Los Angeles, Martinez, and other places.

Bronchitis is likewise present in San Francisco, Sacramento, Cloverdale, Upper Lake, Fresno, Pomona, Martinez, Forest Hill, Sonora, Anaheim, Arbuckle, Fort Bidwell, Alturas, Ione,

Mariposa, Anderson, Modesto, Nicolaus, Vallejo, Los Angeles, and Oakland.

Influenza may be said to be epidemic throughout the State; it is of mild type, and not generally attended by that extreme prostration so characteristic of the disease in its severer forms.

Whooping-cough is present in Sacramento, Fall River, Lodi, Pomona, Williams, Napa, Newcastle, Merced, Oakland, Los Angeles, and Nevada City.

Diphtheria has also been very prevalent in San Francisco, but is now abating. This has been attributed to choked sewers in that city, but it is conceded by all sanitarians that choked sewers or sewer gas play but a secondary part in the developing of diphtheria, and then only by lowering the vitality of the residents of insanitary districts, rendering them more susceptible to attack should the germs of the disease be imported into their midst. Sewer gas has no power to produce diphtheria, in the absence of the specific bacillus, upon which the disease depends. The presence of a single case of diphtheria gives warning of the necessity of rigid quarantine to prevent its spread. Every case should be isolated, notice given of its presence, public wakes and funerals positively forbidden, and the premises, upon which the disease occurred, be strictly disinfected under the personal supervision of the Health Officer. To carelessness upon the part of the authorities is the spread of diphtheria to be attributed. It is a preventable disease. Dr. C. Evans writes from Modesto, that the disease there is fast disappearing. In San Diego, under the supervision of its efficient Health Officer, Dr. T. L. Magee, but one case was allowed to occur. It will, however, require the stimulus of fear before our town and county authorities will be compelled to do their duty in limiting contagious disease.

Scarlet fever is reported in Fresno, Fall River, Pomona, Dixon, Santa Rosa, Colton, Auburn, and Modesto. The disease is very mild and the mortality limited.

Measles is prevalent in Gridley, Fall River, Pomona, Santa Cruz, Bakersfield, Ontario, Chico, and Los Angeles; the type of the disease is mild.

Typhoid fever is frequently noticed in San Francisco, and occurred in Sacramento, Galt, Santa Cruz, Monterey, Lakeport, Los Angeles, Stockton, and Petaluma. It is, however, remarkable the absence of mention of this disease in many of the re-

ports of sickness received, which indicates a very favorable sanitary condition of the towns omitting it. Its prevalence is nowhere mentioned.

Diarrhoea and dysentery are scarcely mentioned as a prevailing disease and their absence is worthy of note.

Erysipelas has been noticed as appearing in Wheatland, Fresno, Williams, Lemoore, Arbuckle, Anderson, and St. Helena; the cases are all sporadic and without malignancy.

Smallpox still continues in Mexico. The report of Consul Willard up to January thirty-first, reports sixteen deaths from this disease during the month. It is also reported in Hermosillo and other towns in Mexico, but has not crossed into California as far as heard from; at any time however a quarantine on our southern border may be demanded, and provision should be made by our Legislature looking to that contingency arising.

GERRARD G. TYRRELL, M. D.

Permanent Secretary California State Board of Health.

SACRAMENTO, February 10, 1887.

CARBOLIC ACID IN THE TREATMENT OF WHOOPING-COUGH.—Mr. W. F. Cory having recently recommended carbolic acid internally in the treatment of whooping-cough, Dr. Suckling of Birmingham writes to say that he has used the glycerine of carbolic acid with great success among his out-patients at the Children's Hospital. He had previously prescribed alum, belladonna, the bromides, ipecachuana, the salts of zinc, croton-chloral hydrate, hydrocyanic acid, etc., in different cases, but never with any very satisfactory results. Twenty-three cases were treated with glycerine of carbolic acid. Half a minim in peppermint water is sufficient for a child a year old, the dose increasing with the age. In twenty cases, relief was quickly given; the general condition of the patients was at once improved, and the number and severity of the paroxysms of coughing diminished. None of these cases attended more than a fortnight, while the usual length of attendance is certainly twice as long. In three cases, the carbolic acid failed to give relief. There was no doubt as to the nature of the illness in these cases, for in all the characteristic cough was heard, or ulceration of the frænum present. Dr. Suckling believes that carbolic acid almost deserves to be called a specific for pertussis. [It appears from a note by Dr. A. Macdonald of Liverpool, that this mode of treatment was used by himself with great success in 1881.]—*British Med. Journal*, July 24, 1886.—*Practitioner*.

Correspondence.

Treatment of Diphtheria.

Editor of Pacific Medical Journal:

Having been very successful in my cases of diphtheria, I herewith lay my treatment before the profession.

There being a deficiency of oxygen in the circulation, I order limes or lemons as lemonade or in any form patient may be prevailed upon to take them, for I have found the earlier the citrus fruits are taken in this disease the quicker will a favorable result be obtained. If limes cannot be obtained, I order drinks and gargles of the best quality of wine or cider vinegar. A great favorite of mine is a very sour lemonade, to which a small amount of spirits may be added—and this is used as a gargle and very slowly swallowed.

If on first visit the fatal membrane has already formed, I order the following for spraying the throat:

Ol. Gaultheriæ.....	1½ drachms.
Ol. Thymi.....	1½ “
Ol. Eucalypti.....	2½ “
Chloroformi.....	1 “
Ether. Sulph.....	1 “
Spts. Terebinth.....	3 “
Ol. Amygdalæ ad..	2 ounces.
Mix.....	<i>pro re nata.</i>

This should be administered, and especially during those terrible paroxysms of strangulation. While it is being used the eyes should be protected by a wet towel.

It is remarkable how quickly these can be relieved by this spray, and the membranes disappear as if by a charm. After disappearance of the false membranes a spray of simple wine or cider vinegar is ordered, and this is used as often as circumstances may require.

Swelling of the glands of the neck are relieved by rubbing on of the following ointment:

Iodoform.....	1½ drachms.
Ol. Menth. Pip.....	1 “

Rub together and add:

Fld. Ext. Phytolacca.....	4	“
Fld. Ext. Conii.....	2	“
Lanolin.....	5	“
Ung Camphoræ.	2 ounces.	

This is rubbed on the swollen parts frequently, which are then covered by a compress which must be kept well moistened with the following solution:

Ov. Gal.....	No. I.
Spts. Terebinth.....	4 drachms.
Ol. Olivæ.....	1 ounce.
Acetic vini dil ad.	8 “

Mix.

The congested condition of the schneiderian membrane I endeavor to relieve by the aforementioned spray and by the use of finely powdered boracic acid as snuff. To obviate the anæmia and the depraved condition, I usually order:

Ol. Amygdalæ amar gtt x.	
Acid Lactici.....	$\frac{1}{2}$ drachm.
Spirits Chloroformi.	2 “
Glycerat acid citri. ..	4 “
Vini Colchici.....	1 “
Tr. Ferri chloridi.....	1 “
Potass Chlor.....	1 “
Syr. Ipecac.....	2-4 “
Acid Boraci. ..	4 “
Syr. Feniculi q. s. ad.....	4 ounces.

Mix.

One-half to one teaspoonful to be swallowed very slowly every hour.

During convalescence limes and oranges may be given freely.

M. CZARTORYSKI, M. D.

Editors of Pacific Medical and Surgical Journal.

DEAR SIRS—I wish to call the attention of the readers of the *Journal* to a very simple and efficacious remedy for painful hemorrhoids.

Anoint the inflamed pile several times a day with ext. garlic fld. 1 part, glycerine, or olive oil, 2 parts. If the piles are internal, I direct that about a drachm of the mixture be injected

within the sphincter ani. During the past two years I have treated about twenty cases with entire satisfaction without having occasion to resort to any other application. Frequently the pain has been relieved in a half hour after the first application. I would be gratified to know the results of this treatment in the hands of others.

THOS. H. KINNAIRD, M. D.

Silver King, Arizona.

MANAGEMENT OF THE THIRD STAGE OF LABOR.—Dr. A. R. Fisher, assistant in the obstetric clinic of Professor Slavianski in Kharkoff, has made a large number of observations with the view of determining the relative advantages in the third stage of labor of Crede's system of gentle manipulation or massage of the uterus, and the method of forcible expression of the placenta by powerful compression of the uterus. His statistics point decidedly in favor of the former method. In 493 cases where Crede's method was employed post-partum hemorrhage occurred twenty-five times, while in 183 cases where expression was resorted to it also occurred twenty-five times; that is to say, the hemorrhage cases were 5 per cent with Crede's method, and 13 per cent with the expression method. Again, the retention of pieces of membrane occurred less frequently with the former than with the latter mode of treatment, the percentage of cases in which this occurred being 5.7 and 7.4 respectively. The relative proportions of the occurrence of pyrexia, by which was understood any rise above 38° C., the temperature being taken three times daily, were 38.3 per cent and 46.4 per cent, and the cases in which puerperal complications supervened were also fewer after Crede's method than after the more violent procedure, being respectively 5 per cent and 9 per cent. A diagram is given with the author's paper which is published in the *Russkaya Meditsina* of August 10th, showing that the process of the involution of the uterus is perceptibly quicker, at all events during the first week, in cases where Crede's method has been used, than in those where the placenta has been expressed. Dr. Fisher concludes with a general eulogy of Crede's method, as being the most rational and successful plan of treating the third stage of labor, and withal so simple that every doctor, and indeed every properly instructed midwife, should practice it habitually.—*Gaillard's Med. Jour.*

Notices of Books, Pamphlets, etc.

PHYSICIAN'S CLINICAL CASE AND RECORD BOOK, designed for easy and rapid note taking. San Francisco: Wm. S. Duncombe & Co. 1887.

We desire to call attention to and to commend this case book as one valuable both to those who keep a record of their cases, and to those who do not. It systematizes the work of the former, and from the rapidity and ease with which a case can be placed in black and white, it acts as a source of encouragement to the latter who too often think of the consequent labor and not of the profit which ensues from a carefully kept record. Everything that it is possible to print is printed, so leaving truly little to be written. The subsequent history is carried out in the blank pages of the book. We surely hope that it may induce practitioners to record their work oftener than is the case at present.

A MANUAL OF DIETETICS. By J. MILNER FOTHERGILL, M. D., Edin., Physician to the City of London Hospital for Diseases of the Chest (Victoria Park), Hon. M. D. Rush Medical College, Chicago, Ill., Foreign Associate Fellow of the College of Physicians, Philadelphia. 8 vo., extra muslin. 255 pages. Price, \$2.50. New York: William Wood & Co.

With the advances in our knowledge of the physiology of the digestion it has been necessary that a like progress should be made in the preparation of foods, and practitioners will find this book an exceedingly useful one for reference. There are two parts. The first is devoted to the different forms of food and their preparation, while part second describes the kinds of food which are best for the different times of life, and then those which are most suitable for the different forms of disease, viz.: Struma, Bright's, phthisis, gout, obesity, etc. It is written in the usual interesting style of the well known author.

A REFERENCE HAND BOOK OF THE MEDICAL SCIENCES. Edited by ALBERT H. BUCK, M. D., vol. III. New York: Wm. Wood & Co. San Francisco: Wm. S. Duncombe & Co.

Previous volumes of this extensive and valuable work have already been noticed at length. If there is any change in the character of the volume it is for the better. It is really astonishing how much information on any subject medical or even relating to medicine is contained in every one of these volumes. The present one contains over 800 pages and is very profusely illustrated. It treats of all subjects which are alphabetically in-

cluded between F. and I. The scope and value can only be appreciated by a thorough examination of the work itself.

ON DISEASES OF THE LUNGS AND PLEURÆ, INCLUDING CONSUMPTION. By R. DOUGLASS POWELL, M. D., Lond. Third edition rewritten and enlarged, with illustrations. New York: Wm. Wood & Co.

The volume is an enlarged work from the original, written in 1878. The first edition has been for the most part rewritten and many new chapters have been added. A comparatively large portion of the work has been devoted to treatment, and still the author has endeavored to avoid either naming too many remedies, or the omitting of those which are of real value. At the end of the work is given the international nomenclature of physical signs. Dr. Austin Flint was chairman of the committee appointed in 1881 to report on a new form nomenclature of auscultatory signs in the diagnosis of diseases of the chest, and the author of this work was one of the members of this committee. The book is a valuable addition to works upon this branch of medicine.

HAND BOOK OF PRACTICAL MEDICINE. By DR. HERMANN EICHHORST. Vol. IV. Diseases of the blood and nutrition and infectious diseases. Seventy-four wood engravings. New York: Wm. Wood & Co. San Francisco: Wm. S. Duncombe & Co.

The other volumes of this work have already been noticed by us and at the same time we mentioned the plan which the author had in view. There is little to be said concerning the present volume except that the expectation raised by former volumes have been fully realized in the present one, and the book as a whole will take its place among the standard works.

GONOCOCCI IN JOINTS AFFECTED WITH GONORRHOEAL RHEUMATISM.—The views of Neisser and Bockhart on this subject have lately received confirmation at the hands of Bergmann, who has shown that in a recent case of gonorrhœal rheumatism, gonococci are to be found in the joints when they are inflamed. In the cases in question, Bergmann incised the joint, and washed it out with a tenth per cent sublimate solution. In the turbid fibrinous fluid which was evacuated, gonococci were found in abundance. They occurred both inside and clinging to the walls of the pus-corpuscles.—*Centralb. f. Chir.*, p. 800, 1886.—*Practitioner, Lond.*

Extracts.

Successful Abdominal Section for Ruptured Fallopian-Tube Gestation.

By D. BERRY HART, M. D., F. R. C. P. E.

(Read at the Annual Meeting of the British Medical Association.)

Cases of ruptured fallopian-tube gestation, ending fatally, are comparatively frequent, so that it seems advisable to record this case as emphasizing the value and safety of abdominal section in properly selected instances. The credit of strenuously practicing and advocating this treatment as early as 1881 is due to Mr. Lawson Tait, but, so far as I am aware, very few operators have followed his example.

My case is briefly as follows: Mrs. F., from Glasgow, was seen by me at the Buchanan Ward, Royal Infirmary, Edinburgh, on April 8th, 1886. She complained then of attacks of pain in the lower part of the abdomen, coming on every two or three days, of some slight bloody discharge, and stated that her menstruation had ceased for about three months. On abdominal palpation, a rounded tumor, the size of an egg, could be felt in the left iliac fossa. On bimanual examination, the uterus enlarged to the size of a two months' pregnancy, and lying to the front and right, could be made out, as well as an elongated tumor on the left side, running between the uterus and the body which was felt in the left iliac region on abdominal palpation. The history and physical signs left no doubt in my mind that we had to deal with a fallopian-tube gestation, and one suitable for abdominal section. The patient agreed to remain in hospital, but her friends refused permission to operate. A few days after admission a decidua was discharged, and on the evening of the 16th April, Dr. Helm telephoned to me that the patient had become suddenly collapsed, and almost pulseless. I saw her shortly afterwards, when she had somewhat rallied under stimulation, and I urged her friends to allow operative interference, as the sac had no doubt ruptured, and the patient's life was in great danger. They ultimately consented, and on the 19th I opened the abdomen.

The patient was chloroformed, and antiseptic precautions, except the use of the spray, were followed.

After making an incision two inches in length, I came upon a very congested omentum, and found abundant blood welling up from beneath its lower edge whenever a sponge was pressed in. This looked alarming, but the blood was tarry-like and stained the sponges a chocolate color; it had evidently been effused some time. I enlarged the abdominal incision with scissors to three inches, lifted up the omentum and found the pelvis filled with blood, a small foetus (six weeks) among the coils of intestines, the left fallopian-tube enlarged, and the rupture, about as large as the tip of the index finger, in the posterior aspect of the ampulla. I clamped the uterine end of tube with a pair of locking forceps, and was proceeding to do the same on the other side of the rupture, but desisted, as I felt I could as quickly loop up and tie the portion of the tube with the rupture in it. I accordingly did so, using silk and tying the Staffordshire knot. This occupied only a few seconds, and I now sponged out the pelvis thoroughly, washing it out with water at 100° Fahr. The remarkable effect of water at a temperature of 110° to 120° Fahr. in causing uterine retraction, and thus checking hemorrhage, is now well known. In a recent very able communication on the method of action of warm water, read by Dr. Milne Murray, before the Edinburgh Obstetrical Society, the power of warm water in causing contraction on unstripped muscle, was well shown. It seemed to me then, that equally hot water would be of use in hemorrhage from the pelvic peritoneum. In this case there was some oozing, and I therefore poured in water at 120° Fahr. for a few seconds and then sponged it out. It blanched the omentum markedly and seemed to check the oozing, although, of course, this may have stopped spontaneously. It certainly did no harm, and I beg to recommend further trial in suitable cases. The patient made an uninterrupted recovery, and six weeks afterwards left the hospital well, and with only some thickening in the pouch of Douglas on the left side.

In regard to ruptured fallopian-tube gestation, the question arises as to whether one should operate, or trust to rest, the use of the icebag, stimulants, and the hypodermic use of morphine. I have seen two cases of rupture, at the fifth or sixth week, recover perfectly under this treatment; while a third rallied, the pregnancy becoming abdominal, and ultimately discharging through the rectum. If, then, it were objected that, in this

case, the same expectant treatment might have succeeded, I would urge that the condition found on abdominal section closely resemble those discovered on *post mortem* examination in fatal cases. The number of women who die from rupture of a fallopian-tube gestation, at the second or third month, is considerable; and the question arises as to whether a false impression has not got out among the profession, and even among specialists, that such cases are beyond treatment, and, of necessity, fatal. What is urged against operative treatment is, that diagnosis in such cases is difficult, the collapse too profound to admit of section, and the operation in itself very difficult.

The diagnosis is, however, fairly easy. We have arrest of menstruation for some weeks, irregular discharges, pain, and then a sudden attack characterized by pallor, sickness, or vomiting, pain, collapse, and lateral or posterior effusions in the pelvis, with some enlargement of the uterus. The practitioner sometimes regards the condition as brought about by irritant poisoning, but will be kept right by noting the unusual pallor of the women, indicating internal hemorrhage. The collapse, in some cases, is very profound, but not, as a rule. The patients may live some hours, or even days, as I shall show presently, and may be operated on much oftener than is at present held. While the operation may be difficult, I am inclined to think this has been greatly exaggerated. If the operator makes his abdominal incision, and passes in his finger to touch the uterus, he can readily make out the relations, clamp the tube on either side of the rupture, and ligature the portion ruptured. Of Mr. Tait's twenty-one cases, only one, the first, died. A doubtful case has been recorded by Hunter of New York, with a fatal result, and also one, with a like ending, by Bozeman, where the operation was evidently too long delayed. This, at the worst, gives three deaths in twenty-four cases, or about 12 per cent; while, if we exclude Hunter's and Bozeman's cases, we get a mortality of less than 4 per cent.

In order, however, to investigate these points more fully, I collected the cases of ruptured fallopian-tube gestation shown to the Obstetrical Society of London, and described in their valuable *Transactions*. The table appended shows that there have been exhibited twenty cases, that of these only five died rapidly, that all the others lived for periods varying from eight to twenty-four hours and some for several days.

In most of the cases there was no matting of parts, and little to render the operation very difficult. In the discussions on these specimens, abdominal section was urged as a means of treatment, by Playfair, Wells, Meadows, Wiltshire, and others. Perhaps the most striking point in the whole matter is, that there have been so few deaths in the operative cases. This shows that there is very little risk in operative treatment, and as there is really no clearer case for abdominal section than such, I hope it will become more generally employed.—*Brit. Med. Journal.*

On Inexplicable Pyrexia.

By W. HALE WHITE, M. D.

It must be within the experience of every physician to have come across cases of pyrexia, the cause of which he is unable to discover. No doubt in many instances the patients have tuberculosis or typhoid fever; still there are cases in which neither typhoid nor tuberculosis will explain the rise of temperature, and which we can only call examples of perverted thermogenetic metabolism. It may be worth while to recall the facts that the muscles are the chief thermogenetic tissues in the body; that the heat-producing changes in them are quite apart from their motor functions; that this thermogenetic function is presided over by a center which is either close to the fissure of Rolando, or else in the corpus striatum; that there are secondary centers in the cord; that these centers can probably be affected by the stimulation of an afferent nerve in any part of the body; that the cerebral center is continually exercising an inhibitory influence on the thermogenesis: and thus, when the center is destroyed, the temperature rises.

In addition to the above mechanism, the cutaneous vaso-motor system regulates the temperature of the body to some extent, but has no influence in producing it; and, in the group of cases we are considering, there is no evidence whatever that the vaso-motor system is affected. There is at present no decisive evidence to show which part of the thermogenetic system is perverted; it is most probably the center. This perversion is most likely to be functional, and may be fatal, for I take it that a functional disease may kill. It is only by the functions of the various organs that we are enabled to live, and if these be per-

verted we die; it matters not whether in the *post mortem* room we are able to see the cause of this perversion. In the case of many poisons, for example, we cannot see it. Then also, apart from these considerations, the pyrexia renders the patient liable to bronchitis and pleurisy, either of which may cause death.

The majority of cases of perverted thermogenetic metabolism recover, but first I will give some cases which did not. Rosa B., aged 33, was admitted on August 30th, 1883, under Dr. Taylor, to whom I am indebted for permission to publish the case. Family, personal, and previous history unimportant; six weeks before admission she had a shivering fit; since then she has had great pain in the legs, loss of appetite and scanty urine. On admission, the only notable points were, that there was a transient papular rash, and the urine was high-colored, containing much uratic deposit and one-third albumen. The report of the patient's condition during her stay in the hospital is too long to detail here. The chief symptom was a series of violent rigors, and no assignable cause for them was discoverable. During the whole of her stay in the hospital there was hardly a day during which the temperature at one period of the twenty-four hours was not normal or thereabouts, and at some other period considerably raised. These rises were curiously regular. Thus, for a week the highest point, which was about 103° , would always be reached at noon, then for a series of days at 3 p. m., then it would again vary to some other time. The patient gradually wasted and died, after she had been in the hospital eleven weeks. At the *post mortem* examination there was recent bronchitis and pleurisy, which had no doubt been the cause of death, but no reason whatever for the pyrexia could be discovered.

During the last twenty years, we have had at Guy's, in addition to the above, four cases in which nothing was found to account for the pyrexia. One of them was a man, admitted with high temperature and delirium tremens, in whom the temperature gradually ascended and reached 108° before death; another was a man who was admitted with fits, and in a condition of status epilepticus; he had pyrexia and died; another was a child who had frequently had very severe attacks of chorea; on admission she was so bad that chloroform was administered, but without any effect; the temperature began to rise, attained 108.4 , and the child died; whilst another was a child who, as she was

sitting before the fire, was suddenly seized with right-sided convulsions, which continued for about twenty-four hours, the temperature having risen to 109.1. She died shortly after.

Were it not for these fatal cases, I should hesitate to urge the acceptance of a distinct disease, "inexplicable pyrexia," or "perverted thermogenetic metabolism;" but with them before us, it is fair to assume that some of the cases which recover belong to the same category rather than to that of tubercle, typhoid, etc. It has just been hinted that it is probably the calorific center which is at fault; the points which go to prove this are the following:

1. In many cases, pyrexia is undoubtedly due to a lesion of the central nervous system, as, for example, cerebral hemorrhage, tumors, especially of the pons and medulla; also we find pyrexia sometimes in the insular sclerosis and locomotor ataxy.

2. In the last four of these five fatal cases here recorded, the central nervous system was evidently at fault.

3. Hysterical pyrexia is now known to be a distinct malady. I recently brought a case before the Clinical Society, and showed the chief characteristics of the disease, and the methods by which it could be diagnosed.

For these reasons, it seems a probable hypothesis that, in the cases of "perverted thermogenetic metabolism" which recover, the central nervous system is deranged. Like most other functional diseases, as a rule, this is not fatal; but of all functional diseases, it is probably the most likely to be so, for the long-continued pyrexia is liable either to kill by itself, or to set up pleurisy and bronchitis, which will carry off the patient. This leads one to remark that many symptoms may exist which tend to obscure the diagnosis, but which are only the result of the pyrexia; thus I have known wasting, headache, delirium, albuminuria, pleurisy, bronchitis, and enlarged spleen to be present. This renders the cases open to much criticism when published, and also makes it necessary to take the greatest possible care in the diagnosis of them.

The proposition that these cases are functional is sufficiently proved by the absence of any visible changes at the *post mortem* examination. The word functional is used with the loose meaning that is usually attached to it; by our present light, it is impossible to give it an exact definition, but members of the profession understand sufficiently what is meant by it.

In the cases which recover, it is difficult with certainty to exclude other diseases. During the year 1884, there were, in Guy's, fifteen cases in which the only heading that could be found for the report was "pyrexia." Some were, no doubt, intestinal attacks, rheumatic attacks, and other maladies, of which the only symptom present was the pyrexia, but some must, in all probability, have been due to perversion of the calorific center, for the cases in which *post mortem* examinations were made have shown that such a disease exists. The only cases I will mention in detail are those which have come under my notice during the last year.

One is that of a man who has much mental work, and who gets diurnal attacks of pyrexia, which are accompanied by headache, and, after they have gone on for a month, he wastes a little, has a slightly enlarged spleen, and suffers from lassitude. He has been examined by many physicians, and the cause of the pyrexia has never been detected, so that at last, by a process of exclusion, it seems necessary to come to the diagnosis of a "perverted heat-center." If he leaves off his work and takes a holiday, he gets all right.

Another case is that of a boy who was in Guy's Hospital from August 22d to December 5th, under the care of Dr. Pye-Smith and myself; during the greater part of his stay his temperature was raised; the only physical sign that could ever be detected was a slight questionable change at one apex; even this was not present during the whole of the time, and it was quite insufficient to account for his pyrexia. He wasted considerably, but eventually recovered, and went out of the hospital, to all appearance, quite well.

I have appended the third case, which shows many symptoms, all probably due to the pyrexia, such as slight bronchitis and slight albuminuria; the œdema of the feet was merely a result of the anæmic state of the child, as was likewise the cardiac murmur. It is to be noticed that the temperature continued high long after the pulmonary symptoms had disappeared, and that it was very regular in always attaining its maximum at the same time of day, a point I have observed in other cases; sometimes the point of maximum would be obtained at the same time of day for a week or so, then it would be at another hour of day for another week or more.

John S., aged 18, was admitted under Dr. Carrington, and,

in his absence, passed under my care April 5th, 1886. One sister is said to have died of consumption, otherwise the family history is unimportant. Seven years ago the patient was in a hospital in Galway for six weeks with a bad cold. He has been in London three years, and thinks that during that time he has been gradually losing health.

Six weeks ago he caught a cold and cough; these passed off. Seventeen days ago his feet began to swell; he got a slight cough, but spat up nothing. He has had pains in the limbs and back, and has got very weak. He has sweated a good deal at night.

Condition on admission is thin and poorly nourished. There is a hæmic murmur. On percussion the note is a trifle better at the right apex than the left; on deep breathing there is an occasional *râle* at the left apex. Urine contains one-eighth albumen. He complains of pain in the upper part of the back and in both knees. Skin dry and hot; no œdema anywhere; temperature 103.0° ; optic discs normal; no tubercles on choroid; no expectoration in which to look for bacilli.

The next day occasional crepitation could be heard at various parts of the lungs. The urine contained less albumen. April 7th, there was rather more moist sounds, but still very few, and a trace of œdema on the right leg just above the ankle, and a faint trace of albumen.

After a few days these signs disappeared, but the temperature nevertheless remained high, the patient not having a single physical sign to account for it. During his first week in the hospital the highest temperature was 103.6° , during the second week the highest was 102.4° the lowest 97.4° . During the third week the highest and lowest were as the week previously, the mean was 101° . During the fourth week the highest was 103.3° , lowest 98° . After this it gradually fell and became normal in a few days; it then remained slightly subnormal till he went out. The highest temperature of the day was nearly always reached between 2 and 6 P. M.

The above cases—some fatal, some not—seem to point to the desirability of recognizing cases of “perverted thermogenic metabolism” as a distinct group, probably due to a perversion of the calorific centers. I look upon them as distinct from hysterical pyrexia, the peculiarities of which are indicated in the paper brought before the Clinical Society, just as hystero-

epilepsy is distinct from genuine epilepsy. The literature of the subject will be found fully given in various articles, viz.: "Hysterical Pyrexia," *Transactions of the Clinical Society*, 1886; "The Theory of a Heat Center from a Clinical Point of View," *Guy's Hospital Reports*, vol. xlii., and "Neurotic Pyrexia," *Practitioner*, Jan., 1886.—*Brit. Med. Jour.*

TREATMENT OF CHRONIC CONSTIPATION IN CHILDREN.—Dr. W. B. Cheadle, at the close of a clinical lecture on this subject points out the disastrous results of mistaken treatment, and shows the necessity of a more rational procedure. "Look at the evil effect of strong purgations—how they enervate and wear out the tone of the bowel. No occasional purge of rhubarb or scammony is efficient to cure. Look, again, at the evil effect of frequent enemata. Enemata are only to be used on an emergency. They, equally with strong purges, impair tone and do direct harm by actual dilation. In confirmed cases of constipated habit, treatment must not be intermittent, but continuous; the daily administration of appropriate remedies steadily, for a considerable period, is absolutely essential. Intermittent treatment is abortive, ineffectual, and aggravates the evil. What, then, is the proper treatment for these cases? First, be sure that there is no malformation, no intussusception, no sore about the anus, rendering defecation painful. Then use of saline laxatives. Their mode of action is by increasing the flow of secretion rather than by stimulating peristalsis. Thus tone returns when distension is relieved by the easy evacuation of fluid stools. Further aids to this are strychnia, nux vomica, iron and belladonna. They act by increasing muscular tone and nutrition, not by stimulating peristalsis directly. In the case of little children up to two years old simple carbonate of magnesia in milk is sufficient (5 to 10 or 20 gr.); this is better than the piece of soap in the rectum, or the repeated castor oil or manna so constantly advised. In older children the sulphates of magnesia and soda, with the tonics named above, and daily massage with castor oil or cod-liver oil are most useful. In older children still, a pill of aloes or euonymin, with sulphate or iron and nux vomica, may be given as an alternative to the salts and strychnia, but no frequent rhubarb, or scammony, or podophyllin, or jalap (these are for the relief of temporary difficulty only); in mild

cases, perhaps, or if the liver is not acting, a dose of calomel, grey powder, and soda, or senna. Regimen is an important element in the treatment if the child should have chronic constipation; abundant water, pure, not hard; "salutaris water" is excellent. In little children add a good infants' food to milk; fruits, fruit jellies, treacle, cooked green vegetables of the softer and more delicate kinds. Some variety in food is useful; a good mixture is better than a monotonous diet. It is, I think, extremely doubtful if coarse food is useful in the long run. It causes atony and weariness of muscle eventually by over-stimulation. And you must insist on regular evacuations. Take care that the stools are not dry and hard, or the child will resist action and increase constipation. Other useful adjuncts are—abundance of fresh air, which aids in improving nutrition; and exercise, which aids the passage of the contents of the intestine down the tube, and improves general health and muscular tone."—*Lancet*, Dec. 11, 1886.

TREATMENT OF GOUT—RENAL LITHIASIS.—In a very interesting paper by Dr. Lecorché, on the Treatment of Gout, the author divides the therapeutics of this affection into two distinct parts: 1. The treatment of the gouty subject in the intervals of the attacks, which he considers the only important and fruitful part of the treatment. 2. The treatment of the attack. After having thoroughly studied the subject, both theoretically and clinically, and after having carefully studied the influence of the so-called anti-gouty substances commonly in use, from the various mineral waters to the preparations of colchicum and of the salts of lithia, Dr. Lecorché formulates his conclusions as follows: If there be any specific in medicine, colchicum and the salicylate of soda may be considered such for gout and its manifestations; the former reduces the proportion of lithic acid in the blood, while the latter favors its elimination.

One of the causes of the non-success of these drugs in certain cases, is the extreme reserve with which they are too frequently administered; they then do more harm than good. The author concedes to Professor Germain See the credit of having been the first to employ the salicylate of soda against gout, and had brought out the advantages of this substance in the multiple in-

dications of this affection, in which it is utilized for the analgetic power of the medicine, its decongestive or resolving property, and for its power of eliminating lithic acid in certain cases. In fine, the faculty of using, in part, the glyecocol, which constitutes one of the most important albuminoid substances. The conclusion of Dr. Lecorché is that the physician should intervene in all cases of gout: 1. By the aid of diet to prevent the gouty diathesis. 2. By the aid of diet and of alkalies to combat the diathesis and to prevent the attack of gout. 3. By the aid of specifics, colchicum and the salicylate of soda, in the generality of cases, to combat the attack of articular or visceral gout.

In connection with the treatment of gout, it may be interesting to learn what Professor Jaccoud says on the subject. He, too, lays great stress on treatment in the intervals between attacks, or, if individuals of a gouty diathesis, temperance in all things, and regularity in the hours of repasts and those devoted to sleep being his fundamental precepts. The diet should be mixed, but more vegetable than animal. Highly nitrogenous substances, such as game, crustacea and sea fish should be avoided. Pure water should be the general drink, or if this be not well tolerated, a little white or red wine may be added thereto, or a little weak beer may be allowed. The gouty subject should go to bed early and rise early, and take daily moderate exercise. This treatment should be followed during the whole life, and as a complement to the above, Dr. Jaccoud prescribes that in spring and autumn a course of butter-milk should be gone through. Should these hygienic measures not be sufficient to modify the economy and to rid the patient of the divers gouty manifestations, therapeutic agents must be resorted to. These consist of the daily use of alkaline waters, the benzoate of lithia, in doses of from 60 centigrammes to 1 gramme per day. The bowels should be kept freely moved by small doses of some saline aperient, the best for the purpose being Carlsbad salts, which has the advantage over the other purgatives of having the faculty of increasing the urinary secretion, whereas with most others it becomes scanty and loaded with sediment. A season or two at some of the following watering places would act as powerful adjuvants to the routine treatment: Ems, Royat, Kissengen, Homburg, will be found best suited for the articular disorders which remain after gouty attacks.

For manifestations of renal lithiasis the patient should be

sent to Coutrexeville, Evian, Martigny (Vosges), and Vittel. Finally, the waters of Ragatz are best adapted for gouty patients in whom the malady has been of long standing, and who are weak and in a cachectic condition. The treatment during the attack consists in enveloping the joints with cotton wool, narcotic liniments, low diet, or rather one which must be modified according as the patient is febrile or apyretic. The best article of diet at such time would be milk. The bowels must be kept free, not, however, by strong purgatives. Thus it may be seen that Professor Jaccoud is in favor of the "expectant" mode of treatment during an attack of gout, and it is only when the pains are exceptionally severe, or when the fit is of abnormal duration, that he could prescribe the salicylate of soda (3 grammes per day), or the wine of colchicum in doses of from 3 to 6 grammes in the twenty-four hours.—*Am. Med. Jour.*

A PRACTICAL HINT ON THE PERFORMANCE OF TRACHEOTOMY.—Upon looking through various text-books and articles upon this operation, I can find nowhere any assistance upon the following detail—one important, as I believe, at any rate to operators of not large experience, and valuable, as increasing greatly the facility and, therefore, the success of the operation. The operator is usually recommended, standing preferably on the right side of his patient, after first determining the exact relation of parts, to fix the trachea with the left hand, the fingers on one side and the thumb upon the other, at the same time stretching the skin at the site of incision. The direction is at least distinct, but the manipulation is usually in effect very different. In all of many cases which I call to mind there has been a little (the only) trouble in the operation, and in some considerable danger, delay, or anxiety, consequent upon the way in which the attempt is made to keep the windpipe steady, as customarily taught and performed: four fingers on the left side and the thumb upon the right side of the larynx, press with more or less force immediately backward to hold the organ in place, with the effect of considerably aggravating the dyspnea (especially if an anesthetic is not being employed), of flattening the pipe against the vertebral column to some extent, of in all cases increasing the depth at which the part to be incised can be reached, and frequently of failing to secure fixity of the larynx,

which, likely to move with the slightest change of pressure, is pushed still more out of reach by the increased pressure made to secure it. Any or all of this inconvenience is the result of pressing backward with the finger placed upon the skin immediately on either side of the windpipe.

The suggestion I have to make, and which, I have no doubt, many surgeons have long ago thought of or adopted, although hitherto I have never seen it noticed, is so simple as to provoke a doubt as to its value, but any one who tries it will, I think, find it so effectual in practice as to have no more doubt than I have as to its advantage. Let the surgeon place his left hand, as widely expanded as possible, over the neck of a child in the position for tracheotomy; then, resting the fingers upon one side, and the thumb upon the other firmly upon the skin, as far to the side of the neck as they will reach, gradually draw in the thumb and fingers, and the skin (and loose tissues underneath) with them, toward the median line; as the sides of the windpipe are approached, a little more pressure, made in a backward direction, will place the ends of the thumbs and fingers in a position in which they almost meet behind the larynx, which is thus firmly held by the encircling hand in a position in which all the great blood-vessels, etc., (which *have* been wounded) and the vertebral bodies (which, it is recorded, have *blunted a knife-point*) are far out of harm's way, the windpipe itself starting forward and standing out prominently under the skin, which is yet fairly stretched (and can be stretched more tightly) over the site of incision, and lying both as superficially as could be desired and as perfectly under control as possible. Lastly, and this, I think is not altogether unimportant, this procedure may be adopted without producing more than the very slightest degree of discomfort in any ordinary child—the younger the more easily—and one is still able to make the skin as tight as possible; now, however, the necessary pressure is distributed all round, instead of acting directly backward upon the tube so as to flatten or displace it. I have even been able, without much trouble, to make the thumb and fingers feel each other behind it by this means; while, by the older method, I have seen the production of undoubtedly a dangerous increase of dyspnea. I may have overrated the danger, or underrated the utility of the usual method of fixation, but it has always seemed to me to be the only difficulty in an operation, which of course has none for experienced sur-

geons, but to others presents often some trouble, chiefly in consequence of the fact that the means adopted for fixing the part to be incised, being ill-devised though time-honored, are not only not to be relied on to secure that end, but, as I have tried to show, they directly tend to increase the depth of the wound of the trachea from the surface and the distress of the patient; and in all the accidents I have read of, and some that I have witnessed, this method has shown itself marked sometimes by danger, often by inutility. As to the barbarity of the *hook*, is it not an insult to the fingers of the *cheirourgos*?—*Leonard Braddon, F. R. C. S. E., London Lancet.*

The Micrococcus of Pneumonia.

Frankel has examined, during the last three years, the lungs of a large number of cases which had died of pneumonia, and has always found diplococci apparently identical with the well-known lancet-shaped forms already described by Talamon and Salvioli. He has never met with them in any inflammatory process of the lungs except genuine croupous pneumonia. He has succeeded in obtaining cultures in but a few cases, but these were identical in all but two instances. They presented an almost transparent, grayish-white coating upon the culture medium; would not develop at the temperature of the room, and resembled, indeed, in every particular, the culture of the sputum-septicæmia coccus. Inoculations, too, behaved in a manner precisely similar to those of this coccus; viz., rabbits and mice died from septicæmia; dogs, chickens, and pigeons shared an immunity; guinea-pigs were sometimes affected. In the cultures from two cases, as remarked, he had a different result. Neither had any effect upon rabbits, and one of them exhibited a few short rod-like bodies under the microscope, although the vast majority of the microbes possessed the diplococcus shape.—*Am. Jour. Med. Science.*

PENZOLDT (*Archiv f. exp. Path., etc.*, vol. xxi. p. 34) has discovered that if strong sulphuric acid be allowed to flow upon a small quantity of urine after the use of naphthaline, a beautiful green color will result at the junction of the two fluids, which finally, as diffusion occurs, becomes a dirty gray or growinsh-green.—*Am. Jour. Med. Science.*

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COCAINE DOSAGE AND COCAINE ADDICTION.

By J. B. MATTISON, M. D., Brooklyn, N. Y.

(Read before the Kings County Medical Society Feb. 15, 1887.)

The sad story, in a recent *Record*, of the Russian surgeon's suicide from sorrow or remorse due to his belief that a patient had died from an overdose of cocaine, points a moral, the import of which demands more than a passing notice.

No advent in the therapeutic arena during the last decade, has been attended with such varied and extensive claims for favor as cocaine. Its marvellous effect in ophthalmic surgery roused a spirit of experimental research in other directions which has added largely to its well proven power for good; but, as has been well observed, a potency for good implies a potency for harm, and the risk impends of its ardent advocates being carried by over-enthusiasm, beyond the limit of a safe regard for the welfare of their patients or themselves, that may imperil an otherwise well-founded success.

Surely it is, in the writer's opinion, full time to draw the line; to re-voice a warning as to the use and abuse of this valued, but, at times, toxic drug, lest the roll of alarming, dangerous and fatal effects from its ignorant or incautious using be sadly extended, and a reaction ensue that, by creating distrust within and without the profession, will damage its good repute, and hinder its use in cases where it would be almost certain of serving us well. And the need of this seems all the more called for

in view of opinions expressed, the past year, in certain quarters, affirming the harmless character of cocaine—opinions which, I am convinced, are at variance with well accredited facts, and should not be allowed to pass uncontradicted.

Cocaine seems to have secured for itself a more than usual share of attention aside from the professional press. One metropolitan daily, in particular, has, again and again, given its columns to a discussion of the topic, and in a somewhat lengthy article not long ago, an "eminent but unnamed specialist"—Dr. Francke H. Bosworth—was reported as saying "there is not a well-authenticated case on record, as yet, where cocaine has effected injury."

In view of cases cited in this paper, and others elsewhere recorded, such a statement is no longer tenable, and any conclusion based thereon as to the harmless nature of cocaine is misleading and incorrect.

And the evidence herewith presented weighs even more heavily against an assertion by Dr. Wm. A. Hammond, at a recent meeting of the New York Neurological Society, in the course of his "Remarks on Cocaine and the so-called Cocaine Habit," when, after telling his taking of eighteen grains at a subcutaneous dose, he asserted "he did not believe any dose that could be taken was dangerous!" What might be the outcome of such an opinion put in practice? The Russian surgeon's error of judgment, fatal to his patient and himself, was largely due to his reliance on the asserted use by other surgeons of large doses without ill-effect. Might not a like result follow an incautious dependence on Dr. Hammond's disbelief in the toxic power of cocaine? The record well said of Prof. Kolomnin's case: "The experience, though so sad, may not be without its lesson," and put a very pertinent query as to whether "there are not other surgeons who could report very serious, if not fatal results from injudiciously or ignorantly using too large a dose of cocaine?"

Fifty cases herewith noted, attest a power in this drug on some patients, that warrants caution with all.

"A young woman, aged twenty-three, was sent to Prof. Kolomnin, and found to have a large ulcer of the rectum, which was diagnosticated to be of tuberculous nature. He decided to scrape and cauterize the lesion, and to use cocaine anæsthesia during the operation.

"In order to produce anæsthesia, he had fifty grammes of a

five per cent solution of hydrochlorate of cocaine prepared: of this, thirty grammes were brought into use, containing exactly twenty-four Russian grains of the salt, or twenty-three English grains—the Russian grain is exactly one-sixteenth of a gramme—six grains being injected at a time into the rectum. After the third of these injections, it was found on examination that the part was still sensitive. A speculum was then introduced, the ulcer dabbed with a dry sponge, and the fourth injection given, making twenty-four grains in all. After this the parts were tolerably anæsthetic. The ulcer was scraped, and a tampon saturated with oil inserted. The pulse was then accelerated. During the operation the patient groaned, so that even the twenty-four grains had not produced complete anæsthesia.

“ After the operation, Kolomnin went round his ward, and in three-quarters of an hour a message was sent to him that the patient was very low. He found the pulse very weak, the face and hands cyanotic, and the respiration labored. He considered that she was in a toxic state, and used every means to bring her round, Prof. Sushchinski being also invited to a consultation. Faradization, artificial respiration, hypodermatic injection of ether, administration of ammonia, tracheotomy for the inhalation of oxygen, stimulating and nutrient enemata—all were tried, but without success. Kolomnin had no doubt that death was due to cocaine.”

Dr. W. H. Long, U. S. Marine Hospital Service, reports in the *American Lancet*, the case of a man aged thirty-three, to whose larynx he applied, three times, a four per cent solution of cocaine. Prompt relief was given, but three and one-half hours later the patient was found unconscious; breathing, labored; respirations, twenty; pulse, ninety; general condition, one of profound anæsthesia. Diagnosis, cocaine poisoning. Several doses of whisky were given subcutaneously. In half an hour, consciousness partially restored, then gradual and full improvement save a feeling of great exhaustion.

Four days later cocaine was again used. Thinking the former toxic effect due to swallowing some of the solution, and probable absorption by larynx, extra precaution was taken to have it expelled and the pharynx well rinsed. Two applications of a two per cent solution were made. Relief was again complete, but three and one-half hours after, patient was in same condition as before, except the anæsthesia not so profound. Fre-

quent injections of whisky were again used with partial success—could swallow and answer questions—but, soon after, he suddenly ceased to breathe. The heart beat a short time longer. All efforts at resuscitation failed. The probable immediate cause of death was paralysis of the respiratory center due to cocaine.

Dr. F. M. Thomas, Leonardsville, Kansas, reported to Prof. R. Ogden Doremus, as follows:

“Friday morning, October 23d, 1885, I was called to see Mrs. —, aged thirty-nine, whom the messenger reported as dying. I found her unconscious; breathing heavily and irregularly; pulse, thirty-five, intermittent; temperature normal; left pupil largely dilated, right natural; right arm and lower limbs motionless; face spasmodically drawn upwards toward the dilated eye.

“Spasmodic action of the left arm and upper part of the body came on regularly at intervals of a few minutes, during which she clutched the bed-clothing, and seemed to be trying to vomit. Twice during my attendance she ejected small portions of the previous evening’s meal. Salivation was excessive; retained a dorsal decubitus; would not lie on either side. Heart seemed almost exhausted.

“I saw her at 5 A. M., and was with her nearly all the time till she expired, apparently completely exhausted, about 8:30 A. M.”

On inquiry, the doctor learned that Mrs. — had been freely using a four per cent solution of cocaine, for toothache, due to several much decayed left upper molars. His diagnosis was cocaine poisoning.

Dr. Knabe, of Berlin, records the case of a girl aged eleven, who was given four to twelve drops—the exact amount was not determined—of a four per cent solution of cocaine, by injection over the deltoid, to remedy frequent fainting fits—she having cardiac degeneration, sequeling scarlatina. In less than forty seconds the girl took a deep breath, became deadly pale and dropped unconscious. One minute later she was dead.

In the *Australasian Medical Gazette*, August, 1886, Dr. W. E. Ramsden Wood reports this case. “A. B. suffered from neuralgia, due to a defective tooth. Extraction being impracticable, cocaine—amount not stated—of a ten per cent solution was injected, with prompt relief, lasting some hours. Next day, the pain being very severe, patient sent to his chemist for a similar solution, and three minims were injected, but without the de-

sired effect; he returned it to the chemist and asked him to make it stronger, which he did, making it twenty per cent. He brought this to me, but omitted to tell me that the solution was double the strength of that which I had used. He told me that three minims had not given him the relief that he experienced from mine; I, therefore, gave him four minims of what I believed to be a ten per cent solution, and within five minutes he became restless and inclined to vomit; he then began to feel a sensation of pins and needles in the left hand and arm, which rapidly extended to the right side. This was speedily followed by contraction and rigidity of the fingers, arms and legs; there was also a tendency to opisthotonos. His pulse became extremely rapid and feeble, his face livid, and the muscles of his mouth and cheeks strongly contracted. His respirations were short and convulsive, his feet and hands very shortly became cold, and a profuse perspiration broke out on his head and face.

“I first gave him half a tumbler of brandy, followed at short intervals by drachm doses of spiritus ammon. aromatic, and applied strong mustard over cardiac region, and used friction to the upper and lower extremities; at the same time I let him inhale a few drops of chloroform to try and check the spasmodic contractions. After continuing these remedies for nearly an hour the pulse began to improve, the color to return to the face, and the rigidity of the muscles lessened, but returned immediately I stopped the friction. At the end of two hours he improved more rapidly, but felt somewhat drowsy, and it was not until about four or five hours that all the symptoms had subsided.

“On questioning him afterward regarding his sensations, he told me that although he was unable to speak coherently, he knew all that was passing, and it was not until he felt the abdominal muscles becoming rigid that he felt anxious, for then he thought he was dying, and a sensation of suffocation came over him.”

Dr. T. H. Burchard, in the *Medical Record*, December 5th, 1885, reports a case in which he injected ten drops of a four per cent solution to induce local anæsthesia before removing a needle from the foot. “In about four minutes my patient suddenly clutched his throat, exclaiming ‘I am dying!’ and fell from his bed unconscious. Respiration ceased, his jaw dropped,

his eyes rolled upward, and to all appearance he was dead. His heart was beating very faintly, although his radial pulse was imperceptible." Artificial respiration, hypodermics of ammonia and atropia, alcohol, sinapism over heart and hot bottles were employed, and in "fifteen minutes after the catastrophe, his pulse was about forty-eight, very feeble, and respirations seven to eight. Unconsciousness continued twenty minutes." Patient recovered.

Dr. Spear, U. S. N., in the *Medical Record*, reports the case of a man aged twenty-nine, who took, subcutaneously, within seventeen hours, to remove the effect of a rum debauch, nearly ten grains of cocaine, Squibb's make. He was found in a toxic state; unconscious; face congested, and whitish gray; hands and lips blue; pulse feeble, fluttering and uncountable; respirations slow and almost imperceptible; face and neck streaming with sweat and body bathed in cold perspiration. Under treatment, in about ninety minutes he began to be conscious and gradually recovered.

C. S. Kilham, L. R. C. P., Sheffield, England, read before the Sheffield Medico-Chirug. Society, November 25th, 1886, this case: On November 9th, 1886, at twelve noon, John B— accidentally took four and four-fifths grains of cocaine hydrochlorate in the form of solution. At 12:30, he was seized with severe cramps in the stomach, nausea, throbbing and feeling of bursting in his head, failure of eyesight, loss of use of his legs, incoherence of speech and confusion of ideas, and drowsiness, but could always answer questions when aroused. No delirium; appeared as if drunk and quite helpless. Brandy was given to him, and he vomited after it, but only the remains of food. About 12:50, he commenced sweating most profusely, shirt, etc., being soaked through, perspiration streaming down his face and body, and his head steaming. Pupils were normal and equal. No loss of taste. The sweating lasted some time, and was succeeded by very severe prostration, shivering and feeling of impending death. At intervals the patient had severe cramps in the stomach with retching and vomiting of a quantity of clear mucous, which relieved the pain. About 1:15 p. m., the pulse became intermittent—missing every fifth beat. This was accompanied by cyanosis of the face, and intense feeling of suffocation over the cardiac region. Relief was afforded by sinapisms. The pulse varied from eighty to eighty-six, never more,

and became gradually regular. About 1:45 p. m. he began to have cramps in the legs and feet—especially on dorsal surface of right foot—and tingling and numbness in both hands. Later on the pupils became dilated. The vomiting and cramps ceased about 4 p. m.—unless food were taken—but the drowsiness, throbbing of head, and prostration continued up to 6 p. m., when the patient began to get warm and feel relieved. The improvement continued, and he could be moved at 8:30 p. m. There was great weakness, with swimming of head all night.

Next day there was still weakness, continual vomiting, a dry, leathery feeling in the mouth, with loss of taste, partial loss of power in the legs, and tingling and numbness of the fingers, especially of the right hand. These symptoms commenced nearly thirty-six hours after taking the cocaine, and most of them disappeared in twenty-four hours. The loss of power in the legs lasted three days, and the tingling and numbness of fingers longer. He was not able to write a letter until the sixth day, as he could not feel the pen between his fingers before.

An emetic was at first given, with sinapisms over the heart and stomach; afterwards, warmth and stimulants—principally compound spirit of ammonia.

The patient was in the habit of taking one-fourth grain of cocaine for neuralgia of the stomach. The most remarkable symptoms were the severe sweating, the intense prostration and the intermittent pulse.

Dr. Geo. Elder, Nottingham, England, in the *Lancet*, October 30, 1886, says: "Preliminary to opening a superficial abscess, twelve minims of a freshly-prepared ten per cent solution were injected under the skin; three or four minutes after, syncope supervened, followed by twitchings of the face, falling of the jaw, coldness of the body, clammy perspiration, lividity of the face—in fact, all the appearances of imminent death. The patient was several minutes in recovering consciousness, and during the remainder of the day felt very prostrate." Dr. E. adds: "Several similar occurrences have been noted, showing that cocaine is not so innocuous as has been generally supposed."

James Leslie Callaghan, in the London *Lancet*, June 12, 1886, reports as follows: "A patient of mine who was suffering from toothache resulting from a hollow tooth, applied some of a four per cent solution of hydrochlorate of cocaine to the tooth and

gums. He did not spit it out, but, according to his story, swallowed from twenty to thirty drops. Within half an hour he was seized with a feeling of faintness and giddiness, then an attack of palpitation of the heart came on, and he complained of tingling and numbness, dryness of the throat, and a sensation of heat and flushings moving over the body, but especially on the spine. Suddenly a rash, like scarlatina made its appearance over the body; vision was somewhat dimmed. I immediately gave him a strong dose of mustard and warm water, which did not cause emesis. I then administered twenty grains of sulphate of zinc, but without effect; it was only by repeating the dose that vomiting took place. The patient was relieved for a few minutes and seemed brighter, but the symptoms soon returned, and he felt so weak that he thought he was dying. I held some strong ammonia to his nostrils, but he said he could not smell it. I kept walking him about, but his legs tottered so much I had to support him. He constantly felt a desire to have the use of his bowels and bladder. The pulse become fast, weak and intermittent; the mind remained clear."

Dr. Fred'k S. Williams, of Puyallup, Washington Territory, reports in the *Medical Record*, September 25, 1886, this case: A lady on whom he wished to operate for a lacerated cervix, had a pledget of cotton saturated with a twenty per cent solution of cocaine placed over the cervix, and four minims of the same solution injected on each side of the wound. "In about a minute and a half the patient began to speak as with an effort, saying 'I feel so faint,' and gasped as if struggling for breath. She was immediately placed on her back, with head lowered, and told to breathe deeply. She obeyed for a few times, then recommenced her gasping, which she continued for about a minute. Then followed shallow breathing for four or five minutes, when she began to rally a little, and the breathing became gradually stronger but irregular. Her pulse at first was very rapid, irregular and weak, then became during most of the time of the shallow breathing almost imperceptible, gradually returning with the approaching normal respiration. Consciousness at once was dulled, and during the period of the shallow respirations was completely lost. At the end of about ten minutes she rallied, pulse, respiration and consciousness becoming normal."

Myerhausen related the case of "a girl, twelve years old, in whom two drops of a two per cent solution were instilled in the

conjunctiva four times, at intervals of five to eight minutes. In all, only a little over one-tenth of a grain was administered, of which, certainly, one-half must have been lost through the tears. Immediately after the operation, the child commenced to complain of headache, which became more and more severe until it was almost unbearable. Nausea and vomiting persisted through the entire day. The patient was greatly prostrated; stumbled in walking; speech was almost entirely destroyed, as though the tongue were paralyzed. These symptoms of poisoning lasted all through the night, in which no rest was possible, and gradually disappeared towards the evening of the following day."

Dr. Robt. Newman, New York City, kindly sent me this report: Patient, a female, aged thirty-seven, was treated for chronic cystitis by washing out and dilating the bladder daily. To allay the pain, fifteen minims of a four per cent solution of cocaine were injected per urethra. This, increasing the drug a little each day, was used three times. After the third injection, while the cystic pain was allayed, a severe headache ensued which persisted for several hours. On the fourth day, having increased the cocaine to twenty-five minims, "while still washing out the bladder with *hot* water, a piercing pain in left temple occurred, running round the back of the head in a circle, and feeling as if the top of the head would split open. Pupils dilated; expression anxious; restlessness marked. More than a week passed before all toxic traces ended. There can be no doubt cocaine caused the trouble, and the symptoms were alarming."

In the London *Lancet*, 1886, is recorded the case of a female, aged twenty-five, who had a watery solution containing fifteen centigrammes of hydrochlorate of cocaine injected into the nose. In twenty minutes, giddiness, weakness and impaired vision ensued. A little later she was semi-comatose, with slight dyspnea and pulse uncountable. These symptoms disappeared in three hours under friction and internal stimulation.

Dr. Schilling, in the *Pharmaceutical Journal*, records a case in which the injection of six drops of a two per cent solution into the gums of a woman, aged twenty-six, to prevent pain of extracting a molar, was followed by toxic symptoms, of which facial rigidity, deafness, blindness, complete loss of motion and sensation, and unconsciousness for a half-hour were the chief. They subsided after inhaling nitrite of amyl.

Dr. Heyman reports a case in which the effects following the use of cocaine closely resemble that noted by Myerhausen. The patient, a boy, had a solution of cocaine liberally applied to his pharynx and larynx. Toxic symptoms soon set in. He was apathetic with speech and walking disturbed. Pulse and respiration increased. Temperature rose to $100\frac{3}{4}$. Five hours after, patient could not walk. Symptoms persisted ten hours.

Dr. Schwarzbach, *Australasian Medical Gazette*, January, 1886, reports the case of a lady who used cocaine, locally, for pain in the eye. She suddenly became very ill; stupor, pallor, slow pulse and cold perspiration. Under wine and strong coffee, recovered in a few hours.

G. Bockl observed alarming effects follow an injection of six drops of a two per cent solution into the gums. In ten minutes patient became unconscious, with gaze fixed, vision defective and delirium. Nitrite of amyl gave relief.

Dr. Landesburg, New York City, used two grains subcutaneously, as an experiment, on himself. In less than two minutes he felt his heart beating violently and blood rushing to his head, quickly followed by fullness and roaring in the latter, and noises in the ears. Thought was confused, volition impaired. Great restlessness, and numbness with twitchings were felt in toes and fingers. Nausea and epigastric pressure marked. Face very pale and covered with cold sweat. Pulse feeble, eyes sunken, pupils dilated, vision dim. In thirty minutes, took to bed with nausea, headache and general prostration. Recovery followed a night's sound sleep.

Drs. Bardet and Meyer, assistants of Dujardin-Beaumetz, anaesthetizing, for experiment, their own skin, observed, half an hour after the injections, dilated pupils and comatose symptoms. One of them fell in a state of vertigo, with pallid face and extreme heart weakness. These toxic symptoms followed hypodermic doses, never exceeding one-third of a grain.

Dr. Ziom, of Dantzic, in 1885, reported a case in which a solution applied to the eye caused pallor and embarrassed breathing, and said that, up to that time, seventeen cases had been cited in ophthalmological literature, in which toxic effects followed the use of cocaine. In three, by injection; fourteen applied to the eye. Pallor, giddiness, dyspnea, malaise, apathy, great prostration, tottering gait, difficulty of speech, mental confusion and extraordinary restlessness were symptoms noted in both strong and feeble men and women.

Dr. G. W. Kennicott, in the *Chicago Medical Journal*, October 20, 1885, reports: A young woman, aged twenty-five, of good constitution, had been using, per medical advice, a two per cent solution of cocaine for hay fever. The supply becoming exhausted, she procured two five-grain vials of the muriate, full strength, and applied two-thirds of the contents of one bottle to both nostrils with a small glass insufflator. In twenty minutes she became dizzy, vision dark, and a sinking sensation occurred, with great weakness. In half an hour she was semi-comatose, pulse scarcely countable, so rapid and weak; pupils widely dilated; speech and swallowing difficult; dyspnea; nausea; throat dry; teeth chattered and she shivered with cold. Later, drowsy; eyes closed; face muscles affected; weakness extreme; she could not support her head. She recovered in three hours under brandy, ammonia, digitalis, heat to epigastrium, and heat and friction to extremities.

Dr. Geo. J. Engelman, in the *Medical Review*, June 13, 1885, records these cases: Mrs. C., aged twenty-eight, in fair health; at 5 p. m., took one-sixth of a grain by the mouth; one hour later this dose was repeated, and soon after she felt a tingling in her fingers, hands and wrists, with discomfort and oppression about the chest, and vomiting the moment she turned in bed. At 7:30 she took a third dose, same amount, and in fifteen minutes was excessively restless, great difficulty of breathing, tight band like feeling about chest, faint and felt as if dying. At 8 o'clock still faint, was dyspneac and tingling had extended to feet and legs. At 8:15, tingling gave way to numbness, beginning in hands and extending to feet; "became perfectly still, as if breathing her last;" quite numb and stiff; thumbs adducted; pulse feeble, frequent, irregular and intermittent. These toxic symptoms subsided after one-sixth of a grain of morphia, hypodermically.

Mrs. F., aged thirty-five, enciente, took forty drops of a four per cent solution to relieve nausea. Immediately she felt a complete numbness along the tongue and throat; to test the feeling, she bit her tongue, and found it perfectly numb. She became weak, perfectly relaxed, with oppression about the heart, and felt as if dying. In twenty minutes the entire body became cold and numb. Pulse feeble and very rapid. Heart felt as if constricted by an iron band and "hammered loudly at a fearful rate." Symptoms persisted several hours.

Dr. Litten, at a meeting of the Berlin Medical Society, November 4, 1885, in a debate on the action of this drug, cautions against its too general use. He said that among other ill-effects known to occur after an injection are attacks of mania, sometimes very violent, which may prove dangerous; and he asserted the various toxic effects, in some individuals, reach such a high degree that actual danger to life seems to threaten the patient. The three cases next cited are of interest in this regard.

Dr. Geo. T. Stevens, *Medical Record*, January 17, 1885, reports that he injected four minims of three and one-half per cent solution under the conjunctiva of a strong man. In eighteen minutes "violent convulsions set in, attended with desperate struggles to breathe. The face became livid, consciousness was lost, and the patient became uncontrollable. After struggling in an easy-chair for some time, he arose in a state of frenzy and struck violently about. Stimulants were administered, and the most alarming stage of the paroxysm ceased after a duration of nearly twenty minutes. Fully half an hour, however, passed before we could regard our patient as beyond danger. I believe that this paroxysm was the manifestation of the toxic influence of the drug."

Dr. Robert Newman, of New York, has reported to me the case of a gentleman, aged forty, in whose urethra a physician injected one drachm of a cocaine solution—strength not stated—prior to cutting the meatus. In half minute, patient's face flushed, he felt a general pricking sensation, followed by a piercing sting in his temple, violent headache and great excitement. Then he became maniacal, and under the delusion that he had been attacked by a robber, sprang from his seat, seized the doctor by the throat and began to beat him. The delirious excitement persisted three hours.

A well-known physician of this city gave me his experience with cocaine. Suffering from an attack of otitis media, he used freely, by advice of his medical attendant, a ten per cent solution in the ear. It caused flushed face, quickened pulse, and breathing—the former 130—wild look, fixed gaze, hallucinations and delusions—the latter homicidal—attempting assault on a near relative—which persisted three hours, followed by decided depression.

Dr. J. P. Knoche, in the *Kansas City Medical Record*, December, 1885, reports the case of a man, aged twenty-three, to whom

he gave cocaine, hypodermically, for anæsthesia, using, in several injections, within thirty-five minutes, about two and two-fifth grains. In seven minutes patient was cold, and sensation lost in hands, forearms, chest and legs. In twenty minutes breathing was difficult, interrupted, sighing. Pulse almost imperceptible, intermittent and very rapid; lips and skin generally pale and cold. Patient was semi-comatose for a time. Numbness in extremities lasted four hours; imperfect palmar sensation ten hours. Nine hours after, severe renal pain and copious diuresis; the tremor and weakness continued twenty-four hours. Symptoms gradually decreased under free alcoholic stimulation.

Dr. H. J. Boldt, New York City, reports four cases of toxic symptoms from cocaine injections. I. He injected fifteen drops of a four per cent solution to relieve an attack of supra-orbital neuralgia. Immediately patient's face became red, dizziness, dyspnea, pulse frequent and feeble, and feeling of oppression about heart. In three minutes patient fell unconscious and breathing ceased, so that, for fifteen minutes, artificial respiration was required. Then respiration returned, but only five or six per minute, deep and sighing. Heart sounds and pulse very weak and frequent; pupils widely dilated; gaze fixed. Shortly before and directly after return of consciousness, convulsive twitchings of upper extremities. Ten minutes later, speech was confused and incoherent. In an hour patient was able to walk, but gait was groggy. Neuralgic pain did not return for three days. At patient's request, ten drops of the same solution were again injected, and like symptoms resulted, but were not so prolonged. Five or six drops of this solution, in this patient, caused flushing, dizziness and dyspnea, with constricted feeling about chest continuing half an hour.

II. Female, aged thirty-three. Eight drops of a four per cent solution were injected for local anæsthesia prior to operation for lacerated cervix. It caused flushing, followed by dizziness, dyspnea, nausea, deathly pallor and cold sweat. Pulse frequent and feeble; pupils dilated. Symptoms subsided in half an hour, leaving patient so weak that operation was deferred.

III. Female, aged thirty-three. Neuralgic headache. Eight drops of four per cent solution were injected over greatest pain, causing dizziness, dyspnea, quick, weak pulse, distress in chest, especially about heart, deathly pallor, nausea and sweating, persisting more or less for forty-five minutes.

IV. Female, aged twenty-six. Five drops of a five per cent solution, caused, three minutes after injection, giddiness, palpitation, quick pulse, languor, and temperature rise to 100 8-10 in fifteen minutes.

Dr. F. DeHavilland Hall, London, reported the case of a lady, aged fifty-six, to whose nostrils he applied a ten per cent solution, by spraying. In a few minutes patient complained of cramp-feeling in throat; became very excited; face ashy hue; hands cold; pulse very frequent, and distress was so great that chloroform was given, which relieved the spasm, but she was not able to leave until after four hours.

Knapp noted headache, vertigo, nausea, tottering gait, skin pallor and cold sweat from hypodermic injection of thirty-five drops of a four per cent solution, with instillation of a few drops of the same in the conjunctival sac.

Reich reported two cases, both females, aged ten and sixty, in which toxic symptoms followed the use of fifteen drops of a two per cent solution.

Bellyarminoff, of St. Petersburg, observed five cases in which a four per cent solution to the eye, caused headache, vertigo, nausea and vomiting.

Alex. Thompson, M. B., Huntly, Eng., reported this case: He applied a few drops of a fresh two per cent solution to the conjunctiva of W. R., aged twenty-five, perfectly healthy, prior to removing a fragment of steel. In two minutes, patient became deadly pale, reeled, and would have fallen if not supported. Was quite pulseless, and, with difficulty, was brought round. Fully half an hour passed before he could go home, and even then was giddy.

Dr. Grosholz, Towyn, Eng., observed a healthy farmer to whose eye three drops of a four per cent solution were applied, causing pallor, profuse sweating about head and neck, irregular pulse, embarrassed respiration and impending syncope. A stimulant was given, but it was several minutes before the pulse became regular and consciousness was regained.

Dr. Edward Bradley, New York City, noted this case: A professional gentleman, in perfect health, had a four per cent solution freely used in the filling of a carious tooth. Toxic symptoms soon appeared, the most noted being facial paralysis on the right side. "This condition undoubtedly began its development much earlier than the time of its discovery, as it went

on its course of extension for the two succeeding days, involving every function on the right side of the head, rendering me deaf, and unable to close the eye. The brain was depressed so as to destroy all continuity of thought, and I was unable to read or exercise any mental function whatever." The paralysis remained stationary ten days, then slowly lessened, but had not entirely gone at end of six weeks.

Smidt, Ranc, Obersteiner and Blumenthal have noted, after an injection of cocaine, dizziness, agrypnia, muscular twitchings, increased reflex excitability, hallucinations and mania.

Dr. Chas. H. Hughes, St. Louis, Editor of *Alienist and Neurologist*, wrote me: "I know of a case where one grain of cocaine paralyzed the heart so effectually that the pulse became imperceptible for a few seconds, and only my presence with my battery, which was in the room, and ammonia, and a morphia and strychnia hypodermic saved the patient."

Germane to the subject of acute cocaine toxæmia is that of cocaine addiction—these notes are preliminary to a more extensive paper on cocaine inebriety—the existence of which Dr. Hammond denies. He took a half dozen doses, at intervals of one to four days, and says "he acquired no habit." But to argue from that, no danger of addiction, is absurd. Such evidence is worthless. Dr. Hammond might do the same thing with morphia—more, he might take morphia, subcutaneously, daily, for a month or two, without creating a "habit"—albeit its ensnaring power is well admitted—and yet that would not prove its freedom from danger. Not at all; it would merely show his exceptional strength to resist—many, under a like pressure, would surely succumb.

Supporting this opinion, I quote from the last report of Dr. Orpheus Everts—Cincinnati Sanitarium—a gentleman well-known in alienistic circles—which report was kindly sent me after my paper was written—who says: "A distinguished physician of New York has recently reported personal experiences tending to discredit the claim that a cocaine habit, corresponding to the morphia habit is acquirable. The judgment of this distinguished physician is based upon the evidence of personal experience, reported by himself, he having failed to acquire the habit, or any especial fondness for the specific effects of the drug, experienced by the hypodermic injection of one, two, three, and finally eighteen grains of the salt, on five or six different occasions in the evening before going to bed.

“But for the great reputation of this physician as an author and observer of facts, this denial would have but little weight. The testimony is both bad and insufficient. Bad, because reported by himself—the testimony of an intoxicated person respecting his experiences while intoxicated being proverbially untrustworthy—and insufficient, because the experiment was not continued long enough. Many instances might be cited of total failure to establish the morphine habit or habitual drunkenness, by the use of six or seven doses of morphine, or six or seven drinks of whiskey one a day for six or seven days in succession. It is often the case that such experiences end with disgust for the drugs used, instead of a desire to continue their use. There is also much and accumulating testimony, by competent observers, to the fact of such a habit as is alleged, respecting cocaine, which a single opinion will not invalidate, however worthy of consideration.”

Cocainism is not the outcome of using the drug at long intervals. Its transient effect and the demand of an impaired nerve status compel frequent taking—more than alcohol or opium—so that habitues have been known to take it ten, twenty or more times daily, and it is this—growing by what it feeds on—that tends to create and continue the disease.

In the early days of chloral, one point claimed in its favor was a freedom from risk of “habit,” a claim long ago exploded, as cases of chloralism well prove, and yet, I venture to assert, there are more cases of cocaine taking in this country to-day, less than three years since its arrival, than of chloral after a period more than six times as long.

Dr. Hammond says there may be instances of cocainism as rare as chronic tea-taking, and of cases with or after habitual alcohol or opium using, but, as for quitting the drug, he believes every cocaine taker could if he would.

The same opinion regarding opium obtains among some medical men, and the only effective argument against such a fallacy is to place those who hold it under power of that drug, and then have them prove their precept by their practice.

While admitting that most instances of cocaine taking are, for obvious reason, in those who have been, or are, alcohol or opium habitues, especially the latter, I maintain there are cases of pure, primary addiction, and that the number is increasing, at home and abroad. Foreign writers have noted them, and

they will figure in our records. Notes of one such are here given; others are at command.

I am indebted to the courtesy of Dr. J. E. Clark, Prof. of Chemistry, Detroit College of Medicine, as follows: "In July, 1885, a young man applied to me for relief for what he called a severe and persistent case of hayfever. He had consulted a large number of physicians without obtaining relief from the irritating and annoying acrid discharge from the nostrils. He claimed he only wished relief for a time until he could make arrangements to leave for the West, as he had lost hope for anything like a permanent cure in this climate.

"I prescribed the following:

Cocaine Muriat. Eight grains,

Aquæ Camphoræ. Six drops,

Aquæ Destill. One ounce,

with directions to pour a small quantity in the hand, and snuff occasionally.

"Three or four days later he appeared at my office, his face radiant with hope that he had found a specific, and remarked that 'he had felt better the last few days than for a year. He had exhausted his medicine, and I consented to his having the prescription refilled. I heard no more of the case, until one day in November I was in a drug store, and was asked by the proprietor 'do you know Mr. — is using about eight dollars worth of cocaine a week?' I expressed my astonishment, forbade any further sale, and at once called but failed to find the young man. I then drove to his parents' residence and asked them if they were aware of their son's excess in this matter. They did not know of his addiction to the cocaine, but had noticed for some time, peculiar symptoms which alarmed them. I explained the circumstances fully and added my belief that no serious results would ensue provided total abstinence should follow. The sequel shows, however, the 'habit' had gone too far to be easily eradicated, as the young man went on until he became temporarily insane, had to retire from his business, and be under strict supervision until the craving disappeared, a space of about three months." The doctor adds—"this case has furnished me such *positive proof* of a lurking danger in the use of cocaine, that all the negative evidence or hypothetical assumptions published or adduced cannot have the least impression in causing me to relax for an instant, the most rigid

supervision of every patient to whom I in any manner administer or apply the drug."

The following report, kindly sent me by Dr. Douglas Schoolfield, Newport, Ky., well shows the ill effect of cocaine on patients addicted to morphia.

Mr. — had been an opium habitue for severally years, from morphia given subcutaneously to relieve sciatica.

In May, 1885, taking ten to fifteen grains daily, with nervous and digestive systems impaired, but weight nearly normal and mind clear and vigorous, he came under the doctor's care. Cocaine being then in rising repute as a cure for morphia taking, he was given half a grain, subcutaneously, knowing, unfortunately, what it was. Nausea, pallor, rigors and cold sweatsoon ensued, followed by flushed face, brightened eyes and a feeling "never so good in all his life." He was delighted, talked incessantly and declared himself, mentally, the peer of Spurgeon; physically, equal to Samson. The stimulant effect continued two hours, followed by lassitude and sleep. The cocaine was given at irregular increasing intervals for two weeks, when an effort was made to quit. Two days later, he left for a summer resort and was lost sight of. The next heard of him was through the town druggist, who remarked that he thought Mr. — must be "getting a 'corner on cocaine," as he had ordered his entire supply and the address of his wholesale house. He was written to and urged to place himself under proper medical care, but no more was heard of him for two months, when the doctor was sent for, told he had been brought back and given this history. On starting for his summer trip he procured a supply of cocaine and began taking it himself, several times a day. In a few days he talked and acted strangely, slept little, appetite failed and he grew worse daily. An effort was made to withhold it, or substitute morphia, but he resisted both and raved like a madman. He had always been kind and even-tempered, but now became irritable and abusive; had hallucinations and homicidal delusions; would leap from bed, rush to window, raise sash and gesticulate wildly at a fancied foe. Calmed, he would be quiet a time, and then break out in the loudest abuse of some friend present, declaring him in league with the devil for his harm.

The doctor was warned as to entering his room, and proceeding with care, patient was found in fighting form, with a long

necked bottle ready for battle. Addressed kindly, his suspicions were disarmed, he abandoned his hostile attitude, apologized and declared himself quite mistaken. "His condition was pitiful indeed. Constant vigil and loss of sleep had made him a wreck. He was pale, thin, and haggard; ate nothing and slept none; was a prey to distorted fancy, a victim of unrest."

Under proper treatment, he partially recovered, and was placed in Sanitarium care. Six weeks after was discharged, but in bad mental condition, morose and melancholic. He soon became violent and threatening, and was again taken to an asylum, where he now is, improved and improving.

My experience with a number of cocaine cases, makes to me two things certain—there is a pernicious power *per se* in this drug, and it finds in the opium habitue a peculiar condition that specially favors its ill effects, making it, for such patients, as has well been said, the "Devil's own device" to still further enslave.

And this opinion is that of others, for it is the testimony, without exception, so far as I know, of those who have had to do with this disease, that as an intoxicant, cocaine is more dangerous than alcohol or opium, and that inebriety resulting from its use is more marked and unyielding than any other form.

Dr. Shrady—Editorial, *Medical Record*, November 28th, 1885—says: "To some persons nothing is more fascinating than indulgence in cocaine. It relieves the sense of exhaustion, dispels mental depression and produces a delicious sense of exhilaration and well being. The after-effects are at first slight, almost imperceptible, but continual indulgence finally creates a craving which must be satisfied; the individual then becomes nervous, tremulous, sleepless, without appetite and he is at last reduced to a condition of pitiable neurasthenia."

Dr. Alex. B. Shaw, Physician to St. Vincent Asylum for the Insane, St. Louis, asserts: "Once a man flies to cocaine for relief from 'cares that annoy,' he generally continues with such rapid strides towards such complete subjugation to its bewitching thralldom as but few will ever be rescued from by any power of will which they may be able to bring to their aid."

Dr. Everts writes: "It is not only not an antidote to opium poisoning—or, more properly speaking, the organic demand for such drug effects as have been acquired by use—but is itself a fascinating and dangerous intoxicant, the effects of which may

be more difficult to counteract and renounce than are those of opium or its derivatives."

Dr. Hughes declares it "a remedy to be used with extreme caution and prudence internally, and the large doses reported as having been given are not ordinarily safe. It will bear watching. It crazes and kills quicker than opium. The possibilities for immediate harm are not only great, but the likelihood of remote damage when tolerance is established is not small. The cocaine habit, more pernicious than the morphine neurosis, is the certain entailment of its frequent administration and its thralldom is far more tyrannical than the slavery of opium."

Erlenmeyer calls cocaine the third scourge of Humanity—alcohol and opium being the first and second—and Erlenmeyer is right, as to toxic neuroses. He says: "Its characteristic effects are vaso-motor paralysis, accelerated pulse, profuse sweats, dyspnea and syncope, failure of general nutrition, eyes sunken, skin cadaveric, with mental trouble that sometimes needs restraint," and I am positive, from cases under my care, that he is correct.

I think it, for many, notably the large and enlarging number of opium and alcohol habitues, the most fascinating and seductive, dangerous and destructive drug extant; and while admitting its great value in disordered conditions, earnestly warn all against its careless giving in these cases, and especially insist on the great danger of self injecting, a course almost certain to entail added ill.

To the man who has gone down under opium and who thinks of taking to cocaine in hope of being lifted out of the mire, I would say, "don't," lest he sink the deeper.

I have yet to learn of a single instance in which such an effort reached success; but know many cases where failure followed, or, worse, cocaine or coca-morphia addiction.

And the need of caution against free and frequent using obtains in other cases, for there may come a demand for continued taking that will not be denied.

To summarize:

Cocaine may be toxic, sometimes deadly, in large doses.

It may give rise to dangerous, or even fatal symptoms, in doses usually deemed safe.

The danger, near and remote, is greatest when given under the skin.

It may produce a diseased condition—in which the will is prostrate and the patient powerless—a true toxic neurosis, more marked and less hopeful than that from alcohol or opium.

Such being my belief, I regard Dr. Hammond's statements mistaken, and his conclusions rash and dangerous.

ASSOCIATED SYPHILITIC AND TUBERCULAR ULCERATION OF THE THROAT.

By J. D. ARNOLD, M. D., San Francisco.

EDITOR WESTERN LANCET: As a rare instance of the association of syphilitic and tubercular ulceration of the throat, the following case may interest your readers. A young man aged 28 came to me with the statement that after a severe cold contracted while bathing, his voice had grown weak and husky, and he could speak only in a voiceless whisper. The patient's appearance led me to doubt the sufficiency of this etiology for his aphonia. He was extremely emaciated, of a pale yellowish complexion; had hollow brilliant eyes, and his thin bloodless lips occasionally emitted a spasmodic, ineffectual cough. On close questioning, I learned that during the past twelve months he had frequently had slight hemorrhages. He had lost within that time nearly thirty pounds in weight, and was taking cod-liver oil and tar water. His father and two uncles (father's brothers), died from lung disease. His mother was alive and well. He had one younger brother who was well and robust. Upon examination I found the pharynx and even the arches of the palate very anemic and wax-like in color. At the superior margin of the epiglottis there was a deep granulating ulcer with infiltrated border, that had destroyed a small wedge-shaped portion of this cartilage. Both arytenoids were œdematous, and between them in the inter-arytenoid space was a deep ulceration fringed with papillomatous excrescences, which sprang from within the cavum of the larynx. The ventricular bands red and thickened, but their epithelial covering intact. The superior surface and vibrating edge of the whole left, and the anterior third of the right cord, as well as the petiolus, covered with broad shallow erosions, which appeared to extend no deeper than the mucous membrane. The anterior wall of the trachea which could be seen as far as the bifurcation was red, but showed no erosions.

If the history of the case together with the laryngoscopic appearances left any doubt as to its nature, it was thoroughly dispelled by the percussion and auscultatory signs. The whole apex was dull and woody as far as the lower margin of the second rib; at this height there was a suspicion of tympanism in the percussion note, and over the third rib near the edge of the sternum there was well marked amphoric resonance. The breath sounds were tubular over the whole side and at the third rib cavernous. The upper portion of the right lung gave some signs of infiltration; the percussion note lacked resonance and as far as the second rib there was mixed breathing with prolonged expiration. Posteriorly on the right side—breathing and percussion note normal, except some slight dullness in the supra-scapular region. On left side, dullness and loud bronchial breathing as far as the sixth intercostal space, from this point there was some resonance as far as the eighth rib where it abruptly gave place to complete flatness and cessation of breath sounds and fremitus. (Here, very probably, there were the remnants of a pleuritis: on the opposite side, breathing could be distinctly heard as low as the tenth intercostal space.)

With phthisis thus written in giant characters under every fact that the throat and lung examination had elicited, I addressed myself despairingly to treatment. The syrup of hypophos. comp. was ordered and a milk diet advised. As cough and swallowing were painful I directed the patient to use twice daily a 2 per cent sol. mur. cocaine through a steam atomizer, and occasionally insufflated morphia into the larynx. This made cough and deglutition easy and induced rest at night. One day the patient surprised me with the following confession: "Doctor, I denied ever having venereal disease, but I *did* have a chancre about three years ago." Thereupon I examined his body carefully and found an indurated cicatrix behind the corona of the penis, and several broad condylomata at the margin of the anus. A suspicion then arose in my mind that perhaps the throat ulcerations were syphilitic and not tubercular. I forthwith prescribed a pill of hydrag. proto-iodide gr. $\frac{2}{3}$ and opium grs. $\frac{1}{3}$, three times a day.. In five days there appeared unmistakable signs of cicatrization in the ulcerations upon the cords and epiglottis; and in three weeks they were entirely healed; but the arytenoid swelling and deep inter-arytenoid ulcer showed not the faintest evidence of repair. The voice was

much improved, and the patient considerably elated thereat; but the disease progressed towards its usual termination, though the immediate cause of death was an uncontrollable diarrhoea (probably tubercular enteritis).

Many text-books mention the possibility of complicated syphilitic and tubercular ulceration, and Henigh and Eppinger note that a syphilitic sore occurring in a phthisical individual may become tubercular; but I have been unable to find any case recorded wherein—as in the above—there was undoubted syphilitic and tubercular ulceration progressing side by side, each after its own manner. The evident clinical lesson taught by the foregoing experience is that destructive disease in the larynx of a phthisical patient should not be diagnosed too hastily as tubercular, and, therefore, incurable. Observe further that such a case supports the view that the larynx is invaded through the lymph as blood channels, and not from its mucous surface; since the ulcers on the cords and epiglottis certainly did not become tuberculous. The contracted department of the venereal and tuberculous ulcer towards mercury needs no comment.

A METAL CATHETER IN UTERUS FOR OVER FOUR MONTHS.

By CLINTON CUSHING, M. D.

On December 4th, 1886, Mrs. W. E. called at my house and gave me the following history:

She was twenty-four years of age, and had borne one child. On July 24th, 1886, finding that she was pregnant two months, she applied to a notorious female abortionist in this city, who, for a stipulated sum of money, agreed to produce the abortion and to keep her in her establishment, which she calls a lying-in-hospital, until the abortion was consummated.

This doctress then put something into the patient's womb and, without informing her, left it there.

At the end of three days the patient, becoming disgusted with the sights enacted in the establishment, left it and did not return.

On August 20th hemorrhage, from the uterus, set in, and an abortion ensued, attended with the usual pain and loss of blood.

On September 15th pelvic peritonitis was set up, resulting in

such grave symptoms that her life was despaired of by two physicians in attendance.

From this she gradually recovered, but suffered much from a pain in the region of the uterus and rectum.

One day while examining herself she discovered some foreign body in the vagina, but was unable to move it. She sent word to her physician, whereupon he examined her, and found the condition presently to be described, and advised an operation to remove the foreign body.

Dreading the pain, she postponed having anything done, in the mean time suffering greatly from vaginal discharge and from distress in back in region of coccyx.

After listening to the foregoing history, which has since been corroborated by her physician in all the main points, I examined her and found a metal rod or tube projecting from the os uteri, the projecting end being buried in the posterior vaginal wall and immovably fixed.

Upon making a rectal examination, the end was found to have passed to the left of the bowel and was buried in the tissues to the left of and in the region of the coccyx.

With a pair of heavy curved shears I now cut the tube in two just below the cervix uteri and easily withdrew the upper part from the uterus, then seizing the upper end of the fragment, which was buried in the tissues, with a pair of strong forceps I attempted to remove it, but found that this could not be done with any reasonable amount of force. I now found that there was a projection from one side of the tube near the end, and that this was incarcerated in the tissues behind the vagina, necessitating the enlargement of the opening with a pair of scissors before it could be removed. No unfavorable symptoms followed. Vaginal injections of warm carbolized water were used three times a day, and at the end of a week she called and reported herself feeling quite well.

As will be seen from the specimen herewith presented, it is a long female catheter made of brass, silver plated, with a metal ring soldered upon one side near the open end. That the patient should, under the circumstances, have been able to go about upon her feet acting in the capacity of nurse, seems remarkable. Had it been impossible to divide the tube in the vagina, it would have been necessary to have made an opening from the back by the side of the coccyx in order to remove it, as the length of the tube was so great as to prevent the uterus from being pushed up sufficiently to clear the end of it.

CONCEALED HEMORRHAGE OF THE GRAVID UTERUS.

By J. A. ANDERSON, M. D., San Francisco.

Among the many perils which attend childbirth, there are none more insidious, more deadly, or requiring greater skill and courage on the part of the obstetrician than concealed uterine hemorrhage.

This form is styled accidental by most writers, to distinguish it from the unavoidable which occurs in mal-insertions of the placenta. It is not to be confounded with, although nearly allied to, the hemorrhage which is sometimes encountered during an otherwise normal labor, and which indicates that through the natural expulsive effect, or perhaps by an irregular contraction, the placenta or a portion of it has become detached.

Of true concealed uterine hemorrhage I have met with two cases; one of which, as being a perfect type of this form of dystocia, I report below. It also presents the somewhat unique feature of complete ante-partum separation of the placenta.

Mrs. Hansen, aet. thirty-five, 6-para. Both parents died of phthisis. Five of her six children perished within a few days of birth from lack of vitality. In the beginning of her sixth pregnancy I placed her upon a systematic hypophosphite treatment which resulted in the birth of a comparatively healthy child which is still living.

Upon reaching the seventh month of her seventh pregnancy she was seized with severe choleraic symptoms; the vomiting being particularly urgent. I saw her at 1 p. m., and prescribed the usual remedies. At 4 p. m., I called again and found her suffering from severe uterine pain, unlike that of labor and accompanied by a peculiar uterine tenesmus causing an unremitting pressure on the amniotic fluid. The cervix was undilated and normal, and through it I could feel the head of the child.

I administered two grains of opium and warned the attendants of an impending miscarriage. The existing gastric trouble led me to infer that the pain was sympathetic uterine colic, and in the absence of all evidence of shock I did not suspect concealed hemorrhage.

Scarcely had I reached home, a distance of four blocks, when a message came that the waters had broken. I returned in haste and found the woman almost swimming in blood. Examination revealed unruptured membranes containing fluid.

The hemorrhage had apparently ceased, and there was no further tenesmus.

Suspecting partial placenta prævia, I introduced my finger within the cervix and swept it all around, but found no placenta or placental site. I then ruptured the membranes, which was followed by the escape of about $1\frac{1}{2}$ lbs. of bloody fluid. During the escape of this fluid, while exploring the uterine cavity, a body which I easily verified to be the entirely detached placenta, floated down against my finger. I displaced it upwards and allowed the head to present. When the waters had all escaped a small stream of bright red blood began slowly welling from the os. I now began a rapid dilation of the cervix, with a view to terminating the labor as quickly as possible. Since the flooding the pain had ceased, and the patient strongly objected to immediate delivery on that account. The os yielded readily, and in a few minutes I applied Barnes' long forceps to the head. Drawing it well down, I perforated between the blades, compressed them until a large portion of the brain had escaped, and so succeeded in delivering the child through a relatively small cervical aperture. The placenta, an extremely small one, followed the child instantly, presenting by its uterine surface. It was blanched and bloodless, and had evidently been separated some hours. Introducing a hand within the uterus, to insure its contraction, I found the placental site well up in the left corner. There was now good contraction, and for the first time during all these manifestations the steady flow of blood through the cervix ceased.

The sequel is soon told. The patient was dying from excessive loss of blood. I gave several hypodermics of whisky, and hastened home for transfusion instruments. Returning, she was so nearly gone that I hurriedly exposed a vein and threw in six ounces of warm water, slightly saline. Her husband then bared his arm, but owing to haste and inexperience in venesection, I only succeeded in getting two ounces of blood. Diluting this with six ounces of the saline solution, I threw it in also, but without avail. She quietly expired fifteen minutes after the last transfusion.

The placenta became detached, no doubt, by the vomiting, which must have ruptured a vessel in it so centrally located that the accumulating fluid, assisted by the retching, separated it in its entirety. The hemorrhage, in the first instance, forced its

way between the decidua vera and reflexa, collapsing the latter until it finally reached the cervix when it suddenly escaped. Before reaching this point, however, it must have lacerated the membranes, high up, sufficiently to permit the entrance of blood within the amniotic cavity, as it was found there, notwithstanding that this membrane presented at the os unruptured.

My second case was exactly similar. There was a history of violent exercise—washing—followed by uterine colic and tenesmus. The hemorrhage in this case was through the ruptured membranes directly into the amniotic cavity, and was so excessive that upon my rupturing the membranes the bed, as before, was instantly deluged with blood. I dilated, turned and delivered within twenty minutes of first seeing the case, having this time promptly recognized the nature of the trouble, but the patient had already lost too much blood, and died from this cause. There was no evidence of shock in this case, also, until after the child was delivered.

In the management of these cases the most important thing, I think, is their early recognition. This is far from easy. The constant pain and tenesmus above referred to are certainly the most reliable symptoms, but unfortunately they do not present themselves until often sufficient blood has escaped to excite the uterine walls to contraction by its pressure. This, too, in the face of the fact that the primary effect of the loss of blood is to weaken or suspend uterine action. All writers whom I have consulted declare that shock or collapse is the most prominent symptom, yet in neither of my cases did this occur until after a fatal amount of blood had already been lost. I have recently seen a case of hemorrhage into an ovarian sac where the pain and tenesmus consequent upon the stretching of its walls exactly imitated those of concealed uterine hemorrhage, and in this instance, too, there was complete absence of shock. If the pain and tenesmus appear so late as to be of little value, then, surely, shock assumes only a kind of post mortem importance as indicating what has occurred.

If, therefore, there be a history of violent retching, of a blow or fall, or if without traumatic cause a peculiar constant cutting or tearing pain occurs, something like colic yet still unlike it, and upon examination we find an unremitting pressure upon the amniotic fluid, we should suspect concealed hemorrhage whether shock be present or not.

The nature of the accident once recognized, the treatment may be summed up in three words: Empty the uterus. Barnes dilators, then rupture of the membranes and either turning of the forceps as seems most practicable.

If, after delivery, the collapse be alarming, which I fancy must almost invariably be the case, then transfusion of blood is imperatively demanded, and if blood can be obtained it should be done. In the absence of blood new milk might be tried, or if that is not at hand then simple warm water ought to be injected into the veins in sufficient quantity to prevent their collapse. I have reason to believe that this latter will answer almost equally as well as blood. To inject warm water an ordinary Davidson syringe attached to a large aspiratory needle, Eustachean catheter, or some similar instrument will amply suffice. I keep an Alpha syringe, which throws an even, continuous stream, always ready for use for this sole purpose. Dr. Mackintosh, of this city, kindly devised and had made for me a metal tip, which being long, conical, and properly curved, makes with the Alpha syringe an excellent transfusion instrument.

I have purposely refrained from the fine anatomical distinctions in concealed hemorrhage, made by Goodell and others, because I fancy they lack practical value. Whether the blood forms a *cul de sac* behind a placenta adhered by its edges; whether it collapses the membranes and accumulates in the fundus uteri; whether it dissects between the membranes or bursts through them into the liquor amnii, matters little if enough blood be lost to endanger life. And if less than this escape it will hardly be detected ante partum, or require active interference.

Those cases, too, marked by a show of blood or serum, or accompanied by an accurate plugging of the maternal outlet during labor can hardly be classed as concealed hemorrhages, and, therefore, do not lie within the limits of this paper.

THE APPLICATION OF THE SAYRE PLASTER OF PARIS JACKET.

By HENRY M. SHERMAN, M. A., M. D., San Francisco.
(Orthopedic Surgeon to the Children's Hospital.)

In the treatment of spondylitis and its resulting deformities the method usually followed is that originated by Prof. L. A. Sayre of New York, namely: the plaster of paris jacket, and I

ask your consideration of its applicability, and more especially of the method of its application.

In spondylitis we labor under the disadvantage of dealing with an inflammatory bone lesion, demanding, as every inflammatory lesion does, rest for the inflamed part, but with that part so situated that rest, which in bone diseases means freedom both from pressure and from motion, can only be approximately secured. This is very plainly due to the fact that the bones affected are parts of the spinal column, where they must support the weight of the trunk and head above them, and are also the basis of support for the ribs, and the points of attachment for thoracic and abdominal muscles, which are concerned in the unceasing act of respiration. But while from their anatomical situation we are prevented from giving them perfect rest, that should still be our therapeutic guide, and the nearest to its complete attainment should be our object.

By no means, by no brace, stay or support, is this more nearly possible than by the plaster jacket. It is the one apparatus that almost fulfills the one indication. It lies close to and steadies the spinal column from the sacrum to the fourth or fifth dorsal vertebra; it closely embraces the pelvis and thorax, supporting the weight of the trunk, limiting the action of the ribs and giving them a point of support when they do move, giving to the body in fact, an external skeleton to use while repair takes place in the diseased bone.

The degree of success which will attend the proper application of a jacket will depend upon, chiefly, two factors, the location of the lesion, and the form or figure of the patient. A spondylitis situated in the lumbar portion of the spinal column is easily immobilized and can be almost entirely relieved from pressure, but the different bones are still subject to the force exerted by the muscles attached to them. In higher localities, dorso-lumbar or lower dorsal, the immobilization is still not difficult, relief from pressure is, however, not so great, the force exerted by the attached muscles is more continuous, and there is also added that due to the constantly moving ribs and their attachments. Still higher, mid- and upper-dorsal, immobilization is not so perfect, the relief from pressure is little or nothing, and, in addition to the respiratory muscles we have also those moving the neck, head and upper extremities, which must find here or on the ribs the fixed point for their action thus immed-

ately or mediately affecting the vertebræ. There is, then, no point where perfect rest, or freedom from all force, can be secured, and above the mid-dorsal region the relief from pressure, the most important element, cannot be obtained at all by the jacket alone and without additional apparatus, while there are here attached bi-lateral groups of large and powerful muscles.

The power of a jacket to support and relieve from pressure depends also on the form or figure of the patient. The jacket is built upon and around the pelvis and is by it supported. Just above, around the waist, its circumference is less and thence it increases in size to accomodate the thorax. It is upon this swell of the jacket fitting the increasing size of the thorax that the power to support depends, and it is evident that with a waist relatively small and a thorax relatively large more power is permitted than when these approach each other in size; moreover, if the waist be larger than the thorax there is no lifting power at all. To estimate this power in a given jacket it is only necessary to compare the chest and waist measurement, or, on the patient it may be done thus: the patient being erect drop a line from the axilla perpendicular to the floor and draw a second from the smallest part of the waist perpendicular to the first. The length of the second line represents, approximately, the supporting power of the jacket.

There have been many different methods of application suggested, each designed to remove one of the evident objections or dangers in the original plan. None has yet been devised, however, which accomplishes this and at the same time retains the essential points of Dr. Sayre's first method, and with ordinary care in the suspension the dangers are reduced to a minimum, while attention to the detail of the apparatus and the application of the bandages the objections, which are usually on the part of the patient, can be quite removed.

The dangers present are chiefly due to possible over-extension. The guide always to be followed is the sensation of the patient, the feeling of relief from pain, or discomfort and pressure when the weight is taken off the diseased vertebræ. In adults this is easily known by their statement; in children, however, and especially in young children who have been sick long enough to make them irritable and intolerant of handling, it is more difficult. The expression of the face is not always reliable, for the little patients are frequently crying and begging

to be taken down, frightened at the unusual position. Extension and suspension can usually be practiced, however, until the heels *just* leave the floor; this does not overextend, it always extends enough and is quite safe. The cases in which less extension is desirable are those where the disease is high up in the dorsal region, and those where the disease is subsiding and repair is taking place.

In the former class, harm might be done because of the greater weight of the body below the seat of the lesion, and in the latter it is best to avoid the possibility of rupturing recent and weak adhesions between the vertebræ. As a general rule, it will be found that cases of spondylitis in the middle and lower dorsal regions require the most extension, and those in the lumbar region less, while with the disease in the upper dorsal or cervical regions no suspension is necessary if the patient can stand, for the jacket is merely the foundation for the additional apparatus which constantly afterwards supports the head and makes the extension.

The detail of the apparatus and the application of the jacket are intended for the convenience of the surgeon and the comfort, present and future, of the patient. The crossbar of the suspension apparatus should be jointed that it may be easily carried in an ordinary satchel. The head piece usually supplied by the instrument makers is badly planned and cut; the chin portion will not stay in place, but slips downward and backward and chokes the patient; again, under the occiput, where there is much pressure, there is a buckle which presses against the skin. The head-piece, as it was designed for use with the jury-mast, is much better; in this, the chin part is better cut, and behind, under the occiput, is a broad padded band to take the weight, and the whole is fastened on each side by buckles. The stirrups for the arms should have in them thin strips of steel, which prevent them from bending up, compressing the contents of the axillæ, and checking venous return from the arms.

In preparing the patient two very thin, skin tight undershirts are put on, the outer one inside out, and pulled smooth. In a child no padding is necessary, and a glass of milk suffices for a dinner pad; but in an adult a small dinner pad may be put in between the shirts over the abdomen, with the addition, in a woman, of thin pads over the mammæ. The first layer of bandages is to be put on very wet in order that it may adhere

closely to the outer of the two shirts, the others should be applied as wet as is usual, and the whole *very* thoroughly rubbed together.

It is noticed that with most of the weight suspended and with the feet on the ground the bandages have a tendency to twist the body, pulling one shoulder forward, as they pass to the front, and the opposite shoulder backward as they pass to the back. This can be entirely obviated by alternating, as Dr. George Chismore suggests, the direction of application of successive bandages, the forward or backward pull of one bandage being counteracted by the reverse pull of its successor. In heavy persons and active children it is well to build in narrow strips of tin, roughened on both sides by perforations that the bandages may hold fast to them, and thus increase the strength of the jacket.

The jacket should have partially set before the patient is taken down, and in adults this last is very easily done by standing behind them a board of the proper length and width, or an ordinary door unhung from the hinges, and then, loosening the extension, letting all go over backward together. In two instances I have used long low couches which were cushioned, and on these the patients lay comfortably until the plaster had fully set.

After the jacket has been worn long enough to judge of its proper fit it is cut down the front and removed, the outer of the two shirts originally put on coming off with the jacket and being its lining. If the jacket fit it is prepared for use by supplying it with hooks for lacing and by binding the edges. The hooks are those known as "Military Hooks and Eyes, No. 10," and these are fastened by copper wire, No. 22, opposite each other up the front, one and one quarter inches apart, and one inch from the edge of the jacket. The binding at the top and bottom is done with an ordinary plaster of paris bandage, which is wet and then folded over the edge. Up the front either "Mead's Adhesive Plaster" is used, or, here too, the plaster of paris bandages.

If the jacket is not a proper fit and it is not advisable to hang the patient for the making of another, or if, as in adults where there is no appreciably change of size, it is probable that several jackets of the same size will be needed, the original jacket is varnished on its inner surface with shellac and then filled with

plaster of paris and water, and, this hardening, we have a torso which represents exactly the form of the patient. This torso can now be altered if desired by addition of more plaster moulded on or by the cutting away of some. In making a jacket on the torso it is first varnished with shellac, a gauze shirt is stretched tightly over it and then plaster of paris bandages are applied as on the patient. This is cut off when hard, and bound and supplied with hooks as in the first instance.

In some special cases where there is much emaciation some padding is necessary over bony prominences, and the best material for this is spongio-piline. This is pinned with its sponge side next to the shirt which lines the jacket and the bandages are applied over it thus incorporating it into the structure of the whole.

As regards the bandages, they should be made of cross-bar crinoline, should be two and one half inches wide, twelve feet long, and the plaster, the best dental plaster, should be thoroughly rubbed into the meshes and sprinkled between the folds. A jacket made thus with three or four thicknesses of bandages should be sufficiently strong to support all necessary weight, is light, porous and permits the evaporation of the perspiration, and will last as long as a patient will care to wear any apparatus without the renewal cleanliness demands.

As regards the cost of the materials for a jacket for an adult, it is always under the sum of \$5.00.

MORPHIOMANIA has made great strides in France within the last few years. In Paris its victims almost rival those of alcoholism. At Bellevue (Paris) a hospital has been opened for the care, and, if possible, the cure of those patients. The cure of it is, however, very rare. It is found that both the use and the deprivation of the drug create a tendency to suicide in the victims; and at Bellevue there are cushioned rooms for some of the patients, and a constant watch is kept on all.—*Chem. and Drugg.*

A NUMBER of manufacturing houses have asked that the editorial from the *St. Louis Medical and Surgical Journal*, entitled "Substitution by Druggists," be inserted in this *Journal*. We do so gladly, although as far as we know no druggists in this part of the country are guilty of such substitution.

Proceedings of Societies.

San Francisco County Medical Society.

SAN FRANCISCO, February 8, 1887.

The meeting having been called to order by the second Vice-President, Dr. Davis, the minutes of the former meeting were read and approved. The chair was then taken by the President, Dr. Simpson.

The Committee on Admissions presented a full and favorable report on the applications of C. C. Vanderbeck, M. D., J. H. Stallard, M. R. C. P., London, and C. E. Camp, M. D., all of whom were forthwith elected to membership in the usual manner.

The resignation of Frank Rattan, M. D., was read by the Secretary and accepted by the Society.

The discussion on diphtheria was then continued by Dr. J. A. Anderson, who, in reference to the reported epidemic, said that he did not believe diphtheria to be so prevalent during the present month as it had at any other time throughout the last two years; cases of follicular tonsilitis and pharyngitis, accompanied by bronchitis, were extremely common and doubtless some of these had been reported as diphtheria. He believed that sewer gas plays a very prominent part in the etiology of the disease, and had noticed that the plumbing was defective in nearly all the houses where his latest cases had occurred, the kitchen sink being connected with the soil pipe or some other unsanitary arrangement. He considered a siphon trap as ineffectual against the regurgitation of sewer gas as might be expected from the fact that during the manufacture of oxygen that gas is passed through a much longer column of water than is contained in any trap. The pipes therefore should be disconnected and made to discharge into a hopper.

Dr. Perry said that since the bichloride of mercury had become so common as a germicide it had been his custom to administer the drug in small doses, regulated mainly by the condition of the stomach, and this practice had been attended with most encouraging results. Benefit had been obtained even after a croupous condition was well established, and in one case he had administered one twenty-fourth of a grain every two hours for forty-eight hours.

Dr. Davis still adhered to the muriate of iron treatment, together with a brisk dose of calomel in the early stage. He was very cautious in the use of local applications, preferring a spray of the bichloride of one part in two thousand.

Dr. McNutt said that the pathology of the disease was so obscure that it was doubtful whether to regard it as contagious or contagio-miasmatic. He believed that the reports of the present epidemic were very much exaggerated as he had not met with a case of true diphtheria for several weeks. The treatment of the disease lay more in careful attendance with good nourishment and the judicious use of stimulants than in medicine.

Dr. Whittell called attention to the absence of diphtheria from New Orleans, a city that contains no sewers, but has its sewerage carried in open gutters where it is exposed to the air and oxidised. He regarded sewers as the best means for the spread of these diseases.

Dr. Thayer expressed his opinion that the disease raged with equal violence in cities with and without sewers.

Dr. Simpson had seen a large number of children die from this disease in the mountains where there were no sewers, and believed that importance of these sanitary arrangements in the spread of the disease had been very much exaggerated; probably the real cause lay in overcrowding, frequent interchange of visits among infected families and bad nursing. During the last few weeks there had been an outcry about the prevalence of diphtheria in the city, whereas there had really been no increase in the death rate during the last two years, and the experience of physicians encouraged the belief that the report was due to sensational journalism and errors in diagnosis. He believed that the best treatment consisted in the use of the bichloride, the maintenance of a moist and warm temperature together with nourishment and stimulants.

Dr. R. Beverly Cole said that, owing to his being a specialist, he only met with cases of this disease incidentally, and, therefore, hardly felt qualified to discuss its pathology from more than a general standpoint. Its relation of a sequella to scarlet fever, its coexistence with it, and the similarity of the symptoms led him to believe that the two diseases were almost, if not entirely, identical, and that the treatment called for was the same in both cases. Owing to the increased tendency to coagulation of the blood, he advocated the use of chlorides, but con-

demned the bichlorides; diphtheria being an asthenic disease mercurials were contra-indicated. When he did meet with cases he treated them by means of local applications of hydrochloric acid, one drachm to the ounce. twice daily, a chlorate of potash gargle and the muriated tincture of iron internally.

Dr. Anderson said that he is sure that he has seen the germ of diphtheria, and that the treatment of the disease should be to fight it with another germ.

This closed the discussion.

Dr. Gibbons desired to call the attention of the Society to the report that many establishments forbade their shop girls to sit down or avail themselves of any support during the day, and as the prolonged standing led to swelled legs, varicose veins, disordered sexual functions, and other derangements of health, he thought the Society might devise some means for having the matter investigated with the purpose of seeing if the statements made were correct and remedying the evil if possible.

Dr. Cole said that the subject was one of interest from the sanitarian's point of view, but could hardly be dealt with in a scientific society. The effects of the fatigue were a varicose condition of the veins of the limbs, abdomen, vulva and vagina, together with congestion of the uterus and ovaries. The sacro-uterine, round and broad ligaments are stretched by the weight of the congested uterus, so that there is a prolapse with cervical curvature, and, reasoning from this point, it was a question whether we should not take steps to ameliorate the evil.

Dr. Wanzer hoped the Society would do something in this matter, as she had met with many cases, especially of ovarian troubles, which were attributable to the fatigue of long standing during the menstrual periods.

After some expressions of similar opinions by Dr. Davis, Dr. Perry, Dr. Simpson, Dr. Le Tourneau, and others, Dr. Cole moved that a committee of three be appointed to investigate the matter, and embody the same in a report to the Society at a subsequent meeting. The motion was seconded by Dr. T. J. Le Tourneau, and carried by the Society. The following committee was appointed: Dr. Henry Gibbons, Jr., Dr. L. M. F. Wanzer, Dr. R. Beverly Cole.

Dr. Whittell called the attention of the Society to a clause in the proposed new Charter which substitutes a plumber for a

physician in the Board of Health; and Dr. Perry said that the clause regarding the appointment of visiting surgeons and physicians to the City and County Hospital was made to read "graduate of any *regularly incorporated* medical college," which would open these positions to Homeopathic, Eclectic, or any irregular college.

There being no further business the Society adjourned.

WM. WATT KERR, M. D.,
Recording Secretary.

SAN FRANCISCO, Feb. 22nd, 1887.

The meeting having been called to order by the President, Dr. Jas. Simpson, the minutes of the former meeting were read and approved.

On the motion of Dr. John L. Morse the reading of Dr. Frisbie's paper was dispensed with, and he was invited to open a discussion on the same subject. As Dr. Frisbie declined the President requested Dr. Morse to open the discussion.

Dr. Morse said that before discussing the curability of cancer it was necessary to come to some understanding of what is meant by cancer, as the term is popularly used to describe any tumor that brings about or contributes to a fatal termination. The origin of the disease has been ascribed to various sources. Virchow traces it to connective tissue, Billroth to epithelial structures, another authority to the endothelium of the lymphatics, and Conheim to mal-position of the structural layers in the foetus. The therapy of the disease may be summed up in the statement that nothing will remove carcinoma except the knife and fire. The general opinion is that only early operation will be of any avail, and even then that the disease will recur in a few years, so, in the face of this, we hardly can expect much from medicaments.

Dr. Rosenstirn did not believe that because we do not know the etiology of the disease, we should, therefore, cease to discuss its therapy. It is true that the various epitheliomata have been somewhat amenable to treatment by excision, but we cannot say the same regarding cancer of the pylorus.

Fowler's solution, chian turpentine and other remedies have

been used very extensively in the treatment of different varieties and have met with a small degree of success, and, therefore, it is our duty to try every creditably endorsed remedy either for the cure or amelioration of the disease.

Dr. W. P. Gibbons said that he never had been successful in prolonging the life of a patient suffering from true carcinoma by medications, and believed that one great obstacle to a successful therapy lay in the difficulty of diagnosis in the early stages. He presented to the Society the sketch of a carcinomatous liver taken from a case occurring in his own practice.

Dr. Simpson had seen many cases of cancer, but could only speak of them from a clinician's point of view. He did not believe then any case of internal cancer had ever been cured, and those reported as such could be explained either by errors in diagnosis or deceit on the part of the medical attendant. The highest object of treatment, therefore, can only be to make life endurable to the patient and let him die easily.

Dr. Stallard had directed his attention to this subject for many years, and agreed with Dr. Morse that greater efforts should be made to obtain a correct etiology of the disease, which would certainly contribute to the possibility of its prevention or amelioration if we cannot cure it. There has been a great increase in the number of people suffering from carcinoma during the last forty years, and it becomes a matter of interest to know the cause of this increase, which can only be done by collective investigation of the social class, habits and employment of those suffering from it which would yield us some idea of the conditions favoring it. In the meantime we must not lose sight of treatment, for while we have no great hope in medicine, there are well authenticated instances of relief from chian turpentine, and the local applications of bromine, and as they ameliorate the sufferings of the patient they should be tried. Dietary probably has considerable to do with the increase of the disease within the last forty years, as during that time, tea, sugar and coffee, have come into more general use, and it is an interesting question how far these may have influenced cell nutrition.

There being no further business the Society adjourned.

WM. WATT KERR, M. D.,

Recording Secretary.

San Francisco Obstetrical Society.

SAN FRANCISCO, Jan. 13th, 1887.

The Society was called to order by Dr. Cushing. Fellows present, Drs. Cushing, Burgess, Hutchins, Wagner, Blake, McNutt, Von Hoffmann and Whitwell. Dr. H. S. Orme, of Los Angeles, was present as guest and was invited to take part in the discussions.

Dr. Cushing presented a silver female catheter which he had removed from the uterus, where it had been placed there for the purpose of producing an abortion, on or about July 24th, by a notorious female abortionist. Hemorrhage set in on Aug. 25th and the miscarriage of three month's time occurred in course. [See page 215 in this number of *Journal*.]

In the discussion which followed, Dr. Hutchins related a case similar in many respects. He was called in haste to a woman in great suffering. On examination he found a portion of the long nozzle of a common uterine syringe projecting into the post cervical pouch. It was easily removed by a pair of dressing forceps. The woman had thought herself pregnant and the abortionist had forced the nozzle of the syringe through the neck of the uterus into the cavity instead of passing it through the os.

In connection with this subject, Dr. Burgess showed a Butler Hard Rubber Syringe which a patient had used for producing an abortion. She had, by its use, brought on some inflammation, and in her fright had confessed and given up the instrument of destruction to Dr. Burgess. Dr. Burgess stated that this was the third case which had come under his notice in a short time, and he believed, since this is not the best form of uterine syringe, that it is largely sold for purposes of abortion, the injection of some fluid being made at the time of introduction.

Dr. Whitwell then reported a case of error made in a case of pregnancy as late as the second week of the 8th month, supposing the child to have been born at the end of the 9th.

Competent physicians had charge of the case from the beginning of the illness, and was diagnosed by them as hyperplasm of the uterus and other ills dependent on the change of life. Frequent applications were made to the cavity of the uterus of strong tincture of iodine and constant hot douches ordered. Pregnancy was excluded as utterly out of the question.

In the middle of November patient came to California, bringing memoranda of her case, containing the advice to continue

the application of the iodine which had been used up to the date with benefit. Applications were continued. About Dec. 25th on consultation the diagnosis of pregnancy was made, with the suggestion of its being extrauterine. On January 8th patient was admitted to his private hospital, pregnancy unmistakably determined and that night she was confined. Discussion postponed.

Dr. Sherman's application for fellowship was received properly signed, and with it a paper on "The application of Sayre's Plaster Jacket."

Meeting adjourned to meet at Dr. McNutt's in February.

SAN FRANCISCO, Feb. 10th, 1887.

The Society met at the residence of Dr. McNutt on California street. Fellows present, Drs. Cole, Chismore, Wagner, Von Hoffmann, Cushing and Whitwell.

The Committee on Admissions reported favorably on the paper which Dr. Sherman had handed in with his application for fellowship. The Committee also reported that they had received an application for fellowship accompanied by a paper, from Dr. Jerome A. Anderson. They reported favorably on the paper and recommended that Drs. Sherman and Anderson be admitted to fellowship of the Society. On motion of Dr. Cole, the Secretary cast a ballot for the aforesaid gentlemen, and their unanimous election was announced by the President, Dr. Cushing. The motion was then carried that these gentlemen be requested to read their papers at the next meeting of the Society.

Dr. Von Hoffmann then read an interesting, scientific and amusing paper upon the different methods, which have from biblical times to the present degenerate age been employed by heathen and christian, civilized and uncivilized men and women for the prevention of conception. His remarks were fully illustrated by the exhibition of pessaria-condomi, and sets of safety sponges, artistically ornamented and arranged in a compressed state ready for insertion. A short discussion followed. For obvious reasons it was thought best that the paper should not be published, but a number of the Fellows not having "caught on" to all the points, desired that Dr. Von Hoffmann be requested to repeat his instructive discourse at some future meeting of the Society.

While discussing the ample repast which Dr. McNutt announced he had had but a few moments to prepare, owing to the negligence of Secretary to inform him of the day on which he (Dr. McNutt) had requested to be allowed the honor of entertaining the Society, Dr. Cole announced that he should at the next meeting move an amendment to the Constitution. The Society having already adjourned, the time for such an amendment had passed, and could not properly be made until the meeting of March 10th.

SAN FRANCISCO, March 10th, 1887.

The Society met at the residence of Dr. Von Hoffmann, 1008 Sutter St. Fellows present, Drs. Cushing, Chismore, Wagner, Sherman, Anderson, Von Hoffman, Cole and Whitwell. Dr. R. I. Bowie was present by invitation.

Dr. Wagner presented a pathological specimen in the shape of a fibroid tumor and read a short paper. In the discussion which followed, Dr. Chismore related two cases which he had met with of puncture of the uterus, both of which were unattended by any serious symptoms. Dr. Von Hoffmann thought it easy to puncture that portion of the uterus to which a tumor had been attached, and he believed that quite a large number of cases of accidental puncture have been published. The question being raised as to whether the uterus was in this instance punctured, Dr. Cole was at first inclined to think that perforation had been accomplished, but later on, being shown the size of the pledget of cotton which had been affixed to the dressing forceps, admitted that it was doubtful whether it were possible. Dr. Whitwell did not believe that perforation had taken place; either the tumor had been forced by contractions out of the wall of the uterus, which left an opening through which Dr. Wagner passed the forceps, or what was more likely, Dr. Wagner had been deceived as to the depth of the uterus, which from the presence of the tumor must necessarily have been much deeper than normal. This was rendered still more likely, as no attempt had been made to measure the size of the cavity. If the forceps passed through anything it was probably a blood clot and not the wall of the organ. Dr. Cushing then spoke of the case of puncture which Dr. Simpson, of Edinburgh, was ac-

customed to show. A fistulous track was left and the sound could at any time be passed without trouble, and the point be felt just beneath the abdominal wall. Dr. Cushing thought that in this case the wall had not been perforated.

Dr. Sherman then read a paper on the application of the Plaster Jacket, and Dr. J. A. Anderson read a paper entitled "Concealed Hemorrhage." [Both of these papers will be found among original articles.] On account of the lateness of the hour the discussion of these papers was postponed until the next meeting.

Dr. Cole then gave notice that at the following meeting he should move an amendment to Art. 2 of the Constitution, making it read: "Its objects shall be the promotion of knowledge in all that pertains to Obstetrics and Gynecology" instead of "to Obstetrics, Gynecology and Pediatrics."

The Society then adjourned.

HOW TO PRESERVE THE DEAD BODY.—Dr. H. Speier, of Duluth, Minn., writes as follows to the *Pharmaceutical Record*, January 15, 1887: "I will briefly give the method for preserving bodies, invented a few years ago by Wickershiem, of the Anatomical Museum of Berlin. The process is simple and cheap, and the inventor claims that by it the color, form and flexibility of dead animal bodies and all their tissues are completely preserved. He says that after several years sections for scientific or legal purposes can be made, decomposition and even foul odor being entirely absent. The preserving fluid is made as follows: Take of potash (caustic potassa), 60 parts; arsenious acid, 10 parts; dissolve by heat in 500 parts of water, then add enough water to make 3,000 parts, in which dissolve alum 100 parts; salt, 25 parts; saltpetre, 12 parts. After cooling, filter the solution. To 10 litres of this neutral, colorless and odorless fluid add $\frac{1}{2}$ litres of glycerine and 1 litre of methyl-alcohol. Inject the body with the preserving fluid, then immerse it in the same for a few days. Rub and dry the body, envelope it in a sheet soaked with the same fluid, and place in an air-tight receptacle."

ANYONE who is aware of the death of a member of the Medical Society of the State of California during the past year, will oblige by communicating the same to Dr. Benj. Swan, P. O. Box 1,869.

Licentiates of the California State Board of Examiners

SAN FRANCISCO, March 11, 1887.

At the regular meeting of the Board of Examiners, held March 2d, 1887, the following physicians were granted certificates to practice medicine and surgery in this State:

HENRY C. BAGG, M. D., Santa Monica; Berkshire Medical College, Mass., April 16, 1845.

HENRY G. BRAINERD, M. D., Los Angeles; Rush Medical College, Ill., February 26, 1878.

SAMUEL R. CATES, M. D., Pomona; Kansas City Medical College, Mo., March 6, 1883.

GEORGE L. COLE, M. D., Los Angeles; Bellevue Hosp. Medical College, N. Y., March 15, 1886.

FRANK B. CONE, M. D., San Francisco; Medical College of Ohio, O., March 7, 1884.

GEORGE S. HARKNESS, M. D., Stockton; Coll. of Phys. and Surg. of Chicago, Ill., March 11, 1884.

WINFIELD S. MAKEMSON, M. D., Bird's Landing; Medical College of Ohio, O., March 7, 1884.

WILLIAM D. MCDUGALL, M. D., San Jose; Med. Dept. Univ. of Buffalo, N. Y., February 21, 1882.

N. H. MORRISON, M. D., Los Angeles; Kansas City Coll. of Phys. and Surg., Mo., March 2, 1880.

HENRY L. WAGNER, M. D., San Francisco; University of Wurzburg, Germany, December 17, 1884.

JOHN WEDDICK, M. D., San Francisco; King and Queen's College of Phys. Dublin, Ireland, Oct. 14, 1874, and The Royal College of Surgeons, Ireland, Dec. 19, 1874.

The application of Mrs. P. A. Paine-Lyon, of Santa Cruz, was rejected, because of "insufficient credentials."

The *Medical Register* for 1887 is now ready for distribution, and copies can be procured upon application to the Secretary. It contains 196 pages, and the postage is seven cents.

Complimentary copies have been sent to every resident licentiate of this Board; to drug stores, public libraries, and prosecuting attorneys throughout the State. A part of its mission is to weed out illegal practitioners.

A similar distribution of the preceding edition, together with a little vigorous prosecution, reduced the number from 485 to 174 in two years.

Copies have also been sent to many medical gentlemen in Oregon, Washington, Nevada, and Arizona; to every regular medical college in the United States and Canada, and to Examining Boards of Health, and Medical Societies.

R. H. PLUMMER, Secretary,
652 Mission street.

PACIFIC MEDICAL AND SURGICAL JOURNAL

AND

WESTERN LANCET

EDITORS:

WILLIAM S. WHITWELL, A. M., M. D.

WM. WATT KERR, M. B., C. M.

The Editors are not responsible for the views of contributors.

All communications relating solely to the editorial management of the JOURNAL, should be sent to No. 620 Folsom St., San Francisco.

All business communications should be addressed to L. H. Bonestell, 401 Sansome St., San Francisco.

SAN FRANCISCO, APRIL, 1887.

Editorial.**DEATH FROM CHLOROFORM.**

A death from chloroform has lately occurred in the practice of Dr. Wm. H. Pancoast of Philadelphia. Death occurred before anæsthesia was fully accomplished, and the autopsy disclosed the fact that the patient had a fatty heart. The man appeared healthy and the operation to be performed was trifling.

The question has so often been discussed and so frequently reported upon by scientific men, and the result has been so constantly in favor of ether being the safer anæsthetic, that we wonder that chloroform is so generally used. We can only explain it by supposing that those who use chloroform are unacquainted with the properties of ether or are unable to make use of them.

The arguments against ether are its unpleasantness, but most of this can be avoided by proper administration, by not forcing it upon the patient; the slowness of its operation, but it is only slow in its effects when the æsthetizer is unskillful; its bulk, but little will go a long ways if the cone is properly made. Its safety has hardly been questioned except when serious kidney disease is present—it acts as a stimulant at a time when it is of

the utmost importance that the heart should not flag. Even the chloroformist is glad to give a subcutaneous injection of ether when after a long or severe operation the vital powers fail to rally.

Deaths which have occurred under ether have, almost without exception, taken place where the patient has been very feeble from organic disease, or when the operation has been performed as a last resort and death would have taken place in any event within a few days.

Only in exceptional cases should it be necessary to restrain the patient in any way during the administration or during the operation, no matter for how long continued. We have ourselves always used Squibb's ether, but believe that that of other makers will answer as well, besides having the advantage of being cheaper. A tight, firm cone is made from a newspaper and towel. After a number of years experience, no more convenient, effective or cleaner apparatus has been invented. The cardinal rule should be to watch the respiration and give the ether so that the respiration is never interrupted. Remember also that if you cannot interrupt the breathing, the cone is imperfectly made and the difficulty of producing insensibility is greatly increased.

Dr. W. S. Caldwell in writing from Europe to the *Chicago Medical Journal and Examiner* say: "This is the fourth patient I have seen die upon the operating table under chloroform since I came to Europe."

This patient had been operated upon by Pean of Paris. Portions of the seventh, eighth and ninth ribs were resected to allow a free drainage of pus from the pleural cavity. When the pus ceased to flow the heart ceased to beat, and every effort towards resuscitation was fruitless.

Another was a patient of twenty-three, in apparently perfect health, who was to have been operated upon for the removal of a small lymphoma. Two or three drachms of chloroform had been given when breathing ceased. Post mortem gave no result.

The heart was normal, and no air had entered the circulation. Two other patients came near dying, one of whom was operated upon by the late Prof. Schroeder, and the other by Prof. Bergman.

In the editorial columns of the New Orleans *Medical and Surgical Journal*, for March, we find the following: "In the short space of five years we have seen or known in the practice of our immediate friends, five cases of sudden death under chloroform in what appeared to be fairly healthy individuals." All these cases were where a slight operation was to be or was being performed, and three of them had taken chloroform within a year. We, therefore, advise chloroformists to discard the dangerous anæsthetic, and to learn to so use ether that they will never miss the former except when operating they are conscious of a peace of mind which they never before experienced.

FIRST YEAR'S WORK AT DR. WHITWELL'S PRIVATE HOSPITAL.

Having been told a number of times that the hospital was not sufficiently known to the profession, it may be of interest to readers of the *Journal* to learn of the number and the classes of cases which have been admitted during the past year.

The undertaking, which had been in contemplation for some time, was not carried into effect until, January, 1886, when the former residence of the late John Parrott, which now belongs to the Sharon estate, was obtained. After a month's work in preparation the building was opened as a private hospital on the first of Feb., 1886, and the first patient was admitted at four o'clock that morning. By 12 o'clock patient number two arrived, and since that time, thanks to the kind remembrance of a number of medical friends, it has been in active operation ever since. Although naturally relying on patients who came to the hospital to be placed under my care, quite a number have been sent by physicians who remained in charge of their patients.

At first some difficulty was experienced in getting the house in good running order, and a number of changes were necessary in the staff of nurses, but at present every thing is in a very satisfactory condition, under the efficient management of Mrs. H. H. Bell, who is well known from her long residence in San Francisco and Sacramento.

The number of patients admitted during the year ending February 1st, 1887, is sixty-five, which includes two or three re-admissions owing to relapses. Of these twenty-eight were men and thirty-seven women. There were nineteen surgical operations performed by other surgeons, among which were two successful vaginal hysterectomies performed by Dr. L. C. Lane for uterine cancer; three abdominal sections for uterine fibroids; an extensive plastic operation upon the face for epithelioma of the lip, by Dr. J. F. Morse; an abdominal section and the removal of a cancerous breast, both performed by Dr. P. De Vecchi; a tracheotomy for stricture of the cesophagus by Drs. Lane and H. Ferrer; an operation on the mastoid cells by Dr. Ferrer; extirpation of the eye by Dr. Barkan; removal of a denuoid cyst by Dr. Clinton Cushing; amputation of thigh for necrosis by Dr. Lane. My own operations consisted of a number for lacerated cervix, menorrhagia, anal fissures and fistulæ, uterine cancer; one Battey's operation for nervous disturbance which had lasted a number of years, the results of which have been so far most gratifying; removal of cancerous breast and axillary glands complicated with four months pregnancy; exploratory incision on account of large abdominal tumor; recto-vaginal fistula.

During the year five cases of mental disease were admitted: two of mania, two of melancholia and one of paralytic dementia. There have been seven confinements, one being under the care of Dr. G. E. Davis. The interesting point is this latter case was the fact that the women had had one child before and was sane only during pregnancy.

The medical cases included interstitial, nephritis, apoplexy,

pneumonia, nervous prostration and three cases of morphine addiction. Of these one was recovering but suffering the after effects of the withdrawal of the drug, one I have every reason to believe was cured, while the third, pretending to have given it up, continued to take it all the while in the hospital.

A full report might be interesting, but from the private nature of the hospital this is not possible.

A sketch is given to show how varied may be the cases admitted, still on account of the size and arrangement of the building there has never been the slightest trouble or even inconvenience.

THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA.

The annual meeting of the above Society will be held at B'nai B'rith Hall, San Francisco, on the 20th, 21st, and 22nd of April, and although the programme has not yet been issued it promises to be one of exceptional interest.

In addition to subjects of a purely medical nature several topics of vital interest to the profession will come up for discussion, among which may be mentioned the question regarding the formation of the medico legal Board, whose duty it will be to investigate all charges of mal-practice and protect the individual members of the profession against the attempts at blackmail, which have become so common during the past few years. The frequency with which suits for heavy damages on the ground of mal-practice have been brought against men who were not financially qualified to defend themselves, and whose whole capital lay in the possession of a good professional reputation has rendered this step absolutely necessary, and it is expected that the organization of such a Board will diminish the number of suits, since a scalliwag patient or a shyster lawyer, whose sole object is to dodge a bill or extort money, will hesitate to prefer charges when he knows that in the event of an investigating committee finding the defendant free of all blame,

the fight will have to be made not against one man, but against the united medical profession in this State. The working details will be given in the report which the special committee appointed for the formation of this scheme will present to the Society, but as the subject is one requiring much consideration and thought before final action is taken, we have thus far anticipated the committee in the hope that by so doing, we have brought the matter more prominently before our fellow-members.

Visitors to the city have expressed some disappointment because they were unable to witness the medical and surgical work done at the different hospitals. In the name of the physicians and surgeons attending these institutions, we would extend to all members an invitation to visit the different hospitals where everything will be done to make the time spent there both enjoyable and interesting. Although these buildings are situated on the outskirts of the town, all of them can be reached by street-cars, and one or more of the staff will be found in attendance between the hours of 9 a. m. and 12 m. We would particularly call attention to the new hospital for women and children, situated at the terminus of the California street line, which is conducted by and has been built through the endeavors of the lady practitioners in San Francisco, as it is an example of what faithful work and untiring energy can accomplish even in the face of popular opinion.

The subject that excites most interest at each annual meeting is the election of a President for the ensuing year. So far as we can learn no one has as yet announced himself as a candidate for the position, nevertheless popular report suggests the names of two gentlemen—Wallace A. Briggs, of Sacramento, and R. H. Plummer, of San Francisco.

Both of these gentlemen advance strong claims on the Society. Dr. Briggs has acted as Permanent Secretary for seven years, and has always shown himself zealous in the work of the Society; furthermore, Sacramento has not been honored with the presidency since the session of 1883-84, the position having

been filled in the interim by representatives from San Francisco, Oakland and San Jose.

The work of Dr. Plummer, as Secretary of the Board of Examiners, is so well known all over the State, that it is almost superfluous to mention it; the *Medical Register*, which by this time is in the possession of every member of the Society, is only small evidence of the amount of work done by him in his department of medical legislation, for the issuing of certificates and correspondence involves an amount of clerical work that is endless. In connection with this, we desire to correct an error regarding the salary attached to this position, at present filled by Dr. Plummer. We have been informed repeatedly that it amounted to six hundred dollars per annum; but this is a mistake, as it is only two hundred and fifty dollars per annum, while the remaining three hundred and fifty dollars that have been paid to him at the end of each of the last two years were to reimburse him for the rent of his office as a meeting place for the Board and to pay for the employment of extra clerical assistance.

Under the leadership of either of these gentlemen, the Society cannot fail to prosper.

In order that the attendance may be as large as possible the Committee on Arrangements has secured from the following hotels a reduction of thirty-three per cent to all members and their families visiting the city at this time: Baldwin Hotel, Occidental Hotel, Grand Hotel, Brooklyn Hotel, and Lick House. A similar reduction has been offered by the following railroads on all *first-class, unlimited, return fares*—S. P. R. R., the S. P. C. R. R., the S. F. and N. P. R. R.; and a reduction of twenty-five per cent from the P. C. S. S. Co., which, as it includes board and lodging during the trip, is equivalent to the reduction made by the railroads. The reduction is to be made on purchase of the return ticket in this city, when the passenger will show to the ticket agent a receipt from the agent selling the ticket to San Francisco as evidence of the fact that he came to San Francisco by the same route by which he desires to return.

In the face of all these inducements, it is to be hoped that every member will endeavor to be present at the ensuing meeting.

Health Reports.

San Francisco Health Report.

ABSTRACT.

	1886	Jan.	Feb.
Total, 1886.....	5237	519	468
Total, 1887.....		522	451
Phthisis.....	730	76	74
Pneumonia.....	319	39	25
Bronchitis.....	125	20	12
Heart Disease.....	249	31	25
Aneurism.....	15	2	3
Apoplexy.....	126	19	8
Typhoid.....	135	13	9
Paralysis.....	91	8	6
Cancer.....	168	14	17
Diphtheria.....	181	40	20
Croup.....	96	9	10
Infant Convlns.....	156	9	11
Meningitis.....	133	13	7
Casualties.....	167	12	20
Suicides.....	79	5	8
Homicides.....	30	2	1
Daily mean temperature.....		51°	47°
Precipitation of moisture.....		1.90	9.24

Population according to U. S. census, July 1st, 1880, was 234,520; Caucasian, 212,520; Chinese, 22,000. Estimated population, June 30th, 1884, 270,000.

Report of the State Board of Health.

The mortality for the month of February, reported from an estimated population of five hundred and eighty-five thousand six hundred and ten, gives the total number of deaths as eight hundred and sixty-six, which, compared with that of the preceding month, shows but a very trifling decrease. The extreme humidity of the atmosphere, with the copious rainfall during the month, was unfavorable to those suffering from disease of the pulmonary organs, hence we find that—

Consumption was fatal to one hundred and sixty, which is much above the ordinary monthly mortality.

Pneumonia caused seventy-one deaths, which is a decrease of seven from the preceding month, but still a large increase in comparison with the earlier Fall months. The frequency of pneumonia is evidently more dependent upon meteorological

conditions than it is on any other cause; its fatality more often depends upon the environment of the patient, and his constitutional susceptibilities.

Bronchitis is credited with twenty-seven deaths, which is a decrease in proportion to those from pneumonia, but still sufficiently large to indicate the prevalence of the disease.

Congestion of the lungs was fatal in eleven cases, a decrease of one from last report. We may hope for a lessened mortality in these acute affections of the pulmonary organs as the weather becomes milder.

Diphtheria, we are glad to say, shows a decrease of mortality in February. Thirty-four deaths are recorded as taking place from this disease, which caused fifty-seven deaths in January. Of these only twenty occurred in San Francisco, just one-half the number of the preceding month. The disease here is evidently decreasing. Two died in Angels Camp, two in Los Angeles, two in Mariposa, two in Sacramento, and one each in Modesto, Oakland, Rocklin, Petaluma, Riverside, and Stockton.

Croup caused seventeen deaths, which is the same number that occurred in January. Ten deaths are credited to San Francisco from this cause; the others to towns where diphtheria was or has been present.

Scarlet fever. The mortality from this disease was limited to three, which, considering the extent to which it prevails, is confirmatory evidence of its extreme mildness.

Measles had likewise the small mortality of three, which also indicates its mild type.

Whooping-cough caused four deaths.

Smallpox is credited with three deaths in Los Angeles. We have also information of one death from this disease in Pasadena. The Health Officer having failed to make his report from this town, we are not advised as to any further mortality. One death was reported unofficially from Perris, in San Diego County. We may expect a larger mortality during March, if vaccination is not insisted upon and efficiently performed.

Typho-malarial fever caused two deaths.

Typhoid fever. The deaths from this disease were twenty-one, the exact number registered in the January report.

Remittent fever is credited with two deaths.

Cerebro-spinal fever has a record of eleven deaths, which is a larger mortality than usually attributed to this disease.

Alcoholism caused five deaths.

Erysipelas had also a mortality of five.

The following towns report *no deaths*: America, Anaheim, Cottonwood, Downieville, Galt, Forest Hill, Gonzales, Hill's Ferry, Lemoore, Lincoln, Bodie, Livermore, Martinez, Nicolaus, Oroville, Saucelito, Truckee, Willits, and San Mateo.

PREVAILING SICKNESS.

Reports from all parts of the State indicate an entire absence of serious disease, if we except that portion where smallpox prevails. The extremely humid weather during February does not seem to have given any marked increase to pulmonary affections, or to those affecting the alimentary system.

Measles continues to prevail in Pomona, Santa Cruz, Riverside, Ontario, Anaheim, Bakersfield, Livermore, and Hanford.

Scarlet fever, in a mild form, is present in Ione, Redding, Fresno, Modesto, Santa Rosa, Millville, Jolon, Riverside, Mariposa, Hanford, and Fort Bidwell. In Santa Rosa, Dr. R. P. Smith, Jr., writes that the disease is fast disappearing. In Fort Bidwell, Dr. Kober informs us that the disease was conveyed from Warren Valley, in Oregon (sixty miles away), by the uncle of the child, who having been exposed to the disease, came to Fort Bidwell for medicine and slept on a bedspread upon the floor of the child's residence. Next day the child played on this spread, and ten days after developed the fever and died. Through strict sanitation the disease was confined to this one case and has not spread.

Diphtheria continues to prevail in San Francisco to a limited extent. It is also noticed in Merced, Fresno, Placer, Igo, Millville, Amador City, Knight's Ferry, Truckee, Riverside, Modesto, Mariposa, Petaluma, Hill's Ferry, Salinas, and Etna Mills. The cases are all sporadic. Dr. Payne, Health Officer at Berkeley, pronounces that town to be now free from diphtheria or other contagious diseases. Dr. Seymour Baker writes that the disease has ceased to prevail in Angels Camp. In Douglas Flat, some miles away, there are three cases in one family, who decline either isolation or disinfection.

Croup is noticed everywhere that diphtheria is at all prevalent.

Whooping-cough is very prevalent in Sacramento, Ione, Camp-tonville, Pomona, Upper Lake, Riverside, Ontario, Dixon, and Williams.

Erysipelas has shown itself in Fresno, Salinas, Fort Bidwell, Lemoore, Anaheim, Truckee, Upper Lake, Knight's Ferry, Rocklin, Calico, and Redding. The affection is sporadic, and without epidemic tendency or great fatality.

Typhoid fever does not appear to prevail to any extent. It is mentioned as occurring in Santa Cruz, Wheatland, Yreka, Sonoma, Salinas, America, Anaheim, Riverside, San Francisco, Oakland, and Los Angeles. The cases are few, and no mention is made of malignancy or tendency to epidemicity.

Pneumonia is noticed as occurring with much frequency in nearly every town heard from, but seems, from the reports, to be decreasing as the inclement weather ceases. The past month was not so productive of pneumonia as it was of its relative

Bronchitis, which prevailed quite extensively throughout the State, was not of a severe type, or productive of any unusual mortality.

Smallpox has, we regret to say, again reappeared in California, after a long period of absence. As was anticipated for some months, it found entrance through our unguarded Southern frontier, appearing for the first time in Los Angeles during the latter part of the month, in the person of a young man from Mexico, who quickly communicated it to others, until by the end of the month twelve cases were reported, with three deaths. On February twenty-sixth three cases were reported in Lugos, a Spanish settlement, nine miles from Los Angeles. Three cases and one death were reported from South Pasadena. These cases were at once quarantined by Dr. W. B. Sawyer, the Health Officer. The disease, however, continues to spread among the Spanish and Mexican population, who refuse vaccination, and will not tolerate isolation. Upon the first appearance of the disease in Los Angeles, Dr. J. S. Baker, the efficient Health Officer, and Dr. H. S. Orme, President of this Board, lost no time in taking every precaution to prevent the spread of the disease by vaccination and strict quarantine of the exposed persons. In spite of their efforts the disease continues to increase, and will, no doubt, reach other parts of the State. In San Diego one case of the disease was imported from El Paso, Texas. We learn through private sources other cases occurred at Perris, San Diego County. Dr. Magee, Health Officer in San Diego, writes that no information has reached him of smallpox in Perris, and says he has made arrangements to have immediate reports, if

any cases occur between Colton and San Diego. One case reached San Francisco, which was speedily quarantined. No other cases are there reported. This Board has taken the precaution, by a circular, to warn the public that its safety resides in efficient vaccination, and that no quarantine, no matter how faithfully attempted, can be certain to exclude the disease from traversing the whole State, once the invasion has taken place. In vaccination we have a preventive that is at once certain and safe. Smallpox cannot exist without unvaccinated, and, therefore, unprotected, persons, upon whom it can thrive. Protect these by vaccination, and smallpox must become extinct. This Board requests its correspondents and the public to attend to this duty promptly, before the disease is at their doors; for in no disease is the aphorism, "An ounce of prevention is worth a pound of cure," more applicable, or more strictly in accordance with past experience, than in smallpox.

GERRARD G. TYRRELL, M. D.

Permanent Secretary California State Board of Health.
Sacramento, March 10, 1887.

A MESSAGE in Greek was left upon the slate of a Boston physician. He did not attend to the call, but sent a copy to the *Boston Medical and Surgical Journal* asking if any of their subscribers could translate it. Excitement ran high, and for weeks translations occupied a prominent place in the *Journal*. One of the best was sent from New York, whereupon the *Medical Record* suggests that, in all probability, when all the facts are known it will be shown that the gentleman who left the message was a New Yorker, on a brief visit to the Provinces.

DR. JOHN S. BILLINGS has been appointed Lecturer on the History of Medicine at Harvard University, for the current academic year.

Notices of Books, Pamphlets, etc.

A CLINICAL MANUAL OF THE DISEASES OF THE EAR. By LAWRENCE TURNBULL, M. D., Ph. G. With a colored lithographic plate and numerous illustrations on wood. Second Revised Edition. Philadelphia: J. B. Lippincott & Co., 1882. Price \$4.00. San Francisco: Joseph A. Hoffmann.

The first work of this distinguished author was issued in 1863, and in 1871, finding that this was out of print, he wrote a more extensive treatise, which had a large sale for a work upon this special subject. This is accounted for from the book being written in a clear and entertaining style, and from its being so written as to attract the general practitioner. The author did not rely on the views and opinions of others, but in full measure gave his daily experience. The present edition is the second of this work, and being based on a much wider experience will surely meet from the profession with the cordial reception it deserves.

NERVOUS DISEASES AND THEIR DIAGNOSIS. A treatise upon the Phenomena produced by Diseases of the Nervous System, with especial reference to the recognition of their causes. By H. C. WOOD, M. D., LL. D. Philadelphia: J. B. Lippincott & Co., 1887. San Francisco: Joseph A. Hoffmann, 208 Montgomery St. Price \$4.00.

The author apologises for inflicting another work of Nervous Disease upon the profession, but says that he has been led to do so by the urgent requests of some of his former pupils, who insisted that his method of teaching differed from that of most instructors in this branch. He also says that he has taught for twenty-five years, has had large hospitals at his disposal and at his clinics he has seen as many as five hundred new cases annually. Such an experience certainly justifies and in fact almost demands that the author give to the less fortunate of his professional brethren the results of his long observation.

The chief point which he makes is, that in clinical teaching the physician must reason from the symptoms displayed back to the lesion, and not as is the case in most text-books, from the lesion to the symptoms. He also says that when the term disease is used in its narrow sense, the diseases of the nervous system are far fewer than the number usually accorded.

As the work of an eminent teacher, it should be thoroughly studied, and we hope to see it so appreciated that a new edition will soon be needed.

THE YEAR-BOOK OF TREATMENT FOR 1886. A critical Review for Practitioners of Medicine and Surgery. Philadelphia: Lea Bros. & Co., 1887.

A most useful book, for it presents to the practitioner a complete account of all the more important advances made in the treatment of disease for the past twelve months. Each department in Practice is fully and concisely treated, and much matter is taken from foreign journals. Full information is given, so that the original article can easily be consulted.

THE AMERICAN SYSTEM OF GYNECOLOGY, which for some time past has figured among the more important announcements of Messrs. Lea Brothers & Co., of Philadelphia, we are glad to learn, is well through the press, and may be expected shortly. Numbering among its contributors such prominent authorities as Professors Barker, Battey, Engelmann, Garrigues, Goodell, Reeves Jackson, Lusk, Mundé, Reamy, Thomas, Van de Warker, etc., it will certainly present a thoroughly satisfactory and complete statement of the science in its most recent aspects, and we feel justified in congratulating the profession that what has been peculiarly an American specialty is about to receive from American hands the literary tribute due to it.

We have received from the Boston publishers, Messrs. Cupples, Upham & Co., a number of the Transactions of the Massachusetts Medico-Legal Society. It contains an account of the "Dunbar" case, by F. K. Paddock, M. D., Medical Examiner, and a second article by Dr. B. N. Fitch, M. D., also Medical Examiner, entitled "The Dunbar Tragedy; Was it Murder or was it a Suicide?" The third article is entitled "Notes on the Lawton Murder." These are careful and scientific reports of cases which are surrounded with considerable mystery, and are made by medical examiners who have been appointed by the Governor of Massachusetts in the place of the former Coroners. This system of appointing Medical Examiners has been in operation for some time, and is said to be very satisfactory. Those who are interested in Medico-Legal subjects will find the perusal of these transactions of great interest.

Extracts.

Causes and Treatment of Diseases of the Tonsils.

By F. P. ATKINSON, M. D.

From various letters that have appeared from time to time in different medical journals, it has seemed to me that the causes and treatment of many of the acute affections of the tonsils are not so clearly recognized as they might be, and therefore that a few remarks on the subject might not be altogether out of place in the *Practitioner*. First as regards

Ordinary Tonsillitis or Quinsy,

My observations are as follows:

It never occurs in the epidemic form.

It is never infectious or contagious.

The submaxillary gland or glands are often involved from sympathy.

Causes.—Hereditary tendency; muscular and nervous exhaustion.

Treatment.—Effervescing citrate of potash three or four times a day. Guaiacum and black-currant lozenges. An iodine gargle (*mxx* to *xxv* of the tincture to the ounce of water). Plenty of beef-tea and milk, and from four to five oz. of port wine daily. When pus has formed (as shown by excessive pain in the ear), omit the citrate of potash and lozenges, and trust to the gargle, port wine, and beef-tea.

Follicular Tonsillitis.

It often occurs in the epidemic form.

It is apparently not infectious.

It never, or at any rate rarely, goes on to suppuration.

It is generally accompanied by neuralgic pains.

The urine is non-albuminous.

It is not succeeded by paralysis.

The lymphatics of the neck are enlarged and tender.

The patient is generally well in three or four days.

Under favorable conditions it readily assumes the diphtheritic type.

Cause.—Insanitary arrangements, especially when associated with a damp and heavy atmosphere.

Treatment.—Quinine and iron, and a gargle of boracic acid,

glycerine, and compound infusion of roses, or the application of boroglyceride to the various spots.

Diphtheria.

It is epidemic, contagious, and infectious.

The urine is generally albuminous.

It is attended as a rule with great exhaustion, and frequently succeeded, even in what appear to be the mildest cases, by paralysis of various muscles of the body.

Cause.—Sewage-poisoned or germ-contaminated milk or water; defective sanitary arrangements.

Treatment.—Perchloride of iron and quinine in large and often repeated doses. Painting the throat with boroglyceride—a lotion of boracic acid, glycerine, and compound infusion of roses—or perchloride of iron and glycerine. Port wine or brandy, and plenty of beef-tea and milk.

Ulceration of Tonsil.

I. *Aseptic form.*—It is occasionally coexistent with ordinary quinsy, being the result, in fact, of over-distension of the surface of gland tissue.

Treatment.—The same as recommended in ordinary tonsillitis. Quinine and iron in this condition do not appear to agree.

II. *Septic form.*

(a) The result of syphilis. This condition and the chronically enlarged tonsil are materially benefited by the local application of solid caustic; all other states of the tonsils are made materially worse by its use.

(b) The result of scarlatina. Of course general treatment is the most essential, though much good is done by local applications, such as that of boroglyceride.

(c) The result of insanitary house arrangements. This, it would appear, is best met by a mixture consisting of dilute nitric acid, chlorate of potassium, and tincture of the perchloride of iron; a gargle of boracic acid, glycerine, and compound infusion of roses; plenty of good liquid nourishment, and three or four ounces of port wine daily.

Naso-pharyngeal Catarrh.

Cause.—Damp and exhaustion in predisposed persons. I fancy it occurs mostly in persons of strumous habit.

Treatment.—Apply chloralum by means of a brush, either pure or slightly diluted. This, from personal experience, gives more

relief than anything with which I am acquainted. A good dry elevated residential position is of great service for predisposed persons.

I trust that these notes may prove to be as useful as I believe them to be accurate.—*Practitioner*, London.

Substitution by Druggists.

There was a time when there was no intermediary between the physician and his patient—when every doctor dispensed his own medicines. In cities and closely settled communities this practice gradually became burdensome, and was relegated to a special class, the druggist or pharmacist; but the old-time custom is still adhered to very largely among rural or country physicians.

When the “patent medicine man” made his appearance, this agent or intermediary of the physician, promptly assumed the same position towards the intruder, and united to his honorable calling of pharmacist the less honest but probably more profitable one of vender of nostrums. This anomaly would have adjusted itself in time, and, indeed, has already partially done so, but the druggist has been deflected from the straight and narrow narrow path. Aiding a fraud, what more natural than that he should, in certain instances, become imbued with the spirit of fraud? Seeing the gullibility of the public, and knowing the profits accruing from the trade in nostrums, the less honest and more avaricious members of the guild, were henceforth but ill-content with the comparatively meager profits of their honorable and legitimate calling. The outgrowth of this spirit was the crying evil of substitution—the replacement of high-priced ingredients in prescriptions, by others less costly and totally inefficacious. There is scarcely a physician in our cities and towns who has not, at some time, had good reason to complain of this evil.

Of late, the rascally practice has taken a wider range, in a direction made possible by the legitimate advances of the art of pharmacy. We refer to substitution as applied to those products of chemical and pharmaceutical skill aided by abundant capital known as “proprietary preparations”—preparations, the nature and ingredients of which are made known to the medical profession, for whose use alone they are manufactured, and which are by no means to be classed or confounded with “patent medicines.” Many of these proprietary medicines are of great

value commercially, and as a result they are composed of the purest drugs, compounded with great skill. A certain proportion of the medical profession (and some of them men of wide and honorable reputations) have found these preparations good and useful, and their exhibition attended by most satisfactory results; and hence have prescribed them largely, not the least potent reason for this fact being the feeling of security against substitution induced by the careful and often costly method of package adopted by the manufacturing chemists. But as "love laughs at locksmiths," so laughs the substituting druggist at seals and wrappers of unique design, at signatures and brands; and the manufacturing chemist who spends thousands and hundreds of thousands of dollars in keeping up the standard of his preparations, finds himself suddenly accused of allowing them to deteriorate, or possibly of sophisticating them for greater gain.

Without referring to them by name, we may say that very recently a number of the great manufacturing houses have found themselves in this unpleasant position; and in every instance where investigation was possible, the fact was disclosed that the apparent deterioration was due to the dishonesty of the retail druggist or prescriptionist who had substituted his own worthless compounds for those ordered by the physician.

Such substitution is not simply dishonest; it is felonious, and displays the same reckless disregard for life that marks the burglar or highwayman who is prepared to take a life if it stands in the way of his plunder. The man who does it does not simply filch a few cents from the pocket of his customer (frequently poor and needy), nor does he merely jeopardize the reputation of a physician, but he puts in peril the life of the customer who trusts him.

The honest members of an honorable profession, and fortunately they are largely in the majority,—the reputable pharmacists, owe it to themselves to expose these vultures and drive them from the trade. In doing so they should have the aid and countenance of every physician. In the meantime, let every physician not content himself with shunning the shops of those whom he detects in the nefarious habit of substitution, but boldly denounce them, and warn his patients against carrying prescriptions to them. Concerted action of this sort will soon purge the trade of the offending members.—Editorial *St. Louis Medical and Surgical Journal*, March, 1887.

Contributions to the Pathology and Treatment of Bright's Disease.

Semmola, of Naples, recently made a communication, under this title, to the Académie de Médecine (*L'Union Médicale*, Sept. 9, 1886, 418).

According to his researches, true Bright's disease consists in a chronic diseased condition characterized by the following peculiarities:

1. Its etiology; namely, the excessively slow action of damp cold upon the skin, continuing throughout months or years.

2. A progressive weakening of the functions of the skin, reaching, finally, even their complete abolition. This is due to an increasing ischæmia and atrophy of the sudoriparous glands, a progressive atrophy of the Malpighian layer, and proliferation of the connective tissue of the dermis.

3. A chemico-molecular alteration of the albuminoids derived from alimentation. This alteration is characterized by a diffusibility which is pathological, in consequence of which they fail to be assimilated, and are necessarily eliminated through all the emunctories, especially the kidneys.

4. A progressive diminution in the combustion of the albuminoids, expressed by the consequent diminution in the formation of urea. There results from this a lessening of the amount of urea excreted in twenty-four hours, without there being an accumulation of this principle anywhere in the body. The blood of patients who have not reached the stage of uræmic intoxication contains a percentage of urea less than in the normal condition.

5. A serous infiltration of the subcutaneous tissue, making its first appearance in the face, of an erratic but progressive character, although its advancement is exceeding slow, and not in proportion to the hyperæmia.

6. A very characteristic cachexia, out of proportion to the loss of albumen, but which represents a gross defect in the assimilation. This is demonstrated by the totally negative results attained by the employment of the most restorative nitrogenous dietary, even when the disease is its first stage.

7. A secondary and very slow development of an inflammatory process of both kidneys at the same time. This possesses the characteristic histological feature of diffuse nephritis, typified by the *large white kidney*.

The author's *resume* of the treatment to be employed during the long period in which the disease is still curable is as follows:

1. An exclusively milk diet. Ordinary nitrogenous food, and especially that very rich in nitrogen, ought to be proscribed, no matter in what period of the disease. Milk acts as a typical food, and not as a diuretic, and its beneficial action on nephritic patients is remarkable. This milk treatment should be pursued for a long time, and the attempt to test the tolerance for meat or for the yellow of egg must be made with the greatest reserve.

2. Methodical and repeated dry frictions of the skin, massage, and often the use of the vapor bath. Cold water treatment is to be avoided. It is never well borne by the patient, even at the beginning of the disease, on account of the lack of proper cutaneous reaction. Violent muscular exercise is also injurious.

3. The patient should live in a temperate climate, dry, and of even temperature. In winter, especially in variable climates, he should not go out much into the open air. Muscular exercise must be taken in his own room, which should be constantly at a temperature of 65° to 68° F.

4. Iodide and chloride of sodium should be given in progressive doses until the extreme of tolerance is reached.

5. If albumen has not entirely disappeared from the urine after the lapse of two or three months, and especially if the anasarca has completely vanished, it is best to substitute for the sodium iodide either the phosphate of soda, or the hypophosphate of soda or lime in small repeated doses, giving 45-60 grains in the twenty-four hours.

6. Systematic employment of inhalations of oxygen.

7. The abandonment of the use of astringents as substances either useless or injurious.—*Am. Jour. Med. Science.*

A SIMPLE CLASSIFICATION OF INSANITY.—Dr. John P. Gray gave the following:

Mania, manifested by delusions of excitement, expansive ideas, exaggerations, self-consequence, incoherence, etc.

Melancholia, manifested by delusions of depressing character, painful ideas and apprehensions.

Dementia, representing conditions of mental failure and feebleness of mental action.

All cases of insanity come under these three heads. Cases may be acute, sub-acute, chronic, periodic, paroxysmal, but they are mania, melancholia or dementia.—*Med. Record.*

The Physician Himself.

The *Boston Medical and Surgical Journal* publishes an entertaining letter, taken from *London Truth*, from which the following is an extract: "A doctor may very easily make a fair reputation and a good deal of money without much knowledge of medicine; for this reason, that the science of medicine is a closed book to the vulgar. When a man dies, none of his friends (unless there chance to be a coroner's inquest) know in the least degree what killed him. And if you call in some great medical gun at the last moment, the great medical gun is sure (indeed, I believe by the etiquette of the profession he is bound) to tell you that your doctor has 'treated the case most judiciously. On the other hand, when a sick man gets well no one knows what cured him, and the doctor—who was, perhaps, on the wrong track throughout—gets all the credit. Thus, the best—indeed, almost the only—way in which a doctor can convince his patients that he is wise and knowing in his profession, is by showing them that he is a clever and well informed man out of his profession. Of his science as a doctor they are not in a position to judge; but if he talks sensibly about subjects which they do understand—stocks and shares, and pictures, and last night's debate in parliament—and has fair luck with his cases, then his patients will trust and swear by him. I remember one very sad illustration of the injury which a doctor does himself who drops behind in his general information. A friend of mine who had married a wife from the county Westmeath (in those days a very 'disturbed' district), came home one afternoon from the stock exchange and found the lady in a terrible state of excitement, piling the fire with pill boxes, and throwing 'the mixture as before' out of the window. On investigation, it turned out that the doctor had called, and, in the course of conversation, had innocently and casually inquired: 'What is this habeas corpus, can you tell me, Mrs. Blank, which they talk of suspending in Ireland?' To a lady who had grown up from childhood with the habeas corpus perpetually suspended over her like a drawn sword, the ignorance thus displayed was too shocking. Not a drop of that man's medicines, she declared vehemently, should ever pour down the throats of her children. This shows, I think, that the sensible doctor will do well to look into a book occasionally, and to read the morning papers—but, of course, not the leading articles. This is a punishment reserved exclusively for the editor."—*Technics.*

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PRESIDENT'S ANNUAL ADDRESS.

By W. S. THORNE, M. D., San Jose.

(Delivered before the California State Medical Society, April 20, 1887.)

Ladies and Gentlemen: Permit me to congratulate you upon the seventeenth anniversary of this Society, which, though not yet out of its *teens*, is a robust youth of its age, and if we may forecast the future of this stripling by an auspicious adolescence, it will doubtless attain to honorable manhood and a ripe old age. Permit me to thank you for your presence here to-day, and to express the hope that this session of the representative medical council of the State will be characterized by the usual excellence of its contributions and the harmony of its members. The arctic navigator fast in an ice floe, who thought that he was being carried towards the north pole at the rate of ten miles a day, has awakened to the fact that he was really being drifted towards the equator at the rate of twelve miles a day. He had failed to notice the force of the currents and to correct his position by observation of the stars. Like the arctic navigator, we must look up occasionally to verify our position, to see which way we are drifting, or we may find ourselves at the end of a long voyage in the wrong latitude. The busy practical man, who daily goes about his duties, relies upon his experience. He has no time to note the ever varying currents of popular opinion or professional belief. In estimating the value of experience we have always the personal equation in the

problem that can never be definitely determined. The mental, the physical and intellectual character, education, training and opportunity all affect the value of individual experience. Observe the literature of medicine for a decade and note the contrariety of experience respecting the value and effect of remedies most in use,—bromide of potassium, salicylic acid, mercury and digitalis, to say naught of the thousand and one new remedies that have been introduced. If there is one thing more truthful than another that has come down to us from the Father of Medicine, it is the aphorism that experience is fallacious and judgment difficult. Our ideas appear to crystalize, dissolve and recrystalize about every decade. In the matter of experience it is curious to note how varied is the amount of evidence that satisfies the individual observer. One is content that a single post hoc makes a propter hoc, another requires more, but none can tell just how many post hocs it always takes to make a propter hoc. And how difficult becomes the estimate of remedies in the light of self limited diseases, and homœopathy! We are solemnly assured that the seventeenth dilution of camomile representing a drop of the tincture mingled in the contents of one million lakes of alcohol, each two miles in circumference, cures the most frightful diseases that flesh is heir to. Now a like potentiality of some favorite drug administered *secundum artem* in one hundred cases of rheumatism, resulting, as probably it would, in eighty-five recoveries, would lead to the old inevitable *reductio ad absurdum* of post hoc one hundred *ergo* propter hoc eighty-five. This sort of reasoning has very much retarded the growth of a true science of medicine. In the presence of a large class of diseases we are ever in doubt whether recovery is due to mental influence, drugs or self limitation. And we shall never eliminate error from medical statistics until we know the natural history of disease under similar conditions of environment, with and without medication. Then only can we determine how much increased longevity in civilized countries is due to improved medical practice and how much to sanitary pro-

gress. A great deal of confusion, contradictions, and questionable practice is due to the

VICES OF MEDICAL JOURNALISM.

In this age every man is a book-maker or an author,—we write, we are opulent in words as Hamlet says, and we sometimes bring a farthing rush-light to redeem an obscure idea from merited oblivion. There are a great number of medical journals, “all are useful we hope, most of them necessary we trust, many excellently well conducted, but which must find something to fill their columns, and so print all the new plans of treatment and new remedies they can get hold of, as the newspapers print all the horrible murders and shocking catastrophies.” But the country that has a Fourth of July, a Declaration of Independence, and an American Eagle, the country that gave birth to the telegraph and the telephone and stump oratory, can afford to have more medical journals than all the world besides, but it is questionable whether the immature observations and hasty conclusions that characterize the great mass of this literature will redound to the power and glory of American medicine. A fog of uncondensed experiences hovers over our consciousness like an atmosphere of uncombined gases. The sanguine and imaginative rush into print with their hopes and impressions. We are periodically startled by new theories and new remedies or new virtues in old remedies; but it turns out that at last a will-o-the-wisp flitting over a bog has been mistaken for a beacon light upon a hill. But shall we not record facts? Certainly, but first ascertain that you have one. Fact! that omnipotent monosyllable, has been the patrimony of cheats, and the currency of dupes from time immemorial. Facts have furnished the basis of the most stupendous delusions of medical history. The miracles of the Temples of Æsculapius, the cures wrought by the metallic tractors of Perkins, the Royal touch, Bishop Berkley's tar water, homœopathy and mind-cure have all been sanctified by an irresistible array of stubborn *facts*. The focal

adjustment of each individual is arranged to a different scale—no two ever look at the same object at exactly the same mental angle, and the faculty of correct observation, and the power of grasping a complex subject, articulating it distinctly and of treating it not only with effect, but luminously in its widest bearings and in its most intricate details, is the rarest and most exalted attainment of the mind.

CLIMATE AND ITS RELATION TO HEALTH.

Natural history teaches us that air, water, soil, geographical position, and the geological formation of the earth's crust, are largely responsible for the physical appearance and the distinctive qualities of both plants and animals. The feasibility of resolving all living matter into a few simple elements common to the insensible world and the manifest dependence of vital phenomena upon the conditions of environment have led philosophic minds in all ages to conclude that cosmical forces are the efficient sources of all life. However doubtful this doctrine may have become in the light of revelation, it will not be denied that climate and soil determine, to a great extent, the condition of health and the duration of human life. Hippocrates declares in his dissertation on airs, waters and places, that "whosoever, wishes to investigate medicine properly should proceed, in the first place, to consider the seasons of the year, and what effects each of them produces, the course and quality of the winds, the source of the waters, the character of the soil, exposure of cities, elevation, the pursuits of the people, their manners and customs;" and he furthermore adds, that "if such observations appear to encroach rather upon meteorology than medicine, it must be admitted that astronomy contributes, not a little but a very great deal, to our success in the preservation of health." In a broader view of cause and effect, the naturalist turns to climate and soil as a probable explanation for the structural modifications of plants and animals. But our data is too meager and our history too limited to determine, with accuracy, the part that each has played in generic differentiation. The study of climate, its re-

lation to health, and its consideration as a causative factor of disease, is yearly eliciting more careful and discriminative attention. Examples of the beneficent influences of climate upon those inveterate maladies that heretofore have baffled the skill of eminent physicians, are daily multiplying, and the potential effect of certain atmospheres in the management of phthisis, bronchitis, and asthma, has revolutionized opinion as to their curability. The influence of climate upon certain diseases has naturally led to a more critical inquiry into the essential qualities that give it therapeutic value. It has been taught that uniformity of temperature, low humidity, freedom from deleterious gases, and a relatively high percentage of ozone, were the chief remedial factors of the atmosphere. We have been taught that mountain air was richer in oxygen than air at sea level, which explained the stimulating effect at high altitudes. But the reverse is quite the fact, since of two men, the one breathing air at sea level and the other upon a mountain 5,000 feet high, the former would get 361 grains more oxygen than the latter, and yet the mountaineer would probably be the more robust of the two. Temperature, and we may add humidity, appear to be conditions that relate rather to comfort than health. We must, therefore, look further for an explanation of the remarkable influence of certain climates upon disease. Pasteur has shown that putrefaction and allied changes are due to the presence of micro-organisms found in soil, air and water. It has also been shown, in the same line of inquiry, that the existence of these minute germs is a matter of prime importance, as it is demonstrated that they are closely related to many of the so-called zymotic diseases. Recent investigations as to the quantity and quality of floating matter in the atmosphere lead us to believe that it is, under certain conditions, an efficient cause of disease. Experiments in this direction show that each cubic foot of air at sea level in the vicinity of large cities contains fungoid spores, pollen, mineral particles, particles of clothing, starch grains, multilocular plants, and the ova of infusoria. In order to show

the *putrefactive* influence of these substances, the air so charged was conducted through a certain number of tubes of known capacity containing sterilized bouillon, in which, after due time, bacterial growth was sure to be developed in a certain percentage of them, by which it was estimated that in Paris a cubic foot of air contained, on an average, 560 bacteria during the year. It was found that the number of microbes was minimum during rain, that they increase as the drying of the soil progresses and decrease when the moisture is exhausted. Ozone had no appreciable effect upon the bacteria. At the same time that these observations were being conducted in Paris similar observations were being carried on at different altitudes in the Alps, with the result that at from two to four thousand meters no bacteria were found, while at an altitude of 560 metres there were found 80 per cubic metre of air. These experiments, aside from furnishing us a rational explanation of the comparative salubrity of climates at different altitudes, may be considered as circumstantial evidence of the highest significance, showing, (a) the existence of organic germs in the atmosphere varying from 28,000 per cubic metre of air in large hospitals to zero at Alpine heights; (b) the putrefactive influence of this germinal matter when brought in contact with sterilized animal fluids; (c) the comparative insanitary condition of localities where this atmospheric contamination is greatest; (d) that equable temperature, low relative humidity and ozone do not prevent the existence of bacteria in and about densely populated districts; and (e) the probable relation of these living elements, subtle, all-pervading and indestructable to the rise and dissemination of a large class of diseases. It now remains for the scientist to determine the specific influence of particular germs upon the economy, and under what conditions of environment their special activities are excited.

BACTERIOLOGY.

There is no branch of investigation connected with medicine that compares in importance and promise to the question of the

bacterial origin of disease. Few discoveries of equal importance have received such speedy and strong confirmation. We ought not to be too hasty in accepting all which this new doctrine requires, since our views of the pathology of many diseases have been periodically swayed by histological dogmata. But the evidence confirmatory of Koch's discovery is accumulating on every hand. The bacillary origin of tuberculosis is now admitted to be in perfect harmony with the older views of this disease. The successful lodgment of the bacillus of phthisis in the living body does not produce, as a rule, general tuberculosis but a local circumscribed deposit that shrinks and cicatrizes, or on the other hand is the focus whence general infection proceeds. This is in perfect conformity with the ancient view of the pathology of this disease, as we already knew that in man a local caseous tubercular mass with infiltration of the neighboring lymphatic glands precedes general tuberculosis by a longer or shorter interval. The discovery that micro-organisms are the cause of putrefaction and fermentation in animal and vegetable solids and fluids, and that germs capable of setting up putrefactive changes in animal matter exist in great abundance in the atmosphere of populated or unsanitary districts, leads to the belief that there is more than a casual relation between the atmospheric condition and the rise and dissemination of diseases. This belief is further strengthened by the fact that surgical operations and traumatic lesions are attended with danger and accident proportionate to the degree of atmospheric contamination, and that the general health of communities is sensibly modified by the presence of putrefactive matter in the air. It has also been shown that parasitic bacteria are capable of existing upon dead animal and vegetable matter in the outer world, and of penetrating the body under favorable conditions and there producing their specific effect. There are certain facts concerning modes of infection that as yet we do not understand, nor why at one time infective diseases appear as epidemics and at another in sporadic form. But although we do not yet

understand the exact process by which a pathogenic bacterium produces a disease, yet we can not reject the evidence which by reason and analogy leads us to believe that there is an intimate relation between them. There are many links yet wanting in the chain of evidence that is gradually uniting the isolated facts and circumstances of bacterial history, into a homogeneous whole. If the mycotic origin of diseases becomes the new tables of the law, it foreshadows for medical science, the grandest possibilities. The control of infectious diseases by the destruction of the organisms that produce them, outside of the body, by means of disinfectants, and by the removal of all accessory conditions necessary to their existence. To this may be added the future probability of inoculation with attenuated viruses and contagia in order to forestall the development of infectious diseases. It is to be hoped that the future triumphs of medicine lie in the direction thus indicated rather than in potent medication or improved therapeutics, and that the art of healing will be transformed into the art of preventing disease.

PHYSIOLOGICAL ERRORS OF THE SCHOOL SYSTEM.

The microscopical anatomist delves with renewed energy into the mysteries of pathological histology, and we crown with fresh laurels the discoverer of a hitherto unknown bacillus. We recognize as the faces of our familiars the germs of cholera, anthrax and tuberculosis. The chemist invents new remedies for old diseases and vast libraries are plethoric with learned dissertations upon their history and treatment. But how scanty is the literature that tells us of the manifold diseases and infirmities of childhood, resulting from a vicious school system. Few medical writers appear to have given much thought to mental training from a sanitary point of view. The tolerance of health and sound physical growth, to mental stimulus, its just limits and its relation to the age and condition of the student, are matters that appear to have been left to chance or accident. The medical profession can not be held blameless for those physiologica

errors already engrafted upon our common and high school system of education—the most flagrant of which is the error of exclusively developing one part of the organization at the expense of the rest. I have seen ruddy faced country lasses and robust rustic youths return home to die, or to drag out an existence of chronic invalidism, after a course of intellectual cramming at a certain high school that prepares teachers for the rising generation. I have witnessed the occurrence of hysteria, convulsions, nervous prostration, arrested menstruation, insomnia, leucæmia and pulmonary consumption among the victims of this unnatural system. Who does not know that the athlete may develop his muscles at the expense of his vitality, and the student his brain at the expense of his muscles, stomach and even his reproductive power? Who does not recognize the fact that this inharmonious, one-sided development is an error of our present school system? Who does not know that the world's great workers have been those who have united strength of intellect with strength of sides, as Cicero says. The irresistible power of such a union is conspicuously illustrated by the history of the dominant races. The demand of civilization is "give us the best possible brain." Physiological questions of far reaching importance are involved, that appeal to the physician for solution. By what method can the mind be best developed without impairment of those bodily functions that render the individual a good animal? Ventilation has done more for children than all the calomel and rheubarb of the shops, and air and exercise for brain-building than all the classics of the schools. The great physiologist Du Bois Raymond teaches that regular and systematic training of the muscles is an invaluable auxiliary in the development of the mental faculties. That exact and systematic training of the muscles actually increases the gray matter of the brain and spinal cord. Every educational establishment in the land, high or low, should include in its curriculum physical training under competent masters. Standing in physical attainments should be equally honorable

with rank in grammar, rhetoric or classics. The perpetuity of the race depends upon good brains and sound muscles. A good brain is at once the measure of the individual power, a conservator of strength and a proloner of life.

ALCOHOL AND THE MEDICAL PROFESSION.

Is there no responsibility resting upon the medical profession for the increase of alcoholism? Can we truthfully answer, that the public thoroughly understands the opinion of the profession upon this subject—that it is unitedly opposed to the conversion of a potent poison into habitual and daily use as a beverage—that we believe and teach that spirit drinking is the paramount curse of civilization, compared to which all other evils and afflictions sink into utter insignificance? Have we sufficiently emphasized the fact that this polite abuse is filling our hospitals with infirm paupers, crowding our prisons with the vicious and criminal, and multiplying our asylums for the insane and feeble-minded—that it is responsible for a large class of incurable hereditary affections, and a criminal class that occupy a border land between sanity and insanity, and that it is an ever increasing cause of moral corruption and physical decay? To none is this vice so frequently revealed, in all its hideousness, as to the medical practitioner. Its breath is the sirocco from the desert of death. Its pestilential and desolating influence is the lesson of the hour. It taxes the temperate and industrious to support those it has made vicious, criminal or insane. It lays its palsied hand upon the productive resources of the country, and he who earns his bread by honest toil must yield a part of it to support the victims to this monster vice. Vast sums are yearly legislated to protect our people from the approach of infectious diseases. But there can be no quarantine against self-poisoning by alcohol. The difference between contagia and intemperance is one of kind rather than of degree. The former destroys the body, whilst the latter is compatible with a loathsome existence and the power of transmitting its evil con-

sequences to the third and fourth generation. It seems to me that an occasional monograph on the physiological effects of alcohol is not enough. The literature of this subject from professional sources that reaches the people is too meagre. This question has been chiefly relegated to itinerant lecturers and sensational frauds. With the public, its name is synonymous with eloquent twaddle, and it is closely related to spiritualism, water-cure and kindred humbuggery in the public mind. The attitude of the medical profession upon this subject is equivocal. Our position is not understood; our silence has been wrongly interpreted. The medical profession, as the recognized authority in matters of public hygiene, can suggest measures for the restriction of a public vice. And these measures will receive consideration from the civil authorities. The medical press should widely disseminate the fact that alcohol is an unmitigated poison to the human economy, and that its effects, however slow or imperceptible, are, nevertheless, certain and deadly. As men, as citizens, we should unite our efforts to emancipate politics from the unhallowed association with the commerce of this pernicious drug. We should awaken our legislators to an enlightened and corrected opinion on the subject, and induce the authorities to restrict the retail traffic to within the narrowest possible limits. From time immemorial man has possessed resources for artificial stimulation, and we may be sure he will have them to the end. Total abstinence is the dream of the impracticable and transcendental. It can never be realized. The only question involved in this matter is, what stimulant may we employ with the least possible injury? The answer is, light wines not fortified by the addition of alcohol. Experience teaches that in proportion as the use of light wines increase, the desire for spirits diminish. We may make a temperate people by substituting a comparatively harmless stimulant for a degrading and pernicious one. The silent and impassive attitude of the profession respecting this matter is ominous and suggestive. Let us purge ourselves of the imputation that we approve of

spirits as a beverage, and let us assist in a reformation so fraught with far-reaching consequences to society. It may be possible that remarks upon this subject at this time are lacking in precedent and of doubtful propriety, but the liberty of speech accords with the genius of our people and with the privileges of this honorable body. With the assurance of your polite indulgence, I know full well that my own sentiments will in nowise compromise your aggregate wisdom, or influence your final judgment.

SPECIALIZATION IN MEDICINE.

A great specialist has said that the growth of specialization in medicine is at once a benefit and a peril. The ever widening domain of medical art, the extended field of scientific research essential to a complete medical course, the vast array of detail to master preparatory to general practice is naturally suggestive that life is too limited to permit us to compass the art and science of medicine—and that our limited time and ability might be more profitably employed in a more circumscribed area. Admitting the expediency of self dedication to separate departments of practice, we insist that a specialist in a high sense, should be a man of large views, liberal education and an experienced and capable practitioner. The reasons are many and obvious. A continued routine among details narrows the mind and paralyzes the capabilities for larger conceptions. The correlation or independence of distant parts in the economy of man through its multiplied and varying reflexes is so intimate that an intelligent conception of it requires a careful study of the organism as a whole. Local disturbances or structural disease, through the influence of distant ganglionic centers, illustrate at once the complexity and the importance of the subject. The reflex diseases of the ears from irritation of dental nerves; the pulmonary, stomach and intestinal diseases of infants proceeding from the same source; ear troubles and even deafness from disease of the stomach; hyperasthesia of the retina from an irritable urethra; epilepsy, insanity and a variety of func-

tional and organic diseases of the brain from disturbance of the ovaries. Principles and causes must never be lost sight of in any department of medicine. But the continual tendency of specialization is to narrow its investigation to its own special domain, until, as some commentator has seriously intimated, the field of the speculum limits pathological inquiry. The taking of the so-called specialties by young men who limit their attention to them at an early period of their medical career, because more facile to acquire or more lucrative to practice, have misconceived a professional duty, restricted their field of usefulness and jeopardized their prospects of professional eminence.

MEDICAL EDUCATION

Is a matter that does not behoove me to discuss at length. But at this time and in this presence I shall offer no excuse for my convictions on this subject. That progressive changes should be made in the mode and character of medical instruction in this country appeals alike to our common judgment, and to the interests of the present and coming generation of medical men. The importance of the medical function is in no wise exaggerated in assuming that it is more essential to the well being of society than the judicial and I had well nigh added the religious. Common experience teaches us that the higher walks of the profession are occupied by men of broad and deep culture, and that a sound preparatory education is the surest guarantee that a medical education will enable its possessor to reach honorable distinction. In England where the subject of medical education receives the most zealous supervision, not only is a thorough preliminary English education deemed indispensable, but it is furthermore held that the classical studies are an essential part of it, since the latter afford a better training of the medical mind than the study of the sciences. However divided this opinion may be, it is held by a large body of eminent teachers and emphasizes the importance of a thorough literary training preliminary to a medical course. While this country

is second to no other in the merited eminence of its medical leaders, yet the truthful observer is forced to admit that our educational requirements are too low, inadequate in thoroughness and faulty in detail. It is delusive to argue that the medical schools are replete with students, that the teachers are eminent, that the graduate is satisfied with the diploma and the community with the graduate. The fault lies at the root of the tree. The foundations of medical education are defective and the superstructure toppling and uncertain. These are facts, disguise them as we may. In the Spanish Americas where general education is incomparably lower than with us, the American diploma is not recognized, and in England, France and Germany it is not considered a guarantee of respectable attainment. Are gentlemen serious, who tell us that the pass-examinations of their schools are equal to those of London, Paris or Berlin? If so it is pertinent to enquire wherefore the foreign degrees that conspicuously overawe or totally obliterate those of *alma mater*, the *indigenous* M. D. of Philadelphia, New York or San Francisco? The gentlemen are excusable, the remark was merely an exaggerated compliment to home production. In older civilizations the medical function is jealously guarded by difficult barriers. Before entering upon a medical course the candidate must pass an examination in physics, mathematics, English and classical literature, and thereafter the special form required of the candidate is a three years graded course including hospital work and terminated by examination conducted under the auspices of independent boards. The wisdom of these provisions can not be doubted. This elaborate system has been slowly evolved through a period of time, compared to which our national life is infantile. It is not probable or possible that we may speedily overcome the prejudices and conflicting interests that oppose our attainment to this standard. It is manifestly a work of time; but it can, must and will be accomplished. The first essential reform is preliminary education. For the promotion of this desirable step let every reputable

practitioner refuse to accept as a student one who has not passed a high school or college course, and let no student be permitted to matriculate where this requirement is not inflexably maintained. This done and we shall have taken the first great step towards medical reform. Dr. J. S. Billings has somewhat curiously advanced the idea that there are few localities in the United States where the qualifications of the medical man are not fully up to the standard which the community is able or willing to pay for. This principle carried to its logical conclusions means that in some communities justice, at the hands of a stupid or corrupt judiciary, education by unqualified masters, and religion and morals from ignorant and corrupt priests, suits the market and is as good an article as the community can appreciate or is willing to pay for. The proposition is delusive, its deductions absurd. It is a fact known to all of us, that people in this country, irrespective of geographical lines, are quick and ready to appreciate and reward superior excellence in its representative men. Fields of labor may vary in their extent and remunerative quality, but the difference is one of degree rather than kind. In any event, the advancement of medical education demands broader and more liberal views than those suggested by the commercial axiom of Dr. Billings. The proposed modifications in our present system will not be carried out single handed by medical schools. It is a work in which every reputable member of the profession can actively participate and in a measure control. The metropolitan and country doctor can prevent his students from entering other colleges than those in good standing, and it must be definitely settled that a college in good standing is one that requires a preliminary examination in physics, mathematics and English, and a three years graded course including hospital work and instruction in hygiene and preventive medicine. Such reforms may not harmonize with local interest, traditional prejudice, or popular opinion, but they will meet the approval and co-operation of the friends of medical science everywhere.

A MATTER OF FINANCE.

There is a matter affecting, as I believe, the future of the Society, to which I desire to call attention. This Society, so far as I am informed, is the pioneer medical association, and it is essentially representative of the profession of the State. To it we are indebted for the laws regulating the practice of medicine and the advancement of medical education. It has fostered science, encouraged ethics, and given an impulse to medical literature. By its persistent action against illegal practitioners it has purified the profession, and elevated the dignity and the respect of legitimate medicine. There is not a town, village or hamlet within the borders of the State that has not experienced the beneficial influence of this Society. The well-being and perpetuity of this body is a matter fraught with great interests to the profession and to society. With concert of action and unity of purpose, we may expect to see the profession push on to new conquests and to higher attainments. But have we secured all reasonable guarantees that we shall be handed down to a succeeding generation? Have we a right to expect that this organization will be permanent unless we place it upon a sound financial basis? A monied investment in a thing marvellously enhances *our* appreciation of it, whilst the act itself increases the respect of our cotemporaries and the admiration of posterity for us. Proprietorship in a tree or shrub lends to the plants new beauties and to the flowers a higher fragrance. It may be taken as an axiom, that no organization is safe or perfect without capital. It is not admitted that because this Society is ethical and scientific in character it is not within the purview of the rule. Capital is synonymous with permanency and power. We desire both. This Society was organized with a view to permanent existence. It must have power, respect and public confidence to carry on its great work. Shall we rest content to live from hand to mouth as a Society, whilst the aggregate capital of our members now reaches a vast amount? Is there a valid reason why this organization could not in a few years own a building and

grounds suitable to its purposes? Among our apparent needs are proper apartments and the foundation of a medical library and museum. A scheme by which this might be accomplished would involve a small outlay by the members for a few years. It would not, in the aggregate, amount to one hundred dollars per capita. Examples are not wanting of individual munificence in this Society. Let us imitate, therefore, their princely benevolence, and lay the foundation of the Medical Society of the State of California upon a broad and enduring basis. I would suggest for your consideration the appointment of a committee at this session to study and elaborate a financial scheme for this purpose. Without laying upon the members an onerous burden it is entirely practicable within five years for this Society to possess, in fee simple, a property that will amply supply our present and future requirements and at the same time afford a profitable revenue upon the investment.

THE LAW REGULATING THE PRACTICE OF MEDICINE.

The profession of California may well be congratulated upon the successful operation of the law regulating the practice of medicine in this State. Energetic and successful prosecutions have been inaugurated the past year under the auspices of our Board of Examiners and the various local Societies. The official register of 1887 furnishes the most satisfactory evidence that our medical law is efficient in the hands of an earnest and capable executive. Unqualified practitioners have entirely disappeared from many of the towns and villages of the State, whilst the aggregate reduction for the year has been sixty-six per cent. Our profession has not been united in the opinion that the law which created and maintains three separate Boards of Examiners, professing as many distinct creeds, was the very best law that could have been framed in the interest of medical science. It would seem that there ought to be but one recognized standard of minimum attainment for every man who professes to practice the science and art of medicine, the legal weight and

measure as applied to medical competency. But this idea it appears is repugnant to the popular notion of American *freedom*. We must have perfect freedom, even at the cost of good order and personal safety. In this country the law that trenches upon the higher privilege of the American citizen, that enables him to get in this world just that sort of an article which he is able and willing to pay for, is a dead letter. For this sacred right our fore-fathers once emptied a vast quantity of British tea into the Boston harbor, and in the defense of which American orators have extracted the juice from all the superlatives in the language from that day to this. Apropos to popular influences, it has been observed that the science of medicine, ostensibly founded upon fact and experience, is as sensitive to influences, moral, political and imaginative, as the barometer to atmospheric pressure. It is clearly demonstrable that the stirring events of history are constantly associated with notable vibrations in medical thought. The eras that brought forth great names in literature, philosophy, arms and religion have mostly been associated with masters in the art of healing. It was in the age of Pericles, Plato, Socrates and Phidias that Hippocrates, revising and correcting all previous knowledge, gave to medicine the new tables of the law, that were the guiding principles of medical practice for two thousand years. Aristotle, who embraced in his own person all knowledge, both medical and philosophic, was cotemporary with the soldier whose conquests embraced the world. Coeval with the brilliant era of the Ptolemies, and the impulse given to culture by Alexandrian literature, we find the names of Herophilus and Erasistratus, according to Galen and Celsus, the two greatest anatomists known until that time. Vesalius was cotemporary with Martin Luther, the one scalpel in hand laboring for the promotion of science, the other with pen and tongue struggling to emancipate humanity from the tyranny of a corrupt age, and both in the face of the fagot and inquisition. Whilst Napoleon was remodeling the map of Europe by invincible armies and plant-

ing the imperial eagles in its ancient capitals, Bichat was revolutionizing the science of life and shedding the light of his penetrating mind over the different departments of medical science. In our own country the great events that impelled the infantile colonies to struggle for a principle against the most potent monarchy of the world, gave to medicine a genius and to his country a patriot, a statesman and a philosopher, the immortal Benj. Rush. Popular follies and superstitions have likewise their medical and scientific reflexes. Pliny was impressed with the current belief of his time that the blood of dying gladiators was an efficient remedy for epilepsy, and the learned and philosophic Bacon accepted the popular delusion that the weapon ointment healed the wound by its application to the instrument that inflicted it. Within the memory of men yet living the efficacy of the royal touch was gravely maintained by many of the most eminent doctors of that time. Such was the force of popular belief upon the professional mind, that it accepted the pretension that a rotten old King with a diadem of the corona veneris encircling his brow could cast out diseases by his polluted touch. History repeats itself, and in our own times we have many examples of which I am speaking. The most notable of these is the stupendous delusion known, as homoeopathy, which has had its medical reflexes and its phazes of usefulness too. Whilst pretending to theories that are deliriously impossible, and to doctrines having no foundation in fact, and no analogy in science, it has taught us that a *materia medica* consisting of *nomenclature*, is as good if not better than active medication in the treatment of self limiting diseases. It is not denied that there are changing elements in medicine due to the varying phazes of disease, the fashion of remedies and to the decay of theories, but it is likewise apparent that practical medicine in all time has been swayed by the ebb and flow of popular tides. If in the foregoing pages my rambling remarks have appeared to savor rather of criticism, rather than of pleasing discourse you will pardon the judgment that sanctions their

expression. The freedom of thought and the liberty of speech accorded to every American citizen, will not, I am persuaded, be denied on this floor. To this fundamental law of a free people rather than to conquests by flood and field we are indebted for our progress in science and in the arts of peace. It is the torch which a great artist typifies in our statue of liberty enlightening the world. To oppose this sacred privilege the faggots of the inquisition were prepared for Galileo, and Pope Paul V. forbade the faithful to accept the doctrine of a moving world. But in spite of popes and the fires of the inquisition, in spite of bigotry, superstition and ignorance, the world does move, and we move with it. Inertia is the most malevolent force in nature. We must progress, we can not stand still; as men of science, as citizens, we are impelled to higher attainment by irresistible forces.

A CASE OF SYMPATHETIC TROUBLE IN AN EYE TWENTY-TWO YEARS AFTER AN INJURY TO ITS FELLOW.

By GEORGE C. PARDEE, Ph. B., A. M., M. D.

J. M., a steamship engineer by occupation, aged fifty-eight years, well preserved, and in robust health, came to me for advice, and told the following story: Twenty-two years ago, while cutting a key-slot in a shaft, a piece of iron flew from the cold-chisel and embedded itself in his left eye. He immediately placed himself under the care of my father, Dr. E. H. Pardee, who succeeded in extracting from the vitreous, after evacuating the lens, a fragment of iron larger than a grain of wheat. The eye was very painful for a few days after the extraction of the iron, but soon recovered. After being discharged from further treatment, the eyeball gradually decreased in size and soon became totally blind. Several years afterward the stump became very painful to the touch, although it was not spontaneously painful. He did not seek advice concerning it, though he had been cautioned to present himself should there be any pain in it; the danger of sympathetic ophthalmia being carefully explained by my father. This sensitiveness to touch persisted

unchanged up to the time he presented himself to me. About six months ago he noticed that vision in the right eye was beginning to be periodically affected, "a cloudiness coming over the sight now and then." A month or six weeks ago this "cloudiness" became permanent, and, not disappearing, as he hoped it would, he presented himself for advice.

On examination, I found the following state of affairs: The left eye was greatly reduced in size, flattened antero-posteriorly and deeply grooved by the four recti muscles. The cornea was almost entirely gone, the remnant remaining, about as large as half a silver five-cent piece, showed a vertical scar in its upper part extending about two millimeters into the sclera. Palpation was extremely painful and revealed a stony hardness of the atrophied globe; vision, zero.

The right eye was normal in tension, without tenderness on palpation, and presenting nothing abnormal on inspection except, perhaps, a slight cloudiness of the lens. Pupil small and slightly responsive to light; vision about three-fourths. On attempting to expand the pupil, in order to examine the fundus, it was found that the pupillary edges of the iris were fastened to the capsule of the lens by a broad attachment in the lower and outer quadrant, and that the remainder of the pupil could not be dilated sufficiently to permit of a satisfactory examination. The patient denied ever having had any pain or redness in the right eye.

In view of the history of the case, the great tenderness and hardness of the injured eye and the trouble in the right eye, I advised immediate enucleation of the left globe. After some hesitancy, the patient consented. Following my usual custom, I enucleated under cocaine. On account of the great tenderness of the globe and difficulty of hooking the recti muscles out of the scleral grooves in which they were imbedded, the operation was a protracted one; but, beyond this, presented no peculiarities.

On examination, the enucleated globe was found to be greatly flattened, about one-fourth its natural size, divided into four lobes by the recti muscles, stony hard, and, when touched with a steel instrument, giving out a distinct, almost musical clang. On removing the remains of the cornea, it was found that the entire inner surface of the sclera was lined with a bony and membranous capsule. Except at the inner and upper part,

just behind the corresponding part of the cornea, this capsule was composed of a bony mass. The part referred to was occupied by a tense membrane, in the body of which could be felt bony spiculæ. On cutting into this membrane, it was found that the capsule was hollow, about 1-50 of an inch thick, and indented to correspond to the indentations in the sclera. From the cavity thus exposed flowed a few drops of a clear fluid—the remains of the vitreous. From the optic papilla to the edges of the remnant of the cornea was stretched a thin, white cord—the remains of the detached and atrophied retina.

On cutting into and stripping back the tough and, apparently, thickened sclera, there was found a comparatively intimate connection between this latter coat and the bony capsule within it. This connection, however, was not so strong as to prevent a perfect separation of the two back to the entrance of the optic nerve. At this point the connection was so intimate that a further separation was impracticable. The bony shell at this point was also thicker than anywhere else. The choroid, as a distinct membrane, was not recognizable. Between the bony capsule and the sclera were some fibres, reminding one somewhat of the *chorio-capillaris*.

The optic nerve could not be examined without further destroying the continuity of the bony capsule. It was, however, considerably atrophied and surrounded by considerable connective tissue.

Since the operation the right eye has been steadily gaining in vision, and is apparently on the highway to recovery.

This case is peculiar, both on account of the length of time—twenty-two years—between the receipt of the injury to one eye, and the appearance of sympathetic affection of the fellow eye, and also on account of the size and extent of the intra-ocular calcification.

PARALYSIS OF THE RECURRENT LARYNGEAL NERVE FROM PERIPLEURITIS.

Clinical lecture by PROF. J. O. HIRSHFELDER, Cooper Medical College.

[Reported by Mr. M. L. Johnson.]

February 25th, 1887.

The subject of this morning's clinic as you observe, has a peculiar musky voice, the peculiarity being that a musical sound is heard combined with a rough noise. The voice cannot be sus-

tained for any great length of time, at longest two and one-half seconds. Its pitch is high, almost a falsetto, its intensity is low and feeble. This change in the character of the patient's voice came on gradually about four months ago, and for a time became worse until it attained its present condition in which it has since remained. If we place our fingers upon the posterior portion of the thyroid cartilage while he is phonating, we shall observe that the vibrations upon the right side are far more evident than upon the left. The examination of the interior of the larynx with the laryngoscope shows that the vocal cords are normal as far as their appearance is concerned, but that there is a decided abnormality in their position. The left vocal cord does not move either during respiration or during phonation, but occupies a position mid-way between the expiratory and the inspiratory, which has been termed the cadaveric and which is characteristic of paralysis of the recurrent laryngeal nerve, the right vocal cord is moved on phonation past the median line over to the left side so as to somewhat compensate for the paralysis of the left in closing the rima glottidis.

The peculiarity of the voice is therefore due to a paralysis of the left recurrent nerve which, as you know, passes underneath the arch of the aorta and thence upwards between the trachea and the œsophagus to the larynx. Paralysis can be produced by compression of this nerve at any part of its course.

It may be caused:

1. By tumor of the neck.
2. By cancer of the œsophagus or trachea.
3. By enlargement of the thyroid glands extending backwards and pressing it against the vertebral column, as you can understand from this section through the neck by Beaune.
4. By an aneurism of the arch of the aorta.
5. By peripleuritic inflammation.

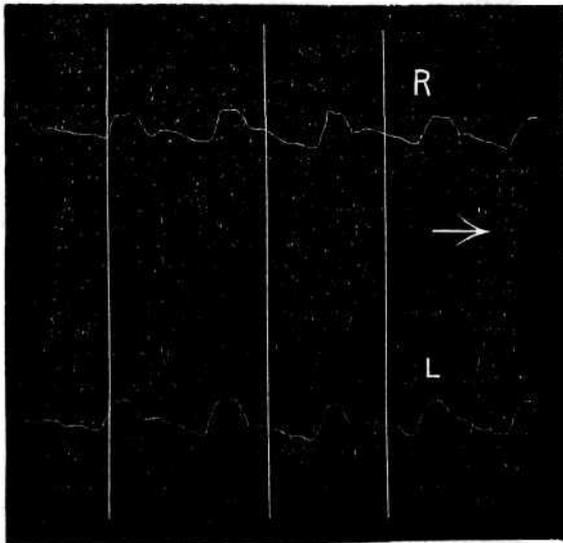
The examination of the neck shows no increase of sensibility and no tumor to be present; there is a slight enlargement of the thyroid gland, but that organ is soft non-adherent and the increase in size is not very decided.

The patient has slight difficulty in swallowing solids at times, but you see there is no obstruction to the introduction of the œsophageal sound. When the sound is once inserted into the œsophagus it glides without obstruction into the stomach. We can hence exclude cancer of that organ.

Let us now examine the chest, the percussion tone over the entire lung is clear and auscultation reveals no pathological sounds. The area of cardiac dulness is normal and the tones at the apex, at the aorta, and at the pulmonary artery are clear.

If we auscultate the left intraclavicular fossa we find a murmur, whereas everywhere else we hear clear tones. We have the patient inflate his lungs, and you hear the murmur louder. We have him turn his head strongly to the right and again you hear the murmur is increased in intensity. If you compare the two radial arteries under ordinary conditions, in this patient you find no difference in volume, but if the patient inflates his lungs and turns to the right, you observe that the pulse in the left almost entirely disappears and returns to its former state when he exhales.

The fact that the bruit is heard only in the outer third of the left subclavian artery speaks against an aneurism of the arch. If an aneurism be here present, it must be situated at the outer portion of the subclavian. No abnormal dulness, is, however, here found, and no tumor can be seen or felt. If an aneurism be present, a simultaneous tracing of the two radials must show a retardation on the left side. I have here such a tracing. You see that the two radials are absolutely synchronous.



The experiments we have thus made exclude aneurism, and there remains for us peripleuritic inflammation to account for what we have found. The bruit at the subclavian can be easily

explained by a constriction of that artery, and the fact that it is much increased by inflation of the lungs, and turning the head to the opposite side speaks decidedly for such an hypothesis. The almost complete cessation of the left radial pulse under such conditions is confirmatory.

The patient has complained of pains in the chest, and in fact, that is the reason of his coming to the hospital. These pains are due to pleurisy which has involved the surrounding areolar tissue. This has constricted the subclavian artery, and has so compressed the left recurrent laryngeal nerve that a paralysis thereof has ensued.

OBSERVATIONS ON A FEW CASES OF TRICHINOSIS.

By AUG. C. KINNEY, M. D., Astoria, Or.

I am pleased to record my experience with this disease, because of the rarity of the complaint, and also because I may possibly be of some service to those who have never seen persons afflicted with it.

On the first day of January, 1886, a citizen of this city had open house for New Year's callers. Some thirty or forty persons called and partook of the wine and sandwiches offered, according to the general custom of the day. Some of the sandwiches were made by cutting off thin slices of uncooked pork sausage and placing each slice between the two halves of a biscuit. The trichina spiralis was found in some of the sausage which was preserved by the head of the house and was discovered by Dr. Fulton and myself by the microscope.

Every one that ate of the pork sausage on that day, so far as I could learn,—some fifteen in number—was affected with the trichina disease to a greater or less extent; none, however, took sick that ate of the other kinds of sandwiches. Of the whole number taken sick I attended five. I also studied the other cases by making frequent inquiries of the other attending physicians. It was a difficult matter to find the trichina in the sausage under the microscope, possibly because the trichinatus pork may have been mixed with other pork in making the sausage. I do not know whether others have found the same difficulty in that way, but when the trichinæ were found there were enough of them, and the outline was so definite that there could be no mistake as to the presence of the parasite.

I and my brother practitioners found considerable difficulty in making up a diagnosis in these cases satisfactory to ourselves. I at first thought my cases were typhoid fever and treated them accordingly. The symptoms were much the same as of typhoid fever. In fact I can think of no disease that trichinosis is likely to be taken for excepting typhoid fever.

The diarrhoea, like that of many cases of typhoid fever, is generally excessively colicky, and is accompanied with the forming of large quantities of gas. These colicky pains and diarrhoea are of the first symptoms and are not relieved by the usual narcotic and carminative treatment. The fever never runs high, $103\frac{1}{2}^{\circ}$ I believe was the highest. A very profuse perspiration is a very prominent symptom in most cases. In some cases there was so much sweating that I could see the steam rising constantly from the body. In one case the sweats continued until the sixth week. Pneumonia was present as a complication in one case.

Ecchymosis of the conjunctiva was present in two or three cases and lasted several weeks. I have never seen nor learned of it as accompanying typhoid fever. This symptom goes away in two or three weeks, and is too infrequent to be considered pathognomonic.

The swellings make up a prominent symptom. I believe they are present in every case at some time, and can be relied on pretty well in making up a diagnosis between this disease and typhoid fever. The first swellings appear on each side of the bridge of the nose, and in these cases were seen at the same time as the patients were suffering with diarrhoea and colic. The swellings are also seen in one or both hands and in the feet, ankles and legs. The appearance is much the same as the oedema from albumenuria, but the skin does not pit on pressure. The swellings come and go in different parts successively. The very lightest cases had swellings in the face, but were not observed in other portions of body or limbs. The worst case that I attended had this puffy swelling to come on in the lower part of the trunk and extend down the left leg, which was swollen so much that the skin seemed ready to burst about the fifth week. This swelling remained in the left leg, gradually getting less, until nine months had passed. This patient and others were troubled very much with sleeplessness and headache that lasted many months.

Fourteen months have now elapsed since they were taken sick and all have lived but one. That one, a Mr. Burke, went to California while still unwell, and died some six or eight months afterwards in San Diego, Cal., but whether with this disease or not I can not say. The others are all nearly well, as far as I can learn. The recovery with all was very slow.

The mortality was much more favorable in these cases than we find recorded anywhere, since at most, only one in fifteen died. What was the cause of this favorable outcome? Perhaps it was the small amount eaten by each individual, perhaps the treatment was the cause, or both. I am inclined to think that the treatment did a great deal. In the early part of the disease nearly all of these patients received the calomel treatment which our physicians use, as we think, very successfully in the early period of typhoid fever; we did this, supposing as I said, that the disease was probably typhoid. In typhoid I give with the first diarrhoea and fever sufficient mercurials in small doses, to obtain its effects on the system but never to salivate. I am inclined to believe that in these cases the mercurials which were given early did much towards removing the trichinæ from the stomach and killing them.

THE fifteenth annual meeting of the American Public Health Association will be held at Memphis, Tennessee, on the 8th, 9th, 10th and 11th of November.

The following subjects have been selected for discussion:

- 1st. Pollution of Water Supplies.
- 2d. Disposal of Refuse Matter of Cities.
- 3d. Disposal of Refuse Matter of Villages, Summer Resorts, and Isolated Tenements.
- 4th. Animal Diseases Dangerous to Man.

The topics are of great interest, and it is hoped that sanitarians and others of experience will give their views to the Association. Blank applications for membership can be obtained by addressing the Secretary Dr. Irving A. Waters, Concord, N. H.

ON APRIL 20th, an annual reception was given to the faculty and students of the College of Medicine of the University of Southern California, by Dr. J. P. Widney, the Dean, at his residence on South Hill street, Los Angeles.

Licentiates of the California State Board of Examiners.

SAN FRANCISCO, April 12, 1887.

At the regular meeting of the Board of Examiners, held April 7, 1887, the following physicians having complied with the law and all the requirements, were unanimously granted certificates to practice medicine and surgery in this State:

- LEWIS CARPENTER, M. D., Lakeport; Missouri Medical College, Mo., March 3, 1885.
- PHILIP F. CASEY, M. D., Stockton; Med. Dept. Univ. of Buffalo, N. Y., Feb. 21, 1882.
- ASAHEL H. DAVIS, M. D., Pasadena; Cincinnati Coll. of Medicine and Surgery, O., June 12, 1863.
- THOMAS A. DAVIS, M. D., San Diego; Missouri Medical College, Mo., March 4, 1873.
- ROBERT A. ELLIS, M. D., Pasadena; Kentucky School of Medicine, Ky., June 29, 1882.
- WILLIAM H. GREEN, M. D., Beaumont, Missouri Medical College, Mo., March 5, 1879.
- FRANK HEREFORD, M. D., San Diego; Missouri Medical College, Mo., March 2, 1877.
- GEORGE P. HOLMAN, JR., M. D., San Diego; Coll. of Phys. and Surg. of New York, N. Y., Feb. 27, 1873.
- JOHN LARKIN, M. D., Oakland; Medical Dept. Tulane Univ., La., March 31, 1886.
- CHARLES G. REILY, M. D., Danville; Missouri Medical College, Mo., March 6, 1883.
- HARRY E. SNOW, M. D., Fresno; Rush Medical College, Ill., Feb. 15, 1887.
- J. DORSEY SPONOGLE, M. D., Santa Rosa; Long Island College Hospital, N. Y., June 2, 1886.
- ALBERT M. TAYLOR, M. D., Oakland; Missouri Medical College, Mo., March 6, 1883.
- GEORGE W. VARNUM, M. D., Elsinore; Med. Dept. Univ. of Pennsylvania, Pa., April 4, 1845.
- JOHN F. WILSON, M. D., San Jose; Columbus Medical College, O., March 5, 1881.
- BARNABAS W. DAY, M. D., San Diego; University of Queen's College, Canada, March 27, 1862; and Royal College of Physicians and Surgeons, Canada, May 11, 1871.

The application of C. C. Phillips of Tulare was rejected because of "insufficient credentials.

R. H. PLUMMER,
Secretary.

Proceedings of Societies.

Proceedings of the San Francisco County Medical Society.

SAN FRANCISCO, March 8, 1887.

The meeting having been called to order by the President, Dr. Jas. Simpson, the minutes of the former meeting were read and approved.

The name of S. O. L. Potter, M. D., was proposed for membership and referred to the Committee on Admissions.

The Committee on Admissions reported favorably on the credentials of H. W. Dodge, M. D., who was forthwith elected to membership.

Dr. Rosenstirn then presented to the Society the following case of aneurism: He first saw the patient in July, 1883, and found her suffering from the usual signs of aneurism of the innominate, with the pulsating tumor, about the size of a hen's egg, projecting above the clavicle. He tried iodides and rest, but she continued to grow worse, and finally he performed distal ligation of the subclavian and carotid arteries, with the result that the pain ceased immediately after the operation, and the patient has been able to do more work and earn her living ever since that time, although there is still well marked pulsation in the tumor.

Dr. Perry then read a paper on "the effects of enlarged tonsils in children."

Dr. Plummer concurred fully with Dr. Perry in his remarks, as in a large proportion of these cases that had come under his notice there was an enfeebled condition of the general health and a tendency to the development of pigeon-breast. In cases where the shape of the tonsil does not admit of its being removed by the tonsilotome he uses the tenaculum and blunt-pointed scissors, and does not think that with such a method there is much danger of wounding the carotid artery. He never had seen anything to justify the popular belief that there is any relation between the tonsils and genitals.

Dr. Flood asked an explanation of the recurrence of the growth after it had been removed, as the question is one that is frequently asked by patients.

Dr. O'Toole had given up the use of London or Vienna paste, as it is difficult to control and frequently causes great pain.

In San Francisco he had found almost the rule to have adenoid growths of the pharynx in all chronic cases of enlarged tonsils.

Dr. Stallard said that in large tonsils there very frequently was an enlargement of the liver, which had a great deal to do with the enfeebled health of the patient, and he therefore thought that the great amount of sweets consumed by children deranged the whole glandular system and contributed largely to the number of cases of chronic enlargement of the tonsils that are met with on this coast.

Dr. Rosenstirn believed that the scruples of those who dreaded the knife might be overcome by using the galvano-cautery, as he had found that from ten to fifteen applications were sufficient to reduce the most hypertrophied tonsils, while the previous applications of cocaine rendered the operation absolutely painless. He regarded the tonsil as an organ whose function had been superseded in the human subject, it being a trace of development.

Dr. Barkan confirmed the remarks made by Dr. O'Toole; indeed it had become a constant practice with him, when treating hypertrophied tonsils, to look for changes in the nose and pharynx, especially as this hypertrophy of the turbinated bones is as great an obstacle to respiration as enlarged tonsils, and could be equally well treated by means of the galvano-cautery. He preferred the galvano-cautery for removing tonsils, as it was painless, free from bleeding, and in itself aseptic. It was often very hard to catch a broad, flat tonsil within the tonsilotome, and in such cases the cautery was especially useful.

Dr. Arnold said that the constriction of the chest in patients suffering from enlarged tonsils was generally just over the diaphragm, and probably was due to the forcible inspiration. In the treatment of the disease, nothing could excel the use of the tonsilotome, as the cure is effected in a few seconds, while the cautery requires frequent applications, which terminate in sloughing of the tumor. When the tonsil is flattened it will generally be found to be pointed downwards, and can be caught by depressing the tonsilotome to 45° and if this does not succeed it may be removed by the finger nail or galvano-caustic loops. The hemorrhage following the use of the tonsilotome is very small and may be controlled by a gargle of tannic acid. The deafness in enlarged tonsils is generally due to adenoid growths in the pharynx pressing upon the eustachian tube. En-

larged tonsils impede respiration through the nose, and therefore favor rather than prevent bronchitis.

Dr. O'Toole never had seen a case of hypertrophied tonsils where the low state of health was not at once relieved by removal of the tumors, and therefore believed that the enlarged liver referred to by Dr. Stallard was secondary to the affection of the tonsils.

Dr. Perry, in closing, said that any recurrence of the growth was due to the fact that only one-half or one-third of the tonsil was amputated. He did not apply the London paste on a glass rod, as it is difficult to control its action under such circumstances, he therefore embedded it in the end of a hollow piece of wood, which was firmly held against the tonsil.

Dr. Morse, seconded by Dr. Kerr, moved that the Society tender a banquet to the visiting members of the State Medical Society at the meeting in April. The motion was carried.

In accordance with a second motion, the Chair appointed the following committee to collect subscriptions and make arrangements for said banquet: Dr. R. H. Plummer, Dr. C. G. Kenyon, Dr. H. H. Hart, Dr. G. J. Fitzgibbon, Dr. Wm. Watt Kerr, Dr. O'Toole, Dr. J. F. Morse.

There being no further business the Society adjourned.

WM. WATT KERR, M. D.,

Recording Secretary.

SAN FRANCISCO, March 22, 1887.

The meeting having been called to order by the President, Dr. Jas. Simpson, the minutes of the former meeting were read and approved.

The Secretary reported the death of Dr. Hiram S. Baldwin, and the following Committee was appointed to attend the funeral of the deceased member and draw up resolutions to his memory: Drs. J. G. Jewell, J. D. Whitney, Albert Chase, H. H. Hart.

The following gentlemen were proposed for membership and referred to the Committee on Admissions: B. A. Plant, M. D., Univ. Cal., 1886; Ernest S. Brown, M. D., Univ. of Cal., 1886; Arthur L. Sobey, M. R. C. S., 1872.

The Committee on Admissions reported favorably on the credentials of Dr. S. O. Potter, who was elected to membership.

Dr. G. W. Davis read a paper entitled "Uterine Hemorrhage."

Dr. Kenyon believed that many cases of post partum hemor-

rhage were due to the pernicious custom of keeping up traction upon the cord, the danger of which was manifest when we considered nature's method of separating the placenta, and also of preventing hemorrhages. Both of these were accomplished by contractions of the uterus, and hence any method of detachment which did not primarily aim at uterine contraction should never be adopted.

Dr. W. W. Kerr mentioned three cases of hemorrhage from sub-involution some weeks after miscarriage, which he had successfully treated with the interrupted current, one electrode being in the uterus and the other over the lumbar vertebræ. He believed this treatment to be particularly well suited to those cases of sub-involution due to lack of tonicity in the muscular fibres.

Dr. Stallard thought that where there is tenderness and pain associated with hemorrhage it is well to use opium. In removing the placenta it was well to use gentle pressure over the fundus, but not so forcibly as has been recommended by some advocates of Crede's method since partial separation and hemorrhage may result. Neither should there be any hurry about the delivery of the placenta, but the physician should wait until the uterus has recovered its vigor.

Dr. J. A. Anderson latterly has given common vinegar by the mouth instead of ergot, and has found it a very efficient agent in promoting contraction. In a case of intra-mural fibroid with great hemorrhage he had used the constant-current which arrested the flow, but thirty-six hours afterwards the tumor became gangrenous and had to be removed by operation.

Dr. Hart had used *viburnum prunifolium* with varying success. When the surface of the uterus appeared to be unhealthy he generally used an internal application of iodine, iodide of potash, carbolic acid and glycerine, while he gave by the mouth, a mixture containing ergot, gallic acid and aromatic sulphuric acid. He believed that in post partum hemorrhage nothing was so efficient as hot water.

Dr. Von Hoffman said that Crede's method was a kneading rather than pressure on the uterus, and did not aim at the separation of the placenta immediately after birth of the child, but after four or five pains showed that the uterus had regained its vigor. He also regarded hot water as an excellent hæmostatic. Hemorrhage from flexion or version, had, in his experience, only occurred when the displacement was sudden.

Dr. Simpson said that in many confinement cases there was a hidden relaxation of the uterus followed by internal hemorrhage, which it was his habit to treat by a full dose of laudanum emptying the uterus and then grasping it between his hands. And in cases of irregular contraction it stimulates the patient and produces regularity. He does not combine ergot with opium in the stomach, as the mixture almost invariably produces nausea and vomiting, but could see no objection to the hypodermic use of ergot or ergotine.

WM. WATT KERR, M. D.,

Recording Secretary.

The Medical Society of the State of California.

The Society met for its Seventeenth Annual Session at B'nai B'rith Hall, Eddy street, San Francisco, April 20, 1887.

The meeting was called to order by the President, Walter S. Thorne, M. D., of San Jose.

The address of welcome was delivered by R. H. Plummer, the Chairman of the Committee of Arrangements.

Dr. A. L. Gihon, U. S. N., was elected an honorary member. The President then delivered the Annual Address.

Dr. W. P. Gibbons moved that a committee of three be appointed to report the best means of giving general publicity to portions of the address relating to public schools, hygiene and alcoholism. Carried.

The amendment to Article III, Section 7 of the Constitution, to insert after, "the Board of Censors shall examine the credentials for admission to the Society," the words, "after all applications have been read by the Secretary in the body of the house and posted on the bulletin board in the ante-room," was adopted.

In pursuance of a motion by Dr. W. P. Gibbons, the Chair appointed a committee consisting of W. P. Gibbons, W. W. Kerr, W. S. Whitwell, G. G. Tyrrell and Washington Ayer, to consider the feasibility of procuring funds for a permanent home for the Society. Adjourned.

AFTERNOON SESSION, APRIL 20, 1887.

On motion, C. M. Blake and A. B. Stout were placed on the honorary roll.

A majority report of the Committee on Publication was read, recommending that the contract of the previous year be renewed. The report was made a special order for Thursday morning.

A communication from the Chairman, Dr. R. J. Dunglinson, of the Finance Committee of the Ninth International Congress, was read, urging the desirability of the Society's contributing toward the finances of the Congress. The matter was referred to a committee.

The report of Committee on Mental Diseases and Medical Jurisprudence was read by its Chairman, F. W. Hatch. Referred to Committee on Publication.

The report of the Board of Examiners was read by Dr. R. H. Plummer, its Secretary. The financial report of the Board was also submitted. Referred to Committee on Publication.

The report of the Treasurer of the Society, Dr. G. C. Simmons, was referred to an auditing committee.

The report of the Committee on Practical Medicine and Medical Literature was read by its Chairman, W. Watt Kerr. The doctor exhibited the apparatus used in gaseous rectal medication, which had been mentioned in his paper. Referred to Committee on Publication.

By request of the President, Dr. Gihon, the Chairman of the Rush Monument Committee of the American Medical Association, made a statement of the condition of the monument fund. Adjourned.

EVENING SESSION, APRIL 20, 1887.

Report of the Committee on Graduating Exercises was read by its Chairman, A. B. Stuart. Referred to Committee on Publication.

The report of the Committee on Surgery was read by its Chairman, Thos. W. Huntington, and referred to Committee on Publication.

Dr. McNutt, Chairman of the Special Committee on Leprosy, read its report. A supplemental report, by A. W. Saxe, was submitted. Referred to Committee on Publication.

A supplemental report on Ophthalmology was read by Dr. A. Barkan, and referred to Committee on Publication. Adjourned.

MORNING SESSION, APRIL 21, 1887.

Report of Committee on Publication came up as a special order. On motion the report was received and its consideration indefinitely postponed.

Dr. Plummer offered the following resolution, which was adopted: That the transactions be published by the Society in volume form as heretofore, and that the Committee on Publication be formally instructed to that effect.

Report of the Committee on Medical Topography, Meteorology, Endemics and Epidemics was read by its Chairman, J. B. Trembley. Referred to Committee on Publication.

A paper by Dr. McAllister on Quarantine and Disinfectants, was read by title and referred to Committee on Publication.

AFTERNOON SESSION, APRIL 21, 1887.

On motion, Dr. Dobson, a visitor from Michigan, was invited to a seat in the meeting.

The names of W. S. Thorne and I. E. Oatman were added to the committee on securing a permanent home for the Society.

A paper by Dr. C. Dransfield, on Theory and Practice, was read by title and referred to Committee on Publication.

Dr. Whitwell, Chairman of the Committee on Medical Education, read his report. Referred to Committee on Publication.

A voluntary contribution by Dr. J. H. Wythe, on Electricity in Gynæcology, was read and referred to Committee on Publication.

The Society then proceeded to the election of officers for the ensuing year, when the following were chosen:

President, R. H. Plummer.

Vice-Presidents, A. H. Agard, David Powell, H. N. Rucker, L. M. F. Wanzer.

Assistant Secretaries, J. H. Parkinson, G. W. Davis, G. C. Simmons.

Board of Censors, Jules Simon, W. Anderson, J. D. Arnold, I. E. Oatman, C. G. Kenyon.

Board of Examiners, C. E. Blake, W. Lawlor, Jules Simon, C. H. Steele, T. J. LeTourneau, C. E. Farnum, A. H. Pratt.

Alternates, H. H. Hart, C. C. Wadsworth, A. P. Whittell.

Dr. Tyrrell, by permission, withdrew a motion to reconsider the action of the Society on the question of the publication of

the transactions, which had been previously carried by a vote of 29 to 23.

Prof. Maynard, of Chicago, was invited to a seat in the meeting.

San Francisco was chosen as the place of next annual meeting.

A report by Dr. Kenyon, for the Committee on Appropriation for the Ninth International Congress, recommending that one hundred dollars be donated, was adopted.

A paper by Dr. Robertson on the radical cure of hernia, was referred to Committee on Publication.

EVENING SESSION, APRIL 21, 1887.

A supplemental report to that of the Committee on Medical Legislation was read by Dr. I. E. Oatman. Referred to Committee on Publication.

Dr. Plummer introduced the following resolution: "That it is the sense of this Society that the best interests of the public and the medical profession will be better subserved by one State Board of Medical Examiners rather than more; and by examination of applicants rather than of diplomas; and that there should be proper provisions made for expenses of such Board." Adopted.

The report of the Committee on Histology and Microscopy was read by its Chairman, A. Abrams. Referred to Committee on Publication.

The report of the Committee on Public Hygiene and State Medicine was read by its Chairman, G. G. Tyrrell. Referred to Committee on Publication.

The following resolution by Dr. A. W. Saxe was adopted: By the members of the California State Medical Society, in convention assembled at San Francisco, at its regular annual session, that vaccination should be made compulsory, and that the State Legislature should be urged to enact such laws as shall result in the protection of the entire population from that baneful scourge, smallpox, which destroys thirty per cent of all unprotected persons attacked.

A communication from the San Francisco County Society was read, requesting that the names of certain members be stricken from the roll, they having failed to comply with the conditions on which they had been admitted.

The following motion was adopted: That the communication

be received and placed on file, and that the Secretary of the Society be instructed to notify these gentlemen, in order that they comply with the constitution and by-laws of the County Society as required by the State Society.

MORNING SESSION, APRIL 22, 1887.

The report of the special committee on the formation of a Medico-Legal Board was read by its Chairman, A. B. Stuart. In connection with this Dr. Stuart read some notes on the case of "Winters vs. Graves." Referred to Committee on Publication.

The report of the Committee on Gynæcology was read by its Chairman, H. N. Rucker. Referred to Committee on Publication.

The report of the Committee on Diseases of Women and Children, by O. O. Burgess, was read by title and referred to Committee on Publication.

The report of the Committee on Ophthalmology, Otology and Laryngology, A. P. Whittell, Chairman, was read by J. D. Arnold. Referred to Committee on Publication.

A supplemental report of this committee, by Dr. Arnold, was referred to Committee on Publication.

Dr. W. P. Gibbons, for the Building Committee, submitted a report to the effect that the President elect of the Society should appoint a "Building Committee" of thirteen members, who should then incorporate under that name. They should issue stock not to exceed the amount of \$40,000, bearing interest at six per cent per annum. With the proceeds of the sale of the above they should purchase a lot, erect and furnish a building which should at all times be available for the profession, and medical societies without cost. The report was adopted.

In the matter of Dr. Donnelly, in connection with whose application the Board of Censors had been unable to make a unanimous report, a special committee of members resident outside of San Francisco recommended that he be elected. The ballot being called for the applicant was rejected.

On motion it was ordered that every member have a new certificate free of charge.

An amendment to the constitution was submitted by Dr. A.

B. Stuart providing for the establishment of a medico-legal board.

AFTERNOON SESSION, APRIL 21, 1887.

Dr. M. M. Chipman gave a summary of his paper on "Preventive Medicine." The paper was referred to Committee on Publication.

Dr. A. P. Whittell read a paper entitled "Historical Sketch of Operations for Cataract," which was referred to Committee on Publication.

The report of the Committee on Prize Essays was read by its Chairman, Washington Ayer. The report was adopted and referred to Committee on Publication.

A paper on the Sympathetic and Psychological Effects of Diseases and Displacements of the Uterus and its Appendages was read by Dr. I. E. Oatman, who exhibited a new pessary for anteversion and anteflexion. The paper was referred to Committee on Publication.

The report of the Committee on Indigenous Botany and Domestic Adulteration of Drugs was read by its Chairman, W. P. Gibbons. The paper was referred to the Committee on Publication, and the thanks of the Society accorded to Dr. Gibbons for his valuable contribution.

A supplemental report by Dr. J. G. Bucknall was read by title and referred to Committee on Publication.

A new instrument for Reposition and Retroflexed Uterus was described and exhibited by Dr. T. A. Miller.

A paper on "Puerperal Eclampsia" by Dr. Z. T. Magill was read by title and referred to Committee on Publication.

Dr. Martinache read a paper on the action of the Galvano Cautery on Ulcer of the Cornea which was referred to the Committee on Publication.

The following papers were read by title and referred to Committee on Publication:

Spina Bifida by Dr. G. N. Foote. Chronic Pleuritic Effusion by Dr. J. G. Dawson. Relations of Insanity to Modern Civilization by Dr. H. F. Adams. Man as He is by Dr. J. T. Welch.

Dr. Cole, the Chairman of the Committee on Obstetrics, being absent, his report was referred to the Committee on Publication.

A resolution introduced by Dr. A. B. Stuart instructing the Committee on Medical Legislation to "draft a more compre-

hensive and specific bill'' to punish abortionists was adopted.

On motion the President and Secretary were instructed to issue certificates as far as permitted to members of the Society desirous of attending the Ninth International Medical Congress.

The resignation of Dr. Naomi E. Hoy was accepted.

EVENING SESSION, APRIL 21, 1887.

A paper was read by Dr. S. V. Lonigo on the Etiology and Pathology of Disease with its relation to improved treatment and was referred to the Committee on Publication.

The thanks of the Society, by special resolution, were tendered to Dr. L. M. F. Wanzer for the conscientious discharge of her arduous duties as Assistant Secretary. Adjourned.

At the different sessions of the Society the following were elected members: F. K. Ainsworth, Robert Armstrong, A. E. Baldwin, L. S. Burchard, D. D. Crowley, H. W. Dodge, H. Ferrer, Ella J. Fifield, Edna R. Field, J. U. Hall, S. S. Kahn, W. E. Lindley, J. H. Soper, James L. Mayon, D. McSwegan, H. E. Mueller, G. B. Nichols, C. W. Nutting, S. O. L. Potter, B. A. Rabe, G. B. Richmond, C. M. Richter, J. Rosenstirn, George W Seifert, R. Press Smith, A. L. Sobey, J. D. Spongole, J. H. Stallard, J. G. Tully, A. B. Wefelsburg, F. J. White, J. H. Wythe (transferred, by request, from honorary to active membership), J. D. Young.

Pacific Medical and Surgical Journal and Western Lancet.

Owing to a resolution passed by the State Society, this *Journal* will no longer be furnished free to members. Those who do not wish to have it sent to them for the coming year, will kindly notify the editor. It is hoped, however, that the support will be generous, and that the members who have been receiving it free the past two years will subscribe for the coming one.

IN the April number of the *Journal* it was stated that Dr. G. E. Davis had placed a patient in the hospital on Folsom street. We intended to state that Dr. G. W. Davis had done so. It is hoped that both gentlemen will accept our apology.

PACIFIC MEDICAL AND SURGICAL JOURNAL
 AND
 WESTERN LANCET.

EDITORS:

WILLIAM S. WHITWELL, A. M., M. D.

WM. WATT KERR, M. B., C. M.

The Editors are not responsible for the views of contributors.

All communications relating solely to the editorial management of the JOURNAL, should be sent to No. 620 Folsom St., San Francisco.

All business communications should be addressed to L. H. Bonestell, 401 Sansome St., San Francisco.

{SAN FRANCISCO, MAY, 1887.

Editorial.

THE STATE SOCIETY TRANSACTIONS.

Two years ago the total membership of the State Society was less than two hundred. Until that time the transactions of two days' session were published at Sacramento, at a cost to the Society of from four hundred and fifty to five hundred dollars. They were issued to members in volume form six or seven months after the annual meeting in April, and at a time when the minutes and proceedings had in a great measure ceased to be of interest. Their circulation was extremely limited, for outside of the Society less than fifty copies were distributed.

Two years ago, in spite of considerable opposition, and in the face of the statement that experience had shown that a medical journal could not publish the proceedings of a Society successfully, a contract was drawn up between the Committee on Publication and this *Journal*. For seven hundred and fifty dollars (\$750) it was agreed that the transactions should appear in monthly installments, and that within nine months they should all be published. It was further agreed that the *Journal* should be furnished to all members free of charge. The transactions of three days session in volume form, and the *Pacific Medical*

Journal and Western Lancet were furnished to all members in good standing for an extra sum to the Society of not more than three hundred dollars, and without any extra expense to the members individually, and many who had before paid a yearly subscription for the *Journal* of three dollars, were saved this expense.

The following year the membership of the Society nearly doubled, and an important factor to which this increase was due, was the inducement held out to practitioners that for five dollars per year they could belong to the State Society, receive its transactions, and obtain the *Pacific Medical Journal*.

On account of the greatly increased membership, and the greater amount of matter for publication, the committee paid one thousand dollars. They felt justified in doing so, for the annual income had risen from less than one thousand to between sixteen and seventeen hundred dollars.

The publication of a large amount of matter, beginning in the May number, proceeded rapidly, and the entire transactions were published by January first.

In the meantime, in monthly installments, they had been distributed to all members, to many subscribers all over the Pacific Coast; to nearly one hundred and fifty exchanges throughout the South, East, and West; to the different countries of Europe, Asia, South America, and Australia. The minutes and the President's address, instead of being first published in October, appeared directly after the annual meeting in the May number of the *Journal*, when the interest of the profession in the doings of the Society was at its height.

Are these not advantages to the Society which are worth considering? Has not the Society under this method of publication prospered? Is it wise to go back to the old way?

At the meeting last month objection to this mode of publication came from Sacramento. The publishing of the transactions in a journal, where they might be exposed to the light of day, was denounced as the supporting of a private enterprise, and as

such an improper proceeding for a great Society. It was further claimed that the Society could not afford to pay one thousand dollars, the year having closed with the Society one hundred and fifty dollars in debt at the end of the year.

¶ [It appears to us that these gentlemen from Sacramento are either very short-sighted or else they have some object in view other than what is for the best interest of the State Society.

We were also accused by Sacramento of charging exorbitantly for reprints, and it asked that reprints should be furnished at a stated price of eight or ten cents a copy. It seems difficult to make it understood that it is neither fair nor just to charge the man who writes a ten page article and wishes five hundred to one thousand reprints, the same per copy as the one who writes a forty page article and wishes twenty-five reprints.

In one case very much in excess of the cost would be charged and in the other the cost would not be nearly covered.

When two years ago the offer was made to print the transactions in our *Journal*, as a member of the State Society the offer was made in good faith, not with the idea of making money out of the Society, but with the intention of furthering its interests. We have tried to do the work faithfully, and have always endeavored to exceed the requirements of the contract. There were several annoying clauses in the first contract made at Sacramento which we considered, and still consider, the committee had no right to insert. The contract was, however, signed. There was no need of the transactions being published in volume form, the contract did not call for it; nevertheless they were so issued and a copy presented to every member who desired one. This year much matter which the contract did not call for was printed at very considerable expense. As the publishers can testify there has been each year a loss to us financially, and therefore, it is hardly necessary for the members from Sacramento to flatter themselves that they are giving support to a private enterprise.

By a resolution passed at the meeting it was resolved that the transactions be published in volume form. It was a resolution intended to kill their publication in the *Journal*. An offer from us to publish them for the coming year for \$500 under the same conditions as last, with the exception of furnishing the *Journal* free, was rejected. This, we think, was unwise, for it will cost the Society at least \$150 to publish the volume. For a few extra dollars they would have obtained all the advantages which arise from the publication in monthly installments. As far as we can learn the only dissatisfaction with the publication in the *Journal* comes from a small clique in Sacramento and by this clique alone was objection made to the renewal of the contract of last year.

Since by action taken at the last meeting of the State Society this *Journal* will no longer be furnished free to members, we ask that members inform us at their earliest convenience if they do not desire to subscribe for the coming year.

CALIFORNIA STATE MEDICAL SOCIETY.

The California State Medical Society met at San Francisco on April 20th, 21st and 22d. The meeting was a successful one in every respect and well attended by physicians from all parts of the State. The papers presented were as a whole better than the average, and many excelled in excellence.

The unavoidable absence of the President Dr. Thorne, during the latter half of the session, was much regretted, and was a loss to the Society in many ways. The annual address which appears in this number, is an admirable one, and if the suggestions made are acted upon it will prove to be of a lasting benefit not to the State Medical Society alone but to society at large.

What of more importance would it have been possible for the President to have directed the attention, than to the "Errors of the School System"? He says most correctly and truly, and from an extended experience, "I have seen ruddy faced country lasses and robust rustic youths return home to die, or to drag

out an existence of chronic invalidism, after a course of intellectual cramming at a certain high school that prepares teachers for the rising generation. I have witnessed the occurrence of hysteria, convulsions, nervous prostration, arrested menstruation, insomnia, leucæmia and pulmonary consumption among the victims of the unnatural system." If the duty of the coming physician is to be prevention, where can he find a more promising field for his prophylactic work than in the gross and dangerous "errors of the school system?"—errors dangerous and fatal to the life and happiness of the present and all future generations.

Concerning alcohol and the medical profession, the President says: "The medical press should widely disseminate the fact that alcohol is an unmitigated poison to the human economy, and that its effects are certain and deadly." At the same time he considers total abstinence the dream of the impractical, and suggests the employment of light wines as doing the least injury.

In referring to medical education, the importance of a good preliminary education is dwelt upon, for by this means a high standard will in time be attained.

Dr. Thorne made a practical suggestion which has already been acted upon, and which it is hoped will bear fruit before the next annual meeting.

Believing that the power of any incorporated body is greatly increased if it has money properly invested bringing to them each year an ample income, he suggested the appointment of a committee who should elaborate a scheme for placing the State Society upon a monied footing. A committee was appointed and brought in a resolution that the President-elect should appoint a committee of thirteen with full power to act, and that they should issue bonds to the amount of \$40,000. In taking these bonds up, the preference should be given to members of the Society, after which they might be offered to outsiders. A fair interest to be guaranteed. The money thus

raised to be used in buying a lot and erecting a building to be used as a home for the Society. Provision was also to be made by which the bonds could be called in when desired.

Dr. Thorne, to encourage the undertaking, and to show the confidence he felt in its success, offered to lead the subscription list with one thousand dollars. It will be a pity if other members cannot take the rest of the amount and avoid calling upon those who have no interest in the scheme except as an investment. Shares will be placed at a figure so low that every one can subscribe something. By rentals and increase in the value of land it is expected that in a few years the Society will be placed upon a substantial financial footing.

SACRAMENTO MEDICAL TIMES.

The *Sacramento Medical Times*, edited by Dr. James H. Parkinson, is welcomed to our table. The first number we have not yet had the opportunity of seeing. The present contains forty-two pages of reading matter, a portion of which is divided into departments, each of which is under the charge of different members of the collaborating staff. The rest of the journal is devoted to Society proceedings, editorial, correspondence and miscellaneous.

It is natural for us to think that it is not wise to attempt to establish another journal in this State. We have always believed that the energies of the profession should be devoted to the building up of one good journal. Every division has a tendency to weaken the strong and to the establishment of journals which often can barely support themselves, and give but little support to the profession.

Competition is always a benefit, however, even to editors, and we shall look upon the *Sacramento Medical Times* as a thorn which will continually spur us on to renewed efforts.

WE have received from Messrs. Parke & Davis, of Detroit, Mich., an excellent portrait of the eminent Dr. Robert Koch. It will be sent to any of our subscribers on application.

WE take pleasure in calling the attention of our readers to the list of collaborators who have kindly consented to contribute to the success of the journal for the coming year.

Dr. Thorne the ex-President of the State Society will contribute reports of interesting cases and original articles.

Dr. Oatman has promised reports on medical subjects.

Dr. De Vecchi will furnish translations from the Italian and Dr. Montgomery from the French and German journals.

Endeavor will be made to increase the amount of interesting matter, and to make the *Journal* a necessity to the profession of the coast.

THE active practitioner is constantly neglecting the examination of urine, tumors, fluids and sputum, for the lack of time, experience or for want of proper apparatus. There is a great saving of time if these matters can be passed over to a competent pathologist and microscopist who, for suitable fee, will make a full report upon which the attending physician can confidently act. We call the attention of the profession to a new advertisement in relation to this subject, by Drs. Johnson and Abrams, which appears in the current number.

RESIGNATIONS FROM A HOMŒOPATHIC HOSPITAL.—Eight of the women physicians connected with the “Medical, Surgical, and Maternity Hospitals of the Women’s Homœopathic Association of Pennsylvania,” have resigned because the managers have made a rule that “no medicines, except strictly homœopathic potentized remedies, shall be allowed for use in the dispensary or in any department of the hospital.”

DR. C. C. VANDERBECK, 405 Eddy street, San Francisco, will be grateful for any monograph or report of interesting cases on rectal diseases, to aid in the preparation of a paper on the subject. Due credit will be given for all communications.

Health Reports.

San Francisco Health Report.

ABSTRACT.

	1886	Jan.	Feb.	Mar
Total, 1886.....	5237	519	468	479
Total, 1887.....		522	451	445
Phthisis.....	730	76	74	86
Pneumonia.....	319	39	25	35
Bronchitis.....	125	20	12	8
Heart Disease.....	249	31	25	34
Aneurism.....	15	2	3	4
Apoplexy.....	126	19	8	14
Typhoid.....	135	13	9	9
Paralysis.....	91	8	6	10
Cancer.....	168	14	17	16
Diphtheria.....	181	40	20	15
Croup.....	96	9	10	5
Infant Convulsions.....	156	9	11	16
Meningitis.....	133	13	7	11
Casualties.....	167	12	20	13
Suicides.....	79	5	8	3
Homicides.....	30	2	1	1
Daily mean temperature.....		51°	47°	54.3°
Precipitation of moisture, in inches.....		1.90	9.24	0.84

Population according to U. S. census, July 1st, 1880, was 234,520; Caucasian, 212,520; Chinese, 22,000. Estimated population, June 30th, 1884, 270,000.

Report of the State Board of Health.

The mortality report for the month of March, reported from seventy-five towns and cities containing an estimated population of six hundred and nine thousand six hundred, was eight hundred and eighty-nine, or at the rate of 1.3 per thousand, which indicates an absence of any general epidemic disease and a very low death rate. The meteorological conditions for March were not favorable to those suffering from diseases of the respiratory organs, hence we find an increase in deaths from—

Consumption, which was fatal to one hundred and eighty-two persons, a very largely increased mortality over the usual average from this disease.

Pneumonia. The death rate from pneumonia also shows a slight increase over the preceding month, seventy-seven deaths being attributed to it.

Bronchitis, on the contrary, was less fatal, having caused but nineteen deaths.

Congestion of the lungs was fatal in seven instances. We may confidently look for a decreased mortality in all these diseases as the season advances.

Diphtheria continues to show a very gratifying decrease in its death rate, especially in San Francisco, where it was so prevalent. Only twenty-four deaths are reported from it in March, which is a decrease of ten from last report, and thirty-three from the one previous. Fifteen deaths are reported in San Francisco, two in Oakland, two in Petaluma, and one each in Sacramento, St. Helena, Nevada City, Los Angeles, and Downey.

Croup, which may be classed for fatality with diphtheria, caused seventeen deaths, of which five occurred in San Francisco, five in Oakland, two in Los Angeles, two in Millville, one in San Diego, and one in Biggs.

Whooping-cough was fatal in five instances.

Scarlet fever. The deaths from this disease were limited to five, which indicates the mildness of the disease which prevails.

Measles caused three deaths in Los Angeles and one in Oakland.

Smallpox. Eleven deaths have been reported in March, nine of which occurred in Los Angeles and two in San Diego. No report has been received from the Health Officer in Pasadena, consequently we are unable to say if any further mortality occurred in that district. Three deaths are said to have occurred outside of Los Angeles, but have not been reported.

Typho-malarial fever caused two deaths.

Typhoid fever is reported as causing the mortality of fourteen, which is the smallest death record from this disease that has occurred in many months.

Remittent fever is credited with two deaths.

Cerebro-spinal fever is reported as having caused five deaths.

Erysipelas had a mortality of five, which is a slight increase from last report.

Alcoholism caused eleven deaths, which is an increase of six over those recorded in the preceding month.

The following towns report *no deaths* in March: Bodie, Colfax, Castroville, Cottonwood, Dixon, Igo, Knight's Ferry Livermore, Mariposa, Mohave, Roseville, Saucelito, Truckee, Tehama, Willits, and Williams.

PREVAILING DISEASES.

Reports received from ninety-two localities in different parts of the State enable us to note the absence of any epidemic disease marked by unusual mortality. Smallpox, although still threatening the southern portion of our State, has not as yet assumed a positively epidemic form. The other zymotic diseases prevailing are noted for their generally benign type and limited extension.

Diarrhoea and dysentery have been noted as occurring with frequency in Fresno, Cottonwood, Napa, Castroville and Anderson.

Measles prevail in Santa Cruz, Los Gatos, Mohave, Los Angeles, Downey, Colton, San Diego, Fresno, Hanford, Anaheim, Redwood City, Davisville, and Anderson.

Scarlet fever is prevalent in Amador, St. Helena, Fresno, Hanford, Anaheim, Downey, Roseville, Mariposa, Jolon, Fort Bidwell, Stockton, San Francisco, and Selma. The form of this disease is noticeable for its mildness.

Diphtheria, in a sporadic form, is present in San Francisco, Oakland, Los Angeles, Downey, Nevada City, Petaluma, Sacramento, St. Helena, Salinas, Fresno, Merced, Anderson, Truckee, Millville, and Napa. Dr. M. B. Pond, of Napa, writes that the cases there were of rather severe type, and believed to have been imported from San Francisco. Rigid isolation and perfect disinfection prevented its spread beyond its original boundaries. The Napa Board of Health have agreed to draft an ordinance compelling the exhibition of a disinfective flag to mark infected houses. This is a move in the right direction, and if all Boards of Health would follow this example, and warn people by a flag, of the presence of this dangerous disease, it would be the means of saving many lives and limiting the diffusion of the diphtheritic poison.

Whooping-cough is quite prevalent in San Francisco, Stockton, Vallejo, Anaheim, Wheatland, Davis, Dixon, Martinez, Williams, Merced and Sacramento.

Erysipelas is noticed in a sporadic form in Salinas, St. Helena, Fresno, Bakersfield, Amador, Saucelito, Igo, Biggs, Anderson, Cloverdale, Chico, Oakland and San Francisco.

Typhoid fever is noticed as being observed in a few instances in Merced, Santa Cruz, Anaheim, Downieville and Amador City. None other of the reports mention the disorder, showing the

very remarkable freedom that exists throughout the State from this commonly epidemic disease.

Pneumonia is mentioned as prevailing to a greater or less extent in many places, especially in Los Angeles, San Francisco, Sacramento, Oakland, Stockton, Wheatland, Davis, Colfax, Cloverdale, Redwood, Lincoln, Biggs, Chico and Visalia.

Bronchitis, although prevailing extensively, is not of a severe type.

Influenza is very general, but the type is mild and not attended by any fatality.

Smallpox, we regret to say, has not yet been "stamped out" of the State. It prevails to a considerable extent in Los Angeles. During the month some fifty-six cases, as nearly as can be ascertained, occurred there, with nine deaths. There is no doubt new cases will develop from day to day, infected by those who, in their endeavor to conceal the disorder, scatter it broadcast. The thorough vaccination which has been attempted in Los Angeles will, it is hoped, keep the disease from becoming epidemic. In Downey some twenty cases, according to the report of Dr. Brown, occurred; there were no deaths, as the disease was in the mild form. The smallpox also appeared in Lugos Settlement, in Pasadena, Vernon District, Ravenna, Bella, and other places in Los Angeles County. It also appeared in Ontario, San Bernardino County, and in San Diego. All these cases were imported from Los Angeles. The State Board of Health have taken every precaution possible to prevent the spread of the disease. Northward, it has placed Medical Inspectors at San Diego, San Pedro, Mojave, Colton, Barstow, and Indio, to board all trains and examine all passengers leaving Los Angeles or coming over the borders of the State. It has also requested the Federal Government to place Medical Inspectors on the Mexican frontier. The Board is happy to announce that Surgeon-General Hamilton has acceded to its request and placed Inspectors at Yuma, Nogales, Benson and Albuquerque, with orders to inspect all passengers and baggage crossing the frontier. These precautions will be in vain if our people do not attend to the only preventive measure which is thoroughly reliable, and that is vaccination. We are now in the face of imminent danger, and if vaccination is not thoroughly performed throughout the State, we know not where the disease may be conveyed and developed. Three cases have been

imported from China into San Francisco. The authorities there, ever vigilant, had them at once placed in the Smallpox Hospital, and no danger from them is apprehended. However, we reiterate the necessity of general vaccination, for in it, and it alone, is there positive safety.

GERRARD G. TYBRELL, M. D.,

Permanent Secretary California State Board of Health.

SACRAMENTO, April 10th, 1887.

Crime and Responsibility.

Dr. Daniel Clark, in the *Canada Medical and Surgical Journal*, concludes that:

1. The natural history of crime shows that brains of chronic criminals deviate from the normal type, and approach those of the lower creation.

2. That many such are as impotent to restrain themselves from crime as the insane.

3. The immoral sense may be hidden from expediency, by the cunning seen even in the brutes, until evoked by circumstances.

4. No man can shake himself free from the physical surroundings in which he is encased.

5. Crime is an ethical subject of study outside of its penal relations.

6. Insanity and responsibility may co-exist.

7. Some insane can make competent wills, because rational.

8. The monomaniac may be responsible should he do acts not in the line of his delusion, and which are not influenced thereby.

9. Many insane are influenced in their conduct by hopes of reward or fear of punishment in the same way as the sane; the rudiments of free-will remain.

10. Many insane have correct ideas in respect to right and wrong, both in the abstract and concrete.

11. Many insane have power to withstand being influenced even by their delusions.

Notices of Books, Pamphlets, etc.

- THE NASHVILLE MEDICAL NEWS** is a new journal which appeared first in April, and is to be issued semi-monthly. Richard Douglas, M. D. and John W. McAllister, M. D., are the editors.
- THE CURABILITY OF EPILEPSY AND EPILEPTOID AFFECTIONS** by galvanism and the phosphated and arseniated bromides. By C. H. HUGHES, M. D., St. Louis. Reprint from *The Alienist and Neurologist*.
- SOME CONSIDERATIONS CONCERNING CANCER OF THE UTERUS**, especially its palliative treatment in its later stages. By ANDREW F. CURRIER, M. D. Reprint from *N. Y. Med. Jour.*
- A SUCCESSFUL CASE OF PARTIAL EXCISION OF THE LARYNX ON ACCOUNT OF INTRA-LARYNGEAL EPITHELIOMA.** By LENOX BROWNE, F. R. C. S., Ed. Reprint from *British Med. Jour.*
- A DESCRIPTIVE LIST OF ANTHROPOMETRIC APPARATUS**, consisting of instruments for measuring and testing the chief physical characteristics of the human body. Sold by the Cambridge Scientific Co., Cambridge, England.
- THE DOCTORATE ADDRESS**, delivered at the Semi-Centennial Anniversary of the University of Louisville Medical Department. By DAVID W. YARDELL, M. D.
- POST-GRADUATE INSTRUCTION IN GYNÆCOLOGY.** By HENRY C. COE, M. D., M. R. C. S. Reprint from the *N. Y. Med. Jour.*
- THE ACTION OF THE CONSTANT GALVANIC CURRENT**, especially in the treatment of stricture of the urethra.
- PERSISTENT PAIN AFTER ABDOMINAL SECTION.** By JAS. B. HUNTER, M. D. Report from *Gynecological Transactions*.
- NINTH ANNUAL REPORT OF THE PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL.** Baltimore.
- THE METRE LENS, ITS ENGLISH NAME AND EQUIVALENT.** By SWAN M. BURNETT, M. D. Washington.
- THE DIOPTORY AGAIN.** By same author. Reprints from the *New York Medical Journal*.
- RELATIVE INFLUENCES OF MATERNAL AND WET-NURSING ON MOTHER AND** By JOSEPH E. WINTERS, M. D.
- CINCINNATI HOSPITAL**, Twenty-sixth Annual Report.
- THE PAST, PRESENT AND FUTURE TREATMENT OF HOMŒOPATHY, ECLECTICISM AND KINDRED DELUSIONS**, which may hereafter arise in the medical profession, as viewed from the standpoints of the History of Medicine, and of personal experience. By HENRY I. BOWDITCH, A. M., M. D. Reprint from *Transactions of Rhode Island Med. Society*.
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THE first number of *The Medical Missionary Journal* we have had the pleasure of receiving. It is to be issued quarterly at the price of two dollars per year by the Medical Missionary Association of China, the President of which is Dr. J. D. Kerr of Canton. This journal will serve as a means of reporting the

work done by the association, and it is hoped that it will be of service to the medical men of China; it is hoped that they will write for it. If generously supported as it should be, it should contain very much which is of interest to the profession the world over.

THE PHYSICIAN'S LEISURE LIBRARY.

PREGNANCY, PARTURITION, THE PUERPURAL STATE AND OTHER COMPLICATIONS. By PAUL MUNDE, M. D. Detroit: Geo. S. Davis.

As Dr. Mundé says in his preface, this book contains but the merest outlines of the above subjects. As such we can hardly believe that it can be of much value to any one, but it might be interesting reading to one who knows nothing at all of obstetrics. Some of the volumes, as we have before intimated, are valuable, but the subjects being more restricted, the books take more the character of monographs.

THE PRINCIPLES AND PRACTICE OF OPERATIVE SURGERY. By STEPHEN SMITH, A. M., M. D. New and thoroughly revised edition. Illustrated with one thousand and five woodcuts. Philadelphia: Lea Brothers & Co., 1887. San Francisco: A. L. Bancroft & Co.

This work was first published in 1879, and there have been eight large issues since, but the present one is the only really new edition. The work has been most thoroughly revised. This has been necessitated by the great modifications which have taken place in the principles governing the treatment of wounds, and the wider range of successful procedures for the cure of injuries and diseases.

Prof. Smith believes in antiseptics and throughout this is insisted upon as the cardinal factor for success in treatment. The book is profusely illustrated, but the new operations which have of late years been rendered possible by the introduction of antiseptics are made especially clear by numerous illustrations. We consider this work a model of its kind and as fully up to the present rapidly advancing age in surgical procedures as is possible. As heretofore, so in the future it must prove a most useful work to every surgeon who is wise enough to procure a copy and to study it as it deserves to be studied.

ELEMENTS OF PHYSIOLOGICAL PSYCHOLOGY. A Treatise of the Activities and Nature of the Mind from the physical and experimental point of view. By GEORGE T. LADD, Professor of Philosophy in Yale University. New York: Charles Scribner's & Sons, 1887. San Francisco: A. L. Bancroft & Co. Price \$4.50.

This book has just been received; a notice of it will appear later.

A REFERENCE HANDBOOK OF THE MEDICAL SCIENCES. Edited by ALBERT H. BUCK, M. D. New York: Vol. iv. New York: Wm. Wood & Co. San Francisco: W. S. Duncombe & Co.

The appearance of the fourth volume of this extensive and valuable work shows that labor of publication is being rapidly pushed forward. The present volume comprises all subjects from I to N. It contains a number of chromo lithographs and many wood engravings.

The majority of the articles are necessarily short, but some upon important and new subjects are veritable monographs. When completed the work will be a valuable one.

A PRACTICAL TREATISE ON IMPOTENCE, STERILITY AND ALLIED DISORDERS OF THE MALE SEXUAL ORGANS. By SAML. W. GROSS, A. M., M. D., LL. D. Third edition, thoroughly revised. With sixteen illustrations. Philadelphia: Lea Bros. & Co., 1887. San Francisco: W. S. Duncombe & Co., 425 Sutter St.

The second edition has already been noticed, and it is with pleasure that we see the early appearance of the third, as it is almost the only reliable book upon the subject in the English language. Books innumerable have been written upon the sterility of the woman, but not of the man.

Two large editions have been exhausted, and the third will probably follow the fate of the other two at an early date. Dr. Gross says that from letters received from gynecologists, as a rule in cases of sterility, the woman alone is examined, and speaks of the importance of examining the husband before subjecting the wife to an operation. He finds that the fault lies with the husband in at least one case out of six. This is a larger proportion than has been generally suspected.

Those two diseases, spermatorrhœa and prostatorrhœa, which are a source of so great income to irregular practitioners are fully described.

If the profession as a whole would study these diseases more carefully, and pay more attention to the complaints of patients suffering from these troubles, they would have more to do, and would draw into their own pockets many a fee which now goes to the "grip sack" of the itinerant.

BERLIN HOSPITAL PRACTICE.—During the year which closed in January, 1887, in the nine large hospitals of Berlin 43,479 patients were treated, of whom 6347 died.

Translations.

By DR. D. W. MONTGOMERY.

Vaginal Hysterectomy.

Terrier made the following communication before the Surgical Society in Paris on March 2d, 1887.

The first case was cancer limited to the neck of the uterus. The operation was performed on May 28th, 1886, and the patient is still in good health.

The second was a case in which the uterus was filled with fibromas, which rendered the operation very difficult, the neck was hypertrophied and fungous, the body of the uterus was not invaded by the disease. The microscopical examination showed it to be a pavement called epithelioma. The operation was performed on October 14th, 1886. Three months later the patient was still in good health, but there was a small induration high up in the vagina, and soon pains were felt in the right iliac fossa. A recurrence was diagnosed with ulceration of the cicatrix invading the vesico-vaginal wall; patient was anæmic and suffering severe pain.

Terrier reviewed the results of three former vaginal hysterectomies for cancer. The first was performed June 5th, 1886, and the patient was still well on January 31st, 1887; the second was performed on November 16th, 1886, and was still in good health May 18th, 1886, and the third case was operated on March 30, 1886, with recurrence June 28th, 1886. Bouilly said he had performed twelve hysterectomies, eleven of which were for cancer. He deferred giving definite results till later.—*Gaz. de Hopitaux*.

Treatment of Hemorrhoids by Dilatation.

Verneuil of the Hospital de la Pitié gives 98 per cent of cures by simple dilatation.

As those who suffer from piles are able, as a rule, to attend to their ordinary occupations, the time taken in curing them becomes a matter of great moment, and also the question of remaining in bed for a certain time. Verneuil asserts that, as a rule, the patients are confined to the house only eight days, of which four are spent in bed, and four are spent in their chamber, and sometimes the cure is effected in still less time.

In this treatment neither the anatomical division of the piles

into external and internal, nor the length of time they may have existed, are to be taken into consideration. He has treated successfully by this method, those which have existed for 6, 8, 10, 12, and 14 years. As a rule the cure is effected in the following way. In a certain number of cases the hemorrhoids disappear, and never return; they at first inflame slightly, and afterwards atrophy little by little. The complete cure is effected in these cases in from fourteen days to three weeks, after say two or three days of fairly lively suffering.

In another class of cases they do not suffer any pain whatever, but the cure takes a longer time. After dilatation in these cases, the piles disappear, only to recur again each time the patient walks about. It is then necessary to have recourse to cold lotions, and to douches to the anal region. They recur slowly and progressively, and under these conditions the cure takes from five to six weeks.

In a third group of cases, he collects, what he calls, the exceptional cases. For example the case may be complicated with a prolapsus recti, a paralysis of the external sphincter. Here you dilate as before, and afterwards you treat the complication in the ordinary way, but principally by electricity.

In fine, as the treatment of piles by excision or by ligation is sometimes followed by phlebitis, and as cauterization is also followed in certain cases by dangerous symptoms and even by death; on the contrary, he never has had to record the least reverse following dilatation, which method he employed daily for the last fifteen years; he always dilates with the speculum, in preference to dilating with the fingers.—*Gaz. de Hopitaux*.

METHOD OF INDUCING RESPIRATION.—Dr. Enos Blackwell reports a method of resuscitating the new-born infant in an asphyxiated condition. It has one very decided merit, that of immediate application, but is, as Dr. Blackwell says, a procedure which embodies the principles of the Marshall Hall method. The child is laid on the palms of the accoucheur's hands, and then rapidly tossed with a quick motion, this being done while the placenta is still attached. The rapid movement makes the arms fly up, thus lifting the chest walls, and the infant takes air with a sudden sob. Although a rough and ready method, the author has found it highly successful in many instances.—*Weekly Medical Review*.

Extracts.

Reposition of the Uterus.

By JOHN A. MILLER M. D., San Francisco.

For the reposition of the unimpregnated uterus, a great many varieties of uterine repositors have been devised from time to time. These consist of an intrauterine stem from two or three inches long, joined to a handle by means of a hinge-joint so as to permit motion in two directions, forward and backwards; the Sims repositor has at the joint a toothed narrow cylinder, which is fixed at pleasure by means of a slide controlled at the handle of the stem, giving the operator the power to give the intrauterine stem any inclination. If I may judge from the extent of its popularity, it must be the most perfect of its kind, but, like all jointed instruments and sounds, after being introduced for work, and the handle pushed backwards in order to rotate the body of the uterus forwards, the intrauterine stem, which is the *lever*, has no *fulcrum* against which the force necessary for a replacement acts; this fulcrum would have to be about half an inch above or from the joint. It is very clear, that the fulcrum on which the lever turns in Sims' repositor is the loose and often inflamed tissue around the cervix, and which very often does not give the necessary resistance required of a fulcrum for the force that is necessary to bring about the rotation; for this reason it and its kindred are not only physically impracticable, but often very dangerous instruments to use. It must be remembered that at the joint is the power which must not be mistaken for the fulcrum. That an expert who has had unlimited practice can get as much service, and perhaps more, out of the ordinary uterine sound than out of any jointed instrument thus far constructed for the purpose of replacing the uterus I will admit; this is not saying that either are not imperfect and all that can be desired—far from it. Sir James Y. Simpson's sound, or any similar pattern, has all the advantages and will answer all the purposes for which the jointed sound is intended, but it has other defects common to all sounds thus far offered and used for reposition. A malposition which occurs so often as to make the minimum fifteen per cent of all gynecological cases that present themselves for treatment is certainly of great importance in uterine displacements, and the

general practitioner must inform himself, so that these cases may be recognized, because in their early recognition depends in a great measure the ease with which these deviations can be rectified. Heretofore I was not acquainted with a method which was so easy of execution, and required so little practice for a successful carrying out of a reposition of the retroverted uterus as my own. In fact, any person who is competent to pass a sound into the uterine cavity will also be competent to use my thimble sound, which will give entire control of the organ, all else being equal. To pick up, elevate, and antevert the pathologically enlarged and sensitive uterus, on the beak of a sound, is not without danger. It suggests to the mind the possibility of perforation, then there is the natural inconvenience of manipulating at the end of a long sound or instrument, instead of having it at the end of one's finger.

Reposition without the aid of any instrument is often possible, but it certainly requires experience and practice in uterine manipulations, which the general practitioner can rarely acquire.

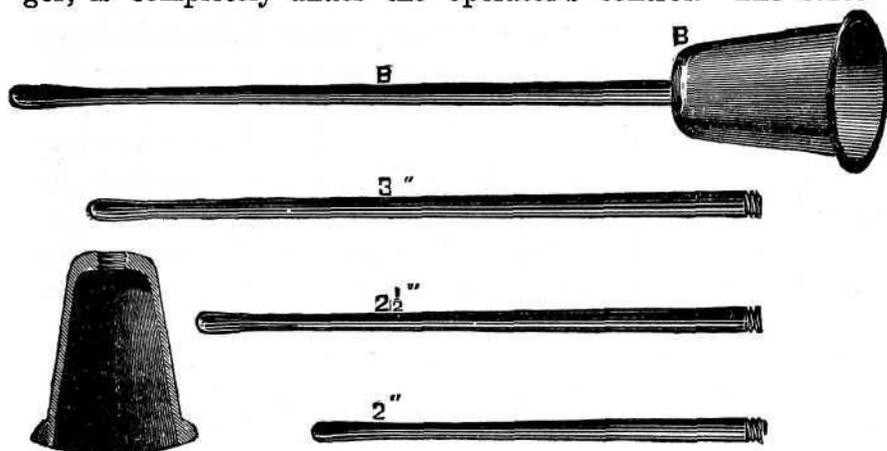
Bimanual reposition is never accomplished without more or less pain, in the following manner: The patient is placed on her back, the operator brings one or two fingers of the right hand into the posterior fornix, lifting the body of the uterus with this or these so high that the hand resting on the abdominal wall just above the pelvis (the left hand), which is being steadily depressed on its ulnar edge so that it can get behind the posterior aspect of the womb, lifting it up and forwards, while the index finger of the right hand still in the vagina tilts the cervix back.

Sometimes this procedure is impossible, even with the most skilful and practised, especially when the abdominal walls are tense, the vagina narrow and long, as in the majority of the women who have never borne, or only miscarried in the early months of pregnancy; and as abortions and the often following subinvolutions are a fruitful source of this displacement, these obstacles to a bimanual reposition are by no means rare.

I offer an instrument which, from its shape and the manner in which it is employed, and further, from the fact of having been invented by myself, I call Miller's uterine repositor. It has all the advantages of either the plain uterine sound or any of the jointed instruments thus far recommended for replacing the retrodeviations, and none of their defects. It simply arti-

ficially elongates the index finger and gives the finger the same power as though the uterus had been previously dilated by sponge or sea tangle for the purpose of introducing the finger, and then effecting reposition as recommended by B. Schultze (*Centralbl. fur Gyn.*, 1879, No. 3).

My thimble sound brings the uterus on the tip of the operator's finger, which is at once power and fulcrum, hence strains no tissue or ligament. The uterus being on the tip of the finger, is completely under the operator's control. The force



which one employs is keenly appreciated, hence no undue strain is likely to be exerted on adhesions which are too strong to be safely lacerated or even stretched, for I hold that slight and recent adhesions can be torn without any untoward result, provided the patient be put to bed for a few days and a little morphine administered.

Before introducing my thimble sound or any other into the uterine cavity, it is absolutely necessary that the vagina should first be thoroughly cleansed with a solution of carbolic acid, one-half ounce to the one-half gallon, and no less than this quantity must run through the canal at one time, a weak solution of castile soap, followed by a solution of borate of soda, say two teaspoonfuls to the one-half gallon, will also suit the purpose, the water must in every instance be from 104° to 106° F.

The next precaution must be exercised in thoroughly cleaning and disinfecting the sound or instrument to be used; immediately before using it, and while the patient is being placed in readiness for the operation, it must be kept in a solution of carbolic acid, one-half ounce to the one-half gallon; the water to be used for this solution should be thoroughly boiled, so as to be

sure of its aseptic quality; from this carbolized solution, contained in a basin large or wide enough so as to cover the instrument, it is taken out with a little shake to free it from the superfluous water, and carried directly into the vagina for the purpose of introducing it into the uterine cavity. It is to be presumed that the lining membrane, and even the submucous tissue of the uterine will often be abraded or injured by the sound, but under the necessary antiseptic precaution these lesions will entail no bad consequences. If, on the other hand, antiseptics be not employed, then these injuries to the uterine cavity may usher in grave and serious complications, of which the least will be endometritis, or metritis, pelvic perimetritis and cellulitis.

The position which a patient must assume in the first step of replacing the uterus, which is the introduction of the thimble sound into the uterus, is not of any importance. She can be placed on her back, and through a Ferguson's speculum, the sound may often be carried quite readily into the cavity, it being held at the rim or flange of the thimble by a dressing or polypus forceps. Sims' position on the left side is in some cases the most convenient where there is great flexion—and here it is well to remember how to overcome these flexions, as an obstacle to the introduction of the sound, so that others will not fall into the same error as Saenger in his criticism of J. Marion Sims' elevator.

His objections to Sims' instrument, and other similarly constructed jointed instruments, are, first, that they are capable of being placed at angles of different degrees only, and secondly, that they cannot be modulated or bent like the soft copper sound for the purpose of overcoming flexions (*Centralb. fur Gyn.*, Oct. 17th, 1885, No. 42).

His second objection is of no practical value; it assumes the physical impossibility of passing an angular rod through an angular canal, and the idea of bending or crooking a uterine sound so that it looks more like a tendril or corkscrew, with a view of passing it more readily into the uterine cavity, is a delusion which often frustrates the best-directed efforts.

A. Martin ("Pathologie u. Therapie d. Frauenkrankh.," Berlin, 1885, page 18) says: "I cannot determine nor coincide in the utility of bending the sound after the supposed form or direction of the uterine canal. This would always presuppose be-

forehand the deviations, which can only be established 'through the sound, whereas, on the other hand, the impressions of a peculiarly circuitous canal will be of a doubtful nature on an already bent or distorted instrument.'

In cases of extreme flexion, it is best, as before mentioned, to place the patient in Sims' position and, after exposing the cervix to view with Sims' speculum, grasp the posterior lip of the uterus with a volsella, then draw the cervix on a line with the abnormal axis of the body, which is generally towards the pubic arch; this will straighten out the angle of flexion between body and cervix, and a straight sound can then be readily passed, when otherwise it would have been an impossibility. I will mention here, by way of encouragement to the inexperienced, that sometimes the introduction of the sound is the most difficult and painstaking part of the operation. After the thimble sound is in proper place, remove the speculum, leaving the sound in the womb, permit the patient to rest herself on her back, or in any position she pleases, for a few minutes, then place the patient in the genu-pectoral position, for the second step in the reposition, and for reasons so ably and urgently recommended by Dr. Henry F. Campbell, of Georgia.

Lawson Tait's Responsibilities.

Mr. Lawson Tait is very largely responsible for the number of operations performed of late years, called by different names, but all ending in the removal of ovaries or tubes. He encouraged the operations:—

1. By so freely explaining and showing his operations to all who cared to see him operate.
2. By his great manipulative skill and rapidity of action.
3. By the simplicity surrounding his operations.
4. By the absence of all the usual antiseptic precautions, and simplicity of his dressings.

Mr. Tait has so frequently expressed his views on, when, and why, removal of the uterine appendages should be performed, and so often condemned indiscriminate operation—even more strongly than any of the strongest opponents of the operation, that all he can do now is to close his operating room to students and strangers. There is danger, even in education. We must close our best school lest the pupils mistake their lessons. We had been anxious for some time to see Mr. Tait operate, in order to satisfy ourselves as to the method he adopts, especially

to see the incision he makes, and therefore we went to Birmingham. We may premise that Mr. Tait was only known to us by his published writings, and we went, with a very open mind prepared to condemn, if necessary, and determined to publish what we saw. We wrote asking to attend one of his operations, to see a typical operation for a removal of the appendages, and Mr. Tait fixed on the 14th of September, 1886. We drove from his house to the hospital a little outside the town with Miss Clarke, M. D., who gives ether to his patients. There was an entire absence of the entourage usually attending a rare operation.

The following case was operated on, and from the hospital notes we give the particulars:—

OPERATION AT SPARKHILL, SEPTEMBER 14TH, 1886.—Helen Farr, from Redditch, aged twenty-seven, married seven years, one child six years old, very bad labor, since which she has never been well. Menstruation very frequent, very profuse, intensely painful, the pain being worst a day or two in advance of the period. These symptoms have steadily progressed in severity, especially during the last two years. She had been under several doctors, but no relief has been obtained. She saw Mr. Lawton Tait as an out-patient, for the first time, on August 23rd, when an examination was made. The uterus was felt to be fixed in the left of the pelvis, hard and undulated, a large boggy swelling existed behind the uterus and to the left side. She was again seen on the 30th, at which time the diagnosis of hydro or pyo-salpinx was made, and the nature of her condition explained fully to her and her mother, as was also the operative proceeding which was proposed. This was accepted, and she was admitted to the hospital. The operation was performed in the presence of Professor Gardner, of Montreal, Dr. Buller, of London, and Dr. Dolan. On opening the abdomen the omentum was found to be adherent, and an aperture had to be made through it to reach the pelvic contents; all the pelvic organs were found matted together, and the uterine appendages on the left side were reached only after the separation of a number of visceral adhesions; the left tube and ovary were found matted together, the tube being occluded and distended; they were removed with great difficulty, and presented on detachment a tumor as large as a small orange, sero-purulent fluid being squeezed out of the divided end of the tube readily. Ex-

amination soon showed that the ovary was completely disorganized, full of small cysts, and no normal follicles could be discovered anywhere. The right ovary was brought to the surface with some trouble, the tube was perfectly healthy and the ovary was adherent to some intestine, and presented proofs of this to the naked eye; it looked relatively healthy, and as the tube was uninjured Mr. Tait returned them to the abdomen, remarking at the time that he did so with considerable misgiving, because in every instance in which he had adopted this plan, the second set of appendages became so affected that they had to be removed at a second operation. The patient has made a perfectly easy recovery.

The incision was just large enough to admit Mr. Tait's two fingers, about two and one-quarter inches, and the operation was performed, considering the difficulties of the case, in a very brief time. The dressings were simple, no spray or any precautions, except absolute cleanliness. Everything was done in order. It was so simple that a student seeing it done, would come to the conclusion, "I can do that just as well." Dr. Lynn used to tell his audience, when he had performed a more than ordinary difficult slight of hand trick, that it was very simple, and that this was how it was done," repeating the trick; and so it seemed, but tested by the innocent who believed Dr. Lynn's statement, this trick was not so easy. In the same way the young surgeon may go away believing he can do the operation quite as well; and unfortunately medical history tells us that some poor women have suffered from this belief in the simplicity of the operation. Some have gone to Mr. Tait, and afterwards started removing ovaries not diseased, and brought discredit on the operation; hence the tears now shed over the "castrated." Clearly Mr. Tait is not to blame. The preacher preaches morality; if some of his audience imagine he is preaching *immorality*, shall we blame the preacher?

This is something very like the position:—Mr. Tait preaches that under certain conditions diseased ovaries and tubes must be removed; that only fools would do the operations done and mis-called after his name; that operations of this kind should only be done—

1. With the consent of patient and friends, and after fully explaining nature of operation.

2. With the consent of hospital colleagues.

If imitators disregard these rules, upon their heads alone lies the responsibility.

We have again had the opportunity of seeing Mr. Tait's skill. On 17th February he came over to Halifax to operate on a private patient of ours—a case of urgency—ruptured tube, with abundant intra-peritoneal hemorrhage. The same remarks apply. The patient was operated on in her bedroom, without any Listerian precautions; the operation performed quickly, and the woman saved from imminent death. She is now sitting up, and virtually well. Mr. Tait will shortly publish details of this case, which makes the twenty-ninth operation of this kind he has performed with, we believe, only one death. It is a matter of regret that in considering the propriety of these operations there should be so much personal feeling; that we should have such bandying about of hard words, and that, in the hope of annoying opponents, such a term as “spaying” should be applied. Hard words evoke hard words. The early ovariectomists had to submit to much personal abuse; so the innovators must be content to suffer for a time. When success has crowned their efforts we shall have justice done to these pioneers.—*Provincial Medical Journal.*

“IN THE January number of the *Alabama Medical and Surgical Journal*, Dr. Wm. Cheatham reports two cases of eye disease in which the use of chloral produced severe photophobia. Dr. C. thinks that the keratitis and choroiditis are due, in part at any rate, to the use of the chloral. He has seen several people in whom one dose of chloral of fifteen grains would produce marked hyperæmia of the conjunctiva with photophobia.” So says the *New Orleans Medical and Surgical Journal*, and asks for the report of cases. A case is under our notice at the present time. Great photophobia was complained of, but we did not think of the chloral as a cause. Large doses had been given while the patient was in a maniacal condition. On coming to himself he complained of the eyes, and there is now no doubt that it was due to the chloral. This observation of Dr. Cheatham's is a most practical one, and we should like to call the attention of physicians to it and to ask for reports of all similar observations. We should also esteem it a favor if the oculists whose eyes meet with this paragraph, would give the general profession the benefit of their experience.

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Original Articles.

THE OPIUM HABIT.

By W. S. WHITWELL, M. D.

(One of the Popular Course of "Lane Lectures" delivered April 15th.)

The earliest mention made of the wonderful properties of the juice of the poppy was by Theophrastus, during the third century before the Christian era; but evidently the drug was not very well known, for three hundred years later, a writer by the name of Scribonius Largus pointed out that this juice was obtained from the unripe capsules and not from the poppy leaves, as had been previously supposed. Of the sleep-producing poppy mention is frequently made in both the Greek and Roman mythologies, but, except from the name, no indication is given as to how much was known of its properties. It is the flower and not the juice which is mentioned. Whether it first became appreciated for its medicinal properties or for its agreeable stimulating qualities is unknown; nor has it been determined satisfactorily whether its original native habitat was Egypt, Arabia, Persia or Asia Minor. However this may have been, it is certain that it was originally found in one of the warmer countries of Western Asia, for from the first to the twelfth century, Turkey opium was the only sort which was known to commerce. About the tenth century knowledge of the drug began to spread, and the Moslem carried it to the frontiers of China. A traveller by the name of Chardin, who was in Persia at the end of the seventeenth century, mentions it as a drug well known to the people of this country, and it may be justly surmised that it was not esteemed by them for medicinal purposes alone, for this writer

tells us that one hundred years before this time the Schah put opium under the ban of a prohibitory decree. Thus early, that is, more than three hundred years ago, its baneful influence was clearly enough recognized to attract the attention of the ruler of Persia and to call forth from him a prohibitory edict. This same traveller credits the introduction of opium into China to the Tartar hordes who, in 1644, carried it across the Great Wall. For one hundred years no special advance was made, opium being used for medicinal purposes; but at the end of this period, by the year 1750, the habit of smoking began to make headway in China.

Meanwhile advances had been made in another direction. With the spread of Mohammedanism opium was introduced into India, and the monopoly of its profitable sale was held by the Great Mogul. In the year 1757 this monopoly, by right of conquest, passed into the hands of the British Government under the name of the East India Company, and here it has remained to the present day. In the year 1767 a few Portuguese adventurers opened, through the port of Wampoa, a trade in opium with China, and each year introduced about two hundred chests. The successful trading of these few adventurers probably gave the idea to the East India Company, who were looking for a larger market for their goods, for in 1773 they made their first venture. Each year the trade grew, and soon assumed such large proportions that those who were engaged in it were quickly enriched.

The rapid spread of the vice of opium smoking caused the Emperor of China, in the year 1796, to prohibit the importation of the drug, but the pecuniary inducements for continuing were so great that no attention was paid to the prohibition, and, on the contrary, British ships of war were sent to the China coast to protect and aid the smuggling.

By 1830 the importation had increased from 200 chests to 50,000 piculs, or $6\frac{1}{2}$ million pounds; and in 1880 this amount had doubled. Nine-tenths of all the opium exported from India is taken by China. To supply this immense quantity it has been necessary to turn Hindoostan into a veritable poppy garden. A million acres which should be in wheat, vines or orchards are devoted to the poppy, and the green fields studded with flowers have been likened to immense green lakes covered with water lilies.

In 1820 the Chinese Government recognizing what a terrible ascendancy the opium vice had gained over the people, seeing only too clearly the rapid increase in the trade, and feeling the drain in money which was annually leaving the country, issued another edict. It was in vain, for the smuggling still increased.

In 1839 the reigning Emperor Kien Lung, in desperation caused the arrest of the captain of one of the opium vessels and of a number of the English merchants who were chiefly engaged in this smuggling traffic, and held them until the opium upon land and all that in the ships in the harbor was surrendered. Over 20,000 chests or more than 3,000,000 pounds of opium were seized and destroyed.

Mainly for this, but also for other real or fancied wrongs, the English Government declared war upon China. Because the Chinese rulers tried to protect their people; because they endeavored to put a stop to an illegal trade which was to them ruinous, morally, physically and financially, was this war declared. The English, that a source of revenue for India might be maintained, at the point of the bayonet forced the weaker nation to pay war indemnity in addition to a full price for all the opium destroyed. They practically forced a continuance of the opium trade although the Chinese law against it remained the same. This law was not changed until a second opium war in 1860, during which the Emperor's palace was burned and thousands of women and children were slain before the mouths of cannon placed in the streets of Canton, compelled the legalizing of this iniquitous traffic, which to-day is slowly and surely debasing and impoverishing the Chinese.

In 1869 an urgent appeal "remarkable for its logic and humane expression" was laid before the British Government, vividly depicting the great danger which was threatening the Chinese nation, and yet Parliament passed it by with scarcely a comment. I call your attention to these facts, and beg that you ponder well upon them, for know, that no great moral wrong can be inflicted on one of the powerful nations of the earth without its effect being felt by all others. To-day, although perhaps all unbeknown to you, we are feeling the effects of this crime, and our people, our nation, are through the forced debasement of China becoming debased. It is a small cloud at present and does not look worthy of alarm; but oh, how quickly it can grow and like the summer thunder cloud deal fire and destruction to the right and to the left.

But China was not alone trampled upon and forced to admit this death-dealing drug; others suffered, and are, like China, still suffering. Before Burmah was annexed to the Indian Empire, opium was rigorously excluded from every part, for the native government well knew the evils which would follow upon the introduction of the poison. After the conquest of this country, the East India Company saw a fresh field for its operations, and therefore, that a market might be created, British officials distributed opium gratuitously to the natives. The desire and consequent demand having been once awakened a high price was put upon it and a great revenue obtained at the expense of the demoralization and ruin of the Burmese. So marked has been the disastrous effect upon this weak and childlike race, who seized upon opium as a child will seize upon a new toy and used it with childlike recklessness as to the result, so marked has been the effect, that the self-same officials who introduced the drug have been obliged to place restrictions upon its use to prevent the utter annihilation of the people. The import duties and the licenses for keeping opium houses, where it can be bought, are so heavy that the selling price is ten times greater when it reaches the borders of Burmah. Still the use is not checked and the quantity imported continues to increase.

In Arracan, a country peopled by a healthy and handsome race, as soon as English rule was established government agents sent from Calcutta opened shops for the gratuitous distribution of opium; they invited the people to try it, and then, as in Burmah, as the taste was acquired sold it at a low price. Later as the vice spread, the price was raised and large profits ensued. Thus cruelly was a sober and industrious people initiated and systematically taught a destructive vice, one inducing indolent and filthy habits, that the English government might receive a greater revenue. What language is strong enough to condemn such action in a nation calling themselves civilized Christians. No more forcible language has been used than that employed by Englishmen themselves.

The Rev. Griffith John, a veteran missionary, in commenting upon this subject speaks of the selfish and unchristian conduct of the British government, and says that this vile opium traffic speaks most convincingly against christianity. Another says "the Western African slave trade never caused such extensive physical and moral ruin, as does this vast and deadly trade in

opium." The Archbishop of York says "the Christian nation of England has been engaged in forcing an unwilling nation to purchase great quantities of poison, which it has grown for them, and has not scrupled to go to war even, to enforce what I call an iniquitous trade and commerce." Mr. Gladstone said years ago in referring to the first struggle, "A war more unjust in its origin, a war more calculated to cover this country with permanent disgrace, I do not know of, and I have not read of."

The Chinese government have opposed the introduction of opium from the first; they imposed heavy punishments for smuggling; they seized the opium and destroyed it; they went to war; they went to war a second time; they endeavored to exclude it from the empire by a high import duty; they appealed to Parliament and appealed in vain. As further demonstrating their earnestness, all their late treaties made with other nations have contained clauses stipulating that the people of that nation shall be prohibited from importing opium into China. By the existing treaty of to-day, between the United States and China no citizen of the United States can import opium within the Chinese boundaries. Would that our legislators had been equally wise, and had insisted that no Chinaman should be allowed to import opium into the United States.

It has been claimed that the Chinese are not in earnest about excluding opium, for large quantities are grown in the majority of their provinces. Had they, however, been allowed to exclude foreign importations they could have without difficulty controlled the raising of the poppy within their borders.

It is hardly surprising that a government, which had systematically introduced opium and artfully spread a vice for the openly acknowledged purpose of creating a market and obtaining a revenue, should have listened to an appeal for relief. Success had only too well crowned their efforts, for in 1880 imports into China and to countries east of India amounted to 100,000 chests or fifteen million pounds, which resulted in a revenue to India of nearly two hundred and fifty million dollars. When, therefore, the subject has been discussed in the British Parliament the answer has invariably been given,—No matter how wrong, it is, nevertheless, necessary to collect the revenue for the support of the government of India. The statesman Li Hung Chang, said very truly "Opium is a subject in the discussion of which England and China can never meet on com-

mon ground. China views the whole question from a moral standpoint, England from a fiscal. England would sustain a source of revenue in India, while China contends for the lives and prosperity of her people."

If early in February we should start from just above the Delta of the Ganges, that great river whose history is so interwoven with the most poetical legends, and which to-day is held in most sacred reverence, we might sail for days through this most fertile portion of India and never for a moment lose sight of the vast fields of flowering poppies. As far as the eye can reach either towards the north or towards the south, these carefully cultivated fields are to be seen. We might leave our boat and travel a hundred miles to the interior and still find ourselves among the flowers of the poppy. For six hundred miles in one direction and two hundred and fifty in the other this district which is known as the Patna district extends. Another extensive district devoted to the cultivation of this plant, whose prototype is so familiar to you from the brightness of color it lends our hills in early spring, is situated on the broad table lands of Malwa and on the northern slopes of the Vindhya mountains.

Although the poppy is cultivated throughout India these are the two great districts, and alone comprise nearly one million acres of India's richest and most beautiful lands. Anyone may cultivate it, but owing to the monopoly it can only be sold to the government. The seed is sown in the Patna district early in November, the ground having been carefully prepared and arrangements having been made for irrigation, this being the dry season.

During the last of February and first of March the unripe capsules or seed-vessels are incised and the juice which exudes during the night is scraped off in the morning. This juice which is known as the tears of the poppy is dried through exposure to the air from three to four weeks. At the government factory it is rolled into balls and packed in chests for exportation.

The bulk of the crop goes to China in this form and is known as crude or gum opium. By an elaborate process which reduces this crude opium about one-half the Chinese prepare it for smoking.

The crude opium is liquified, boiled and strained until all the substances which water will dissolve are freed from it. Finally

it gains the consistence of thick treacle. This is then put up in cans and is known as prepared or smoking opium.

OPIMUM SMOKING.

In Persia and the Levant, in those countries in which the plant is indigenous, the ordinary mode of obtaining the effect of opium is by eating a prepared bolus or lozenge, but in China the universal method is by smoking. This is not accomplished by means of the ordinary pipe, for you can readily understand the difficulties which would arise if the attempt were made to smoke a thick treacle in a tobacco pipe. The opium pipe, the origin of which is unknown, is a very different affair. It consists of a stem which is usually made of bamboo and of a bowl of hard red clay. A new one can be bought for a song, but an old one, which has by long usage, like the meerschaum, become black and glossy, and thoroughly saturated with opium, is worth from twenty dollars upwards. An old pipe has a rich flavor, which is much admired by smokers, while a new one gives a rank taste to the opium. To avoid this harshness the Chinese in making the better class of stems "load" them with what is known as "seconds," that is the ash of the first smoking. At the junction of the middle with the lower third, the bowl is inserted. This is flat and has a minute hole in its center, connecting with the perforation in the stem.

Those smokers who can afford it, own their own "lay outs," while those who cannot, frequent the dens or opium joints, where for a small sum everything is provided. These "lay outs" consist of besides the pipe, of a box of buffalo horn which holds the opium; a needle resembling a small knitting needle on the end of which the opium is taken up; a lamp so constructed as to give a steady smokeless flame. It is filled with sweet or peanut oil. A pair of scissors for trimming the wick; a straight and curved knife for cleaning the bowl of the ash which rapidly collects rendering it foul; a sponge for wiping off and cooling the bowl. There is also a small saucer for holding cigar or cigarette ashes, as it is not uncommon to smoke tobacco between pipes. All these articles are placed in a japanned tray and as a whole are called a "lay out."

A smoker on entering an opium joint removes his coat and takes off his shoes. He then lies down in company with one or two others, on a bed or bunk prepared for the purpose. Taking a small amount of opium upon the needle he holds it over the

flame of the lamp. Soon it begins to sizzle and boil and to grow to several times its original size, at the same time turning from black to a light golden-brown. By skillfully pulling it out or "chying" it and rolling it upon the flat surface of the bowl, a "pill" is formed the size of a pea. This is placed over the opening in the pipe, and the needle withdrawn so as to leave an opening through the pill. The pipe is now held over the flame and by one long draw or by several short ones the smoke from the burning opium is taken into the lungs, held a moment, and then exhaled through the nostrils, thus bringing it in contact with very many of the air cells of the lungs, and with the delicate membrane lining the pharynx and nasal passages.

The Chinese on coming to our shores brought with them the habit of opium smoking, but that Americans then or at any later period might contract the habit was not even suggested as a possible danger.

To-day few people know, neither can they realize, the prevalence of the habit among our countrymen. As late as the year 1880, at a time when there must have been many smokers in New York City, Dr. H. H. Kane of that city said in his book on "Drugs that Enslave" that opium smoking was rarely seen in this country, save among natives of eastern countries.

One of the first white men who smoked opium in America smoked it in 1868 in this State. He was said to have been a sporting character and in 1871 he induced a companion to try it. By the example of these two the vice rapidly spread among their associates, but it was not brought to the notice of the authorities of this city until 1875, when it was discovered that young men of respectable family and women and young girls were in the habit of visiting Chinatown for the purpose of smoking opium. A city ordinance was quickly passed forbidding whites from smoking in Chinatown under penalty of a heavy fine and imprisonment.

In 1881 the California Legislature added a new section to the penal code of the State, making it a misdemeanor for any person to maintain a place where opium is sold or given away, to be smoked in such a place, and any one visiting such a place for the purpose of smoking is liable to fine and imprisonment.

The practice was introduced into Nevada in 1876, and it spread so rapidly among both sexes that the Legislature of the State passed a still more stringent law than that of California.

Under these laws arrests were frequently made and the practice apparently broken up. But opium smoking was not long to be confined to this State and to Nevada; the confirmed smoker must smoke daily, and therefore, when he travels, his habit travels with him. Consequently the larger towns along the route of the railroads were soon furnished with opium dens. In 1876 smokers were to be found in New Orleans, St. Louis and Chicago, all of which cities became henceforth centers of infection. It was not long in reaching New York, where the meaning of the phrase opium-joint has become as well known as in San Francisco.

To-day the opium smoker may travel through California and all over the Pacific Coast, he may go throughout the great west, and yet fail to find the town where he cannot obtain a "lay out" for a quiet smoke. Stringent laws have done away with the worse features of the opium den in California and Nevada, but in other States they may be studied in all their vileness until one sickens of the sight and cries enough. These dens are to be found in the lowest parts of our cities and on the filthiest streets. The buildings are usually old and dilapidated containing illy lighted rooms with low ceilings. The entrance has the appearance of a small Chinese shop in which are displayed wares of various sort. Behind this we are likely to discover a crowd of Chinamen gambling, and it is not until we get still further into the depths that we reach the smoking room. This is a low studded, badly ventilated, rankly odorous room, full of smoke and only lighted by the little lamps of the "lay out." At first little is seen, but as our eyes become accustomed to the semi-darkness we distinguish the surroundings. Upon a broad shelf extending partly round the room, and partitioned into bunks, we see stretched transversely in parties of twos and threes from ten to a dozen half-dressed American men and women and young girls, and perhaps two or more Chinamen; the conversation is carried on in a low tone and the sallow faces lit up by the lamps show no trace of excitement. Cheek by cheek, jowl by jowl, American men and women and Chinamen are smoking and dreaming the hours away.

This, by no means exaggerated scene, is a common one in the larger cities of the east, although eastern tourists do not think of looking for such scenes of degradation until they reach California. In California, however, these opium dens have been

closed to all save Chinamen, and those whose morbid curiosity leads them into Chinatown for the purpose of visiting such dens must rest contented with the sight of a few of the lowest class of Chinese.

Have then, you will ask, the stringent laws and ordinances put a stop to opium being smoked by the white population. It has not by any means; on the contrary, since these laws have been passed opium smoking has rapidly increased. The white smokers on being driven from Chinatown have ceased to use the public "lay outs," but have bought their own and continued their smoking in the lodging houses. It is not confined to the many near Chinatown, but room after room and floor after floor are occupied by smokers in lodging houses to the south of Market, on Mission, Howard and the cross streets, Second, Third, Fourth, Fifth and many others. It may be said in fact and within the truth that there are few second or third class lodging houses in San Francisco, where daily and nightly "hitting the pipe" is not practiced by men and women, boys and young girls. Thus have the ordinances, which were framed by well intentioned men for the purpose of stopping this form of smoking among the white population, only succeeded in scattering the seeds of this rank and poisonous weed of Chinatown to the north, to the south, to the east and to the west. The seed has fallen on fertile ground and has been multiplied a thousand fold.

It is impossible to say how many smokers there are to-day in San Francisco, for estimates differ very greatly, but from inquiry and observation I should place the number, excluding the Chinese, at 5,000. In so doing I cut down by one-half the estimate made by a smoker who told me he knew.

It has been supposed that the number might be calculated by keeping a rough count on the number who visit Chinatown for the purpose of buying the prepared opium. This can no longer be done. A few nights ago I purchased a box on Mission street near Third. Pushing open a very innocent looking door which from its forming a part of a rough deal board fence attracts no attention, I found myself in a dark passage. Six feet in front of me was what can best be described as an opening like a ticket office box, in a slatted fence. A small lamp was burning, lighting up a space about four feet by six and seven feet high. Hearing me when I opened the gate a Chinaman

came from out of the darkness in the rear and readily sold me two bits worth of smoking opium and ten cents worth of peanut oil to put in my lamp.

Formerly there was a hole in the fence through which the opium was thrust, but this being rather conspicuous, the plans were altered so as to allow the buyer to stand inside the fence and out of sight. A physician who lives near told me that he saw every evening men, women and girls buying their one and two bits worth of opium from this Chinaman, and that probably a hundred persons came every night between eight o'clock in the evening and four o'clock in the morning for this purpose.

You will now ask, how is it, if opium smoking is forbidden and the police know of its being so extensively practised, how is it, that these people are not arrested and punished? Simply because they are in their own rooms, and the law, as at present framed, cannot touch them. No matter how stringent the liquor law of a State, it cannot prevent a person from drinking at home in his own house. So with the opium "fiend," he can likewise smoke in his own room, and he may share his room with another. Even if several come together to smoke and are arrested, the officers find it very difficult to prove that the room is maintained as a place where opium can be smoked for a consideration. Arrests are, therefore, not very frequent, and conviction rarely follows.

Desiring to see for myself how, and to what extent, smoking was carried on in lodging houses, I made a tour of inspection, in company with a detective, whose name for opening doors was as potent as the magic "Open Sesame" used by the forty thieves. As we visited house after house, at his name doors flew open and disclosed a scene which soon became tedious from its very monotony; namely, a dimly lighted, poorly furnished room, containing from one to half a dozen smokers, rarely more.

These were young people all—sometimes of one sex, sometimes of the other, and often of both. They were either stretched upon the beds smoking or idling about the room; never in a state of stupor or of sleep. Although quiet in action, their minds were active, and they showed the manner of smoking and invited us to try a pipe, and the more intelligent, whom we questioned, talked freely of the habit; how it had been acquired, the effects it produced, and their reasons for not abandoning it. As a rule, it had been acquired through association. Knowing the

evils of the habit, they had not taken it up deliberately, but seeing their associates smoke, and, by trying a pipe now and then, they had unconsciously acquired the habit and then found it impossible to drop it.

The smoker, after going without his pipe for a certain length of time, begins to have a restless feeling; a desire for something which he knows well is opium; his head is confused, he gapes, his eyes run, his voice becomes husky, he cannot think clearly; he feels weak and fagged out. He then, as the expression is, has the "habit" on him. The strange look in the eye and face is sufficiently characteristic to enable one who is observant to recognize this condition. He seeks his room, and after smoking a few "pills," is a new man. His expression changes from an unnatural state of restlessness to one of repose; the mind is again clear, and any work on hand can be attended to without trouble; he can sit up all night and work without being overcome by drowsiness. If, on the other hand, he desires to sleep, it is possible for him to obtain the sought for rest. Accordingly as the habit comes, once, twice, or thrice a day, a man is said to have the single, double or triple habit. "Do you," I asked a smoker, "experience any pleasure from the pipe? Do you sleep after smoking, and do you have pleasant dreams?" He answered: "I've read books on the subject, and never saw one yet that had the thing right. It's all nonsense, this talk about lying stupid after smoking and having fanciful dreams. I'm sure I don't, and I don't know anybody who does. When I began to smoke there was, perhaps, a pleasurable feeling after a few pipes, but in a few months that passed away and I never notice it now. I have the double habit. I smoke in the morning before I go to the store, and again, after dinner, having a desire, I come up to my room, and, with my roommate, smoke until I have had enough. Then, feeling wide awake, I go out for awhile, and later come back to bed."

"If there is no pleasure, why do you continue a habit which must bind you down to certain hours, and which must, necessarily, take up much time," I asked. "I can't give it up," he answered; "it would make me sick if I should stop. Before I knew I had the habit, thinking it would not make any difference, but wishing to see if it would, I went to bed one night without smoking. Before twelve o'clock I woke from a frightful dream and in the greatest agony. I was in such pain from cramps that

I could hardly move. I knew then that I had the habit. With the greatest difficulty I dressed, for my head was aching and I had a fearful nausea. I managed to crawl to the place where I was accustomed to smoke, and was only relieved from my suffering after smoking more than my usual amount of opium. I have never dared to try the experiment again of going without my pipe."

The young man who gave me this account acquired the habit some years previously while located near a Chinese camp, being furthermore deprived of any companionship. He had not apparently suffered physically, for although he had the customary sallow complexion, he was in good health and able to attend to business regularly. He would not allow that there was any mental deterioration or failure of memory, both of which occur with the regular habitue at an earlier or later period. He only complained of the exigences of the habit which compelled him, no matter what he wished to do or where he desired to go, to spend certain given hours twice each day in smoking. The tobacco smoker may feel discomfort if he cannot obtain his accustomed cigar, but that is all. If by chance he should be obliged to forego his smoking for a few days, no serious harm results. Besides, it is a habit in which he can openly indulge. Not so the unfortunate who is addicted to opium, he *must* have his pipe at stated hours or suffer torture. He must slink away and secretly obtain what has become an absolute necessity—an absolute master—a master from whose dictates he dare not vary one iota. Having obeyed he is free for a few hours, only to be again under the same thralldom when the clock strikes the appointed hour and his tyrant beckons him to come.

Very erroneous ideas are held in regard to the effect of opium smoking, and when the young man whom I questioned stated that none of the books had "the thing right" he was very near the truth. I shall not be far wrong if I say that nine-tenths of those present to-night suppose that after smoking the person becomes stupefied and lies in this state for a number of hours; yet such is not the fact.

As from any stimulant or narcotic, varied results are obtained by indulging in a large or small dose.

In the first place, certainly opium is sometimes smoked in large quantities until stupefaction results. This is seldom done except by the lowest class of the opium fiends, for it is not the

effect which the smoker desires. Secondly, in small doses it is employed to stimulate the faculties, to awaken and to sharpen them. In such cases it is used as a luxury without the person becoming necessarily habituated to it. Thirdly, it is taken up as a social recreation; at first the dose is small, but by frequent repetition the habit is acquired gradually and imperceptibly, and with scarcely a conscious sensation of stimulation or of pleasure. The habit once firmly fixed, it is continued solely to avoid the suffering which so surely follows its discontinuance. Fourthly, it is used for its exhilarating and at the same time soothing effect upon the senses. In such cases excess invariably results. When the point of exhilaration and stimulation is attained, the smoker often lies in quietness to enjoy it, but then he does not sleep, nor does he experience the dreams of sleep, but rather the dreams of wakefulness. He is happy and content, and at peace with everyone; raised above his fellows, and feeling himself free from the annoyances of daily life, he builds air castles, thinking neither of the disappointments of the past, nor of the troubles of the present; only on the joyous probabilities of the future.

Like alcohol the effects are very different on people and on nations of diverse temperament.

The effect on the Burmese was peculiarly destructive. This simple and childlike people, totally ignorant of the danger, seized this new toy, and experiencing exhilarating and pleasurable feelings used it to great excess and soon became utterly ruined. The Chinese being a more phlegmatic and a wiser nation while using it for its stimulating effect, still as a rule smoke it in more moderation; at least the better classes do, and bear up more successfully against its deleterious effects.

My friend Dr. Flemming Carrow, who for a number of years practiced in Canton, in an article published in the *Medical Age of Detroit*, writes as follows: "The opium smoking habit prevails very widely, but I do not think it deserves the wholesale condemnation with which we are accustomed to treat it. The habitual eating and drinking of opium and its preparations is a very different thing from smoking it as the Chinese do. A gentleman tired of business or a student weary from prolonged mental effort retires to his opium couch, where, after one or two whiffs at his pipe, he is rested and consoled and ready for his work again. I look upon it when used in this way as a

luxury, which like all luxuries can be abused, but when kept within certain limits is a real blessing in so far as it keeps the people from the worse habit of drinking. Do not understand that I approve of this habit. I am only saying that I see no more harm in using opium as the great majority of the Chinese use it, than in smoking tobacco, for blowing soap bubbles can scarcely be a more ethereal enjoyment than drawing opium smoke in the mouth and blowing it out through the nose."

With all respect for my friend, I feel that he treats the subject rather lightly, but I have quoted him to show that smoking may be indulged in without necessarily becoming a habit. The effect in the lower and more ignorant class is very different. A much revered gentleman of this city who also has spent years in China, tells me that villages which he has known, as happy and prosperous, have been entirely swept out of existence by the introduction of opium.

Williams in his book, "The Middle Kingdom," quotes a Chinese scholar who speaks of the habit as one "which exhausts the animal spirits, impedes the regular performance of business, wastes the flesh and blood, dissipates every kind of property, renders the person ill-formed, promotes obscenity, discloses secrets, violates laws, attacks the vitals and destroys life. It may be compared to raising the wick of a lamp, which while it increases the blaze, hastens the exhaustion of the oil and extinction of the light. From the robust who smoke the flesh is gradually consumed and worn away, and the skin hangs like a bag. Their faces become cadaverous and black, and their bones naked as billets of wood."

Kane says "Viewed from any standpoint the practice is filthy and disgusting; is a reef that is bound to sink morality; is a curse to the parent, the child and the government; is a fertile cause of crime, lying, insanity, debt and suicide; is a poison to hope and ambition; a sunderer of family ties; a breeder of sensuality and vice, and finally impotence; a destroyer of bodily and mental function; and a thing to be viewed with abhorrence by every honest man and virtuous woman."

And yet, although this and more besides, what a strange vice it is! Few who have once tasted its apparent sweets can withstand it. The old smoker and true lover of the habit cannot enjoy himself in a clean room at home. He must go into the depths, and there hide himself away in some narrow, dirty and dark cellar or

attic. To him there is a strange unaccountable fascination about the hard uncushioned bunk; about the lying at ease away from the rest of the world, and cooking the pill; in seeing it sizzle and boil; in rolling it on the surface of the highly prized bowl, and then lazily inhaling and exhaling the fragrant unirritating smoke. There is a fascination about the indolence itself causing an infinite longing which many a victim who has already once escaped from the toils finds it impossible to resist.

THE MORPHINE HABIT.

And yet, this impoverishing, time-destroying, mind-weakening vice which is fatal to all the higher aspirations which are man's birth right, is not to be compared with the disastrous and deadly results of another form of opium taking, one which is wanting in all the features which can render a vice alluring, to which I wish to devote a few words, namely the Morphine Habit. As fiery whisky is to our light Sonoma wines, so is the morphine habit to opium smoking. Exact as is the opium master, he is a mild mannered man indeed compared with the morphine tyrant who rules with absolute sway over those whom he has within his grasp.

Morphine is the important active principle of opium, and to it are due the anæsthetic and sedative, and in a great measure the sleep producing properties of opium. Being always of a certain strength, being compact, it quickly became a favorite with physicians. They prescribed it by the mouth until the year 1855, when Dr. Alex. Wood described a method of introducing morphine under the skin by means of a small syringe carrying a hollow needle.

The syringe is charged, the needle attached, a fold of skin pinched up and the needle by a quick stab is driven through the fold into the tissue beneath, and the fluid solution injected. In a few moments a tingling sensation is felt over the whole body, and in ten minutes a patient who has been for hours in the most acute agony, is in a state of ease and in a short time after sleeping soundly.

The greater the benefit the more terrible the injury when it is abused. This little syringe, productive of so much good and of such infinite harm, unknown in 1855, is to-day in the hands of almost every practitioner of medicine in the world, and also, I am sorry to add, in the possession of many who have no right to use it. Whether it will prove more of a blessing or a curse to mankind is still an unsolved problem.

The other day I took up a practice of medicine written by an eminent professor, and at random read off the treatment recommended in a dozen different diseases. In ten of these morphia given hypodermically was strongly advised.

If morphine is resorted to so constantly by the medical profession for the relief and cure of disease, it necessarily follows that the laity must become more or less familiar with its use. A prescription is given containing morphine; it gives infinite relief; the patient does not think it necessary to consult the physician a second time, but on his own responsibility renews the prescription again and again, unaware of the dangerous pit into which he is falling. Sooner or later he awakens to the realization that his disease is cured, but that he is a slave to morphine without the power of escape.

In another case it is the hypodermic syringe with which the patient provides himself, this is the way that the habit is most frequently contracted. Morphine being a specific for the time being for neuralgic troubles and other disturbances of the nervous system, we are not surprised to learn, that, that bundle of nerves, the American woman, frequently falls a victim to this habit, but we are startled when statistics tell us of the great number of physicians, that class who, above all others, know the dangerous seductiveness of morphine, fall a pray to the habit. Their irregular habits of living, their familiarity with the danger, which breeds contempt; their constant association with a drug whose blessings they are as well acquainted with, as with its dangers, accounts for, without excusing it.

The habit is increasing with great rapidity, but at the true figures it is not possible to arrive for the morphio-maniac tells no one of his habit, and cases come to my knowledge where the husband has used the needle for months and years without a suspicion on the part of the wife, and *vice versa*. This is a curious and prominent feature of the vice, it is guarded as a guilty secret and even at death's door it is still withheld. In this fact lies one of the difficulties of offering a helping hand, for the patient suffers alone ever fearful lest he be discovered. To keep his secret he resorts to falsifying, and to maintain the position he has taken, becomes in time a most adept liar. He constructs a perfect net-work of lies to protect from exposure a habit he loathes and despises.

Unlike the opium smoking it involves all classes of society.

Unlike the opium habit it has its genesis in disease and is seldom taken for any pleasurable effect; long before the habit is formed all pleasurable sensation has gone. At first taken to relieve pain it is continued, because without assistance it cannot be stopped.

On account of the laws, which have increased the difficulty of smoking, the great waste of time that accompanies the indulgence, and the expense entailed, a large number of smokers have within the past few months taken to the syringe and used the hypodermic needle. They will learn to their cost, only too late, what a terrible mistake they have made. They will become frightened at its terrible ravages; they will endeavor to return to the pipe, but to discover that it is useless, being by far the weaker instrument, and consequently incapable of giving the sought-for relief.

All that has been said regarding the evil results of opium is applicable to morphine, except that these results must be multiplied one hundred fold.

This is as true of the treatment as of the disease itself. The treatment for the cure of opium smoking is rapid and effective and although the cure of the chronic morphine injector is more difficult, and is accompanied by more suffering, if the full confidence of the patient be given to the physician, there need be no fear as to the successful result.

And here let me refer to another source of the morphine habit. Many sure cures of opium smoking are advertised, but with hardly an exception they all contain morphine, they are only effective when they do, and he who uses them discovers instead of freedom he has contracted a stronger habit.

The difficulty which occurs in endeavoring to obtain a cure of the morphine habit is that the convenient time never comes to the morphio-maniac, and when without outside aid he tries to break it off, he is horrorstricken at finding on attempting to forego his usual dose he is plunged into suffering a thousand times worse than the original disease, and unless endowed with an unusually strong will power he flies back to the drug as at least a temporary harbor of safety. He then continues to use it until a broken down constitution forces him to give up business and devote himself to breaking the habit; else death closes the scene on a skeleton covered with a skin, in which there is not an inch which has not been punctured, over and over again, by the fatal needle.

TREATMENT OF PULMONARY DISEASES BY GASEOUS ENEMATA.

By WM. WATT KERR, M. A., M. B., C. M.

(Prof. Therapeutics Univ. California.)

Among the many forms of treatment suggested for this disease the most novel is that introduced nearly one year ago by Dr. Bergeon of Lyons. He passes four or five litres of carbonic acid gas through a Wolffe bottle containing sulphuretted hydrogen in solution; the carbonic acid, in this way impregnated with the sulphuretted hydrogen, is injected slowly into the bowels where it is absorbed into the veins of the large intestine and carried with the venous blood to the lungs.

The object of the method is to obtain some medicinal agent that will thoroughly permeate the whole lung structure, and, in this manner, come in direct contact with the tubercular deposits and diseased surfaces of the pulmonary tissues. Claude Bernard showed that gases, which when inhaled are poisonous, can be injected into the bowels, absorbed into the circulation, and expelled from the lungs with perfect impunity; and, acting on this suggestion, Dr. Bergeon after experimenting with several gases and antiseptics, finally selected a mixture of sulphuretted hydrogen and carbonic acid as the agent best adapted to his purposes.

The results of his treatment have, according to most authorities, been highly encouraging; Bergeon claims that under it the cough and expectoration immediately diminish, the temperature falls, night sweats cease, the patient gains in weight, and in many cases may be regarded as completely cured; Cornil, Dujardin-Beaumetz, Bardet and others, while not so enthusiastic as the originator of the method, all testify to the fact that they have seen marked benefit follow the gaseous injections. During the last two months we have been trying the treatment both in hospital and private practice, and, although it is still too soon to draw any conclusions, we can honestly say that so far the results have been sufficiently good to warrant a more prolonged investigation.

One or two patients objected to the treatment, so that it could not be repeated more than once or twice, but in all the other cases some improvement followed within the first week, the sweats were checked, the cough was diminished, especially at

night so that sleep was not so much disturbed, the breathing improved, and consequently the patient was able to climb stairs and take other physical exercise which formerly was quite beyond his strength, in short he could generally say that he felt stronger and better without being able to state exactly wherein the improvement lay. During all these investigations the pulse, temperature and respiration have been taken regularly, and a record of the cases kept, which we hope to report after further trial has entitled us to formulate some definite conclusions.

The way in which the gas produces its therapeutic effects is still a matter of uncertainty, certainly it does not destroy the bacilli, although it may have sufficient power to prevent fermentive processes or render the tissues unfit for pabulum. The popular opinion is that the beneficial effects are due to a local action of one or both gases upon the ulcerated surfaces, yet the fact that in simple asthma and bronchitis, where there is no disintegration of lung tissue, material relief follows the injections indicates a wider influence.

Many are inclined to ascribe the benefits to the carbonic acid, but this is erroneous as has been shown by Dujardin-Beaumetz after repeated experiments, the function of this gas being simply that of a vehicle for the sulphuretted hydrogen and an anæsthetic to the intestinal mucous membrane. There cannot be any doubt that sulphuretted hydrogen is the remedial agent, and probably Dr. Wood of Philadelphia comes very near the truth when he suggests that the benefits are due to a local action of sulphur on the bronchial mucous membrane during elimination of the gas. Many of the more recent text books omit to mention that the lungs take part in the elimination of sulphur from the blood, but the fact was known empirically to the older practitioners very many years ago, so that in Scotland one of the most common household remedies for sub-acute and chronic bronchitis is a mixture of small doses of sulphur, whisky and sugar which is repeated at short intervals. M. Duclos recommended sulphur in doses of about eight grains daily as a cure for asthma, and the eminent Dr. Graves in the treatment of chronic bronchitis found benefit attend and follow the use of sulphur combined with acid tartrate of potash.

It is also interesting in this connection to notice that sulphuretted hydrogen is the principal form in which sulphur is eliminated from the body.

The apparatus used by Bergeon consists of a flask in which carbonic acid is generated and from which it is conducted to a rubber bag; the bag when full is then connected with a two necked Wolffe bottle containing sulphuretted water, and from the second neck of this bottle a tube passes to the rectum. By means of a bulb bellows, such as is present on a Davidson syringe, the carbonic acid is pumped from the bag through the sulphuretted water into the rectum, and this must be done very slowly so that the carbonic acid may take up a sufficient amount of hydrogen in its passage through the bottle. Bergeon claims that the natural sulphuretted waters of Eaux Bonnes are superior to any artificially prepared, and that bisulphide of carbon is the best substitute, but further investigation shows that equally good results may be obtained with artificial solutions. The usual method is to put ten grains of sodium chloride and ten of sodium sulphide with water in the Wolffe bottle, but potassium or calcium sulphide may be substituted for the sodium sulphide, and dilute sulphuric acid for the sodium chloride. Many failures are due to an insufficiency of free sulphuretted hydrogen in the solution, and consequently no pains should be spared in preparing this most essential part of the whole process, indeed it is much better to add fifteen or twenty grains of sulphide to the water in the wash bottle, and in all cases the solution should be made some hours before use, so that a sufficient quantity of sulphuretted hydrogen may be set free to form a saturated solution. The carbonic acid, on the other hand, should be made just as it is used.

It is very evident that with this apparatus there is more or less uncertainty regarding the amount of gas consumed, as the rubber bag affords no method for measuring the quantity of the carbonic acid that passes from it; moreover, there always is more or less difficulty in making the escape regular, and the continuous pumping with the bulb syringe becomes very tiresome to the hand. A few trials with the original apparatus satisfied me of these deficiencies, and I accordingly endeavored to find some substitute for the bag reservoir that was more accurate and more readily managed. At this juncture a patient in the German Hospital, who is now dead, suggested the use of a large graduated bottle as a reservoir, and hydrostatic pressure as the power for injecting the gas; I accordingly constructed the following

apparatus which in principle is the same as that designed by him with the exception of one or two slight modifications.

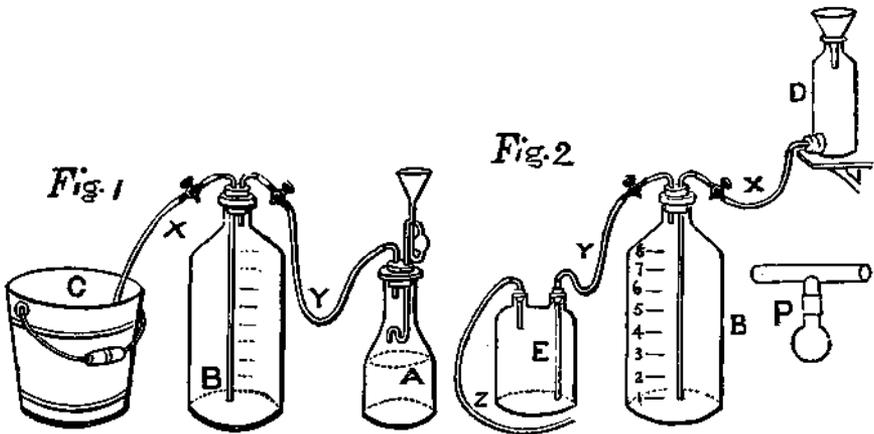


Fig. 1 shows the generation of carbonic acid. A is a bottle containing bicarbonate of soda and water to which dilute sulphuric acid is slowly added through the safety pipette. B is a graduated bottle of eight or ten pints capacity, having two glass tubes, one of which ends just below the rubber stopper and is connected with the generating flask by the rubber tube Y, while the other starts from the bottom of the receiver and passes to the bucket by the rubber tube X. Each of the tubes is armed with a stop-cock, and the bottle B is filled with water to remove all air. The acid is allowed to trickle into A and, after sufficient gas has been generated to expel the air from the flask, the tube Y is connected to the short glass tube in the stopper of A; the gas passes along V to B from which it forces the water through X into C.

When B is full of gas the stop-cocks on X and Y are closed, and the tube detached from A; they are then re-arranged as in Fig. 2, which shows the method of injecting.

D is the water bottle for hydrostatic pressure.

E is Wolffe bottle containing sulphuretted solution.

Tube X from B is connected with bottle D, and tube Y with E. D is then filled with water and the stop-cocks on X and Y opened; the water flows along X and enters B at the bottom forcing the carbonic acid out through the tube Y which discharges it at the bottom of the sulphuretted solution in E. In its passage through E sulphuretted hydrogen is taken up and the mixed gases pass along the tube Z to the rectum. The grad-

ual rise of the water level in B indicates exactly the amount of gas that passes into the patient. The flow of gas can be regulated with the greatest precision by means of the stop-cocks on X and Y. The bottles D and E may be placed on a tube at the same level while B stands on the floor and the attendant has only to keep up the pressure by adding water to D. *

It is evident that even with this arrangement, while it shows the quantity of carbonic acid, there is still some uncertainty regarding the exact amount of sulphuretted hydrogen that is absorbed from the solution by the carbonic acid, and this will always be the case where sulphuretted hydrogen is used, but when bi-sulphide of carbon is substituted, we can measure the quantity of both gases exactly.

In two cases I found that improvement was not so rapid with the sulphuretted solution as might be desired, and consequently substituted bi-sulphide of carbon, as recommended by Bergeon. According to his instructions, the bottle E is filled with pure water and a straight glass tube, containing bi-sulphide of carbon between two pieces of cotton, is introduced between two pieces of the rectal tube Z. The carbonic acid, in its course along the tube, carries the volatile bi-sulphide into the intestines. It will be seen, however, that although a known quantity of bi-sulphide was placed in the tube, it could not be said how much entered the patient, as a considerable quantity saturated the cotton plugs; in addition to this, the carbonic acid encountered the entire amount of the bi-sulphide that was in the tube and carried it into the rectum without sufficient dilution, so that severe pain was at once produced. To obviate this, I introduced the three-way tube into terminal tube, as seen in figure P; twenty or thirty drops are put into the bulb, the horizontal part is connected in the course of the rectal tube Z, and the carbonic acid mixes with the sulphide as it slowly volatilises from the bulb; in this way the exact amount of both gases may be learned by a glance at the carbonic reservoir and the vertical portion of the sulphide tube. If evaporation take place too slowly, the tube may be immersed in hot water.

The results from bi-sulphide of carbon in the two cases referred to were better than from the sulphuretted solution, perhaps on account of its great volatility, but it must be given

*This apparatus was made according to my instructions by John Taylor & Co., 112 to 120 Pine St., San Francisco.

slowly and cautiously, as it is very liable to cause cramping pain in the bowel that lasts for a few seconds. In neither case did I succeed in giving more than twenty or twenty-five minims twice daily without producing an unpleasant looseness of the bowels; but this is a large dose, when we remember that three or four minims is the largest dose given by the mouth. Once I gave forty minims in the morning and thirty in the afternoon without producing any other disturbance than that already mentioned.

Notwithstanding the improved condition of the patients under my charge, I do not expect that the treatment will ever result in the permanent cure of consumption; certainly it will alleviate pain and many distressing symptoms, probably prolonging life but not curing the disease. It is surprising to hear eminent authorities state that "the parasite is killed, without killing the individual," in the face of the fact that Bergeon found an abundance of bacilli in his most improved cases, and also that Koch, in his experiments with germicides, found sulphuretted hydrogen so unsatisfactory in this respect that spores of anthrax, which had been subjected to the action of sulphuretted hydrogen water for five days, afterwards grew in a culture fluid, although their vitality was diminished. It is true that these spores possess greater resistance to germicides than any bacillus, but this is an infinitely stronger solution than we can hope to make with carbonic acid enemata, and conclusively shows that if the bacillus tuberculosis be the cause of phthisis, and the cure of the disease depends upon the death of the germ, we must look to some other source for the remedy.

EXCESSIVE UTERINE HEMORRHAGE.

By G. W. DAVIS, M. D., San Francisco.

(Read before the San Francisco County Medical Society, March 22, 1887.)

Mr. President and Fellow Members:—I believe I will be pardoned for presenting a very greatly revised paper on the interesting theme of uterine hemorrhage. It is of supreme importance that the general or special practitioner should familiarize himself as thoroughly as possible with the very best gynecological, obstetrical, and surgical methods for arresting the flow of that element that performs so important a part in the existence of all individuals, especially of the fairer and nobler portion of

mankind who are so frequently exposed to the dangers to which we earnestly invite your attention.

It appears to me that any occasion is appropriate for reviewing the advances in obstetrics and gynecological medicine; and an interchange of views relative thereto. I feel assured that it can be shown that this Society has so fulfilled its objects and aims, not only in the advancement of original and scientific ideas by its individual members, but also by its critical review of the progress made, and the improvements that have been introduced in the various and special departments of our science.

The title of this paper is not to be taken in a restricted sense, inasmuch as the uterus is anatomically so connected with adjacent organs, that any affections of it cannot be properly considered or intelligently presented without taking into account the pathological causative relation of the vagina, Fallopian tubes, ovaries, and the adjacent tissues.

In presenting for discussion and comment, the several diseases which have hemorrhage for their common symptom, I divide for convenience into two classes, viz.: Puerperal and non-puerperal, and will consider first, those that come under the non-puerperal variety.

Acute pelvic cellulitis does quite often, if not generally, result in a slight hemorrhage because of the hyperemia and the contiguity of the uterus to the seat of the inflammation. The local pain and induration, immobility of the uterus on the side where the cellulitis exists and the marked pyrexia will quite clearly indicate the cause of the hemorrhage. The treatment is instituted with special regard to the local inflammation.

Hemorrhages from constitutional causes are sometimes met with. Diphtheria, rubeola, variola, and scarlatina may each be attended with a large loss of blood from the vagina.

I remember well the case of a young lady, who lived in the vicinity of a former place of professional labor, who was attacked with a profuse hemorrhage from the pelvic region just as she was beginning to convalesce from a severe diphtheritic trouble. With the prompt use of ergot and gallic acid the flowing, after persisting for many hours, was arrested, but the supervention of this unexpected complication protracted her convalescence to a much longer period than it would otherwise have been. Another young lady about thirteen years of age, of this city, was attacked with scarlet fever of moderate intensity shortly

before her fourth menstrual epoch. Her case progressed satisfactorily until about the third day of the disquamative stage when I was called in the evening, after my morning visit, and found her bleeding excessively from the vagina. Her mother informed me that the flow began at about eleven in the morning. When noticed it was slight, and was thought to be the menses, which it doubtless was, but it had assumed and proved to be the most severe case of menorrhagia that had fallen to my care. The administration of gallic acid, ergot and digitalis—the latter given because of the rapid and feeble heart's action—local applications to the hypogastric region and vulva, of cloths wrung out of cold water and vinegar for several hours, seemed to produce no effect in arresting the bleeding. Apprehending serious consequences if the hemorrhage continued longer, I at once concluded to tampon the vagina which I found unusually dilatable, requiring a large number of pieces of lint to fill the vaginal canal. This procedure effectually arrested the bleeding, but I continued the ergot and digitalis in smaller doses. After the expiration of twenty hours I removed the tampon and thoroughly irrigated the vagina with warm carbolized water. For three or four days there was a normal flow and occasionally a discharge of small blood clots.

The patient was not a robust person, hence the disease and the complication rendered her exceedingly feeble, and she did not recover her usual strength for several months. A few weeks ago she was enjoying far better health than at any period of her life, her catamenia being regular and normal.

The etiology of the excessive hemorrhage in each of these cases was evidently due to the depreciation of the general strength from the systemic disease. Menorrhagia, the result of such causes, but rarely occupies more than a subordinate position.

The exanthema and diphtheritic trouble do not afford time for more than a single excessive flow and have been ingeniously termed uterine epistaxis.

Perhaps it is needless for me to say, that in all cases of protracted uterine hemorrhage a thorough physical examination is imperative. Such an examination I deem valuable for its negative as for its positive results. No intelligent physician performs his duty to his patient or justice to himself, who prescribes for any great length of time for a hemorrhage from the vagina without making a careful examination.

Flexions and versions are in a number of instances the primary cause of a profuse hemorrhage, giving the patient much alarm and often much anxiety to the physician. Unless the treatment is directed to the local cause the practitioner will be disappointed in his effort to arrest the bleeding. It is claimed that retro-version and retro- and ante-flexion are the most common displacements which result in excessive hemorrhages. Often after the puerperium, especially after abortion, the weight due to extreme engorgement and resultant subinvolution leads to a displacement of the uterus that produces a hemorrhage persisting for a long time unless relieved by treatment. Bleeding occurring at this time should not be confounded with the returning menstruation. The treatment for hemorrhage due to any kind of displacement must consist in a reposition of the uterus, rest in the recumbent position enforced, frequent vaginal douches of hot water, and the administration of ergot, quinine and the like. Of several cases of uterine hemorrhage that have come under my care, and due chiefly to the cause we are now considering, I shall relate one as the most interesting because of the complications, and the physical enfeeblement that resulted.

About three months ago a Mrs. B—, age 26, came to this city to procure professional aid. Through kind friends I was recommended and sent for. The patient was truly a sufferer, as her facial expression indicated, and her pale and anemic appearance clearly signified that she had been losing a large amount of blood. To give a brief history: She gave birth at full term to a second child five months before. Her pregnancy was attended with comparatively little discomfort. Her labor was tedious but otherwise normal, and she left her bed on the ninth day feeling moderately comfortable. Lochia were still quite free and considerable red discoloration noticeable. A few days after getting up she began to experience a sense of weight and dragging in the pelvic region. This gradually increased with accompanying pain of more or less intensity until about six weeks after her confinement, when she was attacked with a severe hemorrhage which continued to be quite alarming for many hours, when it was largely controlled with remedies given by her physician. She informed me that since this attack there had been altogether not more than three or four days in the three months and a half that she had not been under the necessity of

wearing a napkin. Regularly each month the hemorrhage would increase for several days with an increase of continual pain for the first twenty-four or thirty-six hours of this period. I should have stated that patient before last confinement had generally enjoyed good health. At my first visit and examination I was only permitted on account of the very great tenderness and inflamed condition of all the pelvic organs to partially outline the true condition of her case. I at once instituted a treatment consisting of vaginal injections of hot water to which were added quite generously the tinct. benzoini comp. and tinct. conii, alternating with a mercuric solution, rectal suppositories of belladonna and opium, and pledgets of cotton saturated with carbolyzed glycerine pressed firmly as possible and in the direction of the posterior cul de sac. Ergot, quinine and strychnine were given and a generous but carefully prepared diet. After something more than two weeks of this course of treatment, with some modification, I succeeding in relieving very greatly the severe pain, general tenderness, and almost entirely arresting the hemorrhage. At this stage I was successful in making an examination, and found considerable bilateral laceration of cervix, an extreme retro-version of the uterus, an engorgement and hyperplasia of this organ, and pelvic cellulitis especially on the left side. I continued with slight changes the same treatment for three weeks more. During this time menstruation occurred and the patient was happily surprised that there was but little increase of pain, the flow not copious, and lasting only about four days. I now deemed it safe to attempt reposition of the uterus, which I did by the bi-manual method, it having several advantages over the more common of the sound or repositor, or the knee and chest position.

Fearing the presence of a pessary at this time would do harm, to sustain the uterus as much as possible, I introduced fresh each day a pledget of borated cotton, smeared with vaseline, firmly crowding it behind the cervix into posterior vaginal cul de sac. This safe procedure answered quite well for five or six days, when I adjusted a well fitting pessary. From this time the patient continued to improve in every particular and is now enjoying a visit with friends at San Jose. After a few months, or when the local condition will justify it, she has consented to let me make Emmet's operation. In this case I cannot avoid the conclusion that if the retro-version had not taken place the

hemorrhage would not have been so severe and persistent. It is true there existed engorgement, and a general inflamed condition, and resulted, as it often does, in more or less hemorrhage, but, when displacement occurred, the bleeding became more active and constant.

Allow me to relate another case in which the pathological lesions were almost the same, not so acute as in the case just cited, no displacement and of more than four years duration. A Mrs. W., age 41, about four years ago consulted one of the then experienced gynecologists of this city, who, after a careful examination, conveyed to her the intelligence that she had a malignant growth of the uterus, and that she should at once have an operation made for its removal.

To this she would not consent. She returned home in the full belief that she was afflicted with a loathsome and ultimately fatal disease. She resolved to make the best of her condition, not revealing it to anyone even her husband. The first of January last, I was called to treat her for a systemic affection in which there were present an unusual development of nervous manifestations. I strongly suspected pelvic trouble as the cause for the exaggerated neurotic complication. When questioned if she had, she would reply: "Yes, some pain, not much," or "Have had a little trouble of the womb for sometime." When I asked permission to make an examination, her response was, that "Whilst I have the utmost confidence in you, I do not think it necessary, as you can do me no good." Such answers were the result of a thorough belief that she had a cancer of the uterus. Impressed that the patient was afflicted with considerable pelvic trouble, and my curiosity sympathetically excited because of the peculiarity of her answers, and her refusal to allow me to make an examination, I determined to kindly but persistently insist on a revelation of her local difficulty. She finally yielded and gave me a full history of her case, and permitted examination. After my third careful manual examination, and the peculiar pinkish discharge, from which the patient had suffered for a long time, had been microscopically examined by Dr. D. W. Montgomery and myself, I unhesitatingly told her that she did not have a cancer or any other malignant disease. Dr. Burgess kindly, at my request, examined the patient and promptly agreed with me.

There existed in this case an endometritis, metritis, parame-

tretis, a left ovaritis, and possibly more or less involvement of left Fallopian tube. The uterus was very much enlarged, due to plastic and indurated exudation, especially of the posterior wall. The prominent symptoms were pain throughout the pelvic cavity, being more pronounced in the left iliac region, and often profuse menorrhagia, excepting from five to ten days in each month there was more or less metrorrhagia.

Absolute rest in bed has been enforced, copious vaginal enemas of hot water from five to six times in the twenty-four hours, the application of iodine externally as often as the skin will permit, and to the fundus of the vagina once in three or four days. Internally the use of iodide potassium, bichloride mercury, ergot and strychnia, constituted the principal treatment. After persistingly pursuing such a course of treatment for four weeks the pain has been almost entirely relieved, the tenderness very materially lessened, and for three weeks there has been no discharge of any kind. With this favorable beginning I strongly hope to be finally able to make the patient's existence more comfortable and happy.

Uncomplicated chronic endometritis, or as Olshausen has applied the term, chronic hyperplastic endometritis is frequently a cause of uterine hemorrhage, more especially menorrhagia. Schroeder regards this condition with endocervicitis quite a common cause, particularly where the disease of the endometrium has advanced to the state of villous degeneration. When this stage of the disease is present there is but one reliable remedy. It is the curette. By this instrument the fungous growths can be surely and safely removed, and their return prevented by a thorough application of iodine to the surface from which they spring, and a cure be, in the majority of cases, effected when all other means have failed.

It is the consensus of opinion of many eminent gynecologists that of late years the value of the curette has become more and more recognized, and the use of severe intra-uterine applications greatly diminished. Comty believes, "That there are cases of uterine hemorrhage that can be relieved in no other way." And Sireday says, "That the operation cures in the greatest number of cases." It is a well conceded fact that affections of the uterus are by far the most frequent cause of menorrhagia, and yet in many of these affections in their incipency the practitioner is frequently compelled to consider his

diagnosis provisional, awaiting more information from further progress of the case, for it is clearly maintained that an anatomical or pathological diagnosis cannot always be made even when the disease has existed for some length of time.

The grosser forms of uterine growths, as malignant disease, polypi, fibroid tumors, are generally detected without difficulty. They are a class of lesions that gives rise more frequently to metrorrhagia, only exceptionally it is claimed is the hemorrhage confined to the menstrual period. We are instructed not to look upon every case of menorrhagia or metrorrhagia as the sequence of disease of the pelvic organs, individually or collectively. In my own experience I can safely assert that menorrhagia is often due to malarial intoxication even when the patient does not present the appearance so peculiar to this morbid agent.

Many eminent observers assert that menorrhagia is not infrequently the result of Bright's disease.

Ovarian, organic or functional affections are naturally potent etiological factors in producing each type of uterine hemorrhage.

From my limited experience I have had impressed upon me that especial attention be given to girls whose menstrual existence begins with menorrhagia, lest an unfortunate and deleterious habit becomes fixed. As far as possible the evils of school attendance, sedentary and confining occupations should be remedied, and rest in the recumbent position during menstruation strongly urged.

We will now consider an interesting phase of the dynamic disorders in connection with the menopause. Many of the functional difficulties of this period of woman's life are physiological processes consequent upon the transition from active ovario-uterine existence to sexual infirmities of age. The uterine hemorrhage, however, that occurs during the change of life are most generally to be explained upon a reasonable pathological basis. If true, it should be borne in mind, and careful examination made in each case. I am satisfied from careful observation that considerable lesion of one or more of the pelvic viscera has been permitted to progress from its incipiency to almost serious consequences without the knowledge of the medical attendant, and this is largely true because too many women are taught to believe that they should lose large quantities of blood at the

climacteric period. The patient is often put off in these cases by being informed that she is passing through this period and must anticipate a suspension, of perhaps an excessive flow, only from time. I think it is seldom, that much disturbance occurs in women with healthy pelvic organs, and hence I believe that every patient suffering from an excessive loss of blood at the change of life should receive especial attention, for so doing we may be able to treat the case on its true merits, and very possibly save the woman from many disagreeable and serious complications. During the climacteric, metrorrhagia is a less uncommon event than vicarious hemorrhages, and these are rarely observed in connection with this period. In point of time these uterine hemorrhages or floodings most generally occur after cessation. For a number of years I have used with satisfactory success the iodoform cylinders so highly recommended by Dr. Fordyce Barker. They are made one and one-half inches in length. Introduce one of these into the cavity of the uterus once a week, or once every two weeks as the necessity of the case may demand. These with the application of iodine with glycerine to vaginal walls, and vaginal enemata of hot water, and tonics, generally decided relief, if not a cure, will be effected in two or three months.

We come to the consideration of hemorrhages that take place in the puerperal state. The treatment of hemorrhage in abortion I am aware possesses none of the charms of novelty. The usual demands of practice make it one in which perhaps each individual member of this Society has had more or less and varied experience. I have presumed that the question is never raised for discussion without bringing into strong relief the divergent opinions regarding the best methods of procedure.

With faulty management, death from abortion, according to statistics, is by no means an infrequent occurrence. In addition to fatal cases, the large amount of uterine disease traceable to improper management at the time of abortion contributes still further to the grown responsibilities which rest upon the physician.

(To be continued.)

Proceedings of Societies.

Proceedings of the San Francisco County Medical Society.

SAN FRANCISCO, April 12, 1887.

The meeting was called to order by the President, and the minutes of the former meeting were read and approved.

The Committee on Admissions reported favorably on the credentials of A. L. Sobey, M. R. C. S.; B. A. Plant, M. D.; Henry L. Wagner, M. D., who were elected to membership.

The Committee on the Hygienic Condition of Shop Girls reported progress, and asked for further time which was granted.

Dr. J. G. Jewell, chairman of the committee to prepare resolutions referring to the death of Dr. Hiram S. Baldwin, presented the following report, which was adopted and ordered to be spread on the minutes:

Resolved, That by the death of Dr. Hiram S. Baldwin, so long our colleague and faithful Treasurer, the San Francisco County Medical Society has experienced a severe loss, and that we extend to the family and friends of the deceased our sincere sympathy and regrets.

J. GREY JEWELL, M. D.

HENRY H. HART, M. D.

A. CHASE, M. D.

Dr. Stallard read a paper on tuberculosis in fowls.

Dr. Ferrer said that he had spent some time in the market looking for tuberculous chickens, but had failed to find them; nevertheless, he deemed market inspectors necessary, as it is surprising how much tuberculosis exists among the lower animals that are used as food without producing any well-marked signs. In cows the disease is best seen in the udder, and it is not at all likely that the milk can be affected when the lungs alone are diseased.

Dr. Rosenstirn said that in the *Gaz. Med.* (Paris), vol. xxxii., 1886, a case of direct infection from a fowl is reported, where it is shown that consumption was produced in a woman by eating chickens reared by a phthisical family. The communicability had also been proven artificially by cultures made by Koch and other investigators.

Dr. Abrams remarked that he believed Voltolini's method to

be the only one capable of demonstrating conclusively the tuberculous nature of the nodules in the specimens presented to the Society; this consists in exposing the specimens to sulphuric acid before staining. Since we know, experimentally, that the disease can be carried from men to animals, he did not see why it is not capable of transmission from animals to man.

Dr. D. W. Montgomery had not experienced any difficulty in distinguishing between the bacilli of tuberculosis and leprosy by the ordinary method of staining with fuchsine, since leprosy both takes and parts with the staining more readily than tuberculosis.

Dr. J. A. Anderson did not think that phthisis could be readily spread by eating infected food, as the gastric juice would, in all probability, be fatal to the micro-organism, there was a much greater possibility of its being inspired as dried spores existing in the air.

Dr. G. W. Davis thought that the gastric juice of a healthy person would destroy the bacilli. It was also noticeable that they had been found only in the lungs, liver and intestines, not in the tissues which were the portion of the bird used as food.

Dr. Perry said that we should not forget that thorough cooking would in all probability destroy the bacilli. It was also interesting to remember that ingluvin, which is frequently prescribed in disorders of digestion, is a pepsine prepared by scraping the stomach of a fowl, and therefore there is an undoubted risk of spreading the disease through its use.

Dr. Stallard, in thanking the members for the manner in which they had received his communication, said that he had never found any difficulty in distinguishing between the bacilli of lepra and tuberculosis by the ordinary fuchsine staining. He frequently had been surprised at the different size of bacilli found in cases of phthisis, and found that the smaller variety accompanied the more rapid forms of the disease.

There being no further business, the Society adjourned.

WM. WATT KERR, M. D.,

Recording Secretary.

SAN FRANCISCO, April 26, 1887.

The meeting was called to order by the President, Dr. Jas. Simpson, and the minutes of the former meeting read and approved.

The following applications for membership were read and referred to the Committee on Admissions: B. McMonagle, M. D., Harvard, 1876; R. Nunn, Trinity College, Dublin.

Dr. Gibbons, chairman of the committee for investigating the hygienic condition of women employed in the various large stores throughout the city, advised that the investigations be carried no further, as he had learned that women were in many cases employed instead of men only to give them an opportunity of earning a respectable livelihood, and any such agitation as the present would only result in their dismissal. The report was received and the committee discharged with the thanks of the Society.

Dr. A. J. Miller exhibited a patient with dark tumors distributed over the limbs and trunk, which he believed to be caused by consolidation of blood in varicose veins.

Dr. John F. Morse expressed his belief that the case was one of melano-sarcoma resembling one that he had exhibited to the Society about a year ago. Dr. Rosenstirn and many other members of the Society having indicated their opinion of the sarcomatous nature of the growths, Dr. Miller replied that he had examined some sections of one of the tumors, and could not find any cells of sarcoma, but only the detritus of blood cells.

Dr. Rosenstirn then read a paper on sub-trochanteric osteotomy, and exhibited two cases on which he had operated with excellent results. He also showed to the Society an apparatus for dressing fractures and injuries of the thigh by elevating the patient from the bed while in a horizontal position, without disturbing the relative position of the limbs.

Dr. Gibbons wished to know its advantages over the Crosby fracture bed in which the mattress was let down from the patient, and he was left lying upon broad bands of webbing.

Dr. Rosenstirn said that the chief advantage lay in the fact that it could be used for any number of patients, and be kept perfectly clean and aseptic.

Dr. Morse said that he had not any experience in osteotomy. In two cases of ankylosis he had resected the hip according to Langenbeck's method with such satisfactory results that he would prefer resection to osteotomy to all cases of ankylosis due to disease since, if he had understood Dr. Rosenstirn correctly, the latter operation involved the sacrifice of the femoral artery and vein.

Dr. Rosenstirn explained that it was only in one case, owing to particular conditions, that he had found it necessary to divide the vessels. He did not believe the operation of osteotomy to be so severe as excision.

A vote of thanks was awarded to Dr. Rosenstirn, and the Society adjourned.

WM. WATT KERR, M. D.,
Recording Secretary.

Keith's Ovariectomies.

DR. N. SENN is writing an interesting series of surgical letters to Dr. Christian Fenger from the different medical centers of Europe. They are being published in the *Journal of the American Medical Association*. In the third of this series he speaks of Keith's ovariectomies, "His operations are performed in a small room heated by an open grate fire, and but poorly supplied with light. Only a few students are invited to the operations. The patient is placed upon a board, to which she is fastened with a strap across the hips, and hands tied to it on each side; the board rests with each end upon a table, the operator and assistant standing one on each side between the tables. The room is disinfected before each operation with chlorine gas. The abdomen of the patient and hands of operator and assistant are washed with a strong alkaline solution for the purpose of removing the fatty substances, which, according to Keith, are carriers of the septic germs. After thoroughly washing the parts they are disinfected with a weak solution of corrosive sublimate. Sponges are used over and over, cleansing them after each operation in warm water, and subsequently in an alkaline solution; they are kept for use in a five per cent solution of carbolic acid. During the operation they are kept immersed in a two per cent solution of carbolic acid. The spray he has abandoned, since he has suffered from repeated attacks of hæmaturia, and if anything the results have been better since. Instruments are well cleansed after each operation, and during the operation they are kept in the strong solution of carbolic acid. All adhesions are carefully separated and each bleeding point tied with catgut. Ovarian cysts are tapped with a large straight trocar just as soon as the peritoneal cavity is opened."

State Medical Board of California.

SAN FRANCISCO, May 9th, 1887.

By order of the President, the regular meeting (postponed from Wednesday, May 4th, 1887), of the Board of Examiners was held at No. 652 Mission street at 8:30 o'clock p. m., pursuant to order of President Simpson.

The minutes of the meeting of April 7th, 1887, were read and approved.

On motion a vote of thanks was unanimously adopted thanking President Dr. James Simpson for his faithful, unremitting, and zealous labors as President during his long incumbency, and acknowledging the fact of his uniform promptness in attending all meetings, especially those in which an extra care and responsibility were requisite to effectually enforce the laws governing the practice of medicine in the State.

A vote of thanks was also unanimously tendered to Dr. R. H. Plummer, for his faithful and indefatigable labors as Secretary of the Board, during the past eight years, and expressing the appreciation in which his labors, to elevate the standing, and to enforce the medical law throughout the State, were held by the Board and the profession generally.

The Board then adjourned *sine die*. The following members presented their certificates of election, properly authenticated by W. A. Briggs, M. D., Secretary of the Medical Society of the State of California, and with the proper oath of office attached thereto, all of which are now on file in this office.

Chas. E. Blake, M. D., San Francisco, vice self.

C. H. Steele, M. D., San Francisco, vice self.

Wm. M. Lawlor, M. D., San Francisco, vice self.

T. J. Le Tourneau, M. D., San Francisco, vice W. F. McNutt, M. D.

Jules A. Simon, M. D., San Francisco, vice C. G. Kenyon, M. D.

Albert H. Pratt, M. D., Oakland, Cal., vice Jas. Simpson, M. D.

Chas. E. Farnum, M. D., San Francisco, vice R. H. Plummer, M. D.

On motion of Dr. Steele, seconded by Dr. Lawlor, Dr. Chas. E. Blake was elected President for the ensuing year.

On motion of Dr. Le Tourneau, seconded by Dr. Farnum, Dr. Wm. M. Lawlor was elected Secretary, and on motion Dr. Lawlor was also elected Treasurer for the ensuing year.

On motion of Dr. Steele, seconded by Dr. Le Tourneau, the By-Laws and Rules for the government of the preceding Board were unanimously adopted for the government of the Board, as

above formed, until otherwise ordered or amended by this Board.

On motion of Dr. Le Tourneux, seconded by Dr. Simon, it was voted to hold the subsequent meetings of the Board at the office of Dr. Lawlor, No. 326 Geary street, on the first Wednesday of each month at 8:30 o'clock P. M.

The following persons having complied with all requirements of the law and this Board, were unanimously granted certificates to practice medicine in the State.

ACKERMAN, WM. J., Escendido; Bellevue Hosp. Med. College, N. Y., May 15th, 1882.

BEARDSLEY, MAUD E., San Francisco; Women's Hosp. Med. College, Chicago, Ill., April 5th, 1887.

BORDE, HENRY J., San Jose; Med. Dept. Univ. California, Cal., Nov. 13th, 1883.

CALDWELL, BUCHANNAN, Biggs; Med. Dept. Univ. of Tennessee, Tenn., Feb. 22d, 1887.

CATES, HORACE G., Santa Monica; Minnesota Hosp. College, Minn., March 1st, 1887.

COMPTON, GUY D., San Francisco; Coll. of Phys. and Surg., Md., March 1st, 1881.

CONSON, AUGUSTUS H., San Diego; Bellevue Hosp. Med. Coll., N. Y., June 2d, 1886.

DAY, ISAAC O., Cayucos; Kansas City Med. College, Mo., March 15th, 1887.

GRANT, CHAS. F., San Francisco; Long Island Med. Coll. Hosp., N. Y., June 2d, 1886.

HERRICK, STEPHEN S., San Francisco; Med. Dept. Univ. of Pennsylvania, March 15th, 1878.

KARMON, MATTHEW M., Los Angeles; Bishop's Med. Coll. Montreal, Canada, April; Coll. Phys. and Surg., Quebec, Canada, May 12th, 1879.

MCLENNON, JOHN J., Azuse; Kentucky School of Med., Ky., March 1st, 1870.

LINN, HUGH J., San Francisco; Med. Dept. Univ. of Pennsylvania, Penn., March 15th, 1878.

MILLS, IRA D., Carlham, Los Angeles Co.; Indiana Med. College, Ind., Feb. 28th, 1878.

NESBITT, HOMER K., San Francisco; Western Reserve Med. College, Ohio, Jan. 31st, 1883.

NUNN, RICHARD, San Francisco; Med. Dept. Trinity Coll., Dublin, Ireland, Dec. 31st, 1886.

OSBORN, EDGAR, Santa Clara; Med. Dept. Univ. Pennsylvania, Penn., March 12th, 1877.

SPOOR, WILLIAM L., Colton; Long Island College Hospt., N. Y., June 2d, 1886.

STONE, THOMAS R., San Diego; Med. Dept. Univ. Vermont, Vt., July 9th, 1884.

TOLAND, MARCELLUS R., San Jacinto; Southern Medical College, Ga., March 1st, 1883.

WM. M. LAWLOR, Secretary.

PACIFIC MEDICAL AND SURGICAL JOURNAL

AND

WESTERN LANCET.

EDITORS:

WILLIAM S. WHITWELL, A. M., M. D.

WM. WATT KERR, M. B., C. M.

The Editors are not responsible for the views of contributors.

All communications relating solely to the editorial management of the JOURNAL, should be sent to No. 620 Folsom St., San Francisco.

All business communications should be addressed to L. H. Bonestell, 401 Sansome St., San Francisco.

SAN FRANCISCO, JUNE, 1887.

Editorial.**SURGERY OF YESTERDAY AND TO-DAY.**

Less than twenty years ago it certainly seemed as if surgery had attained the limit of development, at least as far as pertained to operative procedures, and surely few imagined that there would be much change as regards the dressing of wounds. Apparently every part of the body had been operated upon; all the possible changes had been made in the direction of the cuts for amputation and in the shape of the resulting flaps. There seemed to be nothing left to discover, nothing for the coming surgeon but to follow in the footsteps of the masters who had preceded him. But as we look back what immense strides have been taken, and how very far in the rear appears the point occupied by surgical science twenty years ago. The old operations have not been essentially changed, but many others which had not been deemed possible have been rendered so, and an impetus has been given to surgery which is truly astonishing. The undoubted cause has been the introduction of antiseptics by Joseph Lister. For years he worked alone, few giving him even encouragement, others laughing and jeering at his attempts to

keep out, what many are even at the present day irreverently pleased to call, the "bugs."

The success of his treatment of wounds, while it did not convince his immediate confreres, did attract inquiring earnest workers from abroad, and the first to do him honor were the Germans. America was not long in following suit and to-day the principles of Listerism are acknowledged the world over. Listerism has extended to other branches of medicine, and in midwifery especially has reduced the mortality many per cent.

The introduction of antiseptics and the consequent broadening of the field for surgery has been the potent cause of the appearance of so many new editions of standard works, and of the frequent appearance of new works on surgery. Antiseptic surgery has rendered so much possible that was not even dreamed of in the times of almost universal sepsis, that advance is rapid and it is only by constant study that the surgeon can keep himself well informed on surgical topics of the day.

In examining the surgical work of to-day and comparing it with that of yesterday, one cannot help being struck by certain marked differences. The accentuated points in the teaching of yesterday are in many instances swept away and others are introduced. One of the most remarkable points of difference and one which is due entirely to the new principles in the treatment of wounds, is to be noted in a work very lately issued by Messrs. Appleton & Co. of New York. We refer to the text-book on Surgery by Dr. John A. Wyeth. It is this; that no chapter or portion of a chapter is devoted to pyæmia or to septicæmia; and not only this, but no mention is made of either of these diseases in the whole 800 pages. The author rightfully, we think, apparently assumes that for either of these diseases to follow an operation is culpable surgery, and that in good surgery their existence is hardly possible. Twenty years ago who would have believed that these terrible scourges, which so often followed surgical operations could have been so completely avoided.

Antisepsis has caused a radical change in operations, and in

their after treatment. In former times before the introduction of ether, rapid operating was taught; then with the introduction of anesthetics rapidity in operating as an essential passed away and the careful operator came into prominence; with the introduction of antiseptics the mode of operating is a matter of minor importance as compared with surgical cleanliness. Consequently the stress in teaching is laid on the appliances for clean operating and on the after-dressings.

Dr. Wyeth opens his new text-book on Surgery, general, operative and mechanical, with the following paragraphs:

“The materials used in the performance of a surgical operation and in its after treatment form such an important part of the surgeon’s outfit, that I have determined to devote the initial chapter of this book to a description of the methods of preparing and preserving the apparatus needed for dressing wounds in the antiseptic practice of to-day.”

“This practice, which embodies the great principles of *cleanliness* and *carefulness* in surgery, is now so well established among the best surgeons in America and Europe that any argument in its favor, as compared with the methods of one or two decades ago, I consider wholly unnecessary.”

Dr. Stephen Smith, of Bellevue Hospital, who has lately written his “Principles and Practice of Operative Surgery,” to make it conform with the advances due to the application of Listerism, says of antiseptics: “The maxims of aseptic, or in a larger sense, of antiseptic surgery, have been so generally approved and adopted by surgical authorities, that they must be regarded as established principles of practice. They underlie and control the duties of the surgeon throughout the entire management of the case. If, through ignorance or negligence, he fail in any given case, to apply these principles with reasonable care and diligence, he would be justly held responsible for any unfavorable results due to conditions which antiseptic treatment would have prevented.” “Antiseptics, intelligently and faithfully applied, prevents suppuration in wounds, and arrests that process whenever it is in progress. Wounds treated under the new system escape dangerous complications, which were formerly very frequent, as septicæmia and pyæmia. The certainty with which wounds can now be protected from the dangers of

suppuration has greatly enlarged the field of operative surgery."

Further he says: "No surgeon can plead ignorance of the methods of antiseptic practice, as the rules are simple and concise."

If this practice was an established fact among the surgeons of San Francisco, this article might not have been written; but it is not, and the majority either ignore this great discovery, for it is a discovery far transcending all former discoveries in surgery, or else they practice it in such a slipshod way that harm results rather than good. One does not become an adept at this practice the first time, nor the fiftieth, but only by constant and close attention to trivial details, and before anyone denies the efficacy of a practice which to-day the whole world is receiving as truth, he should do more than dabble in corrosive sublimate and carbolic acid solutions. If the practice were recognized and fully carried out, pyæmia and septicæmia might as easily be swept from our hospitals as from the pages of the text-book. We should no longer hear of patients dying at the Receiving Hospital of slight wounds, and not often of severe ones, because of blood-poisoning occurring. A crowded underground cellar, called the Receiving Hospital, is a disgrace to the city, and a most unfavorable place in which to work in a cleanly manner; but even with these disadvantages, much might be done and many lives saved which are otherwise sacrificed, if thorough antisepsis were inaugurated and insisted upon. If the surgeons will not accept a principle which "he who runs may read," let the people be educated, that they may appreciate the difference between the anti and pro Listerite. If a surgeon or physician does believe in this great principle of anti-sepsis and cannot carry it into practice in the wards of the public institutions of which he has charge on account of official opposition, let him freely ventilate the wrong and place the blame where it belongs.

Dr. Wm. T. Lusk reports in the *N. Y. Medical Journal*, a successful case of Cæsarean Section, in which mother and child were saved.

STATE SOCIETY MINUTES.

The synopsis of the minutes of the last meeting of the proceedings of the State Society was taken from the *Sacramento Medical Times*, and our apology is due the editor for this late acknowledgment of the fact. As they appeared in a journal edited by the Assistant Secretary of the Society, we supposed that they were official and in this belief copied them. This will explain to our readers the reason of so many important omissions.

WE ask the forbearance of our readers for the publishing of a popular lecture in this number of the *Journal*. The lecture, however, attracted very general attention both on this coast and in the east, which fact, backed by a number of requests that it should be printed, is our excuse. We trust that all portions will not be entirely uninteresting to the professional reader.

ON the floor of the State Society at its last meeting it was promised that we were to be allowed to make a bid for the publication of the transactions in volume form. The President also made a personal statement that he would see that such an opportunity was given. We now understand that the Committee on Publication has been appointed and has already awarded the contract to Bancroft & Co.

DR. W. J. HOFFMAN, of Bureau of Ethnology of the Smithsonian Institute, Washington, in recognition of merit in science and art and for services rendered in science through his numerous publications, has received from the King of Portugal the appointment of "Chevalier of the Order of St. James." By Spain he has been created "Knight of the Royal Order of Isabella the Catholic.

THE American Surgical Association held their annual meeting on the 11th, 12th and 13th of May.

Health Reports.

San Francisco Health Report.

ABSTRACT.

	1886	Jan.	Feb.	Mar.	Apr.
Total, 1886.....	5237	519	468	479	
Total, 1887.....		522	451	445	
Phthisis.....	730	76	74	86	73
Pneumonia.....	319	39	25	35	31
Bronchitis.....	125	20	12	8	4
Heart Disease.....	249	31	25	34	36
Aneurism.....	15	2	3	4	0
Apoplexy.....	126	19	8	14	9
Typhoid.....	135	13	9	9	6
Paralysis.....	91	8	6	10	9
Cancer.....	168	14	17	16	13
Diphtheria.....	181	40	20	15	26
Croup.....	96	9	10	5	6
Infant Convulsions.....	156	9	11	16	17
Meningitis.....	133	13	7	11	4
Casualties.....	167	12	20	13	11
Suicides.....	79	5	8	3	9
Homicides.....	30	2	1	1	1
Daily mean temperature.....	51°	47°	54.3°	54.5°	
Precipitation of moisture, in inches.....	1.90	9.24	0.84	2.30	

Population according to U. S. census, July 1st, 1880, was 234,520; Caucasian, 212,520; Chinese, 22,000. Estimated population, June 30th, 1884, 270,000.

Report of the State Board of Health.

The mortality for the month of April, as reported from sixty-four cities and towns, with an estimated population of five hundred and eighty thousand three hundred and fifty, was seven hundred and ninety, or at the rate of 1.3 per thousand per month—same percentage as last month, and a continued indication of the absence of epidemic disease.

Consumption was reported as causing one hundred and forty-six deaths, which is a marked decrease from last report.

Pneumonia likewise shows a very much lessened mortality, there being but forty-one deaths recorded from this disease, being nearly one-half less than the preceding month.

Bronchitis caused fourteen deaths, which is also a decrease.

Congestion of the lungs was fatal in eight instances.

Diphtheria, we are sorry to say, is showing an increased death rate, there being thirty-two deaths recorded this month, an in-

crease of eight. Twenty-six of the deaths occurred in San Francisco, one each in Lodi, Los Angeles, Merced, Sacramento, and two in St. Helena.

Croup, which may be practically classed with diphtheria, caused ten deaths.

Whooping-cough is credited with three deaths.

Diarrhœa and dysentery show an increased mortality over preceding month, nine deaths being reported from this cause.

Scarlet fever. The deaths from this disease were limited to seven, a slight increase from former report.

Measles likewise show a slightly increased mortality, the deaths being six.

Smallpox. There were only two deaths from this disease during the month, both occurring in Los Angeles.

Typho-malarial fever caused six deaths.

Typhoid fever. The deaths from this disease are reported as twelve during the month, which is the smallest mortality recorded for many years, and speaks well for the general sanitary condition of the State.

Remittent and intermittent fevers were the cause of three deaths.

Cerebro-spinal fever. Four deaths were reported as caused by this disease.

Cancer is credited with twenty-three deaths.

Erysipelas caused two deaths.

Alcoholism had a mortality of eight.

Heart disease caused fifty-nine deaths, which is a slight increase over last report.

Cholera infantum caused six deaths, which is also an increase of five over last month.

The following towns report no deaths for the month: Arbuckle, Anderson, America, Alturas, Castroville, Downieville, Etna Mills, Galt, Igo, Jolon, San Mateo, Newcastle, Ontario, Redding, Roseville, Shasta, Salinas and Tehama.

PREVAILING DISEASES.

Reports received from eighty-six localities in various parts of the State continue to show a very gratifying condition of the public health, and an absence of epidemic disease. The meteorological reports show an atmospheric condition favorable to those suffering from pulmonary disease, hence the marked de-

crease in the prevalence of pneumonia, bronchitis, and kindred affections. From reports received we learn that—

Pneumonia was noticed in Salinas, Merced, Lockeford, Bakersfield, Willits, San Francisco, Sacramento, Cloverdale, Jolon, Dixon, Biggs, and Wheatland.

Bronchitis was also reported in Vallejo, Fresno, Arbuckle, Davis, Ukiah, Mariposa, Fort Bidwell, Igo, Nicolaus, Oakland, and Sonora.

Influenza also prevailed more or less, but caused no mortality.

Cholera infantum. With the advent of mild weather this disease appeared in Knights Ferry, Castroville, and Fresno, and may be expected to increase in frequency with the advance of warm weather and the deciduous fruits.

Diarrhœa and dysentery have also been noticed for their frequency in several towns and cities; but the mortality recorded from these diseases does not indicate any great severity of type.

Measles is prevailing quite extensively in Eureka, Fresno, Mohave, Los Angeles, Poma, Selma, Davisville, Redding, and Cottonwood. The type is mild and the mortality limited.

Scarlet fever of a mild type is prevalent in Roseville, Fresno, Mariposa, Fort Bidwell, Biggs, Lockeford, Los Angeles, and San Francisco.

Diphtheria is still prevalent in San Francisco, and sporadic cases are noticed in Los Angeles, Lodi, Merced, Sacramento, St. Helena, Livermore, Anderson, and Truckee.

Whooping-cough continues spreading, and prevails in Sacramento, Dixon, Williams, Salinas, Merced, Arbuckle, Lockeford, Davisville, Ukiah, Lodi, and Wheatland.

Erysipelas, in a sporadic form, is noticed in Fresno, Mohave, Bakersfield, Cloverdale, Truckee, Oakland, and San Francisco.

Typhoid fever is not mentioned as prevailing anywhere; the cases are limited in number and the type very mild.

Typho-malarial fever is noticed in Igo, Colfax, College City, Anderson, Cottonwood, Nicolaus, Pomona, South Pasadena, Oakland, and Visalia. The type is mild and the mortality very limited.

Remittent and intermittent fevers are becoming more frequent as the rains cease and the temperature rises.

Smallpox, we are pleased to learn, is now, most probably, effectually repressed in Los Angeles and vicinity, by the united efforts of the medical profession and the immediate and decisive

measures taken by the State Board of Health—by its advice being promptly accepted and acted upon by the Mayor and county authorities, and diligently and successfully carried into operation by the unremitting attention and executive ability of the Health Officer, Dr. M. Hagan, and his assistants. There is no doubt whatever that if vaccination, as advised by this Board, had not been systematically enforced, a severe epidemic of smallpox would have decimated the city. The further precaution taken by the State Board, in having all trains leaving the infected district inspected by competent medical officers, undoubtedly confined the disease within a limited area, and prevented its dissemination throughout the State, thus saving hundreds of lives and thousands if not millions of dollars. No new cases of smallpox have appeared in Los Angeles for three weeks, and those lately affected are convalescent.

In San Diego there were seven cases in the hospital, but they are now convalescent. One case appeared in Cucamonga, but is also convalescent.

There were three cases of smallpox developed in San Francisco, from the steamer City of Sydney, which were promptly quarantined in the Smallpox Hospital, and no extension of the disease is apprehended. These cases comprise all that are known to exist in the State.

Cholera is reported in Panama. It therefore becomes the duty of the State Board of Health to utter a note of warning to all, and impress upon the community that the only real safeguard against cholera is perfect cleanliness of person, habitation and surroundings, pure water and pure air. Any constant exposure of the person to smells, be they pleasant or unpleasant, is deleterious to health, by tending to reduction of the vital powers and thus becoming the precursors of disease. Nature exacts the utmost penalty for infractions of the laws of health, and no amount of ignorance is ever accepted by her as a reason why the infraction of these laws should not be followed by their natural consequences. The history of cholera in Europe has convincingly shown that it is in insanitary places that the disease has invariably prevailed, those places kept scrupulously clean entirely escaping. We must see that our drains, sewers, cess-pools, and outhouses are thoroughly cleansed and purified, as foul air from such sources has been drawn into houses from great distances. Dr. F. De Chaumont relates a case where foul

air from a cesspool was sucked into a house a distance of twenty-seven feet. We cannot, therefore, be too careful to have all such sources of pollution removed and their receptacles disinfected. We trust Health Boards and Health Officers will heed this warning, as danger is imminent and we cannot afford to give such a fatal disease as cholera any advantage. Remember, its prevention is almost assured by perfect sanitation; its advent is solicited by filth, decomposition, and defilement of every description. It is erroneously supposed that cholera cannot exist where the temperature is not over 70° and the nights are cool. This fallacy, if believed, may lead to disastrous consequences, as it is well known that cool, or even cold nights, will not kill the bacilli of cholera. It prevailed in Moscow with a temperature of 4° Fahrenheit, and in Orenberg it was epidemic with a temperature of 22° Fahrenheit. In fact, the history of cholera has proven that climatic influences play but a secondary part in the development of the disease, and that it has prevailed with destructive virulence in many parts of the world where the temperature is many degrees below that found in Southern or Central California. Extreme cold may for a time retard the proliferation of the cholera germ, but does not kill it. If cholera once gains admission into our State, any reliance placed upon such safeguards as *temperate days and cool nights*, instead of temperate living and clean dwellings, will be ruthlessly and rapidly dispelled.

GERRARD G. TYRRELL, M. D.

Permanent Secretary California State Board of Health.

SACRAMENTO, May 10, 1887.

San Francisco Board of Health.

DURING the past month the Governor has appointed Dr. Julius Rosenstirn to fill the vacancy on the San Francisco Board of Health.

At a meeting of the Board, on May 19th, Dr. F. H. Dennis, Police Surgeon, handed in his resignation. It was received and accepted, and will take effect June 1st.

Dr. E. D. Martineau was elected to fill his place, on motion of Dr. Clinton.

Dr. D. H. Harding, Assistant Secretary of the Board, handed in his resignation. This was also accepted. Dr. W. E. Bates was appointed in his place.

Dr. McCarthy, member of the Board, offered a resolution, that the steamship companies should be notified that the crew and Chinese passengers, from Chinese and Japanese ports, must be required to take a bath two or three days before their arrival at this port, and that their clothing or baggage should either be washed or fumigated with sulphur. The vessel on entering this port should be fumigated under the direction of the quarantine officer and the captain, and that the doctor of the vessel should be required to make an affidavit that the regulations had been carried out.

This was passed after substituting for "Chinese" the word "steerage."

At the last meeting of the Board of Examiners of the State of Virginia, of the nineteen applicants for licenses only seven passed. The *Virginia Med. Monthly* says: "The object of this Board is to test candidates for practice in Virginia only upon their merits as brought out by examination. No college professor is in the Board. The Board stands as a higher court than the college faculties; it has to pass on the work done by the colleges."

DR. E. W. CUSHING reported at the last annual meeting of the Gynecological Society of Boston a case of removal of the ovaries from a patient who was suffering from masturbation and melancholia. The woman was 33 years old, and since the age of 15 had suffered from dysmenorrhoea and intense pain in both ovaries. Shortly before operation she had fallen into a state of profound melancholia. One physician who saw her described her as poor, miserable, wretched, and on the verge of suicide. After the operation the change was marvelous. Her reason has returned, and she has become quiet and pleasant; there is also no sexual passion. The case is instructive, and the operation a justifiable one, but not one to be performed in every case of melancholia.

DR. GEORGE M. STERNBERG, Major and Surgeon, has been assigned by the President to the special duty, under the Treasury Department, of investigating the merits of the method practised in Mexico and Brazil for preventing yellow fever by inoculation.

Notices of Books, Pamphlets, etc.

- THE SCIENTIFIC RATIONALE OF ELECTRO-THERAPY.** By C. H. HUGHES, M.D., St. Louis. Reprint from *Alienist and Neurologist*.
- BAKED BEANS; a Serio-humorous Medical Paper.** By EPHRAIM CUTTER, A. M., M. D. Reprint from *Albany Annals*.
- TRACTS ON MASSAGE.** Translated from the German of Reibmayr, with notes, by BENJAMIN LEE, A. M., M. D. Phila., 1887.
- REPORT OF THE COMMITTEE ON DISINFECTANTS.** Presented at the Fourteenth Annual Meeting of the American Public Health Association, held at Toronto, Canada, Oct. 5-8, 1886.
- PRACTICAL EXAMPLES IN PRESCRIPTION WRITING.** By CHARLES H. MAY, M. D.
- ORATION; delivered before the Alumni Association of the Medico-Chirurgical College of Philadelphia, April 7th, 1887.** By DUDLEY S. REYNOLDS, A. M., M. D., Louisville, M. D.
- TRANSPLANTATION OF A RABBIT'S EYE INTO THE HUMAN ORBIT.** By CHAS. H. MAY, M. D.
- THOMSEN'S DISEASE (Myotonia Congenita).** By DR. GEORGE W. JACOBY.
- FEEDING PATIENTS AGAINST THE APPETITE.** By EPHRAIM CUTTER, M. D.
- WILL CONTESTS.** By WALTER E. REX, ESQ. Read before the Medical Jurisprudence Society, Feb. 8th, 1887.
- LIVE BIRTH IN ITS MEDICO-LEGAL RELATIONS.** Annual Address delivered before the Medical Jurisprudence Society of Philadelphia, January, 1887. By JOHN J. REESE, M. D.
- PUBLIC HEALTH—THE LOMB PRIZE ESSAYS.** Award made at the Thirteenth Annual Meeting of the American Public Health Association, Washington, D. C., Dec. 10th, 1885. With Appendix. Second Edition. Concord, N. H., 1886.
- LOMB PRIZE ESSAY.** Healthy Homes and Foods for the Working Classes.
- SECOND SPECIAL REPORT** upon the Improvement in the Scale of Diet in the Imperial Japanese Navy for the 18th year of Meiji.
- ANNUAL REPORT** of the Health Officer of Oakland, California, for 1886. E. W. Buck, M. D.
- A REVIEW OF TWENTY-TWO COTTAGE CASES** occurring in the Woman's Hospital, in the service of Dr. T. G. Thomas. By S. H. BUCHMEISTER, M. D. Reprint from *Am. Jour. of Med. Sciences*.

LOCHMAN'S DOSE AND PRICE LABELS of all the drugs and preparations of the U. S. Pharmacopœia of 1880. Together with many unofficial articles that are frequently called for as medicines used in the arts. For the use of physicians, pharmacists and students. Second edition thoroughly revised and enlarged by C. L. LOCHMAN. Phila.: Dunlap & Clarke. Price in paper \$1.25; flexible cover \$1.50.

EARTH AS A TOPICAL APPLICATION IN SURGERY. Being a full exposition of its use in all the cases requiring topical applications admitted in the men's and women's surgical wards of the Penn. Hospital, during a period of six months in 1869. By ADDINEL HEWSON, M. D. Second edition with four Photo. Relief Illustrations. Phila.: *The Medical Register Co.*, 1887.

MANUAL OF DIFFERENTIAL MEDICAL DIAGNOSIS. By CONDUCT W. CUTLER, M. S., M. D., Physician to New York Dispensary, etc. New York: G. P. Putnam's Sons, 1886. San Francisco: W. S. Duncombe & Co.

We well remember, when a student in the Medical School, buying a book on Differential Diagnosis, and being disappointed when we found that it was not on the plan of the book under consideration. We supposed that we should find the signs and symptoms of one disease carefully compared with all others with which it was likely to be confounded. This is done in this little work of Dr. Cutler, and we think successfully and carefully. As the author says, a careful examination of the patient is the first step to be taken, and some hints as to the best method are given in the introduction.

Under the Differential Diagnosis of the diseases of the Lungs and Pleura, Pneumonia is differentiated from Acute Pleurisy, Pleurisy with effusion, Broncho-pneumonia and Acute Phthisis. These in turn are differentiated from other diseases. The book is an exceedingly useful one, and will surely be popular with students.

A TREATISE ON DISEASES OF THE SKIN, with special reference to their diagnosis and treatment. By MCCALL ANDERSON, M. D., Professor of Clinical Medicine in the University of Glasgow. P. Blakiston, Son & Co., Walnut St., Philadelphia.

McCall Anderson is a name too well known among dermatologists to need comment, and anything written by him on this subject is sure to be read with interest and profit all the world over.

There are, however, some peculiarities in the book in its form, in the classification the author has adopted, and in the nomenclature. There are no articles on the anatomy and physiology of the skin, nor is there a chapter devoted to the consideration of general treatment. We quite agree with the author in think-

ing that the anatomy and physiology of the skin are better studied in the anatomical and physiological treatise of the day; and we think that the general remarks on treatment usually found in medical works are, as a rule, too discursive to be of any practical value whatever.

The classification differs widely from that in use in this country. We are used to Hebra's classification, slightly modified as adopted by the American Dermatological Association, and we still think it superior to all others.

With regard to the nomenclature we differ decidedly in some instances from the author. He states that there are two forms of psoriasis, a syphilitic and a non-syphilitic; also he heads his article on psoriasis, psoriasis and lepra, and states that lepra is a form of psoriasis. We think these terms may give rise, in the minds of many, to a confusion which very evidently does not exist in the mind of the author. We think it is better not to make use of the term psoriasis, or any of its derivatives in describing syphilitic lesions; and as for the term lepra, it is now almost universally adopted to designate a specific disease, differing *in toto* from psoriasis, and which is described in this same work under the heading of leprosy.

An admirable feature of the book is the large number of illustrative cases which the author uses here and there to elucidate his meaning or to impress a fact; and which renders the book more readable and entertaining.

The bibliography is large and well selected, and the illustrations, of which there are a goodly number, are of the very best.

A COMPEND OF ELECTRICITY AND ITS MEDICAL AND SURGICAL USES. By CHAS. F. MASON, M. D., Assistant Surgeon U. S. Army, with an introduction by CHARLES H. MAY, M. D., Instructor in Ophthalmology, New York Polyclinic. Philadelphia: D. Blakiston, Son & Co., 1887. San Francisco: W. S. Duncombe & Co. Price, \$1.00.

This is one of a Series of Medical Briefs which is being issued by Messrs. Blakiston. This one contains a short and comprehensive view of Electricity as a therapeutic measure, and can be read with interest. It will serve as an excellent introduction to some of the larger treatises on the same subject. It contains in all 100 small pages.

TRACTS ON MASSAGE No. III. The uses of Massage in Medical Practice. Translated from the German of REIBMAYER, with notes by BENJAMIN LEE, A. M., M. D., Ph. D. Philadelphia, 1887.

PRACTICAL BACTERIOLOGY. By THOS. E. SATTERTHWAITTE, M. D. Leisure Library Series. Geo. S. Davis, Detroit, Michigan.

This little volume on a very large subject, contains a great deal of information, especially of a practical nature.

A TEXT-BOOK ON SURGERY, GENERAL, OPERATIVE AND MEDICINAL. By JOHN A. WYETH, M. D., Professor of Surgery in the New York Polyclinic, etc. New York, D. Appleton & Co. San Francisco, A. L. Tuckler, special agent for Medical Publications, 3 Sansome st. Sold by subscription. Price, sheep \$8.00, half morocco \$8.50.

Some notice of this excellent work has been taken editorially. The author accepts the antiseptic treatment of wounds as an established practice. The strong features of the work are the chapters on ligature of the arteries and the plastic operations upon the face, both of which are profusely illustrated. In diseases of the bladder there appears an unaccountably hesitancy in giving credit to the author's own countrymen for original and valuable work in this direction. Scant credit is given Bigelow for the advance made by him in the method of crushing stone. Otis, whose evacuator is certainly an excellent one, is not mentioned. The cuts are all of instruments of Sir Henry Thompson, and some of these do not compare in handiness and strength with the American ones. As a whole the book is an addition to medical literature and of great worth to the surgeon.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES.

Again this work is brought to the notice of the profession. It is a yearly report of the progress of the general Sanitary Science throughout the world, and is edited by Dr. Chas. E. Sajous of Philadelphia. Dr. Sajous is lecturer on laryngology and rhinology in Jefferson Medical College and engaged in an active practice. In his work as editor-in-chief he is assisted by sixty-four assistant editors, collaborators and correspondents. There are to be five volumes each year and the first set will first appear in May, 1888. The work is published by F. A. Davis of Philadelphia.

The Medical Register of Philadelphia will be issued daily during the session of the International Congress. It will be of full size and will contain a full report of the General Session and of all the sections. This edition will be furnished anyone who will send fifty cents to the Medical Register Co., 1519 Walnut street, Phila.

Translations.

Treatment of Tuberculosis.

By D. W. MONTGOMERY, M. D.

The following summing up of several different treatments of tuberculosis, by Dr. Calmon, in a recent issue of the *Gazette des Hopitaux*, may be interesting to our readers, on account of the recent impetus given to the medication of this disease by the alleged success of gaseous enemata:

(1.) As for gaseous enemata, their effect is palliative but not curative, and through their use a calm, restful sleep is often obtained.

(2.) Iodoform, given alone or with tar, acts beneficially in some cases of intestinal tuberculosis by coming in direct contact with the diseased surfaces, but may be detrimental on account of destroying the patient's appetite.

(3.) Aniline in solution, in pill form, or in powder, gives inferior results to tar, of which it is a derivative.

(4.) The sulphite of sodium and the sulphurous compounds have a beneficial effect on catarrhs, but they do not act as parasiticides, and they do not diminish the number of bacilli found in the sputa, even when pushed to the extreme of tolerance.

(5.) Dujardin-Beaumetz finds that subcutaneous injections of eucalyptol do not diminish the number of bacilli found in the expectorations, but they do reduce the expectoration, cause dyspnoea and loss of appetite.

(6.) Dr. Calmon claims the happiest results from the use of creosote obtained from the beech tree, and says that not alone is tuberculosis of the lungs cured by this drug, but also those catarrhs and chronic bronchites, which are oftentimes so difficult to diagnose from tuberculosis.

A PRIZE of fifty thousand francs is offered by the French Minister of Education for a discovery rendering electricity economically applicable in the shape of heat, light, chemical action, mechanical power, transmission of messages, or treatment of disease. A committee, with M. Bertrand of the Academy of Sciences, as its chairman, will adjudicate.

Extracts.

Treatment of Pulmonary Diseases by Gaseous Enemata.

By EDWARD T. BRUEN, M. D.

In the Philadelphia Hospital for the past seven weeks, the treatment of various forms of pulmonary disorders by the use of carbonic acid gas impregnated with sulphuretted hydrogen has been practised, according to the plan inaugurated by Dr. Bergeon of Lyons, and described by Bennett. In carrying out the treatment upon a considerable number of cases, much care and attention to detail have been necessary. Dr. McLaughlin, Resident Physician-in-Chief of the hospital, and Dr. Taylor, the Resident Physician in charge of my wards, have devoted a large share of their time to secure the proper administration of the gas, and owing to their valuable assistance it has been possible to give the attention necessary to a careful trial of the treatment.

The twenty-five cases of phthisis chosen on which to make a trial of the gas, included mostly patients suffering from advanced lesions, nearly all associated with cavities, marked bronchial catarrh, and some laryngeal lesions. At this time we are engaged in making a series of critical observations in reference to many essential features bearing upon the permanent value of the treatment, such as the best mode and frequency of the administration of the gas, the quantity and quality to be employed, and the effects upon the sputa, including the bacillus of tuberculosis. Our investigations into these subjects are still in progress; moreover, time is necessary to secure a proper estimate of the permanent beneficial effects of the treatment upon the lesions in the lungs. This report is, therefore, preliminary in character, and designed simply to record the results thus far secured.

The histories of the cases under treatment have shown that the element of suppuration, as it occurs in the pulmonary cavities, and in the bronchial passages, has been positively and promptly antagonized. The temperature has been reduced in a few days, and within two weeks has frequently been brought to a normal point. In grave cases with advanced pulmonary lesions, the temperature has continued to rise a degree or so

above the normal standard, but during the period of treatment in more than twenty cases, the temperature chart has always been positively modified.

Together with the reduction in temperature, has followed the cessation of night-sweats in most instances, and in all, this symptom has been markedly lessened. In cases in which evidences of bronchial catarrh have been present, such as rales, and copious muco-purulent expectoration, the rales have disappeared, or have been decidedly decreased, and in nearly all instances the digestive system has been favorably affected, the tongue has become clean and natural, the appetite has increased, and also the ability to assimilate and appropriate food.

In most cases the gain in weight has been progressive and considerable, and the nervous symptoms incident to phthisis decidedly influenced for the better, and a more cheerful disposition secured. The immediate effect of the introduction of the gas upon the pulse, has been to lessen it by fifteen to twenty beats, and the respiration *temporarily* increased. The pulse-rate has subsequently been proportionate to the general condition of each individual case.

The effect of the treatment upon cases of bronchitis associated with emphysema has also been tried and the bronchitic element conspicuously modified.

A woman *æt.* forty, entered the Philadelphia Hospital February 5th, with entire consolidation of the left lung, of the variety frequently described as catarrhal or broncho-pneumonia. She had taken cold in December, 1886; had previously been a healthy, rather stout woman. The following symptoms, as abstracted from the clinical history, were present: Abundant muco-purulent expectoration, more than a pint in twenty-four hours; profuse sweats; pulse 120, temperature ranging from 100° to 103°; anorexia, with coated tongue, and inability to receive and appropriate food. After treatment with the gas, administered twice daily since February 10th, she now seems to be convalescent. The temperature is normal, pulse 90, appetite excellent, and flesh increasing. The apparent beneficial effects were noticed within the first week, but it was four weeks before the patient was free from fever. The appetite improved within a few days from the first employment of the treatment, and simultaneously, the nervous symptoms, such as hysterical tendencies and excitement, disappeared. In this instance all treat-

ment, except the gas, was suspended. At this date the physical signs of pulmonary lesions seem to be disappearing, and the lung seems to be approaching the normal condition once more.

Four other cases among the group seem deserving of special mention. One of these is a case of basic cavity, involving almost the entire left lower lobe. In this case the effects of the gas treatment upon temperature, sweating, appetite, etc., were conspicuous, and the gain in flesh the first four weeks was two pounds per week, but during the last two weeks there has been a loss of two pounds, although the other symptoms continue to improve.

Another case, also one of basic cavity, with marked pleural thickening, copious muco-purulent expectoration, but without other pulmonary lesions; in a word, a case suitable for treatment by the introduction of a drainage tube. The same good effects were noticed, yet although this case has been under treatment for several weeks, the temperature still remains somewhat above normal, and the secretion of pus in the cavity evidently continues, showing that some additional measures, such as those which may tend to secure perfect drainage, are still required.

Another instance is one of pneumo-thorax localized to the lower zone of the chest by adhesions of the lung. In this case constant cough, entirely preventing rest, night-sweats, elevated temperature, anorexia, and loss of flesh, were all marked. The gas treatment has been employed four weeks. The patient's condition has steadily improved, hectic and night-sweats and cough have ceased, and there has been a total gain of ten pounds. The patient takes daily exercise with freedom, and marked improvement in the pulmonary lesions can be recognized.

Finally, in the most sadly diseased case of the group, a man forty-five years of age, five feet ten inches in height, with cavities in both lungs, profuse bronchial catarrh, and weight reduced to 100 pounds, the progress of the disease has apparently been arrested, although the lesions are too advanced to make it possibly for him *ever* to leave his bed, yet the relief of the distressing symptoms of fever, hectic, cough, and expectoration, have certainly been manifest.

Summary.—1. In nearly all cases lasting effects have been secured in the reduction of temperature, suspension of night-sweats, lessened cough, and expectoration, and in some, all physical signs of bronchial catarrh abolished.

2. Temporarily reduction of pulse-rate fifteen to twenty

beats, and temperature one-half a degree to one degree during the administration of the gas.

3. The amount of gas introduced into the bowel has varied from three quarts to a gallon at each injection. It has been introduced very slowly, from fifteen minutes to half an hour being demanded by the operation. The administration has been practised in most cases twice in the twenty-four hours. No injurious effects from the gas have as yet been observed.

4. Administration of the gas in different amounts and varying degrees of concentration is now being practised, and also investigations into the characteristics of the sputa.

5. In only one of the cases of phthisis the effects of the gas have been entirely negative.

6. In cases of phthisis complicated by intestinal lesions, experience is still insufficient to make it possible to state positive results.

7. The ultimate value of the treatment can certainly only be established by time. The probable mode of action would seem to be antiseptic, and by reducing suppuration the relief of the attending serious symptoms, the patient is permitted to gain by food, exercise, and general treatment. Thus far, the value of the gas seems to be that of a useful therapeutic measure, rather than a curative plan of treatment.

8. The method of preparing the gas for use in the hospital is as follows: The carbonic acid gas is passed through a solution of chloride of sodium and sulphide of sodium in twenty-two ounces of water. The proportion of the salts has been increased in some cases, and some trials of other combinations are being made.—*Medical News.*

Ancient Obstetric Practice in Japan.*

By W. NORTON WHITNEY, M. D.

Glancing over the history of this subject, we find that until within the past two centuries, but little was known of the physiology of gestation or parturition, or of measures to relieve abnormal conditions arising during pregnancy and labor. Indeed, it can hardly be said, that before the introduction of Western science, anything was known of the former of these subjects, whilst the knowledge possessed of the latter was but empiric at the best. We cannot but admire, however, the inge-

* From the Transactions of the Asiatic Society of Japan, vol. xii.

nulty of some of the means employed to assist or correct the efforts of nature, means which have evidently been the result of long experience and study.

Among the earlier references to this subject in Japanese history, is the well known legend of the Empress Jingo, who, after the death of her husband, and in the midst of the preparations for an invasion of Korea in the beginning of the second century (A. D.), found herself with child, to postpone the birth of which, until she should have accomplished her purpose, she is said to have worn a stone beneath her girdle.

The use of the girdle by Japanese women during pregnancy, it is stated, can be traced back to this time, although its employment now has for its object the safe and speedy delivery of the child.

In early times the practice of midwifery was followed almost entirely by females, male physicians being called in only to prescribe medicines.

Later, midwifery became one of the studies of those physicians who believed in the different spirits or *ki*, the derangement of which in the body, was held to be the cause of disease. Parturition, it is stated, was held to be related to the blood, which was one of the sources of disease.

Among those who held these views, were Yoshimasu and Nakajo, from the latter of whom, many of the midwives of recent times claim to have received the traditions of their art.

In the eighteenth century, Kagawa Genyetsu and Kokumei both contributed much toward the advancement of the art. Kagawa, it is stated, was a native of Hikone in the province of Omi, and was born in a family whose pursuit was that of husbandry, and had served under the prince of that province. Secretly studying medicine, he became also skilful in acupuncturc and manipulation, and practised his art at Kyoto. On one occasion, Mr. Kaku relates, a distressing case of protracted labor had occurred in a neighboring house, and Kagawa, after lying awake a whole night trying to devise some means of relief (it was a case in an arm and leg presented), went to the woman in the morning and soon succeeded in delivering the child. The same writer states that Kagawa was a self-educated man, and that his knowledge of midwifery was the result of his own experience. He was the author of a work on midwifery, known as the *San-ron*, and widely read in Japan even to the present day. He was succeeded in his work by his pupil and adopted son, Genteki, who

was the author of an explanatory treatise on the *San-ron*, called *San-ron-yoku*. The descendants of Kagawa Genteki are, according to Dr. Miyake, Kagawa Mitsusada, Kagawa Mitsutaka, and Kagawa Mitsunori, the latter of whom, at the time when Dr. Miyake wrote, had a large practice in Tokyo.

Hiruta Kokumei was a native of Shirakawa, and was, like Kagawa Genyetsu, born in a family whose occupation was agriculture. In theory, he held that normal gestation was but a natural process, and in no wise of a pathological nature, as some supposed.

He divided the principles of the art, according to the writer quoted above, under the following heads: 1. Right restoration; 2. Shortening of the period; 3. Opening out; 4. Safe preservation; 5. To straighten and urge; 6. Safe delivery; 7. Conditions of expulsion; 8. Hemorrhage, etc.; 9. Retardation; 10. To give up (the child and save the mother). He wrote no books, but a pupil named Tomisawa Haruo was the author of a work called *Yo-ka-son-sei*, while still another pupil named Numano Saisho wrote a book known as *Den-shi-san-soku-zen-sho*, both of which works relate to the subject of midwifery. As above stated, the *San-ron*, or Discourse on Midwifery, has been for the last century the standard authority of Japanese obstetricians of the Chinese school; and has been thought of sufficient merit to be worthy of translation into German, a task performed a few years since by Dr. B. Miyake, then "Interpreter to the Imperial Medical and Surgical Academy at Yedo," the interesting results of whose labor, together with remarks by Dr. Muller, appeared in the Translations of the German Asiatic Society (parts v. and x., 1874).

To do justice to this interesting work, more space would be required than can here be given it, but a few quotations from the translation above referred to will perhaps suffice to give some idea of its contents.

As to the divisions of the work, it is stated that it is divided into four parts, namely:

- " 1. Development of the embryo; period of gestation.
- " 2. Choice of place where delivery may take place; and position of woman during labor.
- " 3. Treatment after delivery.
- " 4. On the use of the chair and abdominal bandage.

" The divisions of the *San-ron-yoku*, or Explanations of the *San-ron*, are as follows:

“ Diagnosis of pregnancy; Examination of the womb; Diagnosis of the position of the foetus; Altering position of foetus when in the wrong place; Diagnosis of twin pregnancy; Massage of the abdomen; Evacuation of the ‘waters;’ Position of the woman upon the mats; Changing the bed; Cutting the cord; The first bath after confinement; The treatment of the new-born child; Treatment of prolapse of intestine, uterus and rectum, hemorrhage, vertigo, and convulsions.”

Under the first head it is stated, among other things, that in pregnancy the pulsation felt in the tips of the four fingers (determined by placing the fingers of the patient against those of the physician tip to tip), and those of the arteriæ cruralis, are stronger than those of the radial artery.

All tumors not corresponding in position and size to the gravid uterus, were thought to be collections of air, excrements, or blood.

It is also mentioned that in case of abortion during the first three months of gestation, the embryo is round, and if cut in two shews five colors, thus conclusively proving that the human body is the true essence of the five elements, water, fire, metal, wood and earth. Kagawa also believed that the sex of the child might be known by the position of the foetus, male, if on the left side, and female, if on the right; the head, he held, was always in the middle and downwards.

In the treatment of the different abnormal conditions consequent upon child-bearing, a number of decoctions, mixtures, etc., are advocated. These contain, for the most part, remedies already mentioned; one, however, is given here as a specimen. It is known as *Riu-to-in*, and employed in case of vomiting of blood, bleeding of the nose and sudden pain in the chest:—*Levistici senkin*, *Ptarmicæ*, *Andrographidis*, one drachm each; *Rhei*, one-half drachm. To be made into an infusion with 6 ounces of hot water, and the whole taken at one time.

The second division of the *San-ron* in reality treats of the whole subject of parturition, and the descriptions therein given, although lacking anatomical accuracy, are evidently those of one acquainted with the subject.

In the third part the following prescription is given as a lactagogue, and is known as *Niu-sei-to*:—*Atractylodes albæ*, *Pæoniæ albifloræ*, *Levistici officinalis*, *Levistici senkin*, *Pachymæ cocos*, *Cinnamomi*, *Euonymi japonici*, *Olibani* one drachm each, *Glycyrrhizæ gr.* vi.

The fourth part, it is stated, is intended to warn against the use of a kind of a chair popular at that time, and also against the use of the girdle before mentioned. The author likening the use of the latter to the placing a heavy stone upon some young plant, and thus arresting its development. He also discourages the undue use of massage—remarking that were we to continually manipulate the roots of any plant, no matter how enduring, growth would be retarded and the plant might eventually die.

If we take the work as a whole, its descriptions, viewed from the limited knowledge of the day, are surprisingly accurate, and show clearly the genius of its author. A rather curious instrument called the whalebone sling, was the invention of Kagawa, Mitsusada, the grandson of Kagawa Genyetsu. By means of this instrument a cord could be passed over any portion of the foetus, and in some instances, an easy delivery effected. As the results were not infrequently disastrous both to the child and its mother, and, as such instruments were not allowed to be used at all at the court, the son of Mitsusada, Kagawa Mitsutaka, invented a kind of cloth forceps, which consisted of a wide band of strong linen or silk, attached to two long slender rods, and rolled upon them (as ancient scrolls were rolled). These were introduced within the uterus and unrolled about the head of the foetus; after which the sticks were withdrawn, and a flat vectus-like stick of whalebone, having a small hole for the passage of the ends of the cloth, was passed over them, and into the vagina. The cloth then enveloping the head and passing out through the hole in the vectus afforded a strong hold, and made altogether a powerful instrument. Illustrations of these instruments appear in the Transactions of the German Asiatic Society, above referred to. A description of one of them—the whalebone sling—is also to be found in the Transactions of the College of Physicians of Philadelphia, for the year 1877 or 1878, in an interesting paper on Japanese obstetric practice, by Dr. J. C. Berry of Okayama, presented by Dr. W. W. Keen of Philadelphia.

Dr. Erwin Baelz has also, the writer believes, made some contributions to this subject, although reference to them is not at hand. His measurements of the female pelvis, as well as the notes of Dr. Doenitz on the same subject (German Asiatic Society, Trans, 1873) are of interest. There is also an article by Dr. Hoffman in the Transactions above mentioned, upon means employed by the Japanese to produce abortion, in which it is

stated that the flexible roots of the *Achyrranthes aspera*, Thunb., pointed and smeared with musk, are often employed; also bamboo sticks likewise prepared. To the list of the substances mentioned in the paper above, Dr. Geerts has added the following (Trans. 1874, pt. v): *Achyrranthes bidentata* (flower) var. *Japonica*, Mig. stalks of *Nandina domestica* Thunb., with musk pills internally. At Nagasaki the stalks of *Ligularia Kaempferi*, Seib. et Lucc. are used.—*Sei-i-kwai Med. Journal*.

Administration of Gaseous Enemata.*

By J. SOLIS-COHEN, M. D., of Philadelphia.

I desired to exhibit Morel's apparatus for administering gaseous rectal injections, according to the method of Prof. Bergeon, in diseases of the respiratory passages, and in blood-poisoning; but as it has not been forwarded from the Custom House, I exhibit a substitute made in imitation. The object in view is to supply to the venous circulation an antiseptic, such as sulphuretted hydrogen, in sufficient doses to be effective; a result impossible when supplied directly to the arterial current, a plan which would poison the patient. Sulphuretted hydrogen inhaled in far less doses than sufficient doses would suffocate the patient; taken by the stomach it would produce other serious results. Administered by the bowels, however, and entering the venous current already deteriorated by organic refuse, it is quickly eliminated by the respiratory tract, which thus becomes subjected to its beneficial local antiseptic effects without subjecting the system at large to injury, as when thrown into the arterial current. In other words, the parasite is killed, without killing the individual.

Its beneficial effects in phthisis are explained by the action of the gas on the suppurative and septic surfaces, and not by any influence on the bacillus tuberculosis; the consumption proper, the exhaustion, being due to the suppuration and to the consequent septicaemia and not immediately to the bacillus, which, while it produces the destruction of tissue, does not produce the morbid phenomena. The method of administration utilizes the discovery announced by Bernard in 1857, that toxic materials introduced into the economy through an organ at a distance from the arterial system could not penetrate into the arterial system because it is eliminated before that system can be reached. Volatile substances are eliminated by the pulmonary alveoli.

The antiseptic substance employed is preferably sulphuretted hydrogen. This is propelled by means of a current of carbonic acid. It is important that the carbonic acid be freshly made,

*Read before the Philadelphia County Medical Society, March 9, 1887.

and that the injection be made without any admixture of atmospheric air, the presence of which will cause griping.

The carbonic acid gas as evolved from the action of the dilute sulphuric acid upon sodium carbonate is collected in a rubber bag previously emptied of air by rolling it. This bag is then connected with hand-ball compressor, by means of which the gas is propelled through natural sulphurous water in a sort of Wolfe bottle driving off the sulphurous gas with it through the tube, the terminal extremity of which has been passed into the rectum. Within less than a minute the escape of the gas by the lungs can be detected in the breath.

The beneficial results obtained in pulmonary phthisis by Dr. Bergeon, and reported last July to the Académie des Sciences, have been confirmed by Prof. Cornil, in a communication last October to the Académie de Médecine, by numbers of French physicians, and by Dr. Hughes Bennett, of Mentoue. Bergeon stated that the patients he considered practically cured, had no more expectoration, and only dry auscultatory signs of cicatrizing cavities, or other cicatricial results of old lesions. Some of them had become able to resume tolerably laborious employment, with full maintenance of the amelioration they had acquired.

In most patients, it is said, there is a marked diminution of cough, expectoration, and night sweats within two or three days. Nevertheless, the trifling expectorations of those apparently practically cured, continued to contain bacilli. This fact may be taken both for an indication that the immediate danger in phthisis is less from the bacilli than from septicæmia, which they set up, and as an indication that this protective treatment, when successful, should not be discontinued until the general healthiness of the tissues is sufficiently restored to resist the further development and sustenance of the bacillus tuberculosis.

DISCUSSION.

Dr. William Olsen said: Recently, at the University Hospital, a patient very nearly expired after an injection of carbon dioxide, and sulphuretted hydrogen, if given in sufficient quantities, is capable of producing poisonous effects even when taken by the rectum. I mention this accident, lest similar mistakes may arise. Evidently the amount of sulphuretted hydrogen which is given must be small. At the Biological Society, at Paris, some experiments were related, which showed that even a few cubic centimetres are sufficient to poison a good-sized dog. In the experiences which are related in French journals, the odor of sulphuretted hydrogen is readily observed in the breath, but I have not noticed this in any of the Blockley patients. This is an exceedingly interesting, not to say comical, method of treating phthisis, but it is too early to say what the results are likely to be. Certainly, however, in Dr. Bruen's hands, at the Philadelphia Hospital, they have been extremely good.—*Maryland Medical Journal*.

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Original Articles.

A NEW METHOD OF REMOVING AURAL POLYPI.

By A. P. WHITTELL, M. D.

Owing to the difficulty frequently met with in placing a snare over the polypus, whether owing to its shape or position, the restlessness of a child or the timidity of a patient, I have been induced to seek for a remedy which would be subject to none of these objections, something in the nature of an application to the tumor with a view to its destruction. After trying saturated solutions of nitrate of silver, chloride of zinc, chromic, tannic and gallic acids, the perchloride and subsulphate of iron, without obtaining the desired result, I made the experiment of applying arsenious acid, in the expectation that the remedy would by repeated applications, by its corrosive action, destroy, at each time, a part, and eventually remove the entire tumor. Such, however, was not the case, the very small quantity of arsenious acid used seemed to produce no local destruction of tissue, for in the first case in which the remedy was tried, after the fourth application, while syringing the ear, preparatory to making another application, to my surprise, the tumor, which was an unusually large one, was washed out of the ear entire, leaving as a sign of its former presence but a small red spot, at the point of its attachment, from which there was no bleeding, soon healed, and which showed no tendency whatever to a recurrence of the growth.

So favorable a result as that just described, led me to treat four more cases of aural polypus (all in the external meatus) in

a similar manner, and I am happy to state that in each the result justified the expectation formed from my first success.

In the second case the polypus was very small, and disappeared after the third application.

In the third case, which was that of a child, who as peremptorily refused instrumental interference as had the first case (a lady of mature years), four applications were made, when the tumor was syringed out of the ear as in the first case described.

In the fourth case the polypus came away entire after the second application. In the fifth case three applications sufficed.

The uniform success in the first five cases here described is my apology for now bringing this procedure to the attention of this Society, and before making a more extended trial of it. In my hands, at least, it will, in the future, take the place of the somewhat painful and often tedious operation of removal by the snare or knife.

The preparation I use consists of finely pulverized arsenious acid, rubbed to a thick paste with creosote. I attribute the efficacy of the remedy solely to the arsenious acid, although it is not improbable that the creosote may play a not unimportant part.

The application to the tumor is absolutely painless. The amount used is infinitesimal, probably not exceeding the one-hundredth of a grain each time.

I apply every second day, using a small silver probe, the end of which is moistened with the paste, a portion of which adheres to the tumor when touched with it. I make no attempt at spreading the paste over the surface of the tumor, a single point of contact being seemingly sufficient.

After making the application, I insufflate powdered boric acid to the depth of about an eighth of an inch, which acts as an absorbent of any secretion which might dislodge and convey arsenious paste to another part.

The action of the remedy seems to be to destroy the vitality of the tumor, without, as might be expected, eroding its surface or changing its form.

After the first application, a polypus loses its bright red color, and assumes a pale, grayish appearance, which it retains until it becomes detached.

In nasal polypus, I have had but one opportunity of testing its merits. By reason of the size of the tumors, and their mo-

bility, I consider it best to remove the greater portion first by instrumental means, after which the pedicles or small remaining parts may be touched with the paste, which I believe will prevent a recurrence of the tumors. The case referred to was one of polypus of both nares. In removing them with a Jarvis snare, that on the left side came away entire, close to its attachment, and to this no application was made.

On the right side, the tumor was cut off about a fourth of an inch from its pedicle; this I touched with the arsenious paste several times, which caused it to come away. From this (the right) side there has been no return of the growth, although there was actually a piece of the tumor left by the snare, whereas from the left side a recurrence took place which has necessitated a subsequent operation.

I would caution against applying the paste to a polypus projecting slightly, or only visibly, through a small perforation in the membrane of the tympanum, from the middle ear. The application will soon cause its detachment, and if the perforation in the membrane is too small to admit of its ready exit into the external meatus, it will fall into and lodge in the inferior portion of the tympanum, where its presence might produce serious consequences, the only remedy for which would necessarily be to enlarge the perforation sufficient to admit of the passage of the detached tumor.

The supposition is justifiable, from the results obtained in aural polypus, that the application may prove equally efficacious, and afford an easy and safe method for the removal of polypoid growths occurring in other parts, or, at least, prevent their recurrence after extirpation by other means.

EXCESSIVE UTERINE HEMORRHAGE.

By G. W. DAVIS, M. D., San Francisco.

(Read before the San Francisco County Medical Society, March 22, 1887.)

(Continued from June Number.)

It would not become me to recite the causes of abortion, or expulsion of the contents of uterus at any time before full term, as they are well known by all observant physicians. I would, however, say that the etiology of non-criminal abortion is indispensable to the practitioner, as it is this alone which will enable him to prevent its occurrence and recurrence, thus avoiding

immediate danger and saving the wife from a series of pelvic affections that are quite sure to follow if not prevented. Under some unfortunate circumstances nature seems to deride all the attempts of art to prevent the first abortion or a recurrence. Still we must not despair, for experience fully proves that, notwithstanding numerous former abortions or premature deliveries, a subsequent pregnancy has succeeded in reaching full term. Dr. Young relates the history of a lady who, after having a large number of successive abortions, became pregnant and was happily delivered of a living child at term. That an inaugurated abortion, at least to all appearance, can be prevented, I cannot refrain from citing the following instances in illustration:

I. A woman, at three months and a half, was attacked with pains in abdomen and loins—after a difficulty with her husband—on the succeeding day the pains increased and a considerable bloody fluid escaped from the genital organs. I was then sent for. Found uterine contraction was quite distinct, the pains rather severe, and repeated every ten or twelve minutes, blood was discharging from the vulva. Examination revealed the cervix-uteri sufficiently dilated to permit the finger to pass as far up as the membranes. I administered opium every two hours till the pain was absolutely relieved, which required but three or four doses. In a few days everything resumed its natural order, and gestation went on till full term.

II. A Mrs. L., age 27, of medium robustness, visited alternately by Dr. Burgess and myself, was, in fourth month of her fourth pregnancy, suddenly attacked with slight abdominal pains followed by a profuse hemorrhage. Perfect quiet in bed, opium and acidulated drinks gradually arrested the flowing, which did not entirely cease for three days. From this time at irregular intervals these attacks occurred. The third was quite alarming, but with prompt methods the hemorrhage was promptly arrested.

Notwithstanding a number of attacks of more or less severity, in each of which it was thought she would miscarry, the patient went to full term and was delivered of a healthy infant. The etiology of the attacks was not definitely determined, but we presumed they were due to rupture of varicosed vessels of cervix-uteri. This condition of vessels was unusually conspicuous as felt through the fundus vagina upon external surface of uterus as well as cervix. The placenta was not previa, and such a case I fortunately have not had in my obstetrical practice.

In the prevention of a threatened abortion the treatment that was given in the cases cited is the plan I pursue. *Viburnum prunifolium* has been lauded by a few eminent obstreticians, but my experience with it has not been such as to claim it a place in my annamentarium.

When abortion, or premature labor, is fully inaugurated or inevitable, anodynes should be, if at all, sparingly used. Uterine contraction in this stage is desirable, and ought to be encouraged. Ergot, as a rule, is not admissible before, at least, the third month, as its use may lead to rupture of membranes or incarceration of some or both. Our chief resort, when there is hemorrhage, is the tampon. Indeed, the first essential local measure, with undilated or undilatable cervix, in any one, except the first and last months of pregnancy, is a good tampon; and this should be carefully packed around the cervix uteri and fill out the more dilatable upper portion of the vagina. Before introduction of tampon the vagina should be thoroughly washed out. No tampon in these cases ought to be allowed to remain in longer than twelve or fourteen hours. If, after its removal, the cervix is found not to be dilatable, the tampon may be reintroduced and left *in situ* for another period. After thirty-six or forty hours this procedure has never failed in my hands to make manual delivery safe and certain. The good result of this topical measure is well illustrated in the following case, occurring in the vicinity of a former location, and the most alarming case of the kind I have ever had:

Mrs. W., age 26, had borne three children. Was attacked with a uterine flow of blood, which gradually increased for several days, when an irregular physician was called, who thought it to be a miscarriage, and that the entire contents of the womb had been expelled. The hemorrhage continued in increased quantity for twelve hours longer, when he was again called. He did not succeed in controlling the flowing. I was summoned in haste on the fourth day. Found the patient almost moribund. Heart sounds very feeble and the pulse at the wrist barely perceptible. The patient restless and hemorrhage quite free; no uterine contractions and cervix undilatable. At once I administered 25 m. of Squibb's ergot hypodermically, brandy judiciously, quinia, and thoroughly tamponed the vagina. In a reasonable length of time the patient began to rally, when in four or five hours she was feeling as comfortable as it was possible.

I continued supporting measures with an occasional dose of ergot. At the end of twelve hours after the introduction of the tampon I removed it and found cervix sufficiently dilated to enable me to introduce two fingers, and with the assistance of moderately strong pains, that set in two or three hours before, succeeded in removing in fragments a partly adherent placenta. The patient finally made a good recovery, but was several months in so doing.

The tampon restrains the hemorrhage, stimulates the uterus to contraction, and allows time for the employment of remedies to rally a patient exhausted or almost exsanguinated. The material of which a tampon is constructed is a matter of small importance, provided it fills the vagina to its utmost capacity. The sponge is too porous to be of service. Whenever the physician proposes to leave his patient for a few hours a hasty tamponing of the vagina will not suffice. Then and under all circumstances the highest degree of safety can only be secured by thoroughly performing the work. In cases of neglected abortion, of which I have seen but two, in one of these there was considerable decomposition of ovum and membranes, the cervix is generally found closed with but little if any discharge.

The tampon is too slow in such conditions, and for preliminary dilatation the sponge or sea tangle tent is the usual method of procedure. When there is danger of dilating the os and manipulating the uterine cavity, as in a case where there exists considerable peri and parametritis the curette is the safest and most efficient measure. In every case after an operation the uterine cavity should be carefully washed out with carbolized water or mercuric solution. I have thought that the next case of neglected abortion that falls into my hands, attended with no inflammation of pelvic organs or tissue, and other things being favorable, I would etherize the patient and rapidly dilate the cervix with Goodell's dilator. I cannot now see what damage could result, would save time, and thus danger, that does more or less attend the employment of tents.

Lastly and briefly, we will consider what oftentimes is one of the most fearful and appalling accidents that can befall a woman.

It comes frequently when it is not expected and with disastrous consequences. I need not tell you that I allude to hemorrhage after the delivery of the placenta. The symptoms of uterine atony are generally sufficiently obvious to be recognized

at once. The patient after delivery, is ordinarily quiet, happy, and disposed to sleep; but, if disposed to flooding, she is restless and gives evidence of prostration, which is, many times, indicative of internal hemorrhage. The pulse is a valuable index and I do not leave a patient with a quick, sharp pulse immediately after labor, until it becomes soft and normal in frequency. My experience, which mostly occurred in the earlier years of my professional life, has not been large in the treatment of post partum hemorrhage. Among the number, however, I have had a few most frightful and alarming cases, and thanks to kind fortune, I succeeded in all of them of controlling the hemorrhage and saving the life of my patients. The treatment to be effective must be prompt and persevered in, and have as the object a permanent and complete contraction of the uterus. When a woman of a delicate organization with a depressing and tedious labor, with complete delivery of the placenta, has sudden hemorrhage it is because the overtaxed uterus is unable to perform its duty, and prompt assistance is absolutely required. The following case is an illustration: Mrs. G., age 29, married five years, had not been pregnant before, which was due to a retroflexion successfully treated by Dr. Engelman of St. Louis. She had been for several years in delicate health. Her recent removal to California had proved quite beneficial. The first stage of labor lasted about thirty hours. The pains of the second stage were at no time very strong, but sufficiently to advance head well into inferior strait. After three hours of such pains I observed they were becoming more and more feeble, and, patient giving evidence of exhaustion, I applied the forceps and in a short time delivered with safety to mother and child. Anticipating hemorrhage I at once gave ergot, kneaded carefully the uterus till feeling it contracting quite firmly under my hand, and keeping it so for more than a half hour. By the nurse my attention was called to the babe. While away but a few moments my patient suddenly became faint from hemorrhage. Put my hand over the uterus and found it flacid and distended. I immediately introduced my right hand into the uterine cavity, and discovered this organ full and rapidly expanding with blood. Removing the enormous accumulation in so short a time, the presence of my hand, and vigorous kneading and massage of the uterus with my left hand, repeatedly dipped into cold water, contractions soon began and in-

creased till my hand was gradually and gently expelled. I then gave a dose of ergot hypodermically. I remained with patient two hours when I left her quite comfortable; she made a slow but fair recovery. This was a case of internal hemorrhage which is, as a general rule, more dangerous than an external one, for the reason it is more apt to escape detection; often it is not detected until the woman's life is seriously endangered.

Hemorrhage is certainly one of the most dangerous accidents that can occur to puerperal women, whether before, during or after parturition, and, therefore, it behooves us to carefully watch, and do all in our power to prevent such a serious disaster. In connection with the agencies for relief, mentioned in the case cited, I lower the head, elevate the hips, and use externally cold water freely. In one case the uterine contraction was delayed longer than I thought safe for the patient, I poured cold water from a considerable height upon the exposed hypogastrium. Its effects was immediate and certain. In no case of post partum hemorrhage have I been under the necessity of introducing into the uterine cavity measures that have been, and are, so warmly advocated,—such as vinegar, pieces of ice, or the persulphate of iron. The use of such remedies, except perhaps vinegar, I would apply only as a *dernier resort*. I apprehend that the others, especially the ice, would result in damage if persisted in too long. Two or three hours after birth of child the mother is disposed to feel quite exhausted and restless, and uterus contracting firmly, a full dose of opium will often have a happy effect.

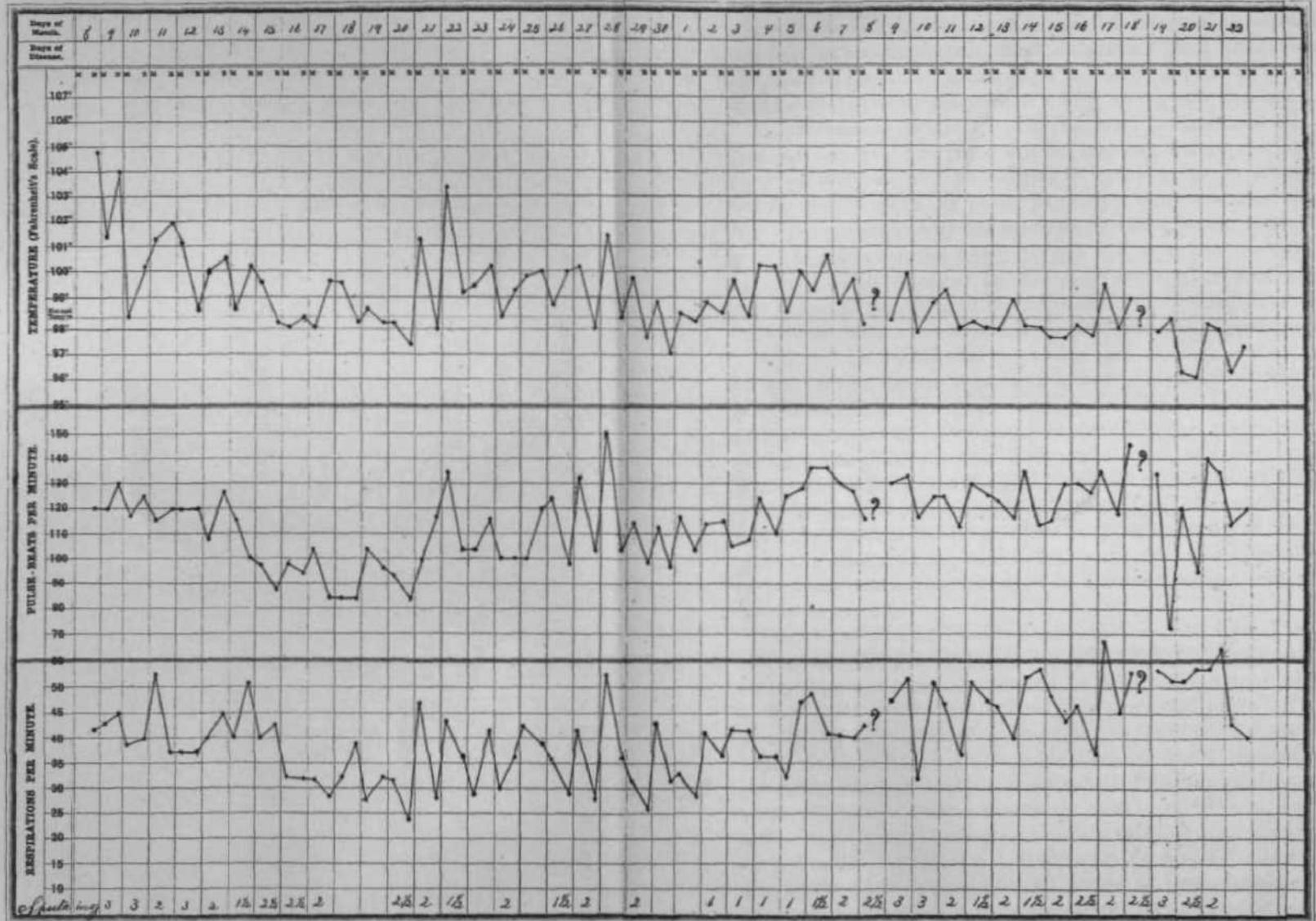
Why I have not had but one case, in the past several years, of unusual post partum hemorrhage, I think is largely due to the vigilance and care exercised. In all cases, as soon as the birth of child occurs and its condition permits, I place my hand over the uterus and begin gentle but firm friction and kneading. If the case has been a hard and exhaustive one I immediately give a hypodermic dose of ergot which I have already in the syringe. I do not tie and sever the cord until it has almost, if not entirely, ceased pulsating. When this is done I pay immediate attention to placenta. If lying in the vagina I make traction by the cord downwards and outwards, then upwards and outwards. Should I not be successful on account of size, I hook my finger over its edge when pressure downwards and traction on cord will invariably deliver it. If in the cavity of

CLINICAL CHART.

Name, *William Cole*

Ward *H* Bed No. *21* Date *April 2, 1907*

Disease *Phtisis Pulmonaris*



oughly, I made a mask that fit tightly over the mouth and nose of the patient, which was connected with a T tube by rubber tubing. To each of the two branches of the T tube rubber tubes were attached connected with bottles containing a solution of sugar of lead, so arranged that the inspired air passed through one bottle, and that expired through the other. In this manner the inspired air was entirely purified of sulphuretted hydrogen, and any present in that exhaled must have come from the lungs. The results obtained from experiments so arranged, are the following:

(1) Sullivan.

10.41½ A. M., began injection.

10.45 A. M., stopped injection.

10.55 A. M., slight greyish discoloration of entrance of tube.

11.00 A. M., stopped experiment one minute to fix tubing.

11.35 A. M., greyish deposit on the inner surface of bottle at upper surface of liquid.

12 M., greyish discoloration of entrance tube slightly more marked. Fluid of milky color, with slight greyish tinge. Inner surface of bottle above fluid of decided greyish tinge, and on one side a brownish deposit at edge of fluid quite marked. On inner surface of end of entrance tube blackened deposit.

(2) Chris. Peterson.

Rectum well cleaned out by enema previous to the injection.

10.23 A. M., injection of gas began.

10.47 A. M., stopped injection.

Exhalation bottle faint grey.

10.33 no alteration.

In other cases similar results were obtained.

From these experiments we see that the quantity that comes over with the expired air is very small indeed. That a large quantity of sulphuretted hydrogen was injected into the rectum, was easily demonstrated by passing the gas from the bottle containing the sulphuretted water through lead water which instantly became intensely blackened.

The fluid used to generate the sulphuretted hydrogen was that recommended by Dujardin-Beaumetz. He adds to 250 c. c. of water 15 c. c. of each of the following liquids.

(1)	Sulphate of sodium.....	10.0
	Water	100.0
(2)	Tartaric acid.....	25.0
	Salicylic acid.....	1.0
	Water	100.0

uterus I do not wait, but at once *gently* introduce my hand and deliver; for the presence of the hand promotes contraction, and if the placenta is adherent, of which two such cases I have had quite recently—you detect without delay and cause its removal *secundum artem*. Then I note frequently the condition of patient's pulse, state of uterine contraction, and remain with her until reasonably satisfied that she is out of danger.

I would like to speak of secondary post partum hemorrhage, and hemorrhage from laceration of the cervix uteri, but cannot to-night.

Mr. President, I have done. I have endeavored to be clear and practical. If in this paper, the first that I have had the honor of presenting to this Society, I have said anything that could add pleasure to this occasion, or contribute even a single sentence that will prove of benefit to any member present, I have done all I intended at the beginning.

RECTAL GASEOUS INJECTIONS IN PHTHISIS.

J. O. HIRSCHFELDER, M. D.

(Prof. Clinical Medicine Cooper Medical College.)

For the last few months various articles have appeared in many of the medical journals throughout the country laudatory of the new treatment of consumption, that of Bergeon of Lyons, by means of rectal injections of carbonic dioxide, charged with sulphuretted hydrogen gas. Many descriptions of method and apparatus have been given, and it is therefore unnecessary to repeat them here. However, no detailed accounts of the results obtained have yet been placed before the medical public, and it might, therefore, be of some interest to tabulate the experiences observed in one of my wards in the City and County Hospital of this city, which is devoted exclusively to consumptives, and in which all have been treated by the new method.

First of all we read the statement made that the sulphuretted hydrogen is rapidly excreted by the lungs, and the impression might arise that this excretion takes place with great abundance. Such was the impression that I had received from Bergeon's article, and I was, therefore, much surprised upon making careful experiments, in which all possibilities of error were excluded, to find that the quantity that passed out with the expired air was quite infinitesimal. In order to test this question thor-

oughly, I made a mask that fit tightly over the mouth and nose of the patient, which was connected with a T tube by rubber tubing. To each of the two branches of the T tube rubber tubes were attached connected with bottles containing a solution of sugar of lead, so arranged that the inspired air passed through one bottle, and that expired through the other. In this manner the inspired air was entirely purified of sulphuretted hydrogen, and any present in that exhaled must have come from the lungs. The results obtained from experiments so arranged, are the following:

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(1)	Sulphate of sodium.....	10.0
	Water	100.0
(2)	Tartaric acid.....	25.0
	Salicylic acid.....	1.0
	Water	100.0

In each of the following cases accurate observation was made of weight, temperature, respiration, pulse and sputa.

The subjoined chart represents a curve from the most favorable of the cases.

The observation was continued for six weeks, and from the results obtained the following table was made:

NAME.	WEIGHT.		SPUTA. oz.		EVE. TEMP.		RESP.		PULSE.	
	Loss.	Gain.	Before	After.	Before	After.	Before	After.	Before	After.
1. Chris. Petersen....	?	.....	1	1 $\frac{1}{2}$	99.8	99.5	27	24	102	97
2. Martin Mongiven..	?	.....	1 $\frac{1}{2}$	3	102.5	102.5	25	27	110	110
3. Oloff Harmensen...	?	.....	2	4	100.8	101.5	28	35	115	110
4. August Baening...	1 $\frac{1}{2}$	.....	3	4	98.5	98.5	32	40	80	85
5. William Poole....	3 lbs.	.....	3	2 $\frac{1}{2}$	103.0	98.0	45	50	125	125
6. Andrew Mattison..	?	.....	1	3	103.5	102.5	28	35	120	135
7. Richard Larkin....	.....	2	1	1	100.5	99.5	28	24	105	100
8. John Ehan.....	0	0	2	4	99.	99.5	30	28	100	100
9. Pat. Ryan.....	.....	1	2 $\frac{1}{2}$	3	99.5	99.5	28	25	90	80
10. Jas. Haley.....	$\frac{1}{2}$	.....	1 $\frac{1}{2}$	2	99.5	99.	28	28	90	85
11. Thos. Keller.....	0	0	1 $\frac{1}{2}$	1 $\frac{1}{2}$	100.	99.	35	35	85	80
12. Buckmaster.....	.....	1 $\frac{1}{2}$	1	1	99.5	99.	25	20	95	95
13. Pat. Sullivan.....	5	.....	2	3	101.	99.5	30	28	85	85
14. Heyleck.....	.....	2 $\frac{1}{2}$	1	1	99.5	98.5	28	26	108	100
15. McInnes.....	5 $\frac{1}{2}$	.....	1 $\frac{1}{2}$	3	103.5	101.0	20	18	80	100
Total.....	6	4	11	1	2	10	5	8	3	7
	Worse.	Better.	W.	B.	Worse.	Better.	W.	B.	Worse	Better
	5 unchanged.		3	3	3 unchanged.		2 unchanged		6 unchanged.	

The general result is that very slight average improvement has occurred in the cases treated, but by no means sufficient to warrant the extravagant praise accorded the new method.

A FURTHER REPORT ON INTUBATION.

By J. A. ANDERSON, M. D.

Since the publication of my report of ten cases of intubation, in the *March Journal and Lancet*, I have tubed six patients, with three recoveries. This improved result, I think, is partly due to the former cases being more malignant, and partly to improved after treatment.

Four of the number were diphtheritic croup, with two recoveries, and two membranous, with one recovery; being exactly 50 per cent of both types of obstruction. All were cyanosed, and death inevitable with out operative relief. The ages varied between 18 months and 3 $\frac{1}{2}$ years.

After a tracheotomy has been done and the tube *in situ* from 36 to 48 hours, the aperture becomes moulded, and the tube can be removed for considerable intervals without danger of the walls collapsing. This same moulding must also occur when intubation is done, and at its completion it is best to remove the tube. From 36 to 48 hours is ample time to let it remain in membranous croup. In diphtheritic, this may be extended to 3 or 3½ days. At least, this is the conclusion my later cases indicate. Longer time adds no doubt very materially to the comfort of the little patient, but lessens its chances of recovery in a geometrical ratio. I more than ever regard the tube as a very irritating foreign body, which must be removed at the first possible moment.

This shortening of the time of the removal of the tube is one improvement in the after treatment. Another, and I trust a far more important one in membranous croup, is medicinally. In my former paper I expressed the hope that some remedy might be found capable of controlling, to some extent at least, the exudate. As often occurs, I was looking for the distant and strange when the article was right under my nose and as familiar as sin. I refer to the carbonate of ammonia. Remembering that it is said to have the power of decreasing the amount of fibrin in the blood—even to a crisis of the latter, if exhibited freely—I gave it with this object in view. So far, it has seemed to answer the purpose excellently. In the two cases of membranous croup tubed it appeared to modify the exudation materially. Two other patients, seen in an earlier stage of the disease, whom I was sure of having to tube later on, both recovered without operative interference. These *might* have been mistakes in diagnosis, but I think not. My experience with this dreadful disease has been too large and too funereal for me to confuse its slowly-progressing, inspiratory and expiratory effect with spasmodic, transient obstruction.

Permit me to defy chemistry with a formula which has given me great satisfaction, suited to a child of three suffering from membranous croup:

R Hydrarg, bi-chlorid. grs. ii.
 Ammon. carb. grs. xviii.
 Ammon. chlorid. ʒi.
 Soda hyposulphite ʒiss.
 Aqua anisii ʒiii.

M. S. ʒi. every hour.

Proceedings of Societies.

Proceedings of the San Francisco County Medical Society.

SAN FRANCISCO, May 10, 1887.

The meeting having been called to order by the President Dr. Jas. Simpson, the minutes of the former meeting were read and approved.

The Committee on Admissions reported favorably upon the credentials of R. Nunn, M. D., and B. McMonagle, M. D., who were forthwith elected to membership.

The Secretary read the resignation of Dr. Belinge, which was accepted by the Society.

Dr. Perry read a short paper on "Some practical points in the treatment of cardiac valvular disease."

Dr. Gibbons said that he had not obtained any good results in valvular lesion from the administration of tincture of digitalis in doses so small as *mxv. per diem*, he had generally to give *mx.* every three or four hours until an appreciable effect was produced and then diminish the quantity. As a diuretic he had not found anything superior to the wellknown pill of blue mass, squills and digitalis.

Dr. Hirschfelder said that in no disease more than this, was it of greater importance to consider both the disease and the patient. He had not found that digitalis was desirable in the early stages of aortic regurgitation, but when compensation has begun to fail, and fatty degeneration, weak muscular walls, etc., with cyanosis appeared then digitalis is useful, and the tincture may be given in doses of *mxx.* three times daily until the condition of the pulse indicates a change.

In mitral regurgitation when compensation has failed and drugs seem to have lost their influence, the withdrawal of several ounces of blood by venesection is often followed by the most material benefit to the patient. The primary change is a rise in the blood pressure, after which the other conditions are more amenable to internal treatment. The œdematous condition of the limbs was best relieved by puncturing the skin with a fine hypodermic needle, and applying bandages moistened with 3 per cent solution of carbolic acid to prevent gangrene. Among the newer remedies caffeine had been very satisfactory in

his hands, and he had found both the efficacy and solubility increased by combining it with citric acid or salicylate of soda. In other cases strychnine is better. *Convallaria majalis* had not been of much service, nor had he received much diuretic effect from small doses of calomel.

Dr. G. W. Davis, in giving digitalis, has obtained better results from small and frequent doses than from larger doses three times daily. Calomel had proved to be an efficient diuretic in doses of one grain in twenty-four hours. He thought that low diet might take the place of venesection in many cases of heart disease.

Dr. Wm. W. Kerr endorsed venesection in all cases of heart disease, when there was dyspnoea and venous engorgement, as the right side of the heart in such cases was permanently over-distended and could not contract. In milder cases wet or dry cupping over the back of the thorax often served the same purpose and avoided the scruples of the patient. He had seen excellent diuretic effects follow the use of caffeine in doses of five grains every six hours, but after two weeks' use the influence seemed to be lost, probably from exhaustion of the epithelial cells lining the tubules which this drug seemed to stimulate. In such cases a change to a saline diuretic, such as citrate of potash will maintain the diuresis. A cathartic, especially a cholagogue, often initiated the elimination of excessive fluid from the tissues which afterwards could be continued through the kidneys.

Dr. Wm. F. McNutt summarized his practice thus—in mitral regurgitation where there was œdema of the lungs he gave cathartics. He never gave digitalis where there was any fatty degeneration of the heart no matter what the other lesions might be. He thought nitroglycerine was most beneficial in cases associated with arterial fibrosis. He had frequently seen great benefit result from venesection in cases of dilatation with embarrassed circulation.

Dr. Plummer in referring to the etiology of the disease, said he believed that the rheumatic poison sometimes primarily affected the heart, and in support of his opinion, mentioned four cases where he had seen valvular disease arise in patients who never had suffered from rheumatism, but belonged to rheumatic families.

Dr. Simpson said that the best heart tonic was rest. His ex-

perience had taught him that in young people rheumatism often affected the heart before there was any pain in the joints. His favorite preparation of digitalis was a fresh infusion made from English leaves, as the strength and quality of the officinal preparation appeared to be exceedingly variable. As diuretics citrate of caffeine and the pill of blue mass, squills and digitalis, had been most useful.

The banquet committee reported that after paying all bills there was no surplus to next year. The report was received and the committee discharged with the thanks of the Society.

On motion of Dr. A. P. Whittell, "The treatment of consumption by gaseous enemata," was made the subject of discussion for next meeting.

There being no further business the Society adjourned.

WM. WATT KERR, M. D.,
Recording Secretary.

SALOL.—Dr. Kleefeld (*Berliner klin. Wochenschr.*, No. iv., 1887) gives the following report on the action of salol, a substance composed of sixty per cent salicylic acid and forty per cent carbolic acid: "The composition of salol induced me to give it a full trial in the town hospital (Goerlitz) during the last month, and the very satisfactory results compel me to bring it before the notice of the profession. According to our experience of salol in thirty-five cases (in which a thousand separate doses were administered) it has, like sodium, salicylate and antipyrin, a specific influence in rheumatic polythrititis, but is preferable to them for the following reasons: 1. No untoward symptoms, such as collapse, vomiting, etc., follow its use. Singing in the ears is rarely complained of, and is never severe. 2. The drug has no taste or smell, and is pleasanter to take than either of those just mentioned. 3. Its cost is low, the wholesale price in Germany 30 marks per kilo.—30s. for 2 1-5 lbs. The full dose, beyond which we have never found it necessary to go, is two grammes (half a drachm) three times a day, but half this amount has often been sufficient. Finally, I am of opinion that salol is a very acceptable addition to our materia medica." Dr. Georgi, Dr. Kleefeld's assistant, will shortly publish details of the cases thus treated.—*British Medical Journal*.—*N. Y. Record*.

State Medical Board of California.

SAN FRANCISCO, June 1st, 1887.

The regular meeting of the Board of Examiners was held at No. 326 Geary street, at 8:30 o'clock P. M., pursuant to call of the President

Present—Drs. Blake, LeTourneux, Steele, Simon, Farnum, and Lawlor.

Absent—Dr. Pratt.

President Blake called the meeting to order.

The minutes of the meeting of May 6th, 1887, were read and approved.

Dr. R. H. Plummer was present, and reported that he had just returned from Red Bluff. The doctor gave a statement of the facts in the case of the arrest of a Chinaman for practicing without a license. The Court held that the penalty was attached to the non-procurement of the certificate (see section 7, new law), and not on failure to record.

On motion, it was unanimously voted that the Secretary be instructed to notify Dr. Geo. W. Westlake, and fellow practitioners of Red Bluff that the Board were in hearty accord with them, in their efforts to uphold the dignity, and enforce the medical laws of the State, and that it was left discretionary with the Secretary to go to Red Bluff at any time to render what assistance and support lay in his power.

The following physicians having complied with all the laws and regulations of the Board, it was unanimously voted that certificates be granted entitling them to practice medicine in the State:

GEORGE ADAM, M. D., San Francisco; Jefferson Med. Coll., Penn., March 30, 1882.

WM. H. COOK, M. D., Bakersfield; Rush Med. Coll., Feb. 15, 1876.

JAMES G. DAVIS, M. D., Los Angeles; Jefferson Med. Coll., Penn., March 13, 1880.

GEORGE DUCON, M. D., Pasadena; Rush Med. Coll., Feb. 17, 1885.

HANS FRITZ HOFFMAN, M. D., San Francisco; Med. Commissioners, Berlin, Prussia, Jan. 24, 1884.

JOHN PETRI MOORE, M. D., San Diego, Med. Dep. Univ. of Penn., Penn., March 13, 1869.

ARTHUR JULES M. DE PENHOEL, Santa Barbara; St. Louis Coll. of Phys. and Surg., Mo., Feb. 28, 1883.

ALBERT C. ROGERS, M. D., Los Angeles; Med. Dep. Univ. City of N. Y., N. Y., Mar. 10, 1873.

RICHARD THORNDON ROSE, Pomona; St. Louis Med. Coll., Mo., March 19, 1870.

SIMON ROSENBERGER, Pasadena; Philadelphia Coll. of Med., Penn., Feb. 28, 1852.

OLIVER GRENVILLE TAAFFE, M. D., ; Coll. Phys. and Surgs., Quebec, Canada, May 13, 1885.

JAMES ISAAC WAKEFIELD, M. D., Los Angeles; Rush Med. Coll., Ill., Feb. 6, 1868.

The application of Evan Evans was, by unanimous vote, rejected, and the Secretary was instructed to notify him that the Kansas City Hospital College of Medicine is not recognized by the State Board of Health of Illinois, and that this Board has hitherto refused to recognize the diplomas of said school.

On motion the Board adjourned.

WM. H. LAWLOB, M. D., Secretary.

MORPHIOMANIA may always be treated by abrupt withdrawal of the drug, except in conditions when such methods are contraindicated by the vital forces of the patient, or concomitant pathological phenomena. The method should also be abandoned if reactionary collapse result.—De Montyel in *L'Encephal*.

The physician who would advise or practice the abrupt withdrawal of a drug for which a mania has been established, when the more Christian and humane plan of withdrawal accompanied by proper treatment in properly conducted institutions is as absolutely successful, is a creature whom it would be a compliment to call a brute.—*Medical Review*.

PROFESSOR CHARCOT says, "Medicine has taken possession, in the name of science and art, of hypnotism, and she demands that it shall be entirely her own, to develop and to use in the cure of disease. In this recently acquired dominion she is jealous of her rights, and wishes to reign as the absolute mistress, free from any outside interference. It is only in this way that such an agent can be made of use to mankind, and can be prevented from working injury to the human race."—*Medical Record*.

PACIFIC MEDICAL AND SURGICAL JOURNAL

AND

WESTERN LANCET.

EDITORS:

WILLIAM S. WHITWELL, A. M., M. D.

WM. WATT KERR, M. B., C. M.

The Editors are not responsible for the views of contributors.

All communications relating solely to the editorial management of the JOURNAL, should be sent to No. 620 Folsom St., San Francisco.

All business communications should be addressed to L. H. Bonestell, 401 Sansome St., San Francisco.

SAN FRANCISCO, JULY, 1887.

Editorial.**MEDICAL ETHICS.**

Since it has been attempted to regulate the practice of medicine in this State, by means of legal enactments, the members of the profession seem to imagine that they are no longer individually responsible for the enforcement of the lines of conduct prescribed in the code of medical ethics; we would, however, seek to remind them that, since everything which is medically legal is not medically ethical, the duty of maintaining the dignity of the profession still remains with them.

Our attention has been called to this matter by recent events, both in this and other cities of California, which have indicated an increased tendency on the part of some men to hover around the flame of quackery, while others have shown a reluctance to punish violations of the code unless they, themselves, happen to have been the sufferers.

The object of medical legislation is primarily to insure proper educational qualifications, and secondarily to regulate the relations between the profession and the public; but there are many other questions regarding the conduct of one physician to another, which, although they may affect the public indirectly,

are entirely beyond the reach of law, and must be decided by medical men themselves. It is disgusting to hear men plead ignorance of ethical precepts in extenuation of an offense of whose nature an honest heart is an unerring judge; as well might the thief urge that he had not read the statutes relative to *meum* and *tuum*; let them remember that laws are not for the guidance of the good, but for the punishment or restraint of the bad, that the only guiding rule is the sense of right and wrong born in every man and without which social existence would be an impossibility.

The greed of gain or the pressure of poverty frequently urges medical men to pursue methods injurious to their brothers in the profession, and which, if universally adopted, would be disastrous to the public. Instead of trying to preserve the right they endeavor to walk as near as possible to the dividing line between quackery and legitimate medicine without stepping over to the wrong side; they are like children trying how close they can run to the flame without being burned; they are quacks at heart, but lack the courage. As an instance, we know of one prominent medical man in this State who believes himself to be better qualified in certain departments of general practice than the other members of the profession, and he desires to know "how he may inform the public of the fact, without violating the code of ethics." Perhaps some one of our readers who has a smaller foot, a lighter boot, and a more angelic temper than our own will kindly inform him. We have been asked the difference between such an individual as this and a specialist, and could reply that a specialist does not *claim* greater skill even in his own department than belongs to the general practitioner, he only announces that he devotes his attention and time exclusively to certain subjects, and leaves the public to infer that intellectual development being about the average, he should be pre-eminent in these branches.

It is understood that others, not the physician himself, are to be the judges of his capabilities.

The only way in which this matter can be combated is through the formation of local societies, by zealously guarding the portals of these societies, and raising their standard so that it shall be a stigma not to belong to them. At present the cords are not drawn sufficiently tight, and many members are a standing reproach not only to their society, but to the regular medical profession. Furthermore, let each physician make it his object to regulate his actions, not only by the words, but by the spirit of our code of ethics, and when he is called upon to decide questions under this law, let him do so faithfully and willingly, instead of shirking it as a disagreeable duty.

MEDICINE OF THE TALMUD.

THE following circular speaks for itself. It will be a pity if from the ranks of so numerous a profession as the medical, one thousand cannot be found who will subscribe to a work which cannot fail to be of interest to the profession. It is possible that this circular has already been sent to our readers, but if it has, we hope that they will pardon our calling their attention a second time and urging them to subscribe.

To the Medical Profession:

Since the announcement of my proposition to translate the **MEDICINE OF THE TALMUD**, which reached the profession through the kindness of the medical press, I have been greatly encouraged by receiving **VOLUNTARY SUBSCRIPTIONS** for about five hundred copies, including many from clergy of Catholic and Protestant denominations, thus making one-half of the amount necessary to secure the expense of **THE ONE THOUSAND COPIES**.

There is no intention to make any money out of this publication, but simply to explore and bring forth from the rich pages of this "wonderful monument of human industry and human wisdom, the Talmud," and add about three hundred years to the history of medicine.

The compilation of the Talmud began about twenty-five hundred years ago. The works of Hippocrates, which are claimed as the beginning of medical history, were written only three

hundred years before Christ. This book will, therefore, add three hundred years to the annals of medical science if nothing more. It is true there are within it many "childish and irreverent things" relating to medicine, but to those who carry not creed prejudice it will give more than history. The hygienic portion will benefit sanitary science. The laws regulating separation of women during their menstrual period will be a revelation, and the medical jurisprudence will be the pride of modern science. Besides the medicine and its collaterals containing in the *Jerusalem* and *Babylonian Talmuds* with all their *Tosephtos*, and *Siphri-Medrashim*, there will be embodied from the *Rambam* (Maimonidis) *Yora-Deah*, *Shulchan Aruch*, *Aien-Jacob*, *Eben Ha-Ezeir*, and from many other works of equal antiquity.

To make these researches will require about three years hard labor; therefore, the sooner the subscription is filled, the sooner the work will be published. It will make about five hundred large octavo pages. PRICE \$5.00, PAYABLE ON DELIVERY. If you intend to subscribe do not delay. No more will be published than the number subscribed for.

I am, yours truly,

CARL H. VON KLEIN,
110 East Second Street, Dayton, Ohio.

GENITO-URINARY SURGEONS.

On the 17th and 18th of May the first annual meeting of the "American Association of Genito-Urinary Surgeons" met at Lakewood, New Jersey. Dr. E. L. Keyes, of New York, was elected President, and California was honored by the selection of Dr. George Chismore as 1st Vice-President. California in considering this honor conferred should also remember that Dr. Chismore is not only 1st Vice-President of this remarkable Association of Male Genito-Urinary Surgeons (women have not as yet been admitted), but that he is the first 1st Vice-President and consequently the honor is a double one.

The appointment of Dr. Chismore to this office we consider to be especially appropriate, and we feel sure that it will so be looked upon by the profession of this great State. Some one was once said to have said of Washington that he was: first in

war; first in peace; and first in the hearts of his fellow-countrymen. So of Dr. Chismore, we may say he is a gentleman who for a long time, in San Francisco at least, has been known as first in Vice (the treatment of the results of vice); first in Pedro and first in the Bladders of his fellow-citizens. The honor is, therefore, richly deserved and the association may count on receiving papers from his pen which from their originality and evidence of thoughtful work will prove a true gain to science. All Hail then to the 1st of the 1st Vice-Presidents of the American Association of Genito-urinariously inclined Surgeons!

ABDOMINAL ANEURISM.

IN the *Medical Record* of the date of May 28th, may be found an editorial on "The treatment of aneurism by Bacilli's method." The writer says: "But, although coagulation has been induced in some instances, the patients have, we believe, all died, so that the experiment can hardly be pronounced a success." We beg leave to call the *Record's* attention to the report of a successful case of abdominal aneurism operated upon by Dr. John F. Morse, of San Francisco, which is to be found in the February number of this JOURNAL. The operation was made on November 17th, 1886, one and a half yards of one-half millimeter silver plated copper wire being passed into the sac. There were no untoward results, and, on January 7th, 1887, the patient left the hospital cured. The tumor was reduced to one-half its size at the time of the operation, and consisted of a hard nodule. There was no bruit and scarcely any difference in the pulsation of the femorals. Dr. Morse speaks of the method used as that of Prof. Loreta.

WE again notify members of the State Society that, owing to a resolution passed at the last annual meeting, the JOURNAL will no longer be furnished free, but that, until notified to the contrary, we shall continue to forward it as before.

Health Reports.

San Francisco Health Report.

ABSTRACT.

	1886	Jan.	Feb.	Mar.	Apr.	May.
Total, 1886.....	5237	519	468	479	418	435
Total, 1887.....		522	451	445	450	475
Phthisis.....	730	76	74	86	73	67
Pneumonia.....	319	39	25	35	31	36
Bronchitis.....	125	20	12	8	4	11
Heart Disease.....	249	31	25	34	36	36
Aneurism.....	15	2	3	4	0	1
Apoplexy.....	126	19	8	14	9	13
Typhoid.....	135	13	9	9	6	11
Paralysis.....	91	8	6	10	9	9
Cancer.....	168	14	17	16	13	15
Diphtheria.....	181	40	20	15	26	22
Croup.....	96	9	10	5	6	2
Infant Convulsions.....	156	9	11	16	17	22
Meningitis.....	133	13	7	11	4	19
Casualties.....	167	12	20	13	11	19
Suicides.....	79	5	8	3	9	4
Homicides.....	30	2	1	1	1	2
Daily mean temperature.....		51°	47°	54.3°	54.5°	55.8°
Precipitation of moisture, in inches.....		1.90	9.24	0.84	2.30	0.06

Population according to U. S. census, July 1st, 1880, was 234,520; Caucasian, 212,520; Chinese, 22,000. Estimated population, June 30th, 1884, 270,000.

Report of the State Board of Health.

Reports having been received from ninety localities in different parts of the State, we are justified in believing that no disease of an epidemic type is prevalent in any part of it. The mortality for the month of May numbers eight hundred and seventy, in an estimated population of six hundred and fifty-three thousand six hundred and fifty, a percentage of 1.3 per thousand per month—same as that of last month, and sufficiently low to indicate the general healthfulness of the community.

Consumption. The deaths from this disease number one hundred and thirty-nine, which is a still further decrease from last report.

Pneumonia. There were fifty-six deaths from pneumonia in May, which is an increase of fifteen over the previous month, and indicates in a marked manner the influence of meteorolo-

gical conditions in the rise and fall of pulmonary complaints. Thirty-three of these deaths occurred in San Francisco, the remainder throughout the State.

Bronchitis, in like manner, records eleven, out of fifteen deaths in all, as taking place in San Francisco; atmospheric conditions during the month being unfavorable.

Congestion of the lungs is credited with ten deaths.

Diphtheria shows a slightly decreased death rate from last month, the decedents being twenty-nine. Of these, twenty-two occurred in San Francisco, one in Bakersfield, one near Maxwell, one in Oakland, one in Vallejo, and three in San Pedro.

Croup is reported as having caused only four deaths, which is a marked decrease from former reports.

Whooping-cough had a mortality of seven.

Scarlet fever was fatal in three instances.

Measles caused four deaths.

Smallpox is not reported as causing any death. Private advices record the death of one child in Los Angeles from this disease.

Diarrhoea and dysentery. The approach of warm weather has increased the mortality of these diseases to eighteen for May, just double the deaths reported for April. These deaths are not confined to any one section of the State, but seem to have occurred in different parts thereof.

Cholera infantum has likewise doubled its mortality list, recording fourteen deaths from this cause.

Typhoid fever. The deaths from this disease have increased to seventeen, eleven occurring in San Francisco. Throughout the State the deaths were only six, which indicates a good sanitary condition.

Typho-malarial fever records but two deaths, one in Alturas and one in Hanford.

Remittent fever caused one death.

Cerebro-spinal fever is credited with fourteen deaths, which is a largely increased fatality over previous months. The cases were, however, sporadic, and not confined to any particular region.

Erysipelas had a mortality of two.

Alcoholism caused ten deaths.

Heart disease had a mortality of sixty.

The following towns report no deaths during the month: America, Downieville, Calico, Castroville, Colton, Galt, Hill's Ferry, Jolon, Lincoln, Ontario, Saucelito, Susanville, Santa Clara, and Tehama.

PREVAILING DISEASES.

Reports from eighty-nine localities continue to show a very favorable condition of the public health. The variable weather for the past month, with its alternate warm and cold days, developed diarrhoea and dysentery much earlier than usual.

Cholera infantum is noticed as quite frequent in Marysville, Arbuckle, Knights Ferry, Fresno, Oakland, San Jose, and San Francisco.

Diarrhoea has prevailed to a greater or less extent in Downey, Arbuckle, Castroville, Calico, Colton, Shasta, Millville, Ukiah, Napa, Fresno, Saucelito, Maxwell, and Anderson.

Dysentery has prevailed to a noticeable extent in Live Oak, Gridley, Marysville, Downey, Biggs, Susanville, Knights Ferry, St. Helena, Napa, Bakersfield, and Maxwell. The warm days preceding the cool nights, noticed upon several occasions during the month, were no doubt an exciting cause of the disease. The epidemic in Gridley and Live Oak is calculated to strengthen the opinion, which prevails to a considerable extent, that the disease depends upon a specific virus, which is transmissible from the sick to the well. In all cases of dysentery it would be an act of prudence to adopt the theory that the discharges are infectious. They should, therefore, be thoroughly disinfected by a solution of corrosive sublimate as soon as evacuated, and then buried immediately. By this means a dangerous epidemic may be averted.

The same precautions should be taken in all cases of diarrhoea, as the bacteriae, which rapidly develop with the decomposition, may become infective and dangerous.

Smallpox. Six cases of this disease occurred during the month in Los Angeles, which were treated in the smallpox hospital. Dr. Hagan, Health Officer, reports no deaths. Private advices inform me of one death of a child, four years old, on the twenty-seventh instant. In San Francisco six cases are under treatment in the hospital. These, with one exception, were imported on a Chinese steamer, and are now convalescent. The exceptional case voluntarily presented himself to the authorities. He has no idea where the disease was contracted.

Advices from Nogales, in Arizona, declare the disease epidemic in that town. The government has a medical inspector there to prevent its spread into Arizona, and all trains leaving the Territory are inspected.

Measles are quite prevalent in Cottonwood, Anaheim, Upper Lake, Gridley, Redding, Fresno, Hanford, Millville, San Diego, Los Angeles, Downey, Merced, Weaverville, and Anderson. The type is mild and the mortality limited.

Scarlet fever is noticed in Sacramento, Fort Bidwell, Maxwell, Shasta, Biggs, Selma, Anderson, Ione, and Fresno. In the latter town, Dr. A. L. Adams informs us that the disease appeared quite suddenly, and is supposed to have arisen from a family who had scarlet fever some months previously, but who attended a picnic without taking any precaution to have their clothes disinfected before doing so. The disease attacked, simultaneously, sixteen children, and some forty persons were taken with sore throat forty-eight hours after the picnic, at which ice-cream was freely dispensed. It is possible there may be some connection between the fever, sore throat, and the ice-cream, but Dr. Adams was unable to trace it.

Diphtheria is not so prevalent as in the previous few months. It is still in San Francisco, and sporadic cases were noted in San Pedro, Etna Mills, Truckee, Jackson, Colton, Benicia, Vallejo, Oakland, and Maxwell. Dr. W. E. Robe states that eight cases occurred twenty-five miles from Maxwell, six of them in one family and two in another. The latter were children who were purposely exposed to the disease by their mother, she believing, very foolishly, that, like measles, all children should have it, and the sooner the better. Her unfortunate ignorance was sadly rewarded by the death of one child and the recovery of the other doubtful. It is to be hoped that the lesson of prudence in the presence of contagious disease thus so distressingly taught, will not be lost to the community in which it occurred. The cases occurring in San Pedro were all isolated by Dr. Weldon, and by careful disinfection the disease was prevented from spreading beyond its original location.

Whooping-cough continues to prevail in Williams, Watsonville, Wheatland, Anaheim, Upper Lake, Fresno, Nicolaus, Sacramento, Hanford, San Diego, Downey, Arbuckle, Dixon, Merced, and Cloverdale.

Erysipelas in a sporadic form is noticed in Saucelito, Calico,

San Jose, Gridley, Maxwell, Castroville, and College City. The type is mild, with tendency to epidemicity.

Pneumonia. The frequency of this disease has diminished in the interior of the State. The variable state of the weather and the unusual low temperature experienced on the coast has caused its increase in those parts of the State where such conditions prevailed. It was noticed in Bodie, Los Angeles, Oakland, San Diego, Castroville, San Francisco, Lincoln, and Wheatland.

Bronchitis prevailed to some extent in Sonora, Hanford, Bakersfield, Davis, Martinez, Fresno City, and San Diego. The type is not severe, as the mortality is quite limited.

Cholera. No further reports have been received of the prevalence of this disease in Mexico. Consul Willard, at Guaymas, reports Sonora to be free from any contagious disease except measles among children.

GERRARD G. TYRRELL, M. D.,

Permanent Secretary California State Board of Health.
Sacramento, June 10, 1887.

OLFACTORY ACUTENESS. Nicholls and Bailey have recently published the results of experiments upon the relative acuteness of the sense of smell in individuals. A series of solutions of oil of cloves, nitrite of amyl, extract of garlic, bromine, and prussic acid were prepared by successive dilutions with water until the limit of preception was reached, and then the solutions were placed indiscriminately and submitted to a number of persons of both sexes to classify them properly by the sense of smell. The results showed that on the average the sense of smell was much more delicate in the males tested than in the females; but the degrees of keenness ranged widely as between individuals. Thus three male observers were able to detect one part of prussic acid in 2,000,000 parts of water, through its presence was not revealed by a chemical test; but others, of both sexes, could not detect prussic acid in solutions of almost overpowering strength. The following figures give the average limit of delicacy of preception: Cloves—Males, 1 in 88,128; females, 1 in 50,667. Nitrite of amyl—Males, 1 in 783,870; females, 1 in 311,330. Extract of garlic—Males, 1 in 57,927; females, 1 in 43,900. Bromine—Males, 1 in 49,254; females, 1 in 16,244. Prussic acid—Males, 1 in 112,000; females, 1 in 18,006.—*Med. Press.*

Notices of Books, Pamphlets, etc.

- OCEAN CURRENTS CONTIGUOUS TO THE COAST OF CALIFORNIA. By DR. C. M. RICHTER. Extract from Bulletin of California Academy of Sciences.
- NOTE ON THE TREATMENT ON AMENORRHOEA with permangante of potash. By THOMAS A. ASHBY, M. D., of Baltimore.
- CLINICAL REPORT of six months' experience with pneumatic cabinet with twenty-seven cases. By G. W. McCASKEY, A. M., M. D.
- PNEUMATIC DIFFERENTIATION and the pneumatic differential process; its definition and general suggestions for its application. By HERBERT F. WILLIAMS, M. D., of Brooklyn, N. Y.
- CONGENITAL OCCLUSION OF THE POSTERIOR NARES. By ALVIN HUBBELL, M. D., Buffalo, N. Y.
- A FURTHER STUDY OF THE THERAPEUTIC VALUE OF OXYGEN with cases treated. By SAMUEL S. WILLIAM, N. Y.
- A NOVEL SYSTEM OF OPERATING FOR THE CORRECTION OF THE DEFLECTED SEPTUM: By means of an Electric Motor, Nasal Drills and an Original Spray-Producing Device. With Illustrative Cases. By WILLIAM CHAPMAN JARVIS, M. D., Professor of Laryngology and Diseases of the Nose and Throat in the New York University Medical College. Reprinted from *The Medical Record*, April 9, 1887.
- THE CLAIM OF MORAL INSANITY IN ITS MEDICO-LEGAL ASPECT. By JAMES HENDRIE LLOYD, M. D. Reprint from the *Medical Record*.
- OVERDISTENSION OF THE RIGHT VENTRICLE,—with a report of six cases treated by leeches. By FREDERICK C. SHATTUCK, M. D. Reprint from *Boston M. & S. Jour.*
- MERRITT H. CASH PRIZE ESSAY—THE PHYSIOLOGICAL CONDITIONS AND SANITARY REQUIREMENTS OF SCHOOL HOUSES AND SCHOOL LIFE. By A. N. BELL, A. M., M. D., Brooklyn, N. Y. Abstract from transactions of the Medical Society of the State of New York for the year 1887.
- PELVIC INFLAMMATIONS, OR CELLULITIS *versus* PERITONITIS. By THOMAS ADDIS EMMET, M. D.
- LOMB PRIZE ESSAY—HEALTHY HOMES AND FOODS FOR THE WORKING CLASSES. By VICTOR C. VAUGHAN, M. D., Ph. D. American Public Health Association.
- ANNUAL REPORT OF THE SPECIAL COMMITTEE ON SURGERY, 1886.—TRANSACTIONS OF THE TEXAS STATE MEDICAL ASSOCIATION. Compiled and edited by GEORGE CUPPLES, M. D.
- A MANUAL OF TREATMENT BY MASSAGE AND METHODICAL MUSCLE EXERCISE. By JOSEPH SCHREIBER, M. D. Member of K. K. Gesellschaft der Aerzte of Vienna, etc. Translated, with the author's permission, by Walter Mendelson, M. D., of N. Y. Philadelphia: Lea Brothers & Co., 1887.

Within the last few years a number of works on massage have appeared, a fact showing that much thought has been given to

this subject. That which was the sole property of non-physicians is fast becoming the property of the profession, and very much good work is being accomplished. The present work is written, the author says, to afford the practicing physician a trusty guide to the mechanical treatment of disease. After a short history of "mechano-therapy," a definition of massage is given and an explanation of why such an important health-restoring measure has so long been in unscientific hands. A careful description of the different forms of applying massage is given and fully illustrated by plates. Treatment of disease by active and passive movements, with and without apparatus, is abundantly illustrated.

The work is an excellent one, and should be a great aid to the physician, whether he applies massage himself or directs an attendant.

A TREATISE ON DIPHTHERIA HISTORICALLY AND PRACTICALLY CONSIDERED,—including Croup, Tracheotomy and Intubation. By A. SANNÉ, *Docteur en Médecine Ancien des Hôpitaux de Paris*, etc. Translated, annotated and the surgical anatomy added; illustrated with a full-page colored lithograph, and many wood engravings. By H. Z. GILL, A. M., M. D., LL. D. St. Louis: J. H. Chambers & Co., 1887.

This standard work was first published in 1876, and from its completeness and evident reliability, attracted the attention of the profession. It is the most complete work on the subject in any language; the history of the disease is traced for centuries; the clinical observations are innumerable; the pathology is fully considered; and much space is given to microscopical appearance; the treatment, both medicinal and surgical, leaves nothing to be desired.

Years have been spent in preparation for the work. Valuable as it is, it is rendered more so by additions made by the translator, who has added a short article on intubation of the larynx. The volume consists of over six hundred pages of valuable information, and will surely be received with favor by the profession.

THE VEST-POCKET ANATOMIST. (Founded upon Gray.) By HENRI LEONARD, A. M., M. D. 13th Revised Edition. Enlarged by Lectures on Anatomical Triangles and Spaces, Herniæ, Gynecological Anatomy and Dissection Hints. Eighty-five Illustrations. Detroit: The Illustrated Medical Journal Co.

This is one of the few pocket editions which may prove of great convenience to students.

TRANSACTIONS OF THE ASSOCIATION OF AMERICAN PHYSICIANS. First Session, Washington, D. C., June 17th-18th, 1886. Philadelphia: W. J. Dornan, Printer, 1886.

This new Association is evidently formed for the purpose of earnest medical work. It is limited to one hundred members. Among the founders we notice a large number of men who are distinguished and well known throughout the medical world. The present volume of transactions contains nineteen papers, all of which are interesting and instructive.

MATERNITY, INFANCY AND CHILDHOOD. By JOHN M. KEATING, M. D. Philadelphia: J. B. Lippincott & Co. San Francisco: Joseph A. Hoffman. Price \$1.00.

This is one of some four small volumes on the subject of Practical Lessons in Nursing. This volume pertains especially to the hygiene of pregnancy; nursing and weaning of infants; care of children in health and disease and is designed for the use of mothers or those interested with the bringing up of infants and children and has been called forth by the very heavy mortality, caused by ignorance, in children under the age of three. The suggestions are of a very practical nature, and as emanating from an author who is a recognized authority of these subjects are likely to be followed by those who read them. They relate to matters which all the old women in town or country are wrongly supposed to know all about. It would be better for all concerned if young mothers should study them, and in this way prepare themselves that they may follow out the directions of the physician intelligently.

It is a book which should be highly recommended to his patients by every physician.

HANDBOOK OF MATERIA MEDICA, PHARMACY AND THERAPEUTICS, including the Physiological Action of Drugs, the Special Therapeutics of Disease, Official and Extemporaneous Pharmacy, and Minute Directions for Prescription-Writing. By SAM'L O. L. POTTER, M. A., M. D. Philadelphia: P. Blakiston, Son & Co., 1887. San Francisco: W. S. Duncombe & Co. Price, \$3.00.

In looking over the work, we are not surprised that it has taken the author the best part of two years in its preparation, for it shows on every page great labor and careful research; and as no good work goes unrewarded, we feel that he will be compensated by the favor with which his book will be received by the profession. We have been indeed pleased with the examination made, and have already used it for reference. As the title

informs us, it is not *Materia Medica* alone; in fact, this is the least important part of the book; but it contains the essentials of Therapeutics, Pharmacy and the Physiological Action of Drugs, besides many points of information which are useful to the student and a convenience to find in one and the same book.

The foundation of the work is a Quiz-Compend, which was written some years ago, but this has been so elaborated that it appears to have been simply used as a guide for arrangement of subjects. The book is, of course, mainly a compilation, but to compile well is an art, and oftentimes it is easier to perform original work. But, besides the compilation, there is much original matter derived from actual experience.

“In detailing the characteristics of an important drug, its physical properties and chemical constituents are first briefly enumerated, then its preparations are described in the official language of the pharmacopœia, usually somewhat abbreviated; any important unofficial preparations being also noted, and all the compounds into which it enters being enumerated. Next the physiological action is taken up, its characteristic features being first described; then the actions resulting from an ordinary medicinal dose; next those produced by small doses continued, and finally those from a toxic dose. These are followed by a brief account of its antagonists, antidote and incompatibles, if any; and a concise summary of its therapeutical applications closes the article—the whole presenting, it is hoped, a clearly-defined word-picture of the drug.”

The second part of the book is devoted to Pharmacy, and the third to Special Therapeutics. A carefully-prepared Index has been made, which adds very materially to the usefulness of the work.

A PRACTICAL TREATISE ON OBSTETRICS. VOL. I. (4 vols.), Anatomy of the Internal and External Genitals, Physiological Phenomena (Menstruation and Fecundation). By A. CHARPENTIER, M. D., Paris. Illustrated with lithographic plates and wood engravings. This is also Vol. I. of the “*Cyclopedia of Obstetrics and Gynecology*” (12 vols.), issued monthly during 1887.

VOL 2. THE PATHOLOGY OF PREGNANCY. New York: William Wood & Co. San Francisco: W. S. Duncombe & Co.

Wood’s Library, which is so well known by this time, having been issued for a number of years, will consist of a series of volumes upon obstetrics and gynecology. Thus far we have received but two, viz.: the first and second volumes of Charpentier’s *Practical Treatise on Obstetrics*. Dr. Charpentier published this treatise in 1882, and at that time it was one of the most

complete in existence. Through the position as head of the Obstetric Clinic in the School of Medicine, in Paris, and by constant study of recent literature, Dr. Charpentier was most competent to issue such a work. This has now been translated by Dr. Egbert H. Grandin, who is obstretic surgeon to the New York Maternity Hospital. He has added and revised, as was necessary on account of the time which has elapsed since the first appearance of the treatise.

Volume first is divided into Part I., which treats of the Anatomy; Part II., which deals with Physiological Phenomena; Part III., which deals with Pregnancy, and Part IV., which treats of Labor. The book is well illustrated, and contains a number of lithographic plates. Among the many points which deserve notice, is the chapter on diagnosis of pregnancy, in which the system of diagnosis by external palpation is fully dwelt upon. From Rinard's work on this subject, a number of cuts are taken.

A chapter is devoted to treatment in "apparent death of the new-born infant," and the methods and instruments which may be used in the endeavor to inflate the lungs are illustrated.

Volume II. deals with the pathology of pregnancy and diseases affecting the pregnant woman, the diseases of pregnancy, and the diseases of the ovum and the fetus are very fully and ably treated.

WEAR AND TEAR, OR HINTS FOR THE OVERWORKED. By S. Weir Mitchell, M. D., LL. D. Fifth edition; thoroughly revised. Philadelphia: J. B. Lippincott Company, 1887.

This little book many of our readers are, no doubt, acquainted with from the fact that it is from the pen of Dr. Weir Mitchell, and from its having reached the fifth edition. Wear, says the author, is use; tear, abuse.

It is the tear then that does the mischief, and should be avoided. The tear on the nervous system is more fatal than that on the physical, for signs of weariness are not often noticeable in the former case until serious mischief has been done. The man is apt to abuse his nervous power by too hard and prolonged work; the wife by struggles to maintain a social position; the sons, but more especially the daughters, are injured for all after life by the high-pressure school system.

Although the book may be read in an hour, it affords food for earnest consideration for both sexes of almost any age.

Translations.

Antipyrine as an Agent for Controlling Pain.

By DR. D. W. MONTGOMERY, M. D.

Germain Seé speaks highly of antipyrine as an agent for controlling pain. He has given it with good effect in acute and chronic gout and rheumatism; but its most beneficial effects are observed in such affections as facial neuralgias, and migraine. He thinks it equal to acetanilide in controlling the fulgurating pains of locomotor ataxy, without having the disagreeable effects of this latter drug. Antipyrine sometimes causes a rash similar in appearance to that of scarlet fever, which, however, soon disappears. To relieve pain it should be given in doses of fifteen grains at intervals of from one to three hours in a half glass of iced water.—*Le Progres Medical*.

Pulmonary Tuberculosis Treated With Sulphur Fumes.

By DR. D. W. MONTGOMERY.

The use of sulphur or some of its compounds is not recent in the treatment of pulmonary tuberculosis, and now that the bacillar origin of this disease is so universally admitted, it is not surprising that there is a return to some of those excellent parasiticides. Dr. Stolland of the French Marine service, stationed at Cherbourg, gives a very interesting account of the following case occurring under his observation. It appears that because of endemic typhoid fever in Cherbourg, the authorities are very strict about having the barracks thoroughly fumigated once a year, towards the close of spring. This fumigation is carried out by burning sulphur in the rooms, which are tightly closed, and after a few days the doors and windows are thrown widely open, and the building is thoroughly aired. The soldiers who are detailed to fumigate these rooms are exposed for a period of sixty-six whole days to the fumes arising from the combustion of 3,000 kilograms of sulphur. In these immense barracks the work of fumigating occupies a very long time, commencing toward the close of April it lasts till about the first of August, with an interval of three weeks during the general inspection.

The case to which the author of the paper calls attention had suffered from pulmonary tuberculosis with very severe symp-

toms for thirteen months. After a sojourn of nine weeks in an atmosphere saturated with the vapors of sulphur, the thoracic pains were diminished in intensity, and the fits of coughing almost entirely disappeared. The expectoration became more easy, and did not cause vomiting as before. The bacilli were notably decreased in number. Diarrhoea and afternoon fever ceased. Respiration became free and appetite improved, and there was a decided gain in weight. Night sweats, although still continued, were less profuse and also less disagreeable.—*Gazette des Hopitaux.*

CARBOLIC SMOKE BALLS.—One of the latest introductions for the purpose of banishing catarrh, neuralgia, headache, deafness, hay fever, asthma, croup, whooping cough, also cures(?) granulated eyelids and sore eyes.

Directions.—Hold the ball about one-eighth inch below the silk floss, with the thumb and forefinger of the left hand, about one and one-half inches below the nose, and directly in front of the mouth. Snap rapidly on side of the ball, but only on the place softened and marked, during each inhalation, with the middle finger of right hand, which will cause the smoke to arise.

As found it consists of a small, round ball, wrapped in red cloth, with the ends hanging slightly loose. Upon opening, it was found to contain 310 grains of a gray powder, which, upon snuffing up the nose caused violent sneezing, and there is an odor of smoke due to a tarry body. Upon an examination, made in our laboratory by H. W. Snow, it was found to consist of glycyrrhiza and flour (identified by microscopical examination and physical properties) and one of the veratrums, probably white hellebore (identified by means of the alkaloid jervine, which was separated and identified). The smoky body is some tar product, not easy to say just which. It is this latter and the white hellebore which it contains that cause it to yield a temporary relief; permanent relief we do not believe it can afford. No quantitative estimates were attempted.

This cure costs the consumer \$2.50 per ball. Money could be made on the material at 10c a pound, enough for 19 balls with a little to waste, or prepared in the form of a ball as it is sold would yield a handsome profit at 5c a ball.—*The New Idea.*

Extracts.

Clinical Lecture on Cases Illustrating the Treatment of Hemorrhoids, Fissure of the Anus, and Carcinoma of the Rectum.

BY A. G. GERSTER, M. D.,

Professor of Surgery in the New York Polyclinic.

Gentlemen, this man, 46 years of age, was operated upon several years ago for external hemorrhoids. He now complains of difficulty in micturition and pain about the anus. On examination by palpation I find a fissure, situated posteriorly, extending up to the inner margin of the external sphincter. You may ask, How do I know there is a fissure, since I have not seen it, and have no other proof of its existence than what is told me by my finger introduced into the rectum? A fissure, especially one which is not recent, can be diagnosticated by the touch quite as well as by visual examination. The margins of the fissure are indurated, and can be distinctly felt by the finger of one whose touch is tolerably fine.

I have asked the assistant whether the patient has been examined previously because he complains of trouble with micturition. A simple examination of the anus of a nervous patient is frequently sufficient to stop the flow of urine. You know that the connection between the nerves supplying the rectum, bladder, and adjacent organs is very intimate, and that reflex irritation of the bladder at once manifests itself in many patients of a nervous disposition by irritation of the rectum. Thus, for instance, certain persons suffering with prostatic disease will also suffer with spasm of the sphincter ani; and, *vice versa*, a patient who is very sensitive, and suffers with an internal hemorrhoid located near the prostate, will complain of difficulty in micturition. By examining such a patient, stretching the sphincter, as, for instance, by the introduction of the speculum into the rectum, you may unintentionally stop urination, and it may become necessary to withdraw such a patient's urine with the catheter for ten days or two weeks after your examination.

We notice by palpation over the pubic region that the bladder is empty, and this is now confirmed by the introduction of the catheter, which withdraws very little urine.

Regarding the care of catheters I may say a few words. It has become the fashion lately to treat everything to corrosive

sublimate or carbolic acid without any discrimination. This has led to a good deal of mischief, not only in the peritoneal cavity, but also in the urethra. The urethra has a very sensitive mucous membrane, and in disinfecting your instruments before introducing them into the urethra you use sometimes as high as a five-per-cent solution of carbolic acid, or one to one thousand of corrosive sublimate. Now, these solutions are very irritant. But what does irritation mean? Irritation is an expression which may mean ten different things. The word occurs on nearly every page of old surgical works, and on nearly every page it is intended to mean something else. In fact, you can imagine almost what you please when one speaks of irritation. It may mean acute pain from a mechanical cause; it may mean any degree of inflammation, as chronic inflammation, acute inflammation, phlegmonous inflammation. Let us, then, be more precise, and define what we mean when we speak of irritation. I mean by irritation in this case that when a solution like corrosive sublimate or carbolic acid is introduced into the urethra, coming in contact with the tender epithelium, it has the effect of causing corrosion. It coagulates and kills the most superficial layer of epithelium lining the urethra. This leaves an eschar; the cells become opaque, there remains a white blotch. This is cast off, leaving a raw surface. That raw surface must, of course, give rise to a secretion. Thus the result of the introduction of an instrument into a strong solution of corrosive sublimate or carbolic acid before passing it into the urethra is a urethritis with a discharge. Sometimes there is a good deal of discharge, especially in patients upon whom catheterism has to be regularly repeated. Suppose you have a healthy patient, except that he is suffering from a fissure in ano or hemorrhoids. You make an examination or operate, and following this the patient becomes unable to pass his urine. You must now catheterize the patient, or instruct the nurse to do it, three, four, or six times a day. You are required to be very careful in all your steps; you are on the modern antiseptic racket, to use a not very elegant but an expressive phrase, so you keep your catheter in one of these strong antiseptic solutions, and when the time comes to withdraw the patient's urine you take your catheter out of that solution and introduce it into the patient's urethra and bladder. About the third day the man complains that catheterism is painful. Your manipulations had not been painful at all in the be-

gining, but now they have become very painful. At your next visit he shows you his penis, and says, "Doctor, I think I have the clap," and he is astonished, and wonders where he got it. He has simply an acute inflammation of the urethra, which you have caused by an unwise application of an advanced principle in modern antiseptic surgery. The best thing can be turned into mischief by lack of judgment in carrying it out. Therefore, whenever you introduce an instrument into the urethra which has been disinfected in a strong solution of any kind, you should always first free that instrument from the corrosive substance by flushing it with hot water. After that, if you introduce it into the bladder it will not harm the patient.

Before introducing the catheter we must have the patient assume the proper position. He should place the heels together, reflex the legs and thighs, and spread the knees apart. That gives the greatest amount of relaxation. Now you grasp the glans penis and introduce the instrument into the meatus, using at no time during its passage any degree of force. Hold the handle of the instrument parallel with the longitudinal axis of the body, and push it very gently forward, pulling the penis over it, just as you would pull your glove over your index finger. Continue this until the instrument ceases to go forward with very gentle pressure. Now if you place the index finger of your right hand on the perineum you will feel the end of the instrument below the symphysis pubis. It is important to pass around this point without exerting any undue pressure. Having got thus far, you take hold of the handle of the instrument and gently depress it between the thighs of the patient, and it will slip into the bladder without any pressure on your part. Catheterism, if carried out properly, should never be followed by hemorrhage. One drop of blood making its appearance after you remove your sound or catheter indicates that you have not passed the instrument in a skillful manner—that you have used too much force.

While the instrument is in the bladder you can very readily ascertain the size of the prostate gland. The catheter serves as a guide in ascertaining its exact location and size.

Now, in trying to ascertain the relations of the prostate in this case I have come upon something which none of us need to have suspected. It is something which explains his whole trouble—the presence of the hemorrhoids, of the fissure, and also the

difficulty with his bladder. There is just above the prostate and behind it, at a point which I can just reach with the tip of my index finger, a pathological change encircling about two-thirds of the gut; a crescent-shaped indurated mass, constricting the rectum so that the end of my index finger will only comfortably pass through it. It is situated more to the right side of the patient, is apparently attached to the prostate; the mucous membrane of the rectum is still movable over it. It is apparently a growth taking its origin from the mucous membrane, but not from its surface. It is not an epithelioma in the ordinary acceptance of the term. You will remember that there is epithelioma of the rectum just as there is epithelioma of the face or tongue—that is, a cancerous new growth which takes its origin from the epithelial covering of the surface of the parts. This seems to me to be rather an adeno-carcinoma, if you wish to accept that term, the greatest part of which consists of epithelial elements. The disease probably started in one of the muciparous glands which occupy the interior of the mucous tissue of the rectum, and, therefore, has not ulcerated, as epithelioma is apt to do very soon, on account of the macerating effect of the moisture in the rectum in which it is constantly bathed. An epithelioma of the tongue is an ulcer from the beginning, because of maceration of the surface of the epithelioma from the presence of saliva, which keeps the horny epithelial matter of the diseased portion washed away. The same thing occurs in the rectum when the epithelioma begins on the surface of the mucous lining.

This man is 46 years of age, about the age when carcinoma is most common. He has lately lost a great deal in flesh. It is probable, therefore, that this adeno-carcinoma will go on increasing in size and thickness. In fact, everything about the case points to rather an unfavorable prognosis.

When there is a new growth, rapidly increasing in size, located near the neck of the bladder, it does not necessarily involve the prostate nor the interior of the bladder, although bladder-symptoms may be present. It is sufficient if it be near enough to irritate the nerve-filaments which go to the neck of the bladder.

This case, gentlemen, is a very interesting and a very important one. It is not alone interesting from the fact that we have successively discovered conditions any one of which seemed suf-

ficient to explain his symptoms, but which at first thought would seem to have no connection the one with the other. The lesson which I wish to draw from the case is one which does not belong especially in the pale of surgical teaching, yet it is of the utmost importance to the success of the surgeon. Never let a patient with rectal symptoms go away from your office without giving him a thorough examination—without making all you can of that first examination. At least, do not let him go away with your opinion of the case unless you have made the necessary examination of all the parts. If I had told this man that he had hemorrhoids alone, which was all that I discovered on external inspection, I should have been far from the truth. I should have stated the truth in saying that he had hemorrhoids, but not the whole truth, and certainly not the essential part of the truth; that would have remained a mystery. Examining further, I found a fissure in ano. But that was not all. Going still further, and examining the bladder and prostate, something was felt high up in the rectum which at once threw light on the whole of the complex symptoms of which he complained, giving us a clear insight into the case and enabling us to make an intelligent diagnosis and to decide what we can do and what we cannot do for the patient. If we had treated this man for hemorrhoids alone, we would have expected a cure and would have been disappointed. By and by we would have found the fissure, would have cut it; yet the patient would have come back to us in a worse rather than in a better condition. He would have become cachectic. A colored discharge would have appeared at the anus. Then some person would have put his finger inside and found an ulcerated tumor of the rectum. Of course the reflection would have fallen back upon the first physician who had treated the case for months without having approached a correct diagnosis of the man's condition. Yet, gentlemen, this sort of practice is not uncommon. It is seen in the treatment of rectal troubles the same as in the treatment of urethral troubles. You know that sometimes a patient comes into a physician's office and says he has a clap, and the doctor does not even look at him, but gives him a prescription and tells him what to do. He thus treats the patient weeks and months, and the patient all that time is expecting a good result. Of course, if the patient has happened to hit upon a correct diagnosis of his case the doctor's treatment may prove of some benefit to him. But never

rely upon the statement of the patient or upon a superficial examination which you yourself make in giving an opinion about an organ like the rectum or the urethra.

HEMORRHOIDS.

We will now examine a patient with hemorrhoids, treated by Dr. Wyeth by injecting the tumors with a mixture containing carbolic acid. I believe that a moderate degree of hemorrhoidal trouble can be treated successfully by carbolic acid injection. The objection raised to this method is that it sometimes causes extensive sloughing, not only of the hemorrhoidal node, but of a large portion of the mucous membrane of the rectum. A case occurring in New York was reported, I believe in the *Medical Record*, in which four inches of the rectal mucous membrane came away after a single injection of a hemorrhoidal node with carbolic acid. In some cases phlebitis, etc., have resulted, placing the patient in great danger. But my personal experience with this method is limited to only one case. I have not employed it oftener because most of the cases which come under my care are either light cases, not calling for any operation, or grave cases in which I prefer to give positive and permanent relief by resorting to the operation which you have seen me perform repeatedly at the hospital. I mean the use of either the ligature or the actual cautery and clamp.

Mild cases of hemorrhoids, or those in the incipient stage, I frequently see get well without any operation at all. I have my share of such cases, and I rarely operate upon them. But I take the trouble to examine the patient carefully from head to foot, to learn all that I may about his internal economy. First, I examine for large masses of fecal matter hoarded up in the gut. This is a very ordinary condition of things in a man of sedentary habits who is over-fed and does not take sufficient exercise. Nearly all persons who suffer from hemorrhoids belong to this class. On examining them carefully you will find the large gut filled with fecal matter. But they may assure you that they are as regular as clock-work; they have a motion of the bowels every morning; and sufficient, they think. Apparently it is sufficient. But if you examine the rectum of such persons, as we often have opportunity to do very thoroughly at the post-mortem table after they have died of some pulmonary or other disease, you will find an extraordinary condition of things. The rectum and colon, as you know, are provided with a number of

lateral pouches of greater or less depth. In such patients you will find these pouches filled with fecal matter. It differs in color, as well as in consistency, from ordinary fecal matter; it is harder, and of a slaty color. The evacuations which these patients have take place only through the middle of the gut, and more and more of the fecal matter becomes deposited on the walls. Imagine an old sewer being filled up in that manner, and you can form some idea of the interior of these people. As the channel becomes narrower and narrower from successive deposits of fecal matter along the walls of the gut, the patient suffers more and more, the descending colon and rectum feel like a hard bologna sausage; if you press upon it with your fingers the indentation remains, as if a mould were made of clay. Now, give this patient a good dose of calomel and salts, causing his bowels to move freely, and then examine him, and you will often still find a large quantity of fæces distending the intestine. But after once thoroughly cleansing out your patient he will not need an operation for the hemorrhoids. You will have done what a learned, sensible physician should do. You will not have treated the hemorrhoids as the pile-doctor does, whose vision does not extend beyond the internal sphincter; but you will have treated them as does the modern intelligent physician, whose vision takes in the entire patient. You will have cleaned out the Augean stables and have done the man a real service.

Look upon another patient, a fat man, one whose skin is pale, who appears to have no blood. Examine him, and you will find that he has an enlarged liver. You question him, and you find that he has been drinking more beer than is good for him. Now, if such a man has internal hemorrhoids, would it be rational simply to treat those hemorrhoids? He looks like a vigorous man, but you will find that after ascending a few steps to enter your office he is out of breath and is glad to sit down and rest himself. He has come to be treated for hemorrhoids, but on further examination you find not only enlargement of the liver, but also disease of the heart. There is obstruction to the whole portal circulation. Of course the hemorrhoidal veins are over-filled. Would it be rational for the physician to treat such a patient simply for hemorrhoids? Of course not. If he did so treat him, his diploma should be taken from him. The heart disease ought to be treated, and, if successfully, the hemorrhoids will disappear. I have given these examples to show that hem-

orrhoids in the incipient stage do not require surgical treatment. Topical treatment will, of course, make it easier for you to effect a cure, and it will satisfy the patient. He will feel that something is being done for his piles. He could not understand that you were benefiting a diseased condition in his rectum by treating his heart alone. He is a layman; he cannot see through the whole case. A good many doctors cannot. Therefore, give him some application for the anus. Let him put an ice-bag there, or a salve, or use an astringent injection.

But when you have to deal with a hemorrhoidal condition of an aggravated character, where considerable pathological change has taken place, where there is considerable infiltration and hypertrophy and prolapsus of the mucous membrane surrounding the hemorrhoidal nodes, where they have become ulcerated and reached that stage when they cannot shrink and return to a normal state, then an operation is necessary; and in that case I think it is better to burn them away, or ligate them. But there is weighty authority for the local use of carbolic acid; such men as Weir, Lange, and Wyeth, in this city, employ it with good results.—*Medical Times*.

Recent Studies of Hypnotism.

A letter from Paris, in the *N. Y. Medical Journal*, for March 19th last, treats of those unexplained phenomena which, under the name of mesmerism, remained so long the objects of simple curiosity and amusement, but which are now being submitted to rigid scientific investigation, disclosing how vast the field is and how many medical and social problems the study raises. Whether or not the use of magnets for transferring such symptoms from one patient to another will ever amount to anything of real value only time can show. At any rate, hypnotism, or "suggestion" to the hypnotized patient, is a subject of medical investigation that has attracted a great deal of attention recently among all classes in Paris, owing to the fact that its medico-legal aspect has come under examination. It is easy to see that it is possible for an individual to acquire an unlimited power of action upon another, so as to be able to impose his will upon him and cause him to do whatever he likes. If this can be proved, the sphere of legal responsibility will be greatly modified. Public opinion in France has been much moved by these

matters, and the government was urged to appoint a committee to examine into the question. This was done, and the committee held weekly sittings at the Salpetriere Hospital. The committee was composed of magistrates and professors of mental medicine, with Dr. Brouardel, the Paris professor of legal medicine. The principal questions examined into were the following: Can a person cause another, when in a state of hypnotism, to sign receipts for money not received? Can a person, in the same state, be forced, against his or her will, to draw a will in favor of anybody?

The mode of experimentation was as follows: A female patient, Mademoiselle A., is forced into the lethargic sleep by pressure on a suggested hypnotic point, when, by slight friction on the forehead, she passes into the somnambulistic state. Professor Brouardel then approaches her and asks her if she will accept a loan of fifty francs. At first she refuses, but, on the suggestion being forced upon her, she gradually weakens, and finally consents to accept the offer. A stamped receipt is then drawn up with every possible legal precaution, and the patient herself is quite anxious that there should be no mistake about it. She then signs it, and Dr. Brouardel puts it into his pocket, but does not offer to give her the money. She is then awakened, and acknowledges that the receipt was signed by her, but cannot remember under what circumstances she was induced to sign it, or whether or not she got the money. Legally the receipt is quite valid, and, according to the present law, the holder of it could collect payment if the signer had any property or means of payment. In regard to the second matter, that of compelling a person to draw up a will in a certain way, the experiment was equally successful. Mademoiselle B. is plunged into the hypnotic state, and Dr Babinski tells her it is absolutely necessary for her to make her will at once, and in his favor. She objects at first, saying that she is too young to die, etc. This lasts about ten minutes, and she goes on to say also that she wishes to give her property to her mother and other relations, but, after persistent persuasion and keeping up the suggestion that it is better to give everything to Dr. Babinski, she at last begins to weaken, and finally accepts the proposition, saying that her property consists of about thirty francs that she has saved, and that she has a ring, a brooch, and a pair of earrings. All this, her sole property, she then agrees to bequeath

to Dr. Babinski, and the next Thursday is appointed for the signing of the will. A notary is to draw up the document, and she will sign it. Moreover, Dr. Babinski suggests to her to say nothing about it to any one in the meantime, and to say when asked that she acted of her own free will and consent, and that she was not forced to the act by anybody. The appointed day arrives, and it is noticed that the girl has been rather fidgety and nervous since early morning, and says she has something to do, but does not remember exactly what it is. On being put into the somnambulistic state, however, she remembers her promise, and, when one of the bystanders is introduced as the lawyer, she immediately draws up her will and gives all that she has to the doctor. This is duly witnessed, and then the lawyers of the committee question her as to whether she has been urged to the act. She replies that she has done it all of her own free will; that she knows that she has a poor family, but she would rather give everything she has to Dr. Babinski. She says, however, that she is obliged to do so, but when asked for what reason, cannot tell. When she is awakened she repeats the same story.

These experiments prove the legal irresponsibility of these patients, for it is obvious that they can be made to commit many acts without knowing why it is that they are compelled, as it were, to do them. In his faculty lectures, this year, on rape, etc., referring to the question of the bearing of hypnotism on his subject, Dr. Brouardel said that he was not disposed to believe that suggestion could be used in the commission of criminal acts against the person. To be sure, the possibility of criminal connection in the mesmerized state was not exactly denied, but it must be taken into account that the female subjects must be entirely consenting parties before they are put into the sleep, and that it is probably impossible to get them into the sleep without their consent. Besides, there is no evidence that coitus can be accomplished without the patient's knowledge; indeed, it is often astonishing how much they do know and hear when in the trance-like state, as is frequently proved in the hospital when some one is rash enough to make depreciating remarks, and is told of it pretty sharply when the patient awakes.

On the other hand, it seems not unlikely, if we may trust a cable dispatch from Paris to the *Herald*, that the study of hyp-

notism will prove a powerful aid to legal procedure, inasmuch as by sending criminals to sleep and dragging their secret from them while under this influence, there would be little fear of judges condemning the innocent for the guilty. A theft in the hospital was found out in this way by Dr. Marie, for many years Dr. Charcot's assistant. The subject refused at first to tell where the stolen object was concealed. After a little diplomacy, however, on the part of the young doctor, who told the sleeping girl he was the young man from whom the card-case had been taken and not to fear telling him where it was, she gave the detailed account of having stolen it, and told where the card-case was to be found. Dr. Marie immediately went to the spot indicated, and, sure enough, there was the stolen article.

One of the curious sides of this matter is shown in the religious journal, *L'Univers*, which seems to see a terrible heresy in the study of hypnotism, and denounces the new science as "dangerous to morality." In his studies, M. Charcot called in the aid of instantaneous photography, and he has taken his patients in every phase and attitude of their complaints. Afterward, when the history of these maladies was hunted up, it was found that these attitudes were precisely those represented in certain ancient works of art. All who know M. Charcot know that he is something of an artist himself. He has a great taste for art, and every year, when traveling, he has visited old churches and museums. He has been struck at finding that old church paintings, portraying the lives of saints and those who were supposed to be "possessed," represented exactly the appearance that instantaneous photography revealed in his hysterical patients. This idea was followed up, and long search proved that paintings by Andrea del Sarte, Rubens, Roselli, Van Noort, and many others of the old masters were simply copies from nature, faithfully representing the convulsions of hysterical men and women. Some very curious examples of these "miracles" were certainly only manifestations of St. Vitus's dance or hysteria. So we fear that another of the world's cherished ideas is being decidedly undermined—whence the wrath of the pious sheet against M. Charcot and his fellow-workers.—*N. Y. Medical Times*.

A CHINESE DINNER IN HIGH LIFE.—A member of a Bremen trading-house lately had the honor of taking dinner with a Chinese magnate in Peking, and has given to the *Pop. Sci. Mo.* the following appetizing description of the feast. The table was set with twenty-two dishes, and was lit with ten large lanterns, the light of which shone clear through brightly colored shades and ornaments. Instead of being served in course, the dishes were brought in one at a time and passed to the guests severally, beginning with the most distinguished or with the oldest. The merchant has given a list of them, with his comments, as follows:

1. Doves with mushrooms and split bamboo-sprouts. *Delicious.*
 2. Fat-pork fritters, or something like fritters. *Splendid.*
 3. Pigeons'-eggs in meat broth, the whites hard but transparent. *Very good.*
 4. Chinese birds'-nests, with ham-chips and bamboo-sprouts (a mucilaginous dish). *Excellent.*
 5. Poultry, different kinds, cooked with mushrooms and bamboo-sprouts. *Very agreeable.*
 6. Duck, with bamboo and lotus fruits, the fruits tasting and looking like an acorn without its cup. *Tolerably good.*
 7. Hog's liver fried in castor oil. *Bad.*
 8. A Japanese dish of mussels, with malodorous codfish and bacon. *Horrible.*
 9. Sea-crabs' tails cooked in castor oil, with bits of bamboo and ham. *Would have been palatable but for the wretched oil.*
 10. A star made of pieces of fowl, bacon, and dove, covered with white of egg. *Very juicy.*
 11. Slices of sea-fish and shark's fins, with bamboo and mushrooms—it was hard to tell what kind of a dish it was, but it was rather bad than good.
 12. Giblets of poultry with morels. *The morels helped the giblets down.*
 13. Ham and cabbage. *Not very good.*
 14. Ham of sucking pigs cooked in their own juice.
- A pause now ensued, during which pipes and tobacco were brought in. The pipes held about a thimbleful of tobacco—*enough for two or three puffs*—and we were kept busy filling and lighting them.
15. Land-turtles, with their eggs in castor oil. *Abominable.*

16. Ends of ham. *Good.*
17. Breast of fowl, with sour cabbage. *No delicacy.*
18. Stale eggs (these eggs had been kept one month in salt and two months in moist earth). The whites looked like burned sugar, and were transparent. The yolks had a greenish color, and the embryos appeared dark, rolled together, and perfectly recognizable. *A terrible dish.*

Dessert: Conserve of sitzon, a red fruit that looks like a shad-berry, and tastes like a currant. *Good.*

2. Dark-green fruits, having oval seeds like those of a plum, preserved in brandy. *Good.*
3. Crabs' tails cooked in castor oil.
4. A green, oval fruit with a long, hard seed, resembling a large green olive, but sharp and sour, and disagreeable to European taste. Light cakes. *Very fine.* Nuts: almonds and castor oil seeds, roasted and candied with sugar. *Good even to the castor oil seeds.* Macaroni with sesame seeds and three-cornered cakes covered with castor oil seeds. *Passable.* Various bon-bons, very moderate; baked lichis. The lichis is the finest of Chinese fruits, having a flesh with the taste of the best grapes. Shaddocks and maudon oranges. *Good.*

The only drink was tea. Very weak without sugar, and Jamion, a rice wine, which is drunk hot like tea, and is wretched stuff.—*Journal of Reconstructives.*

Transference of Hysterical Symptoms.

One of the conclusions which was reached by the committee of the *Societe de Biologie* in 1886, on the action of metals, was that sometimes when a magnet was applied to one side of a hysterical patient, such unilateral hysterical symptoms as there were, shifted themselves to the other side of the body, and, as M. Charcot afterwards remarked, oscillated for a while from side to side. Fresh experiments made by M. Babinski, as *chef de clinique* under M. Charcot at the Salpetriere, have been recently reported to the *Societe de Psychologie physiologique* as showing that two hysterical patients may play the part of the two sides of the body, even when there is no connection between them; *i. e.*, they may be placed back to back even without contact, and the symptoms of the one will shift to the other without

any apparent means of inter-communication. There were two groups of experiments: (1) Where two similar hysterical girls were experimented upon, and (2) where one of these girls was in combination with a new patient unknown to her. In the first group the two hysterical girls (whom we will call A and B) were put back to back on two chairs. They were both hemi-anæsthetic. A magnet was laid on a table touching B's arm. In a very short time A lost all her hemi-anæsthesia and B became completely anæsthetic on both side. The bilateral affection was soon transferred to A, and B became normal, and there were several such oscillations; when A and B were widely separated, they relapsed gradually into their original states of hemi-anæsthesia. In these subjects, hysterical paralysis could be easily produced in any limb with or without contracture. If, for example, A's left leg was paralyzed thus with contracture, and she was put back to back with B and in contact with her (B having meantime the magnet touching her arm), then the paralysis and contracture of A's leg disappeared, and was shifted to B's leg on the side generally which touched the magnet, and subsequently oscillated between the two subjects. In the same way A might be made dumb if she was told she could not speak, and this dumbness would shift from one to the other. These experiments in transference were most easily done when both the subjects were in the somnambolic stage of hypnotism, but have sometimes been successful when both were in a normal waking state. If A was put into the somnambolic stage, and B left in contact with the magnet in a normal state, B soon became somnambolic and A woke. With a view to avoid collusion, a second class of experiments was made, in which one of the co-operators was A or B, and the other a man or woman with hysterical paralysis, entirely unknown to A or B, who had never before been hypnotised. The method was that A or B should be hypnotised with the magnet in contact with her arm, and then the new patient introduced, and made to sit back to back with her. Under these conditions, the new patient generally lost the paralysis, and A or B acquired it, and for a time it oscillated between them, remaining finally with the new patient. In some cases, however, after several such experiments it disappeared altogether, so that this method might be called in some cases curative, and this suggestion M. Babinski proposes to follow out. He is anxious to emphasize the distinction between

his cases and those in which the body has been said to serve as a conductor for the influence of the magnet. MM. Proust and Ballet have published such cases, in which two hemi-anæsthetic girls have been made to hold each other's hands; the magnet was applied to one of them, and after an hour both recovered complete sensation. M. Babinski considers that by his method of conducting the experiments, fraud and suggestion were both excluded, and points to the fact that the results were just as successful on the first trial as after practice. When a hysterical paralysis was produced in A, with a view to testing whether it would be transferred, B was always kept out of the way, so that she could not see or hear anything that had been done to A, and A was covered with a sheet to prevent her from being seen when B was introduced into the room. If the experiment was between A or B and a new patient, care was taken that A and B should be completely ignorant of the condition of the new patient. The magnet was always applied to the arm wherever the paralysis or contracture to be transferred might be.—(*Progres Medical*, Nov. 20, 1886.)—*Practitioner*, London.

A Homœopathic Physician's Opinion of Progressive Medicine.

The *American Lancet* reviews a communication from Dr. F. R. Corson in in a homœopathic medical journal. Dr. Corson says he was educated as a homœopath, began practice with profound faith in the doctrines of homœopathy. Gradually he began to use outside drugs, until at last he uses anything that he has reason to believe will benefit his patients. He repudiates the name of homœopath, and, while he uses homœopathic remedies, he says they are such as are found in the works of regular physicians. He advises homœopathic physicians to send their sons and students to the very best medical colléges in the land. Let them become regular physicians, hampered by no schools, no systems, no therapeutic dogmas—physicians who can practice what their knowledge, their experience, and their conscience may dictate. Drugs should be studied from every standpoint, and be used freely between the limits of prudence and common sense. He divides homœopathists into three classes. First, a very small class, getting smaller daily, composed of strict hahneemannians, who use nothing outside the strict limits of homœopathy. Second, a much larger class, those who

are constantly encroaching upon general medicine, using a great many remedies outside the limits of similia, and yet who consider themselves homœopathists, and who try to explain their inroads by the law of similars. Third, a class not so large, perhaps, as the second, yet growing larger and larger every day; those who see they have no rights to the title, and are willing and glad to give it up. They are ready to use anything which science can prove to them to be good. They should be regarded as regular physicians, and should reap all the benefits accruing therefrom. If these are the facts in the case, then it is but a question of a few years when homœopathy must disappear.—*Practice.*

Hypnotism as an Anæsthetic.

In the May number of the "Annales de gynécologie" M. Auvard and M. Varnier give an exceedingly interesting account of an accouchement that took place last April under their observation at the hospital Lariboisière, in which hypnotism was employed as an anæsthetic. The patient, a laundress, twenty-nine years old, belonged to a highly neurotic family and had for years suffered with convulsive hysterical attacks. She was admitted into the hospital in the seventh month of her fourth pregnancy, and it was accidentally discovered that she could be hypnotized easily by simple compression of the eye-balls. It was resolved that the effect of hypnotism as an anæsthetic should be tested at the time of labor, and, to increase the chances of success, she was regularly drilled, so to speak, by being hypnotized daily. It was soon found practicable to make her sleep for three hours in succession, and wake spontaneously at a time previously agreed upon. During this period of training it was ascertained that she was also readily "suggestible." On one occasion she was instantaneously relieved of an intense dental neuralgia by being hypnotized. The power of "suggestion" over her was forcibly illustrated by the fact that, although she was known to be extremely desirous of remaining in the hospital through the rest of her pregnancy, when it was suggested to her that she should go to the director and ask for her discharge, she at once proceeded to make preparations accordingly, and at the end of fifteen minutes she was found making parcels of her belongings, but half-clad, fidgety, and in tears. To all questions

she answered, "I want to go away; I don't know why, but I want to go." So thoroughly had the "suggestion" become fixed upon her that it was found necessary to hypnotize her anew, in order to rid her of it by a "counter-suggestion." On emerging from this second hypnosis, she set about arranging her clothes again as if for a prolonged stay.

On the 17th of April uterine contractions set in, recurring every ten minutes. Each pain caused her to cry out, toss about, and show signs of excessive excitement. By compression of the eyeballs for one minute she was thrown into a state of hypnotic lethargy in which she was totally insensible to pain. The contractions lasted rather more than two hours, and during that time the compression of the eyeballs was repeated twice. She showed no sign of suffering from the uterine action, but usually heaved a deep sigh as the individual contractions passed off. Once or twice she complained of pain about the heart and made efforts at vomiting. It was suggested to her that her distress about the heart was now at an end, and her attempts to vomit ceased at once. The action of the uterus then remained in abeyance for more than four days, when the pains returned, occurring at first every ten minutes, and presently as often as once in two or three minutes. The child's head was now found engaged, the membranes had ruptured, and the pains were very severe. The eyeballs were compressed for five minutes, and, although a strong contraction occurred during those five minutes, the patient complained but little. An hour and a half elapsed before the child was born. Most of the uterine contractions were accompanied by only very slight evidences of suffering, and in the intervals between them the woman lay as motionless as a statue. Toward the close, it was found difficult to renew the hypnotism, and finally, as the head appeared at the vulva, carrying the anterior lip of the cervix before it, the patient became indescribably excited, and cried out incessantly. This time it was found impossible to hypnotize her anew, and three pains occurred before the child's expulsion was completed. Of this suffering, however, the woman subsequently had no remembrance. Post-partum hæmorrhage took place, and the patient was again hypnotized, to allow of an intra-uterine injection of hot water, which, as well as combined expression and extraction of the placenta, was entirely painless. Severe after-pains were at once allayed by hypnotism and suggestion. After that the progress of the case was perfectly normal.—*Ed. N. Y. Medical Journal.*

Another Unwise Society.

It does appear, looking at the matter from a business standpoint, as though medical societies were peculiarly unfortunate in that they never seem to know just when they have a good thing in the way of having their proceedings published. No matter how fairly they are treated by the journal that may undertake the reporting and printing, there is always an invidious clique in the membership who fancy that the editors and publishers are making money at the expense of the Society, a "kick" is started, and the result is usually that the Society is "left," and badly left, at that. The latest illustration of this condition of things comes to us from California, where the State Society has just "withdrawn its patronage" from the *Pacific Medical and Surgical Journal*. This old and excellent monthly some two years ago made an arrangement to print the annual proceedings, and to furnish each member of the body with the *Journal* for \$750.00 per annum—a price which would not begin to pay for the composition, to say nothing of the subscriptions to the *Journal* which were included in the amount. It faithfully carried out its side of the contract, but at the recent meeting of the Society the inevitable "kick" was made and the contract annulled. Now the *Journal* announces that the members who want it can get it at the usual price of three dollars *per annum*. The editors and proprietors will find that they have been relieved of a great incubus which had not one single real advantage to offer in return. Their edition will not be as large for a month or two, probably, but they will not lose a subscriber or an advertiser in the long run, and will be enabled to make and print a far better and fresher journal than ever before. *Crede experto.*—*St. Louis Med. and Surgical Journal*.

CLARK (A.) ON THE MANAGEMENT OF SIMPLE CONSTIPATION.—1. On first waking in the morning, and also on going to bed at night, sip slowly from a quarter to half a pint of water, cold or hot. 2. On arising, take a cold or tepid sponge bath, followed by a brisk general towelling. 3. Clothe warmly and loosely; see that there is no constriction about the waist. 4. Take three simple but liberal meals daily; and, if desired, and it does not disagree, take also a slice of bread-and-butter and a cup of tea in the afternoon. When tea is used it should not be hot or

strong, or infused over five minutes. Avoid pickles, spices, curries, salted or otherwise preserved provisions, pies, pastry, cheese, jams, dried fruits, nuts, all coarse, hard, and indigestible foods taken with a view of moving the bowels, strong tea, and much hot liquid of any kind, with meals. 5. Walk at least half an hour twice daily. 6. Avoid sitting and working long in such a position as will compress or constrict the bowels. 7. Solicit the action of the bowels every day after breakfast, and be patient in soliciting. If you fail in procuring relief one day, wait until the following day, when you will renew the solicitation at the appointed time. And if you fail the second day, you may, continuing the daily solicitation, wait until the fourth day, when assistance should be taken. The simplest and best will be a small enema of equal parts of olive oil and water. The action of this injection will be greatly helped by taking it with the hips raised, and by previously anointing the anus and the lower part of the rectum with vaseline or with oil. 8. If by the use of all these means you fail in establishing the habit of daily or of alternate daily action of the bowels, it may be necessary to take artificial help. And your object in doing this is not to produce a very copious dejection, or to provoke several smaller actions; your object is to coax or persuade the bowels to act after the manner of nature by the production of a moderate more or less solid formed discharge. Before having recourse to drugs, you may try, on waking in the morning, massage of the abdomen, practice from right to left along the course of the colon; and you may take at the two greater meals of the day a dessertspoonful or more of the best Lucca oil. It is rather a pleasant addition to potatoes or to green vegetables. 9. If the use of drugs is unavoidable, try the aloin pill. Take one half an hour before the last meal of the day, or just so much of one as will suffice to move the bowels in a natural way the next day after breakfast. If it should produce a very copious motion, or several small motions, the pill is not acting aright; only a fourth, or even less, should be taken for a dose. When the right dose has been found it may be taken daily, or on alternate days, until the habit of daily defecation is established. Then the dose of the pill should be slowly diminished, and eventually artificial help should be withdrawn. The aloin pill is thus composed: R Aloinæ, $\frac{1}{2}$ gr.; extr. nucis vom., $\frac{1}{2}$ gr.; ferri sulph., $\frac{1}{2}$ gr.; pulv. myrrhæ, $\frac{1}{2}$ gr.; saponis, $\frac{1}{2}$ gr.; fiat pil., 1. If the fæces

are dry and hard, and *if there is no special weakness of the heart*, half a grain of ipecacuan may be added to each pill. Should the action of the pill be preceded by griping and the character of the action be unequal, half a grain of fresh extract of belladonna will probably remove these disadvantages. If the aloin pill gripes, provokes the discharge of much mucus, or otherwise disagrees, substitute the fluid extract of cascara sagrada, and take from five to twenty drops in an ounce of water either on retiring to bed or before dinner. And when neither aloin nor cascara agrees, you may succeed by taking before the mid-day meal two or three grains each of dried carbonate of soda and powdered rhubarb.

The exact agent employed for the relief of constipation is of much less importance than its mode of operation. If, whatever the agent may be, it succeeds in producing after the manner of nature one moderate formed stool, it may be, if necessary, continued indefinitely without fear of injurious effects. But treated upon physiological considerations, I have the belief that in the great majority of cases simple constipation may be successfully overcome without recourse to aperients.—*Lancet*, Jan. 1, 1887.

SHUTTING OUT THE QUACKS.—We note with considerable interest that the New York Assembly is taking steps in a direction much needed, viz., a bill has been introduced and passed which prohibits the appearance in the daily press of all advertisements relating to diseases of a private nature. The statement is made that as it now stands the bill will exclude nearly every patent medicine advertisement from the daily papers. Such a move as the above could well be taken by other State Legislatures, and not only would it promote morality, but would protect in a very effectual manner the physical health and pockets of a large and credulous class, easily frightened by these artfully worded advertisements. In fact, if there is any one thing, except advertising, in which a quack excels, it is in his knowledge of human nature and his ability to play upon it with financial success. Once close thoroughly the press to them and their chief avenue for reaching the public will be closed, and probably a very effectual stop will be put to their nefarious traffic. The postal service is an expensive means of reaching the public, and they could never carry on by its means the same extended and wide reaching advertising.—*The New Idea*.

THE PALLIATIVE TREATMENT OF CARCINOMA OF THE UTERUS.—Dr. Gaches Sarrante (*Memorabilien*, Nov. 4, 1886,) reports a number of cases of uterine cancer, which could not be operated on, treated with a fair measure of success in the following manner:

The genital canal was first very thoroughly disinfected by means of copious injections of sublimate solution, and then all sloughs and loosened pieces of the cancerous tissue were removed, care being taken not to disturb those that were adherent, as it was desired to avoid all hemorrhage. Tampons soaked in a four per-cent chloral solution and then spread over with powdered iodoform, were now applied to the cancerous ulcer or inserted into the cavity, if any existed, formed by the loss of substance. This was applied so that the entire diseased surface was brought in contact with the medicated tampon, and was retained *in situ* by a vaginal tampon, being left undisturbed until the next visit.

The results of this method of treatment are summarized as follows:

1. Hemorrhages, even when profuse, are absolutely stilled and prevented from recurring.

2. The ichorous surface of the tumor is cleansed, and presents the clear, red appearance of healthy granulation tissue.

3. The pain is entirely relieved.

4. The general health of the patient is greatly improved, and the discharge loses its fetid order, so that the women are able to go about and enjoy social companionship without the consciousness of being an offense to their friends. The iodoformized tampons were applied three times a week.—*Medical Record*.

INEQUALITY OF PUPILS IN HEALTHY PERSONS.—From an examination of one hundred and thirty-four healthy recruits, Dr. G. S. Ivanoff, of Kirilov, came (*Vratch*, No. vii, 1887, p. 162) to the following conclusions: (1) Equal or symmetrical pupils, as well as equal or symmetrical halves of the face, are met with but seldom, the former only in nine per cent of the persons examined, and the latter in only 1.2 per cent. (2) The inequality or asymmetry is probably dependent upon an asymmetrical development of the cerebral hemisphere. (3) In 54.5 per cent of persons, the left pupil, and in 73.9 per cent the left side of the face is larger than the right one.—*British Medical Journal*.

A Proposed Modification of Bergeon's Treatment.

A contributor to the "Union médicale," writing under the pseudonym of *Simplissime*, professes to have received an anonymous letter setting forth the inconveniences of Bergeon's method of introducing hydrogen sulphide and carbon dioxide into the intestine, suggesting that these gases make up a great part of the ordinary intestinal flatus, and proposing the use of articles of food that are known to produce flatulence, the patient being instructed to oppose the expulsion of the gas by a vigorous and determined contraction of the sphincter. Beans are mentioned as worth trying.—*N. Y. Medical Journal*.

INJURIOUS EFFECTS OF BLISTERS.—Dr. Wyss of Geneva, has published a warning against the use of blisters. He says, that although devoid of real remedial properties, they are still daily prescribed, perhaps more with the view of sustaining the hopes and confidence of the patient, and of gaining time for the natural process of recovery, than in the expectation of actual benefit. The long experience of an extensive practice leads him to consider blisters an unnecessary cruelty to the patients, which ought entirely to be discarded. He has employed blisters in the treatment of pneumonia, pleurisy, sciatica, and other diseases, but failed in ever observing the slightest benefit from their use. On the contrary, he found them more or less injurious. He thinks that blisters disturb the sleep of the patient in want of restorative rest; they impair in many irritable patients the urinary organs, and they frequently bring on obstinate cutaneous eruptions. Moreover, they cause actual harm by almost invariably increasing the fever in already feverish patients, and may thus seriously affect the general condition.—*Der Fortschritt*.—*Med. Record*.

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Original Articles.

DR. AUGUSTUS J. BOWIE.

In Memoriam.

By DR. LEVI C. LANE, Professor of Surgery in Cooper Medical College, San Francisco.

“Los amigos que tanto le querian, la familia que tanto le adoraba; los pobres y los desgraciados de quienes era consuelo y providencia, saben cuanto han perdido en el insigne varon, cuya vida, compendio de todas las virtudes, debe quedar como recuerdo eterno en la memoria.”—D. EMILIO CASTELAR.

(Which in less eloquent lines may be rendered as follows: The friends who loved him so dearly, the family who so adored him, the poor and the unfortunate of whom he was the comfort and defence, know how much they all have lost in this distinguished man, whose life, a compend of all virtues, must remain as an eternal picture in memory.)

* * * * *

Death has recently deprived San Francisco of one who, for many years, was a distinguished member of the medical profession, viz.: Dr. A. J. Bowie, who died early in the month of July, in his seventy-second year.

Owing to ill health, for some years past, the deceased has been compelled to almost abandon the practice of his profession; yet, at an early day, he occupied a most prominent position among those famous medical pioneers who came here in

1849, and who, by their energy and personal talents, contributed much toward the new Commonwealth that has since risen to such proportions on the Pacific Coast. Those men, as a rule, were young, and had the endowments of youth, viz.: bravery, fearlessness, tireless energy, and passion for adventure. Those early medical men were bright stars in their respective spheres, ready to reach eminence wheresoever their lot should cast them, and to no one did this more aptly apply than to Dr. Bowie. For had there been a competitive examination among them for the first position, in which learning and personal ability were made the test of superiority, there is no doubt but that the award would have been to the subject of our obituary. In fact, without such examination, this rank was conceded to him, here, by nearly all persons, whether in or out of the medical profession.

Dr. Bowie had the advantage of a thorough, early education; an education in which the "humanities" had full place. This was at a period when, as yet, there had not dawned the new order of things, now rapidly obtaining sway, in which the study of the classics is nearly discarded, and the student is taught that the learning of antiquity is effete, and that time given to it is sadly wasted. It is possible, that, at that day, the fault was committed of devoting too much attention to these subjects, to the exclusion of the physical sciences. The modern method, however, is quite as much of an error in the opposite direction; for the exclusive study of the natural sciences will surely fail to bring that harvest of intellectual fruit, which can be realized where the classics have equal share in moulding the youthful mind. The scholar, trained in natural science alone, will be as a bird with one wing broken, whose flight will ever be crippled and irregular: instead of lofty soaring, its wings will never rise beyond humble circlets.

In his collegiate training, our friend was conducted by skilled guides to the Castilian source, and his delighted mind drew thence a rich store of the priceless treasures there to be found. And what he then learned, his marvelous memory retained ever afterwards. The weary toils of the busy professional life which, in later years, so engrossed him, never dimmed the lines which "youth and occupation had copied" in his mind. One had but to mention the name of some ancient author, and it seemed as if the pages actually stood before him, so accurately did he

recall the text. This was especially true of Virgil, Ovid and Horace. Once, during a short journey we made together, allusion was made to Ovid, when, without hesitation or the lapse of a word, during a number of minutes, he recited from that author. On another occasion, taking up a volume of Virgil, he turned the pages over at random, giving translations of choice lines which met his eye, and rendered them into English, which in its elegance and beauty rivaled the faultless original. On reaching the fourth book of the *Æneid*, as he was rehearsing the charming dialogue between the Punic queen and her sister, the musical cadences of his voice, as he read the original hexameter and retold the same in his native tongue, made an impression on the writer, which though a quarter of a century has since elapsed, remains vivid as a thing of yesterday; and which like some old melody, or a tale of the olden times, such as every thoughtful heart has in its keeping, is destined to remain as an enduring recollection; and which when awakened in memory, unfit for expression in common language, is best told in the words of Ossianic metaphor: "It is like the morning dew on the hill of roses, when the sun is faint on its side, and the lake is settled and blue in the vale."

But it was when Horace was introduced that the Doctor especially awakened the wonder of his listener. Not only was he familiar with the ideas of the odes and satires of this prince of Latin poets, but his knowledge of the prosody was as if he had lately learned it; and the complexities of Sapphic, choriambic and other meters were recalled, on any occasion, as readily, as if he had just prepared for a recitation.

With such a storehouse of the choicest gems of literature ever in his mind, it was no wonder that as a conversationalist, he was without rival. Among his various intellectual gifts, this one transcended all the others. When in one of his better moods, and it was rare that he was not found in one of them, this sparkling talent quickly bore away captive all who had the good fortune to be within the compass of his voice. His language, even on the most common topic, was ever interesting; but when the subject was one which awakened his best powers, the auditor remained spell-bound as he listened to the periods, which, without effort or study, flowed from his lips. It was a symposium at which Virgil, Mæcenas and Horace might have sat as rapt listeners! For with lavish hand he scattered liter-

ary jewels gathered from every source; one had there, keen edged satire, the choicest gems of sentiment, with occasional touches of sublimity which reminded the hearer of the stately grandeur, the matchless eloquence, and the majestic rhythm of classic antiquity. To this fund drawn from the old models, he added a no less rich one from the moderns; for Tennyson, Holmes, and especially Longfellow, were his household friends, whom he was often wont to quote and recite pages from.

And these marvelous acquisitions in the field of literature were not won, as sometimes is the case, at the expense of his medical and surgical studies. His reading in medicine was encyclopedic; and his knowledge was stamped with that accuracy which is begotten of patient and methodical study. Unlike those voluble talkers, who sometimes surprise one by how much they can expatiate about nothing, and who dazzle by their art of parading generalities, but are soon lost when forced into details, Dr. Bowie quickly convinced one that he had grasped the subject-matter of discourse, in its minutest parts. It was seldom that one met him in a medical consultation, that he did not carry away some new thought, or fact, which the doctor had gleaned in his recent reading. The standard authorities, as Watson, Brodie and others, were as liberally and textually quoted from, as his favorite classics.

As a surgeon he did much praiseworthy work, which, if published, would have placed him among the leading operators of our country. In his operative work he was cool, bold, self-poised and dextrous. Haste in operating he severely condemned; for, with him, the safety of the patient was ever paramount to surgical fame for celerity of work. In wielding his knife, the *tuto* far outweighed the *cito*. In fact, had he constructed the famous trilogy of *tuto, cito, jucunde*, he would have written *tuto* (safely) in each term. The pretext which often figures in operative adventure, that the patient should not be denied the hundredth chance, where, in fact, honest judgment sees no hope, was a fallacy that never vitiated his surgical logic. For he never became affected with the *prurigo secandi* which has so seized the hand of modern surgery, and which has levied heavy contributions on the Hellenic tongue to give title to the numerous "ectomies" which have lately been added to our nomenclature. Bloodless conservatism, when it promised more hope for the patient, was always adopted by him, even though it led

through a path barren of laurels, and exposed him to the reproach of Fabian caution and delay. The noble principle inculcated in the device of the French Academy of Medicine, *Morality in Art*, plainly never lost hold of his conscience.

Though the endowment of prudence made so large a part of his character, yet when once his judgment decided in favor of operative action, he proceeded to his task without hesitation and without faltering; and the scalpel once in his hand, guided as it was by the unflickering light of thorough anatomical knowledge, made no mistakes and never wandered from its aim. The pages of general anatomy, as well as topographical, were as familiar to him as the meters of classic verse. In surgical anatomy his favorite author was Allan Burns. His hand was one of the few which safely reached the subclavian artery in the first part of its course, and threw a ligature around it near the innominate. Still, so free was he from the ambition that inspires most men, that he has left in writing almost no record of his splendid achievements in the field of operative surgery.

Though he was a gentleman by birth, character and culture, and with a decidedly aristocratic nature, yet he dropped the latter characteristic when he was in the presence of the children of poverty. Into few human hearts have these unfortunates found a more ready admission. The writer has never seen anyone more considerate of the sick poor. In his relations to them as physician, he brought the solicitous care of a father and the gentle tenderness of a mother. With this class, where painful manipulation was needed to determine the nature of the disease or injury, his touch was as gentle, and his words as full of sympathy, as if the subject were one who would give him a princely fee.

To present the reader with a summarized view of the directions in which he worked, it may be briefly stated, that he held for some years a commission in the surgical corps of the United States Navy; acted in 1849 as commissioner to select a site for the U. S. Marine Hospital in this city; was a member of the Board of Regents of the University of California; held a professorship of surgery in the Medical College of the Pacific, and was surgeon to the St. Mary's Hospital in this city for many years; these several positions he filled with unusual credit and fidelity.

He was in recent years a careful reader of the modern authors upon evolution, and though much interested in their writings,

yet the tendency to rationalism towards which their doctrines logically lead, never caused him to swerve from his religious belief. He was a devout worshiper at the shrine of primitive christianity, and his undoubted sincerity won the respect of all those who differed from him on those subjects. He lived, worshiped, and died, in the fervent belief of the religion of his fathers, who were among those colonists who, with Lord Baltimore in the history of our republic, laid the foundations of the new Commonwealth of Maryland, on the shores of the Chesapeake.

In the character of our departed friend one finds fully displayed those qualities which, in any profession, most ennoble human nature; qualities too often overlooked, or, if seen, are not recognized at their proper value. For much of his work, like that of all good physicians, consisted of acts of kindness which will ever remain untold, unwritten; or, if written, it is in the hearts of the humble and lowly, where they will remain unseen.

In the language of his favorite Horace, the pale messenger has knocked at his door bearing the last summons; and from the urn of Destiny, the fatal lot has leaped forth which has borne him into irrevocable exile; yet he has not wholly died, since he has left us, as example, the peerless heritage of a spotless professional life, faultless in action, untarnished by dishonor.

As funeral offerings, kind hands brought many floral gifts to lessen the sadness of his journey to the narrow house; many of these were of exquisite beauty, and in forms designed to symbolize the faith which had cheered him during life, and lent him its consolations in the supreme hour. And besides these, there was another gift, which could he have seen, he would have prized the most; this was from the fingers of poverty, the only one it could give, woven of the simple flowers of gratitude, which the angel of good deeds brought and placed as an eternal offering at his tomb.

TREATMENT OF DIPHTHERIA.

By IRA E. OATMAN, M. D., Sacramento.

Notwithstanding the time employed in, and the skill of the highest order applied to, the discovery of the *true* etiology of diphtheria, including the germ theory thereof, and the progress made in its elucidation, the methods of treatment are still

various and uncertain. The mortuary reports recognize a malignity—a fatality—which make diphtheria a *dread* of the family, a *horror* in every household in which it appears. The most eminent and recent authorities at my command, with the detail before them of the numerous demonstrations by eminent micrologists and histological pathologists, are still unable to determine the pathogenetic origin of diphtheria. So far as the germ theory is concerned, two theories are advocated, neither of which is scientifically and demonstrably established. One is, that, sewer, or other noxious, elementary gaseous compounds or depressing agencies, have causative priority in diphtheria, by producing a pathological condition at the point of attack, with ample pabulum for the sustenance and proliferation of the microbes, thus inviting their invasion from without the body, and whose presence so irritates the already hyperæmic mucous membrane as to promote the effusion of lymph, which congeals and forms the false membrane of diphtheria. The other theory is that the microbes first invade the normal mucous membrane, or some local lesion on the surface of the body, and that they, or poisonous fluids with which they are surrounded, are absorbed into the circulation, probably through the lymphatics, and produce the *constitutional disease*, while the microbes, if on a mucous membrane, rapidly proliferate and spread over the surface, and thus extend the false membrane in the same proportion. Also, that the false membrane develops at any point of lesion of the cuticle and the skin, the epithelium and mucous membrane, or almost any other tissue of the body. The theme of this paper being the *Treatment of Diphtheria*, I have made the above allusions to its ætiology as pertinent thereto. In the new and able works on practical medicine may be found ample and exhaustive treatises upon the ætiology, pathology, diagnosis, prognosis and the treatment of diphtheria, to which the reader is referred.

As the limits of this paper exclude their consideration here, I design to give only my own favorite treatment, which I have scarcely *varied* for twenty years; in which time *I have not lost one case in this city*, although I have seen two or three fatal cases in the country, under *very* adverse circumstances. I have kept no statistics of the whole number of cases treated, which, I believe, would exceed two hundred. When diphtheria first appeared in Sacramento, about thirty years ago, the literature

in regard to it was meagre. Bretonneau's account of the disease and his treatment were generally adopted. As nearly as I remember, he regarded the disease as *purely local*, as did those who first wrote upon it in California, all of whom relied chiefly on *local treatment*. Hydrochloric acid and nitrate of silver were his and their reliable agents. The acid was preferred, used in full strength to the false membrane in very malignant cases, and more or less diluted in milder ones; the silver nitrate used in the same ways, as to strength. He advised great care to avoid touching the surrounding membrane, with either in a pure state, or with a camel's hair pencil when in strong solution.

The first two or three cases I saw, were nearly in articulo-mortis when first seen. They died under the authoritative treatment speedily. After seeing other cases in earlier stages, I very soon discovered that the extent of false membrane in the pharynx was increased in just the proportion the mucous membrane thereof was cauterized, or unduly stimulated by the local applications. In a small child under treatment for *intense and protracted fever*, with well defined *head symptoms*, the diphtheritic membrane appeared in the pharynx, and at the same time over a blistered surface 1x2 inches in diameter on the upper portion of the back which I had supposed was healed. The false membrane was as thick as dressed buckskin and about its color. On this surface I tested the solvent powers of silver nit. and of sub. sul. of iron, both of which dissolved the membrane or made it diffuent and easily washed away, leaving the exposed surface beneath, covered with a thin milk white film, which soon increased to a well defined false membrane.

Another child with well defined diphtheria, was chafed behind the ears, in the folds of skin on the neck, in the axillæ and in the groins, with slight redness and apparent slight lesions at the inner canthi of both eyes, with some abrasions on both hands. In all these localities the diphtheritic membrane was soon formed and well defined. These, and other similar cases, produced the irresistible conviction that the disease was *constitutional*, the false membrane its local manifestation. I abandoned at once, the popular treatment. Upon close, and thorough review and investigation of the whole subject, and without reference to authorities, *the indications of treatment were obvious*, viz.: To change the pathological condition of the blood and of the entire system, and to restore them to the normal state by

constitutional treatment; and to remove the false membrane without irritation, and to prevent its *reformation* and its extension to the larynx, trachea and into the bronchia, and thereby prevent death by obstruction and suffocation; and also to prevent extension of the membrane into the nasal passages and ducts, the schniederian membrane and the frontal sinuses, which, together, seem to be about as fatal as extension of the membrane downwards. To treat the constitutional disease alone in the absence of local treatment to *prevent the extension of the false membrane*, the latter is *exceedingly liable to produce death by its extension*, before the general treatment can eradicate the constitutional disease. But, arrest the formation of the false membrane and keep it in check, and we have time and opportunity in which to produce a radical cure of the disease in the shortest possible time, and consequently with the least risk of life. In process of time, with such aid as I was able to obtain from the current medical literature on the subject, I decided upon, and used a treatment at that time *invariably successful*, and which has been equally so in my hands in this city ever since.

In the *Pacific Medical and Surgical Journal* for December, 1879, is published a paper read by me before the Sacramento Society for Medical Improvement, entitled *Treatment of Diphtheria*, from which I will quote indiscriminately, with such suggestions and improvements as subsequent experience justifies. I have no new Medical "Gospel to declare unto you," but one *consecrated* by time, simplicity and success. Humanity has no stronger claims than those requiring *fidelity* in the treatment of disease by the most approved and scientific methods, and the faithfulness with which the results are observed and reported.

Treatment.—The bowels should be freely open and kept so, if necessary, by saline laxatives, or, preferably, by enemata. The pyrexia and temperature seldom require aconite or veratrum. Quinine, with or without anodynes, is usually sufficiently antipyretic. To permanently control the febrile reaction; to invigorate the functions of all the eliminating organs of the body, and thereby relieve the entire system of all elemental poisons and poisonous influences, whether from external sources or from effete products in the system; to sustain the appetite and promote the digestion and assimilation of adequate nourishment; to enrich the impoverished blood, and to relieve it of its excess of effete elements; and to quiet the nervous irritability and to pro-

mote sleep—I rely chiefly on two old-fashioned remedies. I need only say that these are quinine and tincture of the chloride of iron. To these internal remedies may be added chlorate of potassa and carbolic acid. But in by far the greater number of my best successes in the worst cases, I used neither of them. In localities nearly (no occupied land is wholly) free from malarial influence, less quinine may suffice, though it is innocent and rarely, if ever, hurtful if properly combined with anodynes. On precision of dose and frequency of administration, with *unflinching perseverance in their use, under all circumstances, success will generally depend.* Minute doses are of little or no use. Heroic doses, without being necessarily hurtful, are much larger than usually required to produce the best effects. This is especially true of *quinine*. In very large doses its sedative action is liable to *depress* the functions of the vital organs below the normal standard, on the normal action of which we depend for recovery. The *quinine* is best given in syrup of the *ext. of liquorice*, in doses of *one grain* every four hours to a child one year old, increased by one-quarter grain for every additional year of the child's age, until *five-grain* doses are given at the age of seventeen and older. In severe cases the doses should be given every *three* hours until the fever abates, if there be much fever. As convalescence approaches, the intervals should be prolonged. The *iron tincture* should be given to a child one year old in doses of four or five drops, in cold or sweetened water, at intervals of four hours, alternating ever two hours with the quinine. The chlorate of potassa and the carbolic acid may be combined with the iron if desired. The late Dr. H. Gibbons gave the iron in much larger doses with best results. The doses of both medicines are with special reference to the intervals, being sufficient to maintain their best effects without undue depression. Their use should not be suspended on any account. If impracticable by the mouth, they should be given per rectum by enema. The cure depends on their use in most if not in all cases, and they should be continued, in diminished quantity, for a week or so after convalescence is obvious. When the urine is high colored or albuminous, *scoparius*, *triticum repens* and acetate of potassa may be used moderately as long as indicated. From the first, or upon evidences of increasing depression and debility, stimulants should be given in the form of milk punch, or toddy, of whisky or brandy. Aromatic spirits of ammonia or

the comp. spts. of æther may be substituted. My preference is for alcoholic stimulants. Governed by success in their use, the above medicines have almost entirely superseded all others in my practice for internal administration in diphtheria, seeming to accomplish all claimed for them in this paper. Of almost equal importance, *local treatment is indicated*, not for the relief of the constitutional disease, but as an *alterant* to constrict the hyperæmic mucous membrane and prevent the exudation of lymph, and to shrink, dissolve and remove the false membrane, if already organized. By these means the larynx, trachea and nasal passages are kept free, and death from suffocation is averted and *time* given for recovery. By experiments after removal from the throat, nothing I have tried so effectually shrinks the false membrane, or comes so near dissolving it, or making it different, as the officinal sol. of the *per chloride* of iron, or of the sub. sulphate of iron. The former is preferred. It does not destroy the integrity, the mucous membrane or its epithelium in full strength. For adults or large children, especially if the case is malignant, add a liberal quantity of white sugar, and use it, for a few times only, of full strength. Then add one, two, three or four of simple syrup to one of the solution. It should be well and skillfully applied with a swab to the entire affected portions and a *little beyond* once in four, six or eight hours, according to the *apparent* malignancy of the case. The swab should be made of prepared cotton, used but once, firmly secured to and projecting beyond the end of a piece of whalebone, or small, slender stick. The strength of the wash should be in proportion to the age of the child and the apparent malignancy of the case—one-sixth to one-eighth the full strength for a child one or two years old. The wash should be reduced with water as the case improves, so as to use not more than one part of the strong solution to thirty-two of water at the last, which is conveniently used as a gargle in persons of suitable age. Chlorate of potassa and carbolic acid may be added to the wash if desired. I have not observed any extra benefit from the addition of either to the wash. When the false membrane disappears, the wash should be used in a very weak form for a week or so. Judicious nutrition is scarcely secondary in importance to constitutional treatment. Fluid forms of diet are best, as beef or chicken tea, milk, *beef peptonoids*, flour or rice gruel, and the various mushes now in common use. The beef and chicken

teas should be given after the iron drops, and the milk and farinaceous diet after the quinine, for obvious reasons. The diet should be given at regular intervals, say once in two hours, and in definite quantities, governed by the digestive and assimilative powers of the patient. If not retained by the mouth and stomach, they may be per rectum. Death sometimes occurs after all ordinary symptoms of the disease disappear, from inanition. Obviously failing to cure any case, and death threatened from suffocation, *tracheotomy* is justifiable as a dernier resort. All my city cases for so many years having recovered, I have not been compelled to resort to it. The room should be dimly lighted and well ventilated, but currents of air avoided. The utmost quiet should be preserved, and *nothing allowed to excite the fears or emotions* of the patient. A lotion of olive oil, spts. of camphor and fluid ext. of opium may be used externally over the throat, sub. maxillary and cervical regions, while sufficient warmth to secure some degree of perspiration of those parts is of more importance. It may be maintained by cotton or woolen flannels or cotton wadding and oiled silk. If an old gospel or general principle is *true and the best*, the oftener and the more devoutly and fervently it is urged, and the more universally it is accepted and practiced, the more perfectly we subserve the higher behests of Nature and of Nature's God.

Addendum.—I thought it expedient to place the above treatment before the profession because, in a *large number* of cases, it has had *no* per cent of mortality, which cannot be said, to my knowledge, of a similar number of successive cases treated by another method.

ZYMOTIC DISEASE IN ITS RELATION TO SANITATION.

By GERARD G. TYRRELL, M. D.

(Read before the Sacramento Society for Medical Improvement.)

In endeavoring to trace the relations that exist between the commonly called zymotic diseases and sanitation, it may be necessary to define what we mean by zymotic disease, and what is included in that term. Dr. Dunglison, in his dictionary, defines it as any epidemic, endemic, contagious, or sporadic disease, which is produced by some morbid principle acting on the organism similar to a ferment. The late Dr. Farr defined zymotics as possessing the property of communicating their action, and affecting analogous transformations in other bodies,

and would use the word to include endemic, epidemic, and contagious diseases. Later observers have objected to the definitions of both Drs. Dunglison and Farr, and from the new light shed upon disease causation, we evidently must very soon abandon the term zymotic, as applicable to those forms of disease which are known not to be the result of a fermentative process within the body, but are the product of a well defined cause, which is demonstrable as the result of infection or contagion from any source of either animal or vegetable origin.

We will therefore in this paper use the term "communicable" as most applicable, and being most expressive in defining the class of diseases in which sanitation plays no small part in their prevention. As it is generally admitted in these days that the process known as contagion, by which diseased conditions of organized bodies are communicated to other bodies is neither gaseous or liquid, but either solid or semi-solid, it therefore becomes a matter of legitimate inquiry as to the nature of these bodies which are capable of producing the dire effects, so noticeable at times in all communicable diseases. Of one thing we may be assured, and that is that these disease germs are living bodies, but when we enter upon the nature of these agents we encroach upon disputed ground. Mr. John Simon makes two classes of living contagia, viz., parasitic and metabolic. By the former he means those animal and vegetable intruders which produce diseased action simply by preying upon the aliment and blood of their host; so the whole tribe of entozoa, trichina, acarus scabei, and numerous skin affections dependent upon microphytes. Their effects are not specific or general, except in derangement of general nutrition; they have no definite period of operation, but continue their ravages until either they are destroyed or their victim perishes; hence they are not contagious in the proper sense of the term.

The second class of Simon operate by producing changes in the structures affected,—the blood, the cutaneous, mucous, and cellular membranes, and glandular organs—of a destructive character, deranging their functions disturbing the processes of nutrition, of circulation, of calorification, and of secretion. Fever, loss of appetite, emaciation, prostration of the muscular and nervous forces, are the usual results. This class includes what are commonly known as zymotic diseases.

Of the nature of these morbid agents, three theories have been promulgated:

First.—The vital form theory advocated by Dr. Lionel Beale.

Second.—The nervous theory, whose exponent is Dr. W. B. Richardson, and

Thirdly.—The microphyte theory, at present rapidly gaining ground among recent observers.

To briefly review these theories may be interesting: Dr. Beale uses the term bioplasm to designate the physical basis of life and growth. This consists in his view of separate particles of matter less than one thousandth of an inch in diameter, originating in the blood and destined for the nourishment and growth of all the tissues in the body. Microphytes are considered by him as the lowest form of bioplasm existing in all the fluids and solid tissues of both plants and animals, as well as all kinds of mineral substances, and under all meteorological conditions, though dormant under some conditions of temperature and dessication. Being omnipresent, and, as he believes, undistinguishable from each other by any precise physical characteristics, he denies their relation to disease of any kind.

Contagious diseases are attributed by him to degraded or perverted bioplasm descended from originally healthy bioplasts, these constitute what he styles "disease germs," which have the property of self-multiplication like healthy bioplasts, both within the diseased body and in any susceptible body to which they may gain admission. He does not claim that there is any means by which a healthy bioplast can be distinguished from a diseased one except by the consequences. Hence the hypothesis, having neither physical facts or analogy to sustain it, must fall to the ground.

Doctor Wm. B. Richardson believes that true contagia are all of glandular origin, and he gives the venom of serpents as a type of their source and action; he believes that any animal secretion might be made to yield a contagious principle to which he gave the name of "septine" and the maladies septinous. The effect depends not on the multiplication of germs, but is catalytic. The agent changes other substances without changing itself.

The poison, therefore, is reproduced only in the infected and diseased body through its own secreting organs. He believes, also, that ordinary secretions may change character and become poisonous without previous infection.

As he maintains that communicable diseases may arise with-

out intervention of contagious matter, he supposes that the virus may arise through nervous impressions upon glandular organs, and refers the origin of such cases to fear or anger when no mode of communication can be discovered.

The last hypothesis attributes contagious disease to the agency of microbes or minute living objects. By most authorities they are classed in the vegetable kingdom and might be termed microphytes of the fungus order, being for the most part destitute of pigment. The general resemblance between symptoms of contagious disease and the processes observed in the fermentations, and the discovery of the dependence of the alcoholic fermentation upon the yeast plant naturally led to the search for similar organizations in the blood and other secretions of persons suffering from communicable disease. It was this supposition that gave rise to the terms zymosis and zymotic. Research in this direction has proven most valuable in extending our knowledge of contagious disease, and every day we are apparently drawing nearer and nearer to the solution of those questions that have necessarily puzzled our forefathers in medicine for hundreds of years. The microphytes so far discovered are all classed under the generic name of bacteria which are again generally classified as micrococci, bacilli and spiro-bacteria with spiral filament. Multiplication takes place by fission and through spores which latter show wonderful vitality under circumstances inimical to growth. If we trace the life history of these bacilli we find many of them quite innocent. Traube and Gscheidlen came to the conclusion as the result of their experiments that the living blood tissues have the power of destroying micro-organisms.

Wysokowitsch found that very soon after injection there was a partial or complete disappearance of the micro-organisms from the blood. The saprophytic or nonparasitic bacteria disappear most quickly, none being present in the circulating blood after three hours, at most, even although enormous numbers were injected; and even if bacteria are employed that are pathogenic for the animals experimented upon, they diminish in numbers very rapidly, and even for a time disappear, but in a variable period they reappear and gradually increase in numbers until death occurs. Dr. Watson Cheyne, in his paper upon bacteriology, is of the opinion that even non-pathogenic bacteria may produce in the intestines poisonous substances that can and do

give rise to illness, diarrhoea, and even death. The generally accepted pathology of cholera is that the intestinal canal is the seat of the virus which grows there, and produces a poison, upon the absorption of which into the circulation all the other symptoms depend. In order to demonstrate the relation that exists between communicable diseases and sanitation, it becomes necessary to examine as carefully as possible the views of those who have made the natural history of these micro-organisms their especial study, as whatever view we take of the truth or falsity of these statements, will materially influence us in our treatment and prophylaxis of the disease. Let us take diphtheria for instance. Cheyne believes that this disease is purely local in its origin, in which assertion he is supported by Loeffler, who further believes that diphtheria proper is the result of a bacillus. This micro-organism grows in the superficial layers of the mucous membrane and rapidly extends along the surface. As the result of its growth a large amount of fibrinous exudation is thrown out and the cells in the affected mucous areas die.

The constitutional disturbance seems to be due entirely, at any rate in the first instance, to absorption of chemical products from the local growth, and not to the entrance of the living virus into the blood. Loeffler did not find these organisms in the blood vessels or in internal organs except in two instances, where they were present in the alveoli of the lungs and in the liver. Loeffler ascribes their presence to post-mortem changes. Klein believes that the bacilli of diphtheria have the property of multiplying in the human blood, producing a septicæmia. At all events, the remarks of Hirsch, "that from the point of view which the science of the moment assumes in looking at the nature of the specific cause of diphtheria, the theory of its autochthonous origin would certainly seem to be untenable unless we are to give up the principle of *omne vivum ex vivo* in so far as concerns the world of living things which are placed at the lowest steps of the developmental ladder," seems warranted.

Having this evidence that diphtheria is the result of a specific germ, a living microphyte, we are in a position to investigate its habitat, and perhaps destroy it in its home. The same remarks may apply to erysipelas, the micrococci of which have been shown to be the cause of the disease, and which seem to spread in the lymphatics of the skin. They have not as yet been found

in the blood, although the constitutional symptoms in this disease are well marked.

Dr. Cheyne is of the opinion that in *typhoid fever* we have in the first instance a purely local affection, the infection probably commencing from the intestine. The bacilli, in the first instance, seem to penetrate into and grow in the lymphoid follicles of the small intestines, leading to swelling and ultimately to ulceration of Peyer's patches and the solitary glands. After a time the bacilli, carried along by the lymphatic to the mesenteric glands, seem to penetrate into the blood, and are found, in the great majority of cases, in the form of plugs in the blood vessels in various organs, more especially in the liver, spleen and kidneys. In *scarlet fever* we have a form of poison closely allied to diphtheria and tonsillitis, and probably dependent upon a specific bacillus, the nature of which has not as yet been conclusively demonstrated. The same may be said of measles and parotiditis.

On the whole, then, without instancing other forms of contagious disease, we may come to the conclusion that all communicable diseases are the result of specific infection that is not autochthonous, and consequently can in a great measure be prevented. This can be done only by the hygienic care of persons and their surroundings, in methods of prophylaxia and disinfection, and in the isolation and nursing of the sick. Bacilli and their spores are very tenacious of life. We, therefore, are naturally anxious to ascertain what conditions aid or retard their development, as upon our knowledge of these and other questions in the life history of these cryptogamic plants much of our success as sanitarians depends.

In the first place, we find that bacilli that do not form spores die much sooner than spore-forming bacilli. As far as can be ascertained, the bacilli of diphtheria do not form spores, and they can be destroyed at a temperature of 140° Far.

Secondly, we find that these bacteria grow in materials other than the blood of man and certain animals; hence can be cultivated outside the body—in the filth of rooms, polluted water, and in polluted soil, with a proper temperature and sufficient moisture. Pasteur found that the virus contained in a culture fluid decreased in virulence through lapse of time; the spores, however, resist the influence of time. He found by further experimentation that it was the presence of oxygen in the air in

contact with a culture fluid whose constituents had become exhausted that caused the attenuation. He further found that spore-producing bacilli do not spore or seed until a certain temperature (113° Fah.) is passed, and that the spores retain the degree of virulence peculiar to the bacterium, from which they are derived.

Koch has shown that the method by which a virus is introduced into the body greatly alters its effects. Thus a bacillus anthracis introduced into the stomach of a sheep is harmless, but that a bacilli with spores introduced in the same manner may produce death. In this way may be accounted the fatality of bacillus anthracis in grazing cattle, as it is a well-known fact that the moist earth produces spores in abundance, and these, getting upon the herbage, gain access to the stomach and kill. Koch concludes that the juices of the stomach are capable of destroying non-sporing bacilli, and hence the immunity which is enjoyed by those who unconsciously swallow bacilli in large numbers. If this were not so, few of us would escape communicable disease. Without introducing any further evidence as to the nature of the micro organisms capable of producing communicable disease, we have good authority for believing that they can be grown and nourished outside the body; that they are particulate, and capable of transmission by earth, air or water; that in favorable media they multiply with amazing rapidity, and that some of them, of themselves harmless, by their wonderful proliferation, die in the tissues, and by their decomposition give rise to poisonous compounds, which, by diffusion, may become speedily fatal.

We are still, however, but on the threshold of bacteriology, and what is now simply conjecture or probability will, before very long, be either indisputably verified or as positively denied. We have, nevertheless, the assurance that Nature has so organized our bodies that, placed in a sanitary condition, the tissues will resist any ordinary morbid tendency. There must be a condition of receptivity before disease will follow exposure; hence our health, as far as our personal habits are concerned, is within our own keeping. But, unfortunately, it is often impossible to guard against assaults from diseases that are invited and fostered by our less particular neighbors, who are believers in the beneficence of the Almighty rather than in the axiomatic truth, that "cleanliness is next to godliness." The practical re-

sults of our knowledge upon the communicability of disease and its prevention has been well shown by Dr. Baker, of Lansing, at the last meeting of the State Medical Society of Michigan. He said in 102 outbreaks of diphtheria, where isolation or disinfection, or both, were neglected, the average losses per outbreak were a little over 16, and the average deaths were 3.23; while in 116 outbreaks in which isolation and disinfection were both enforced the average cases per outbreak were 2.86, and the average deaths were .66—indicating a saving of over 13 cases and 2.57 deaths per outbreak, or 1,545 cases and 298 deaths during the year by isolation and disinfection in the 116 outbreaks, compared with those in which little or nothing was done.

The poison of diphtheria being, as a rule, ærobic it is inhaled and commits its ravages in the respiratory tract, the nostrils, fauces, larynx, trachea and bronchial tubes. Its relations then to sanitation are very close; whatever is a source of impurity in the air we breathe, renders us liable to disease by depressing the vital forces and weakening the normal resisting power of the individual tissue cells. Diphtheria once established can be propagated by close proximity to the patient, by his breath, by kissing, by the bedclothes or articles used about the patient, from the expectorated matters, the excreta, from the false membrane itself, and from the body dead from diphtheria. Water contaminated with the germ, infected milk, sewer air, domestic animals, ochlesis, all manner of dust or dirt are capable of carrying and developing the diphtheric germ. Hence, it follows that perfect cleanliness with thorough disinfection of all suspected places or things is our only safe reliance against diphtheria.

Typhoid fever is not so easily prevented, being an anærobic germ it is swallowed in food, or drink, oftenest in water, and flourishes and multiplies in the digestive tract and alimentary canal. Dr. Murchison believed that the disease might arise under certain favoring circumstances, "*de novo*," or in other words, spontaneously from the decomposition of certain organisms.

The general belief now is that typhoid fever cannot originate without the presence of a specific germ, and we find that the sanitary relation of typhoid fever is to filth. In privies, in cess-pools, in filthy drains, in polluted air, earth, and water typhoid fever finds its peculiar culture grounds. There the germs grow

and multiply ready to invade the sanctuary of life at the first fitting opportunity. In those cities where sanitation is most vigorously enforced, there we find the minimum of cases; where sanitation is neglected typhoid fever is a constant guest.

Scarlet fever and measles poisons are both considered æri-form, their exact relation to disease germs has not been definitely settled, it is, however, beyond question, that the poison is carried in the atmosphere and communicable by clothing, articles of food, or drink, etc. Isolation and perfect disinfection, with removal and destruction of all sources of contagion, will prevent the diffusion of the infective material, and thus limit the spread of the disease. The sanitary relations of the micrococcus of erysipelas is still open to discussion, it is at present believed to be aerobic, its especial habitat, having once gained admission to the body, is in the lymphatic vessels of the skin, and has not thus far, been discovered in the blood.

The cholera germ, the common bacillus, gives the very strongest evidence of the relation which sanitation bears to communicable disease. As far as is known of the cholera germ, it does not form spores, and, therefore, has not the resisting power to measures taken for its destruction as those micro-organisms, whose strength lie in their spores. It is important then that all germs be destroyed before they occupy soil suited to their development which is found in sewers, cesspools, and foul matters and places generally; being considered anærobic or particulate solid, it is swallowed in food or drink, especially water. Cheyne says it grows and multiplies in the contents of the small intestine, and there gives birth to an intense poison, which, being absorbed and taken into the blood, produces all the other symptoms.

It, therefore, follows, as a natural sequence, that if these poisonous products are destroyed by germicides as they leave the body, they become innocuous to others, or if parties having the disease are perfectly isolated and kept from polluting the water or the soil the disease can be exterminated. This was shown decisively during the cholera epidemic in Naples and in Spain. There it was found that in those towns where water was taken from unpolluted sources, and the places kept scrupulously clean, the inhabitants escaped the disease completely. In England, although cholera was introduced upon several occasions during the same epidemic that was devastating Spain and Italy, it was

in each case by proper sanitation kept within the bounds of its original source, isolation and disinfection being the chief instruments used in its destruction. The discoveries of the last few years in the etiology of communicable disease, has given such an impetus to sanitation that it is becoming apparent to the most superficial observer that he will be considered the most skillful physician who can prevent disease rather than he that cures it; and it is a fact placed beyond doubt, that many of the communicable diseases which in former years claimed their victims by the thousands, and were looked upon as the just retribution of an offended God are now shorn of their terrors and placed in a great measure under human control. The Registrar General of England has recently demonstrated that no less than 281,000 persons surviving, the last five years, whose death would have been recorded had the mean rate of mortality been equal to the previous ten years. A gain of life of two years to every male child born, and three and one-half years to every female child born in that country. With such a result as this from efficient sanitary work in England, what may we expect in America when sanitary reform becomes universal, which it will be in time. The Hon. Erastus Brooks in an address before the State Board of Health of Pennsylvania, when speaking of the power of the State Government over the health of the people, touches the key note of success, when he says "epidemics are to be treated like public enemies, and often they are worse than armed foes, because more insidious and often beyond observation. They come in the foul sewage, polluted streams and wells of water, corrupted by closets and cesspools. They come like a thief in the night and steal away those jewels of the household, the little ones, whose lives are more precious to their owners than all the wealth of the State."

It is our duty then, as medical men, to recognize this preventive power which exists towards communicable disease, and by addressing ourselves to the study of the life history of these poisonous germs, be prepared to fight these enemies of the human race in their own strongholds, by depriving them of the pabulum upon which they feed and multiply, so that they will die from want of sustenance; or by the power of efficient germicides kill them as they emerge from the culture beds, and thus prevent their spread to the detriment of humanity, and the mortification and humiliation of ourselves, who are supposed

by the public to be the conservators of health, and the preservers of mankind.

The relation of sanitation to zymotic or communicable disease is, I believe, even more intimate than we now imagine, and although we must unqualifiedly reject the doctrine of abiogenesis in relation at least to contagious disease, yet it may be possible that we might have to admit what Milne Edwards has called xenogenesis, and believe that the common bacteria, under suitable insanitary conditions, may acquire pathogenic qualities, which would render it capable of engendering disease, and if such heterogenesis should ever be proven to be the fact, it is very evident that our only source of safety and self-protection, would be in the practice and the profession of perfect sanitation.

ANÆSTHESIA BY CHLOROFORM AND OXYGEN COMBINED.

Preliminary Report.

By DR. H. KREUTZMANN.

(Late Assistant Physician at Prof. Zweifel's Clinic, Erlangen, Germany.)

Through the courtesy of Dr. J. F. Morse, I have been enabled to try a mixture of chloroform and oxygen as an anæsthetic upon twenty-five patients. The details of its administration and the results obtained by us I will report at some subsequent meeting of the County Medical Society, but in the meantime I wish merely to draw attention to a few of the advantages to be derived by its use.

The twenty-five patients were persons of both sexes and of various ages. They were operated upon by Dr. Morse partly at the German, partly at the City and County Hospital and in private practice, both major and minor operations being performed. Of the former were such cases as amputation of the thigh and resection of the hip joint.

Especially noticeable in a number of instances was the rapid action of the mixture of chloroform vapor with oxygen. Thus, it was repeatedly observed that, after a few respirations, the patients were sufficiently anæsthetized to permit of the performance of an extremely painful operation without occasioning the slightest suffering, as, for example, the introduction of a catheter in cases of violent urethritis and cystitis, brisement forcé,

unaccompanied by any irritation. All reflex remained, nor were the patients completely narcotized, but they had no perception of pain whatever. When the administration of the anæsthetic was discontinued, they recovered consciousness almost immediately, were perfectly rational, felt entirely well and remained so. The patients were only in exceptional instances affected by very slight headache and nausea.

In other cases a complete anæsthesia was obtained, with cessation of all reflex action, for the purpose of making larger operations. Here, as well as with the others, the general feeling of ease and freedom from vomiting and retching and absence of headache was a striking circumstance.

Children and younger persons were placed under its influence quickly and easily, whereas chronic drunkards required a longer time, and slight excitation, such as raising the head and attempts to remove the inhaler, were noticed. They were, however, nothing to compare with the frantic struggles made when ether or chloroform is used, nor did any disagreeable symptoms follow.

The anæsthetic used in conjunction with the oxygen was Billroth's mixture, and the amount required to produce its complete effect was astonishingly small.

The discoverer of this method, Dr. Neudorfer, of Vienna, claims, on theoretical grounds, that its employment is entirely without danger. To be sure, this can only be decided by experience; but the great benefit obtained by doing away with the horrible sickness and suffering which almost invariably follows the use of chloroform, and rarely, if ever, fails to be a result of the administration of ether, which in many instances lasts for days, cannot fail to commend its general use.

It is evidently a corollary to be drawn from this fact, that the action of the chloroform is an extremely evanescent one; and, furthermore, as the quantity used is so small in amount, it is perhaps not a vain hope to entertain that it may be administered in this manner without the dread of the patient being endangered by the anæsthetic. Where minor operations are to be performed, and the stage of anæsthesia without cessation of reflex is all that is necessary, there cannot possibly be the slightest risk in using the chloroform and oxygen combined.

PACIFIC MEDICAL AND SURGICAL JOURNAL

AND

WESTERN LANCET.

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SAN FRANCISCO, AUGUST, 1887.

Editorial.

THE RIGHTS OF MEDICAL SOCIETIES.

We publish the following communication with our reply, as it bears directly upon sentiments contained in an editorial in our July number.

Editors Pacific Medical and Surgical Journal:—Do we not live and move under a Code of Medical Ethics, and does not that code contemplate and enjoin strict honor among the members of the profession? Do we not also have a law in California “regulating the practice of medicine and surgery?” Ought it not to be equally true, that under the law and code each individual member of the profession be protected in his professional honor and rights? If not, then write both code and law “a magnificent failure.”

Feeling that our professional honor and rights have been invaded, I am led to ask space in the *Journal* to show to the profession how things medical are done here in Sacramento.

In the following interrogations and notes, I propose to set forth how our rights and privileges have been violated. Perhaps others' rights may have been jeopardized in the same way, and right here permit me to say, that if there is honor and comity in the profession, let it be exercised toward the individual members of the profession in general, and not confined to the few in the Medical Societies.

The first interrogation is this, has a Medical Society, incorporated under the laws of the State of California, and presumably acting under the Medical Code, and in unison with the State Board and State Medical Society, the right to so frame a Constitution and By-Laws, and engraft thereon a social feature (which, by the way means anything but "Medical Improvement,") that any one member through personal spite or any other unworthy motive, by his or her ballot can prevent any physician from becoming a member of the local Society, through which alone he can be admitted to the State and National Society, notwithstanding he comes "duly and truly prepared, worthy and well qualified," and "being properly vouched for" by his diplomas, and more than the third of a century of hard work and devotion to the profession?

Second—Is it not true, that a diploma from any regular and recognized Medical College entitles its legal possessor to all the "lights, rights and privileges" of the profession in any State of this Union (unless the possessor thereof has dishonored it), and if so, why should "The Sacramento Society for Medical Improvement" be an exception to all the rest of this broad land of ours?

Third—Has any little band of doctors a right to incorporate themselves into a Society, constitute themselves judges, and agree by resolution, or otherwise, to draw a "dead line" over which if a new physician happens inadvertently to have passed before making application for membership to treat him as a quack?

Fourth—Is it honorable and just toward any applicant for membership in a Medical Society to publish by implication, or otherwise, the fact of his or her rejection to the medical world? On this subject, permit me to refer to the following extracts from the minutes of the Sacramento Society for Medical Improvement, as published in the *Pacific Medical and Surgical Journal*. At the regular meeting of the Society, November 16, 1886, under the head of application for membership is this extract: "Applications for membership were received from Foster L. Atkinson, etc., G. Vernon Ewing, etc., Elizabeth W. Ewing, etc."

Then, at its regular meeting, December 21, 1886, we find this extract from the minutes: "The Committee on Credentials having made its report, Foster L. Atkinson was elected a member."

Notwithstanding the Society's Committee (as I am informed by one of its members) reported favorably upon the application of G. Vernon Ewing and Elizabeth W. Ewing, these applicants, though legally and honorably qualified, still are rejected, and the fact is published to a host of readers, and the question comes back to us from medical friends, "what is the matter in Sacramento?"

Now, under the law regulating the practice of medicine in the State of California, is it not fair to presume, that here in the capital city, where we have a Medical Society delegating to itself such wonderful prerogatives, and having in its number so many of the members of the State Society and State Board, that something should be done for "Medical Improvement" in the way of executing the law, "regulating" some of the many illegal practitioners in our city, for does not the execution of the law depend very largely upon the efficiency of the local societies?

I have been in active practice in this city for nearly three years, and have turned my observations to the best possible account, and I find there is a large number of these illegal practitioners in this city, a number whose signs hang prominently on the main business streets, whose names are not even reported in the official register of the State, and to the best of my knowledge, not one of these quacks has ever been molested, and as for the "traveling doctors," they are allowed the freedom of the city. Gentlemen of the Society for Medical Improvement, "arise," "let your light shine" beyond the "immortal fifteen," let us have some "regulating," some "Medical Improvement." Let us have less hiding behind the shadow of the code for sinister purposes, less effort to pull down and boycott those whom some of your members may fancy stand in their way, less of these "ways that are dark and tricks that are vain."

G. VERNON EWING.

Sacramento, Cal., July 14, 1887.

As we are ignorant of the reasons for which the Sacramento Medical Society rejected the application of Dr. Ewing, our readers will understand that the following remarks are not made in reference to this individual case, but in reply to the abstract questions propounded by him regarding the powers and duties of Medical Societies.

The first and second interrogations, regarding the power of a Medical Society to reject the application of anyone who is legally qualified to *practice* medicine, may be answered as one.

We are happy to state that every Medical Society has the power to say who shall and who shall not be admitted to its membership, regardless of all the diplomas and experience that the applicant may possess. The mere possession of a diploma is not sufficient to procure the admission of anyone into a Medical Society, although, unfortunately, it entitles him to practice his profession, together with little avocations which, while they are closely related to medicine, can hardly be regarded as professional. The Board of Medical Examiners being a legal body, is frequently compelled to issue licenses to applicants whose diplomas are correct, but whose conduct is far from satisfactory, for the reason that refusal of a license must be based on grounds that will stand all the quibbling and juggling of a court of law, and everyone knows that law and right are not always synonymous terms. Medical Societies, on the other hand, are purely social organizations, incorporated to give them permanence and insure for them the protection of the law; it is only in their object that they differ from clubs, fraternal orders and similar institutions. They reserve to themselves the right of selecting their members, the use of the ballot-box, and the framing of rules for the government of those who are admitted within the charmed circle. Since non-membership in a Medical Society does not constitute an illegal practitioner, we do not see how the possession of the legal qualifications required by the State should compel admission into the Medical Society. In short, the Board of Examiners deals only with the written laws to govern the profession; the Medical Societies deal with all the written laws, *plus* all unwritten laws, which, in the opinion of the members of the profession, are essential to the maintainance of its dignity and influence. These latter questions can only be settled through the medium of the ballot-box; and while an abuse of this agency is possible, it is not probable.

Dr. Ewing's question regarding the right of any number of physicians to incorporate themselves into a Society, to govern themselves by certain rules, and admit only such persons to membership as they desire, is, in our opinion, superfluous; for the mere fact that these Societies are legally incorporated is sufficient proof of their legality. If non-membership or refusal of admittance affects the rejected applicant in the opinion of the people, it is not because the members urge the public not to employ him, but because experience has taught the public that the actions of the Medical Societies are a very reliable guide in estimating the character of a medical practitioner.

We would remind Dr. Ewing that it is not the duty of Medical Societies to enforce the medical law. They may aid medical legislation by suggesting to our rulers the best methods of overcoming the crying evils of quackery, but when these suggestions have become law, it is the duty of the prosecuting officers to see that the law is carried out. There would be just as much sense in the citizens forming themselves into a permanent Vigilance Committee to enforce the laws against theft and murder as for a social organization, like the Medical Society, to hold itself responsible for the enforcement of the laws against quackery.

It is the custom to publish the applications to all the Medical Societies; and since the Sacramento Society did *not* publish Dr. Ewing's rejection, we are sorry that he should have given it such unnecessary publicity. If he feels that he has been wronged by his County Society, and desires to become a member of the State Society, he should send his application to the latter body, with a letter stating his grievance, and a request that it should extend to him the courtesy of examining into his case.

HERNIA REDUCED BY JOLTING.

We wish that more of our subscribers would send in short notes of cases which are of any interest. Odd cures and unexpected results must be happening continually, and if reported would often teach a useful lesson. The following which comes from Dr. Schoenemann, of Rocklin, we take pleasure in reporting. He writes as follows:

ROCKLIN, PLACER Co., May 16, 1887.

Editors of Pacific Medical Journal:

* * * * *

Now, something which may perhaps serve you as a squib for your Journal.

A few weeks ago, my confrère, Dr. Stafford, was called to see a man suffering from incarcerated inguinal hernia; the looped in part being the omentum. There was no vomiting, no constipation; there was in reality no reaction of any kind. An oblong hard swelling, traceable from one to the other ring was the only objective symptom calling for attention. Reduction was but partially successful. The patient being a farmhand, the farmer objected to an operation on his premises, since he could not give him any care. The patient was placed on a spring mattress filled in a spring wagon—sent to Auburn to the County Hospital, at a distance of nine or ten miles. Before he got there, the lump as he called the remaining restricted part, suddenly disappeared. *That is to say, complete reduction from continued oscillating traction* produced by the jolting of a mountain road from the inside of the peritoneal cavity had taken place. I take it for granted, that our diagnosis was correct.

Query—Will the lesson taught by this isolated case be a lesson for all such cases? Quien sabe.

Now, dear doctor, I believe I have tired you out, and even if you as an editor of a publication are a legitimate shot for experts in boring people, I won't finish you at once.

With best wishes for yourself and your Journal, which is in some points an improvement on its predecessors—I remain

Yours very truly,

CHAS. W. SCHOENEMANN, M. D.

RESOLUTIONS IN MEMORY OF DR. AUGUSTUS J. BOWIE.

At the regular monthly meeting of the San Francisco Medical Benevolent Society, held July 21st, 1887, the following preamble and resolutions were adopted:

WHEREAS, this Society has learned with profound regret, of the death of Dr. Augustus J. Bowie, who, for thirty-eight years, lived in this community, in the active practice of his profession, filling positions of honor and trust, and closing a long and eventful life in his seventy-second year, be it

Resolved, that we, the members, feel constrained to pay our tribute of respect to the memory of Dr. Bowie,—the genial gentleman, the brilliant scholar, the useful citizen, the learned and accomplished physician, surgeon and teacher.

Resolved, that we tender to the surviving sons and daughter our heartfelt sympathy, in this, their great affliction and irreparable loss.

Resolved, that in token of this, our respect and sympathy, these resolutions, with preamble, be spread upon the minutes; a copy sent to the surviving family, and the proceedings be published in the *WESTERN LANCET*.

ISAAC RIVAS, M. D., President.

CHAS. H. GRIMM, M. D., Secretary.

San Francisco, July 21, 1887.

ICE OR HOT WATER IN UTERINE HEMORRHAGE?—In a case of post-partum hemorrhage, which occurred recently at the Philadelphia Hospital, the resident physician, after vainly using vinegar and then introducing a lump of ice into the uterus, stopped the flow by intrauterine injections of hot water. The patient got on well until the third day, when septicæmia was manifested; the disease happily yielding to intrauterine injections of corrosive sublimate, as indeed most cases of this disorder in the puerperium do when these injections are properly used. But the question naturally arises as to the origin of this isolated and single case of the disease. Concerning the very remarkable results obtained by Prudden, stated in a recent number of the *Medical News*, as to the enormous number of living bacteria found in the ice supplied to many of the citizens of New York, often from twenty to fifty thousand in a cubic centimetre, and with the probability that some of the Philadelphia is no better, it does not seem impossible that the disease was conveyed to the patient by the ice which was put into the uterus.

The choice between ice and hot water for the arrest of post-partum hemorrhage ought not to be doubtful, for most assuredly the latter is more certain in its action, and does not produce the depression that follows the application of cold. But if it is possible that septic infection may be conveyed by the introduction of ice into the uterus, we have a stronger argument against its employment.—*Med. News.*—*Med. Age.*

State Medical Board of California.

SAN FRANCISCO, July 6th, 1887.

The regular meeting of the Board of Examiners was held at No. 326 Geary street, pursuant to call of the President.

The following persons, having complied with the requirements of the law and this Board, were unanimously granted certificates to practice medicine and surgery in this State:

MYRON H. ALTER, Los Angeles; Coll. of Phys. and Surg., Baltimore, Mar. 6, 1878.

DAVID M. ANGUS, Vallejo; Long Island Med. Coll. Hosp., N. Y., June 2, 1886.

WILLIAM D. BABCOCK, Los Angeles; Indiana Coll. of Evansville, Ind., Feb. 27, 1878.

WALTER M. BOYD, Los Angeles; Columbus Med. Coll., Ohio, March 1, 1883.

WM. LANG CHAPMAN, San Francisco; Coll. of Phys. and Surg., N. Y., Mar. 16, 1882.

G. DU AMO, Los Angeles; Faculty of Med. Univ. of Madrid, Spain, Feb. 2, 1879.

ADAM TRIBE DICKSON, Sacramento; Royal Coll. of Phys., Edinburgh, Mar. 1879; and Phys. and Surg., Glasgow, Nov. 9, 1870.

HERMAN W. FENNER, Los Angeles; Med. Coll. of Ohio, Ohio, Mar. 1, 1881.

HIRAM PAUL HUYUS, Los Angeles; Long Island Hosp. Med. Coll., N. Y., June 29, 1865.

THEODORE F. JOHNSON, National City; Chicago Med. Coll., Ill., Mar. 20, 1877.

GEORGE LOUIS MARION, Los Angeles; Rush Med. Coll., Chicago, Ill., Feb. 16, 1886.

FRANCIS P. MCGOVERN, San Francisco; State Univ. of Iowa, Iowa, Mar. 2, 1887.

THOS. D. NICHOLS, Riverside; Univ. of Louisville, Ky., Feb. 23, 1878.

I. TAYLOR STEWART, Monrovia; Jefferson Med. Coll., Penn., Mar. 12, 1878.

JOHN J. STILL, Los Angeles; Bellevue Hosp. Med. Coll., N. Y., Mar. 9, 1885.

ABRAHAM A. SULZER, Riverside; Rush Med. Coll., Ill., Jan. 24, 1886.

SIDNEY BROW SWIFT, San Jose; Texas Med. Coll. Hosp., Mar. 3, 1880.

DAVID B. VAN SLYCK, Pasadena; Univ. of Buffalo, Med. Dept., N. Y., Feb., 1852.

THEODA WILKINS, Los Angeles; Woman's Med. Coll., N. Y. Infirmary, May 27, 1885.

WM. M. LAWLOR, M. D.

Secretary.

Death Reports.

San Francisco Health Report.

ABSTRACT.

	1886	Jan.	Feb.	Mar.	Apr.	May.	Jun
Total, 1886	5237	519	468	479	418	435	370
Total, 1887		522	451	445	450	475	409
Phthisis	730	76	74	86	73	67	70
Pneumonia.....	319	39	25	35	31	36	25
Bronchitis.....	125	20	12	8	4	11	10
Heart Disease.....	249	31	25	34	36	36	22
Aneurism	15	2	3	4	0	1	2
Apoplexy.....	126	19	8	14	9	13	10
Typhoid.....	135	13	9	9	6	11	8
Paralysis	91	8	6	10	9	9	8
Cancer.....	168	14	17	16	13	15	14
Diphtheria.....	181	40	20	15	26	22	11
Croup	96	9	10	5	6	2	4
Infant Convulsns.....	156	9	11	16	17	22	9
Meningitis.....	133	13	7	11	4	19	14
Casualties.....	167	12	20	13	11	19	13
Suicides	79	5	8	3	9	4	11
Homicides	30	2	1	1	1	2	2
Daily mean temperature.....		51°	47°	54.3°	54.5°	55.8°	58°
Precipitation of moisture, in inches...		1.90	9.24	0.84	2.30	0.06	0.07

Population according to U. S. census, July 1st, 1880, was 234,520; Caucasian, 212,520; Chinese, 22,000. Estimated population, June 30th, 1884, 270,000.

Report of the State Board of Health.

Mortality reports have been received from seventy-five cities and towns this month, containing an estimated population of six hundred and seven thousand one hundred inhabitants. The deaths number eight hundred and one, a percentage for the month of 1.3, which indicates a continuance of the general healthfulness of the State, and an absence of any fatal epidemic.

Consumption, as usual, fills a large measure of our mortality list, one hundred and twenty-one deaths being recorded from this cause during the month, which, however, is a large decrease from the preceding month's report. The apparent large mortality from consumption must be attributed to the large immigration into this State of those whose lungs are so hopelessly diseased as to render their death certain soon after their advent to these shores. Another factor, which must be considered as a contributor to the frequency of consumption on this coast, is the

fact that consumptives rarely take any precaution to limit the disease to themselves. We find them crowding to our health resorts, and contaminating with their sputa everything in their vicinity. This, desiccated by the atmosphere, is carried with its infective bacilli to the lungs of the healthy, and there, in those persons susceptible to the poison, it rapidly develops into the tubercular disease, which will, with rapidity and certainty, add another victim to the mortality list. Consumptives should not be permitted to sleep in the same room with well persons, their sputa should be thoroughly disinfected, and every sanitary precaution taken to destroy all sources of contagion in those affected.

Pneumonia. The mortality from this disease shows a marked decrease from the month of May, there being only thirty-eight deaths recorded from it; the weather during the month being favorable for all pulmonary complaints.

Bronchitis. Thirteen deaths are attributed to this disease; ten of these occurred in San Francisco, only three throughout the State.

Congestion of the lungs caused three deaths.

Diphtheria. The death rate from this disease continues about the same, there being twenty-two deaths recorded this month. Eleven deaths took place in San Francisco, three in Sacramento, two in Oakland, one each in Amador, Los Angeles, Napa, Petaluma, Oroville, and Eureka.

Croup is credited with six deaths, which is a small mortality, with diphtheria prevalent.

Whooping-cough records but two deaths.

Scarlet fever caused but five deaths.

Measles was fatal in three cases.

Smallpox caused two deaths, in San Francisco.

Diarrhoea and dysentery. The mortality from these diseases was seventeen, the increased temperature adding to their fatality.

Cholera infantum shows the largest mortality for the season so far, numbering forty-three deaths. These deaths were not confined to any particular region of the State, but scattered throughout it.

Typhoid fever. The deaths occurring from this disease were twenty-one, showing an increased mortality over the preceding month.

Typho malarial fever is credited with three deaths.

Remittent and intermittent fevers caused only two deaths.

Cerebro spinal fever. The deaths from this affection numbered three, a marked decrease from last report, when they were recorded as fourteen.

Erysipelas caused one death.

Alcoholism is credited with causing eight deaths.

Heart disease was fatal to thirty-nine decedents.

Cancer caused the death of twenty-three persons.

The following towns report no deaths during the month: America, Bodie, Calico, Cottonwood, Downey, Folsom, Gonzales, Knights Ferry, Maxwell, Newcastle, Ontario, Susanville, Saucelito, Trinity, Weaverville, Wheatland, San Rafael, and Hopland.

PREVAILING DISEASES.

From reports received from nearly one hundred localities we learn that sickness throughout the State was exceedingly limited during the month of June, and that no epidemic existed in any of the localities heard from. We find that the diseases most frequently mentioned, as might have been anticipated at this season of the year, were diarrhoea, dysentery, and cholera infantum.

The warm weather which prevailed, together with the abundance of fresh fruit and vegetables, contributed in no small degree to the increase of these diseases. That high temperature has a great influence in inducing looseness of the bowels, is generally conceded; still there are good reasons for believing that a polluted atmosphere, and food contaminated by absorbing the pollutions contained therein, are the direct causes. This is especially true of milk, which has a remarkable affinity for impurities. It is well known, says Dr. Kennedy, "that milk placed in a pantry or cellar with tainted meat, cheese, or decaying vegetables, will soon become so deteriorated that no milk-drinking animal will touch it, except the human baby, that has no choice but to drink it or starve." Death lurks in such food, and the fearful mortality among children amply demonstrates it.

Perhaps it would not be amiss, during the summer season, to warn the public, through its medical advisers, that poisoning by stale animal foods is of frequent occurrence in warm weather. It was discovered by Selmi some years since that decomposition of animal matter gives rise to a very virulent poison, the absorption of which into the system may cause speedy death. It

remained, however, for M. Gautier to discover that every living organism is continually manufacturing alkaloid poisons, which he calls "Leucomaines," which, in normal health, are so small in quantity, and so regularly eliminated from the body, that no harm arises from their effects, but should this elimination be arrested, hindered, or delayed, the renewal of the tissues must be equally so, and thus self-poisoning take place from the accumulation of these poisonous alkaloids in the blood. Hence, he thinks, arises many of these infectious diseases, the origin of which we cannot trace. The lesson to be derived from this important discovery is, that want of cleanliness, privation, over fatigue, irregularity of living, or anything that disturbs the normal functions of the body, is liable to be followed by the development of disease, and that all food consumed should be perfectly fresh, and without suspicion of taint of any kind.

Cholera infantum is noticed in San Francisco, Oakland, Berkeley, Fresno, Riverside, Sacramento, Nicolaus, Arbuckle, Biggs, Lemoore, Igo, Elsinore, Napa, Watsonville, Downey, Anaheim, Maxwell, and Bakersfield.

Diarrhoea and dysentery is likewise frequent in San Francisco, Pomona, Oakland, Riverside, Colton, San Diego, Sonora, Davis, Williams, Saucelito, Knight's Ferry, Sacramento, Lodi, Jolon, Shasta, Willits, Downieville, Millville, Dixon, Maxwell, Live Oak, Gridley, Fresno, and other towns. In Gridley, Live Oak, and Pennington, Dr. Todd writes that the diseases are abating. They showed the remarkable peculiarity of confining their ravages to the towns attacked, no cases appearing outside of their limits. Still more remarkable, that in the town of Gridley almost all the cases of dysentery were confined to the western part of the town, where the soil is sandy; the eastern part, where the soil is clay, almost entirely escaping.

Measles are prevalent in Anaheim, Oakland, San Francisco, Downey, Pomona, San Diego, Lodi, Cottonwood, Millville, Jolon, Salinas City, Fresno, and Anderson. The type is very mild, and the mortality limited.

Scarlet fever is not very prevalent. Sporadic cases are noted in Sacramento, Oakland, Hopland, Los Angeles, Riverside, San Rafael, and Benicia. Dr. E. Gray, writing from Benicia, says: The disease suddenly made its appearance on second of June; he considers it was conveyed to the town by parties participating in a picnic at Oakland. Twelve cases were simultaneously

developed one week after the return from the picnic, which is strong evidence of the truth of the doctor's surmise. The disease is now abating.

Diphtheria, apparently in a sporadic form, is noticed in Sacramento, Amador, Truckee, Rocklin, Napa, Elk Grove, Benicia, Etna Mills, Anderson, Bakersfield, Los Angeles, Oakland, Oroville, Petaluma, and San Francisco.

Smallpox prevails to some degree in San Francisco. We are not informed by the Health Officer of the actual number of cases, but they are certainly, so far, limited. Advices have been received of the development of cases in the town of Irvington, one of them quite severely attacked. They will be promptly isolated and quarantined, so that no danger need be apprehended. Vigilance in isolating and quarantining the disease wherever found, together with thorough vaccination of the well, will surely prevent it from getting a foothold in our midst. All cases occurring, whether in the palace of the rich, or the shanty of the poor, should be at once reported to the nearest Health Officer. To neglect this duty is criminal, and ought to be punished.

GERRARD G. TYRRELL, M. D.,

Permanent Secretary California State Board of Health.
Sacramento, July 10, 1887.

THE BERGEON TREATMENT OF CONSUMPTION.—When we reflect that consumption annually numbers more victims than all the zymotic affections combined, and that more than one-twelfth of the deaths which occur every year are due to that dread disease, we do not wonder at the credulous enthusiasm with which the hasty reports of the value of the Bergeon treatment were received by countless unhappy patients and their sympathizing friends. We are amazed, however, that thinking physicians should allow themselves to be deceived into thinking that a degenerative process, seated deeply in the pulmonary tissues, could be arrested by pumping a few volumes of carbonic acid gas and sulphuretted hydrogen into the rectum. Of course, in cases complicated by intestinal ulceration, the anæsthetic effect of the former gas will lessen the pain, and consequently inspire the sufferer with new hope for the time being. In all other cases the Bergeon treatment is not only valueless, but positively injurious, as it arouses a hope which can never be realized, and which in a few weeks is rudely dispelled, leaving the patient dispirited and less able to withstand the ravages of the disease than at first.—*Medical Bulletin.*

Notices of Books, Pamphlets, etc.

WHAT TO DO IN CASES OF POISONING. By WILLIAM MURRELL, M. D., F. R. C. P. First American edition from the fifth English edition. Edited by Frank Woodbury, M. D. Published by the *Medical Register Co.*: Philadelphia, 1887.

Our readers are all familiar with Dr. Murrell's syllabus of the treatment of cases of poisoning. The present edition is larger, and, besides containing more particular directions about the course to be followed in cases of the more common poisons, also treats of the numerous powerful alkaloids which have so recently been placed in the hands of the profession. Even of "vitriol throwing" which "has become a popular amusement of late years," the treatment is given. This we quote, the first paragraph, as there has been some discussion as to the mode of procedure. "Wipe off the acid at once and wash the face in water, using soap freely. A handful of soda or bicarbonate of sodium, or bicarbonate of potassium in a basin of water is still better. Be as quick as you can." As nothing can be more awkward and humiliating than to be called in a case which requires decisive action, and not know what to do, it will be time well spent for the student to familiarize himself with the contents of this small volume, which can be bought of W. S. Duncombe & Co., of this city, or of the Philadelphia publishers.

PRACTICAL LESSONS IN NURSING: THE NURSING AND CARE OF THE NERVOUS AND THE INSANE. By CHARLES K. MILLS, M. D. Philadelphia: J. B. Lippincott Company, 1887. San Francisco: Joseph A. Hofmann. Price, \$1.00.

The author has given in this, the gist of his course of lectures delivered at the Training School for Nurses of the Philadelphia Hospital. The suggestions and advice offered are valuable, and should be of great service to those who have charge of this class of cases. No other nursing requires the firmness, patience, forbearance and tact which is required of those who have charge of the insane. There are four chapters, one of which is devoted to massage and bathing, and one to electricity. These give to nurses the essential points of these subjects without going too far and infringing upon the physician's right. The other two speak of the qualities and qualifications of a good nurse and of the nursing and care of the insane. The book is needed and will be appreciated.

TRANSACTIONS OF THE NEW YORK STATE MEDICAL ASSOCIATION FOR THE YEARS 1885 AND 1886. Vol. II., edited for the Association by JOHN SHRADY, M. D.; Vol. III., edited for the Association by ALFRED L. CARROLL, M. D. New York: D. Appleton & Co. Concord, N.H.: Republican Association.

The New York State Medical Association was founded in 1884, and has now issued three volumes of its transactions, which are of exceeding interest. The papers are generally upon interesting subjects and are well written. They are very numerous, so that it is impossible to name them by title. In Vol. II., however, we find the annual address by the President, Dr. John P. Gray, on the "Relations of State to Medical Science." There is a discussion on "Pneumonia." Dr. Austin Flint propounded a series of eight questions, each of which was answered by a paper by one of the members who had been previously appointed. There is another paper to which we may at another time refer, viz.: "Commercial Prescriptions," by Dr. Henry Van Zandt.

Turning to Vol. III., we find an interesting discussion, conducted as was the one on "Pneumonia," on "Shot Wounds of the Intestines," and another on "Pulmonary Tuberculosis," and a third upon "Eclampsia."

On the obituary pages are the memorials of three remarkable men—Austin Flint, Frank H. Hamilton and John P. Gray—all of whom died within a few months of each other. The eulogies upon all of them are such that they cannot fail to cause the reader to form more earnest resolutions for the future, and to inspire him with a firm belief in the noble character of the truly professional man—the one who follows medicine as a profession, and not as a trade.

The three volumes received we consider a valuable and handsome addition to our library.

CYCLOPEDIA OF OBSTETRICS AND GYNÆCOLOGY—THE PATHOLOGY OF LABOR—THE USES OF ERGOT. Being Vol. III. of a practical treatise on obstetrics, by Dr. A. CHARPENTIER. In four volumes. New York: William Wood & Co., 1887. San Francisco: W. S. Duncombe & Co.

We have already noticed this work, and can only say that the value of the work is fully sustained by the third volume. Dystocia due to mother and fœtus are dealt with and very amply illustrated. The set when completed will be a valuable addition to the English works upon this subject.

DRUG ERUPTIONS: A CLINICAL STUDY OF THE IRRITANT EFFECTS OF DRUGS UPON THE SKIN. By PRINCE A. MORROW, A. M., M. D. New York: William Wood & Co. San Francisco: W. S. Duncombe & Co.

The author very rightly says that the physician should not only be familiar with a drug's normal action, but also with its abnormal effects. Very many more drugs than it is usually supposed are capable under certain conditions of producing an eruption upon the skin, which may, without great care, be diagnosed wrongly. Thapsia plaster produces an eruption like that of croton oil; bromide of potassa an eruption which may easily be mistaken for a syphilide. Dr. Morrow has carefully pointed out the different eruptions produced and has given the main points of diagnosis. The book is upon a new subject, and one that deals with one which has heretofore been neglected, and the profession should be grateful to Dr. Morrow for the result of his earnest study.

A COMPANION TO THE UNITED STATES PHARMACOPEIA. Being a commentary on the latest edition of the Pharmacopœia, and containing the descriptions, properties, uses and doses of all official and numerous unofficial drugs and preparations in current use in the United States, together with practical hints, working formulas, etc. Designed as a Ready Reference Book for Pharmacists, Physicians and Students. With over 650 illustrations. By OSCAR OLDBERG, Pharm. D., and OTTO A. WALL, M. D., Ph. G. Second Revised Edition. New York: William Wood & Co., 1887. San Francisco: W. S. Duncombe & Co.

A TEXT-BOOK OF PATHOLOGICAL ANATOMY AND PATHOGENESIS. By ERNST ZIEGLER. Translated and Edited for English Students by DONALD MAC-ALLISTER, M. A., M. D. Three parts complete in one volume. New York: William Wood & Co. San Francisco: W. S. Duncombe & Co.

Thymol as a Remedy in Tapeworm.

An Italian physician recommends thymol as a remedy for tapeworm. A dose of about half an ounce of castor-oil is given in the evening, when the patient should abstain from food, and take, next morning, two drachms of thymol, divided into twelve doses, one every quarter of an hour. About half an hour after the last dose has been given, a dose of castor-oil should be administered. This is usually followed by the expulsion of the dead worm. Thymol quickly depresses the pulse, respiration, and temperature, and to obviate any ill effects from this cause, frequent doses of brandy or spirits should be given at the same time. The advantages of thymol are said to be that it produces no disturbance of the stomach, is rapid in effect, is both a tænicide and a tæniifuge, and, while certain in action, will do no great harm if an error in diagnosis has been made.—*Chemist and Druggist.*

Translations.

By D. W. MONTGOMERY, M. D.

Cancer in Japan.

Through the kindness of Dr. Cushing, we received a reprint of "Contributions to Surgery," by Dr. Hashimoto, Imperial Surgeon to the Japanese Army in Tokio, which were published originally in Langenbeck's Archives. The contributions cover a large field, and contain much valuable personal experience.

We were particularly interested in the contribution to the treatment of carcinomata and sarcomata. Careful scientific observations on these malignant growths in a people whose social habits are so very different from our own, for the mass of the people in Japan still retain their old habits and modes of living, are very interesting from an etiological standpoint. Carcinoma of the breast is of very frequent occurrence among Japanese women (Dr. Hashimoto having operated on about forty cases during seven years), and this disease from the most ancient times has been treated by operative procedures in Japan.

The frequency of carcinoma of the breast in Japan is very interesting, because of the difference of dress between the European and the Japanese women. The Japanese women do not wear corsets, or any article of dress which would be apt to irritate the breasts. They wear a broad band of soft cloth or silk around the body below the breasts tied behind in a large bow-knot.

Carcinoma of the uterus is also very frequent, but patients usually seek the surgeon's advice too late to permit of any other than palliative treatment.

Carcinoma of the tongue is common, but of the lip rare. In reference to the theory of the initiation of the pipe causing carcinoma of the lips, he says that the common people in Japan hold the pipe in a different way from the Europeans. They have a pipe with a very long stem from which they take a few whiffs, and then lay it aside to be again resumed after a short interval.

Carcinoma of the gullet is common, especially among "saké" drinkers. "Saké" is a kind of alcoholic beverage made from rice, which tastes somewhat like sherry. It is very difficult to understand how such a mild liquor should give rise to cancer. The Japanese for "cancer of the gullet" is "kak," and signifies no longer able to eat rice. The *exitus lethelis* occurs about eight or ten months after the disease has been first noticed.

We are indebted to Dr. Cushing for our information about the customs of the Japanese.

Schlange on Sterilized Bandage Material.

(XVI. Congress of the German Society of Surgeons, Berlin.)

The usual method of preparing bandage material at the present day consists in saturating the material in an antiseptic fluid and then drying it, after which we expect that—

(1) It will be free from bacteria; and (2) that it will exert an antiseptic influence on any secretions from the wound which may come in contact with it.

It appears that neither of these conditions are fulfilled. On examining a great number of these bandages as obtained from the bandage factories, apothecaries, etc., they were all found to contain more or less bacteria. With regard to their *antiseptic* influence only, the sublimate gauze was examined, and a number of experiments showed that practically, the sublimate bandages did not possess any antiseptic influence worth speaking of. For instance, a very little blood or secretion from the wound was sufficient to render all the sublimate in a one per cent sublimate bandage inert, turning it into the insoluble albuminate of mercury. So that the value of the much used sublimate bandages rests, not in their antiseptic properties, but in a relatively safe asepsis. These experiments lead to the same result as that arrived at empirically by many surgeons (Tait?), viz.: that an aseptic wound under an aseptic bandage is safe from accident. A bandage can be aseptic even when it swarms with bacteria, if these bacteria be not pathogenic, but if indifferent bacteria be present one cannot be sure that among them we will not have those which are pathogenic. So that it is best to have some reliable and simple means of destroying all living organisms in bandages, and Schlange advises the method employed in the Berlin University Clinic of exposing all bandages to steam heated to a temperature of 212° F.

Volkman, of Halle, in discussing the paper, said that it is impossible to entirely disinfect wounds, and furthermore that it is not necessary, as the human body is not a mere test tube, but does possess (*vis naturæ*) a power of protecting itself against micro-organisms.

We have long since become acquainted with the fact that under the very best and most carefully applied bandages colonies of bacteria develop, for the simple reason that we cannot kill every germ. But this does not matter, the thing to be

striven after is to obtain, by having clean hands and clean instruments, a wound as disinfected as possible with surroundings as disinfected as possible. This wound is then covered with a small piece of iodoform gauze, and then over all a moss bandage or a bandage made of some other absorbing and drying material. No impervious covering (such as rubber tissue) is added, because this turns the whole underlying mass into a moist warm chamber, which forms an excellent breeding place for any germ present, whereas the dry bandage does not do so. Under these dry dressings, the micro-organisms do not develop to any great extent, and, therefore, the poisonous ptomaines are not produced to the extent of doing any damage to the wound.

Bergmann said that he preferred bandages which were sterilized beyond all doubt, so as to prevent the admission to the wound of any of those micro-organisms which act directly by their presence in the wound as do those of erysipelas.

Volkman in answer to this, said he had had under his dry bandages over 300 recoveries from compound fractures, without the occurrence of erysipelas in any one of them. Bergmann did not think that was any argument against the possibility of such an occurrence. Löffler of the Imperial Health Office in Berlin, said he had examined for bacteria a great number of packages of antiseptic bandages, which were stored by the government for use in case of war. He found these, especially in the middle of the packages absolutely sterilized, and only a very few colonies in the outer layers.

Schlange, in conclusion, said that he only wished to guard against false conceptions with regard to the antiseptic and aseptic properties of these bandages, and that Löffler's examinations only proved that the material which he examined was for the greater part aseptic, but still did contain here and there germs, which might become pathogenic.

THE treatment of consumption by gaseous injections is not proving a decided success in America. In this city it has been tried by a number of physicians, but generally with negative results. The quacks have already seized upon it, and in this city one is advertising it as a sure cure for incipient consumption.—*Columbus Med. Journal.*

Extracts.

Some of the Practical Results of Our Criminal Laws From a Sanitary Standpoint.

By R. HARVEY REED, M. D.
(Secretary Ohio Sanitary Association.)

It is simply appalling to read the daily records of crimes committed throughout our country, and still more terrifying when we compare the convictions for crime with the whole number of crimes committed.

What safety is there to the general public when men and women are ruthlessly murdered by desperadoes for a few dollars, or shot down in cold blood for only aiding in securing the intended justice of our laws ?

When railroad cars are invaded and their passengers robbed, or their express messengers shot, and their valuables plundered and taken; when officers are mobbed and shot down by gangs of desperadoes for trying to do their duty, or as in the case a few mornings ago when a train was invaded and a captured pall forcibly taken from the officers in charge at the peril of human life; when even a President's life is in danger for not complying with the desires of some crazy office seeker ?

What does all this ruthless and premature destruction of human life mean ?

It means that there is something wrong somewhere, and that the practical results of our criminal laws are not what they ought to be.

Only a few days ago, I read in some paper the following proportion of arrests for assault and battery, in thirteen of our leading cities, to their whole number of inhabitants:

	One for every
Cincinnati.....	4,476
Columbus.....	2,466
Providence.....	582
Chicago.....	504
Philadelphia.....	292
Brooklyn.....	257
Springfield.....	228
New York.....	196
Buffalo.....	174
Boston.....	133
Albany.....	116
Baltimore.....	103
Washington.....	69

It is true, the vigilance of the officers of a city, and the construction put upon the statutes as to what shall constitute "assault and battery," would modify the statistics of arrests for that grade of crimes; yet making a liberal allowance for all these, the ratio of crimes to the population as shown by the arrests made, which does not include the large number of crimes of the most diabolical character that are annually committed but escape the action of law entirely, is such that we may well call the attention of sanitarians to these facts, and inquire into at least some of their causes, and seek for the best remedies for their prevention. Crime is largely induced by two leading factors, selfishness on the one hand, and the possibilities of escape from justice on the other.

The former may exist in a variety of forms, and be induced by a multiplicity of circumstances, but the latter is dependent largely on the perfection of our criminal laws and their execution.

The New York *Independent* has at different times taken strong grounds that "Lynch-law" should be forcibly suppressed by the prompt and fearless execution on the scaffold of every person connected with its deplorable practice; but much as we despise the principle and practice of "Lynch-law" we do not believe the course advised by the *Independent* would either be practicable or advisable.

We must take humanity as it is, and not as we imagine it should be, and just as long as criminals who are guilty of capital crimes are not only protected by the wily constructions placed on legal technicalities, and their merited punishment delayed for even months and years at an enormous expense to the honest and law-abiding taxpayer, or even acquitted through a "fixed" or sympathetic jury, or by the scheming shrewdness of some criminal lawyer, just so long may we expect prompt justice to be sought by an exasperated and abused community through the powers of the "Lynch-law."

Let a murder be committed in a community and at first every paper "in the region round about" joins in denouncing the perpetrator as a scoundrel and demands his prompt execution, but time rolls on; even if captured, and placed in the hands of the law, he must be given a preliminary hearing and be "bound over," if supposed guilty. Then he lies around in jail month in and month out, at public expense (provided he is unable to pro-

cure bail); time after time the case is called, and continued because somebody who is supposed to be an important factor in the case is away, or sick, or a dozen other excuses are raised to delay prompt justice, for well do our legal brethren know the value of public sympathy, and the frailty of human nature and loss of memory, which is nourished by delay, all of which adds to the criminal's chances for escape. Meanwhile sympathetic interviews are had and published, and the once despised desperado becomes the hero of the hour, while all the horror of his atrocious crime is dimmed by time and painted with sympathy until the innocent blood that stained the floors of a once happy home is almost forgotten and the widow and fatherless children, who appear as prosecutors praying but for simple justice, are even looked upon as his persecutors.

How many murderers can we count on our fingers' ends, who have thus escaped their just doom, and are running at large to-day, or will soon have paid the paltry penalty imposed on them in the state prison, or be pardoned by a sympathetic governor, and let loose, to return as the heroes of a sensational tragedy?

Only a few days ago, I was told by a medical friend from a well-known city in the central part of this State of just such a case, where a man who had deliberately committed a prearranged, diabolical murder and accomplished his end, was tried after the usual delay of law, and acquitted, and is running at large to-day in defiance of our law.

Of all the cases that have been tried in our county for murder only one has been found guilty and had justice measured out to him, and he was a colored man. But our county is not the exception. I dare say there are few counties in our State that cannot, if they will, rake up similar records in their court proceedings in criminal cases.

We have thus far only been discussing some of the practical results of our criminal laws as they affect criminals who have been captured, but how do they affect the criminal who is still at large and assist in his capture?

All that is necessary to prove that they are not what they should be, is for each of us to go back for a moment to our own and neighboring counties, and count again on our finger ends, the murderers who have committed their foul deeds and escaped unharmed, yea, even from suspicion or detection.

It is reported on good authority, and I blush to repeat it, that

a score of murders have been committed in Richland county alone with but one arrest and conviction, several of which occurred within the last few years and *every one* without the detection or the arrest of the murderer. Yet I know Richland county, while bad enough, does not stand alone on the black list of the criminal records, of capital crimes.

What effect have our present criminal laws on the prevention of abortion?

What percentage of practical abortionists are ever convicted and found guilty of murder in the second degree when tried, of the number who are annually, and almost defiantly pursuing this foul and murderous occupation for the gain thereof?

In an editorial by Dr. Baldwin, of Columbus, Ohio, in the *Columbus Med. Journal*, Vol. II., page 573, under the title "Is conviction for abortion possible in Ohio," he says: "Three cases which have recently occurred in this city have resulted so disastrously for the State, that physicians, it would seem, need no longer be deterred from producing abortions by any fear of legal processes. Moral motives may restrain them, or 'the fear of something after death,' but they need not fear the law, while public sentiment has long since ceased to condemn, except under very aggravating circumstances."

In this same editorial the doctor goes on to say that "four years ago, a doctor in this city was arrested on the complaint of a young woman, on the charge of having produced an abortion on her." "The doctor lay in jail all summer, being unable to furnish \$500 bail. At the end of this time, when his case came for hearing, his victim refused to appear against him, and he was discharged."

"Two years ago," he says, "a married woman a few hours before her death, made a 'dying declaration' in the presence of her two physicians, the prosecuting attorney, and others. She charged a certain doctor with having produced an abortion on her, and described, with the minutest detail, her visit to his office, which she made alone, and his method of operation, with the instrument used. The autopsy, performed a few hours later confirmed her statements as to an abortion having been attempted, and showed that death had resulted therefrom."

Suffice it to say the doctor who did all this for \$5 was arrested, and discharged "scot-free." A year later another young woman is reported, by the doctor in the same article, of having

died from the result of an abortion. The abortionist was arrested, and notwithstanding "the chain of evidence seemed to be perfect and unyielding at every point," and "the general reputation of the doctor for this kind of work was such that his attorneys made no attempt to prove his previous good character," and yet "the jury returned a verdict of acquittal."

Dr. Baldwin says in conclusion: "First. If the abortionist does his work, his victim alone being privy to it, he is safe; for if she lives she will not inform against him, while if she dies, her statements are entirely worthless as evidence. Second. If others are privy to the act, the prosecution must prove that the fetus was actually *living* at the time of the operation; and this, at least until after 'quickening,' and even then only on the testimony of an expert making an examination at the time, which is of course impossible."

These cases and similar ones could be duplicated by the scores, if necessary, but the few we have given are certainly sufficient to satisfy any unprejudiced mind that our criminal laws on this point are also defective and need some amendments.

But when we know, or at least have every reason to believe, these cases of criminal abortion should be counted by the thousands if not tens of thousands throughout our country, that either go without even suspicion or detection, or as we have seen by the above, when they are detected are simply winked at by the law—in a manner they dare not mock justice in cases of murder in the first degree "so-called," yet in common experience crime does *practically mock* her, even with apparent impudence, more or less in all these cases—we are led as sanitarians to hoist the red flag of danger and call a halt long enough for reflection, if we can't get anything more.

But some one says what has all this to do with sanitary work? We answer, the first duty of a sanitarian is to save human life, and the second to prevent human suffering.

It is certainly evident that the practical results of our present criminal laws are such that justice is not only delayed, but in many cases *thwarted* in the prosecution of criminals for murder in the first degree, and in some, yea, *many* instances, the murderer in reality becomes the hero of the hour, thus putting a premium on murder, and giving encouragement, rather than deterring the vicious from their cruel purposes, which is still more

encouraged by the multitude of chances for their escape entirely without even arrest, which aids in multiplying our murders, and thus increasing, rather than diminishing, the loss of life from these causes.

The practical results of our criminal laws are still more deficient in cases of infanticide and abortions than in murder of the first degree, which added to the former swells the mortality records from these sources to such alarming proportions as to call for reform of the criminal laws of our State; and not until then can we expect to prevent "Lynch-law," or secure justice in all its details in our criminal courts.

Let us have a law that will compel the trial of a criminal arrested for murder, within thirty days after his arrest, give it precedence over every thing else, try him while the deed with all its horrible facts is fresh in the minds of witnesses, try him promptly, fairly, candidly, and allow nothing to retard the promptest dispatch of justice, and when convicted and found guilty, compel him to be executed in not exceeding thirty days, and you will find that more murderers to the number arrested will be convicted, and fewer murders committed.

Instead of waiting for the slow tardy action of county commissioners or other local authorities to offer rewards for the capture and conviction of criminals, have a standing liberal reward offered by and under the authority of the State for the arrest and conviction of any murderer of the first degree committed in the State, and made chargeable against the county in which the murder was committed, and in this way you will get prompt and efficient service in every instance; yea, and further, if necessary, have a central authority in the State which shall have the power to employ detectives to hound down every murderer who commits such a crime in the commonwealth, and instead of depending on the unskilled officers of a county managing the capture of these criminals, who, as a rule, are skilled in their part of the work, have at the State's command a few of the best skilled detectives money will procure, whose duty it shall be to ferret out all criminal cases occurring in the State, and to use every means possible to arrest and convict these outlaws in the promptest manner possible, and thus protect and save human life in a manner and with a certainty which under our present unsystematized methods would be and is practically impossible.

In the protection against criminal abortions, we should purge our present statutes of all those technicalities that now stand as so many open doors for the ready escape of the vilest and most daring criminal, regardless of overwhelming evidence as to his guilt, of these loathsome and pernicious practices, and instead close every avenue of escape, and measure out to the guilty his due portion of punishment without fear or favor.

Then as sanitarians who have the protection of human life and the prevention of human misery at heart, let us seek to find a remedy for all these existing defects in our criminal laws, and thus prevent the practical results that now follow them as natural sequelæ, and instead so modify our criminal code as to make it a real practical supporter instead of a *mock*er of prompt and impartial justice.

In this way, and only by such means can we expect to reduce the annual number of premature deaths that now are caused by the red hand of the daring assassin, and at the same time put an end to the practice of "Lynch-law," with all its horrors and dangers of rash and unwarranted executions, and meanwhile prevent the merciless slaughter of thousands upon thousands of helpless infants annually by the foul hand of the abortionist.

Then I ask you, brother sanitarians, is there not a wide field for you and me to join hearts and hands upon in this direction alone, that merits our attention and warrants our support?

Is not system on the part of the State as essential in the capture of criminals who are guilty of capital crimes in our midst, as it is in our military practice for protection against invasion from abroad, or the suppression of riots within our own borders?

The one is for the maintenance of our rights, and the protection of life from an organized and out-and-out foe; while the other seeks protection from the skulking and unsuspected assassin who pretends to be our friend only that he may take our life and escape justice unharmed and unsuspected.

Then, gentlemen, if our cause is just and right, why should we not "pool" our efforts to secure the enactment of such laws as will provide the best protection against that which God only can give, and no man should be allowed to take away.—*St. Louis Courier of Med.*

What to Say to Cancer Patients.

By ROBERT T. MORRIS, M. D.

Many cases of cancer are not well managed, and yet I doubt if any other chronic disease will swing so easily on the pivot of good treatment. Because the notion that cancer is necessarily fatal is widespread, patients do not make a move as a rule until the disease has crept far along the tissues and into the lymphatic nooks; and because the results of treatment in hopeless cases are not good, the people believe that such results are to be expected from any treatment or any case of cancer.

The surgeon who makes a diagnosis of cancer, and who expresses his opinion in the presence of the patient, is very apt to suppose that his views are accepted, but if he could follow that patient for a month, and could see him entering the office of numerous doctors in the vicinity, and could hear the different expressions of opinion regarding the case, he would not be surprised at the attitude of dejection which the patient soon assumes.

There is nothing fanciful in this statement, for it is a plain, unvarnished fact that cancer patients regularly go from one man to another, until they arrive at the office of some advertising charlatan who promises a cure, and who presents testimonials, showing that he removed a white cancer of twenty pounds weight from the shoulder of Mr. Jones, and a blue cancer of years standing from the leg of Miss Smith. This man gets the case, and when the patient dies his friends say that only one man promised a cure, and that man failed—ergo, when doctors promise to cure cancer they fail to do it.

I had not realized the fact that very few cancer patients are properly treated until a few years ago, when a physician who labors in a little village in this State told me that to his knowledge fifteen of his patients had, in the preceding year, gone for treatment to a "cancer doctor" a couple of hundred miles away, who "drew out" the disease.

It is unfortunate that patients so often fail to understand the surgeon who speaks guardedly about a case of cancer, but that they are more than likely to hear incorrectly there is no doubt whatever; and it really requires a trained listener among the laity to fully appreciate what any professional man—physician for lawyer—has to say when speaking from a standpoint of professional experience. It is the rule with some public men to

insist on reading the reporter's notes after an interview; and acting on this plan I have sometimes asked patients to take notes, and tell me afterward what I said to them. Conclusions formed by the patients have often been fantastic. To bring up a matter of this sort here may seem commonplace; but since I have adopted the plan of *writing out for the patient* the statements which are to be remembered, a great deal of satisfaction has been obtained for all parties interested, and when a hopeless case dies it does not have the effect of keeping hopeful cases from coming for treatment.

No surgeon can appreciate the effect of a written statement of the case in the hands of the patient until he has made a practice of furnishing such documents. The patient reads the paper, his friends read the paper and every cancer patient in the vicinity who hears about the paper will want to read it.

To a patient, aged forty-five years, with a small epithelioma of the lip I might say as follows (and should then put the statement in black and white): The chances for a cure or a fatal ending of the case, are about equal if you follow the advice of some one competent surgeon. The "drawing out" method of treatment (arsenious acid, terchloride of zinc, or pyrogallic acid) would perhaps give as good a result as an operation in this particular case, but the operation will be more speedy and less painful. One treatment will, on general principles, be expected to give relief for one or more years, and the surgeon must be visited at the first appearance of each return of the disease if a cure is to be hoped for. There is no medicine which is known to be of any use for curing such a case.

To a patient, aged forty-five years, with a scirrhus cancer of the breast, of moderate size, and of either slow or rapid growth, I might say: It is possible to cure you completely by a radical operation performed according to the methods of to-day. You will probably not be cured. An operation will be expected to give you relief for one or more years, and if each recurrent growth is removed soon after its appearance the disease will not be fatal until it appears in some of the internal organs. An operation will expose you to little if any danger. There will be no appreciable amount of inflammation after the operation, and when the first dressing is removed at the end of three weeks the wound will be healed. Internal medication will not cure the disease. "Drawing out" methods of treatment will be ineffi-

cient and will expose you to danger. There are no secret methods of cure—known to a few men only—who make claims in opposition to this statement.

To a patient, aged forty-five years, with a scirrhus cancer of the breast, of large extent, involving the periosteum of the ribs, I might say: There is no possibility of a cure. You will be much more comfortable if the cancer is removed. There will be little danger in an operation unless the ribs have to be resected. You can, perhaps, enjoy a year of fairly good health, but general infection will take place soon. No surgeon of repute will wish to operate in your case, but such a surgeon may consent to operate for the purpose of giving you short periods of temporary relief.

To a patient, aged forty-five years, with a cancer of the neck of the uterus, I might say: Removal of the uterus may give you relief for a year or for several years. Chances are in favor of the short period rather than of the long one. The operation is somewhat dangerous, but the attempt is well worth the risk.

To a patient, aged forty-five years, with an epithelioma of the leg below the knee, involving the bone but not affecting the lymphatics of the groin, I might say: It is possible to cure you completely by amputating the leg above the knee. The chances are about even that the disease will return. A less extensive operation will do little to stay the progress of the disease. No other method of treatment will be of avail in an attempt at eradicating the cancer.

It is not hard to know what to say in cases similar to the ones above referred to. But, perhaps, a large majority of cancer patients will present features, the testimony of which will not give us many clues to the prognosis. There will be cases in which the disease has progressed rapidly to an extent which would auger badly for the patient's chances for escape, and yet the disease seems to be quite local, and tissues at a little distance, and lymphatic glands a few inches away are apparently not involved. In such cases it is, perhaps, best to say to the patient that the disease must be expected to return at no late date, but that repeated operations during the next year or two will give intervals of relief, which are so complete that health and strength will be regained to a marked extent, and it is not impossible that a respite of several years may eventually be gained.

About nine years ago I operated upon a woman forty-one years of age, who was weak and anemic, and in a condition bordering on nervous prostration. She had a large ulcerating scirrhous cancer of the left breast, which involved the pectoral muscles and the near lymphatics. I removed all bad and suspicious tissues very thoroughly, and since the first operation have removed about once in seven or eight weeks a small recurrent growth situated near the large scar. In the interval the patient has grown strong and courageous, has lost her terrible nervousness, and has increased remarkably in weight. The patient is on the alert for every sign of recurrence, and she is now eager to have each new growth removed promptly.—*Progress.*—*Columbus Med. Jour.*

Medical Cases in the Courts.

By HENRY A. RILEY, ESQ., of New York.

MEDICAL CONTRACTS.

There was a recent case in the New Jersey Court of Chancery, on the interesting question whether a physician could make an agreement such as to prevent him from ever practicing medicine in a certain locality. It appeared that a physician, intending to be absent from the city of Newark a considerable time, employed another to attend to his practice, but fearing his patients might be lost to him when he resumed his practice, he secured the signature of the attending physician to this agreement: "In consideration of this contract made with him by the said * * * the said * * * hereby covenants and agrees not to engage in the practice of medicine or surgery in the city of Newark at any time hereafter." The employed physician did, after the termination of his engagement, begin practice for himself in Newark, and suit was brought to prevent him from doing so. The answer was that the agreement was an unreasonable one, and was in restraint of trade and void in law.

The Court held that the claim was correct, and an injunction should not issue to prevent the physician from practicing for himself.

The main ground for the decision is that the agreement covered too long a period of time; it might be many years after the death of the physician who was supposed to be benefited. On this point the reasoning of the Court will be interesting. The

judge said: "The fault imputed to the covenant is that the restriction which it imposes is to endure for an unreasonable period of time—for a much longer period than will be necessary for the protection of the complainant. It interdicts the defendant, it will be observed, from practicing medicine or surgery in the city of Newark at any time hereafter. The restraint covers the whole period of the defendant's life, and if an injunction is awarded enforcing the covenant according to its terms, the defendant can never at any time thereafter practice his profession in the city of Newark, though the complainant may the next year or even the next month after the injunction issues lose his life or his reason, or remove to another field of practice. Under such circumstances the injunction would give no protection to the complainant—he would need none; and the only purpose the injunction could serve would be to causelessly oppress the defendant."—*Med. and Surg. Reporter.*

Delivery in Head Presentations.

The *Therapeutic Gazette* has an abstract of a paper by Dr. D. Berry Hart, in which he advances new views as to the mechanism of the delivery of the head in the ordinary form of vertex presentation, and as a corollary deduces a new method of protecting the perineum.

Dr. Hart claims that the term extension of the head, as the fourth consecutive movement of the labor mechanism, is a most misleading one. It implies what he denies—that the chin leaves the sternum while passing the perineum; and that during the anterior fixation of the occiput under the pubic arch, antero-posterior and increasing diameters of the foetal head form the antero-posterior diameters of the girdle of resistance. Dr. Hart denies *in toto* that the chin leaves the sternum, and he holds that this fixation of the occiput and descent of the sinciput is not the best or normal mechanism. The best mechanism to avoid tear is for the occiput to lead, for the head to be driven on by a steady movement of translation, any rotation on a biparietal axis so taking place as to favor occipital dipping, and never dipping of the sinciput. It is easy to see how the erroneous idea of extension arose. The attendant, while the patient lay on her left side, watched the passage of the foetal head from behind, saw more of the anterior portions of the head appear, and accounted for it by extension.

Dr. Hart concludes from this that the indications for protecting the perineum are, besides the use of chloroform and hot applications, to favor relaxation, to restrain the head and keep the occiput all the time in the lead. To do this, the patient lying, of course, on her left side, the attendant places the thumb of his right hand, guarded by a napkin soaked in hot sublimate, in front of the anus, and presses it gently there. The pressure is not in the direction of a line joining his thumb and the pubic arch, but nearly in that of the axis of the pelvic outlet. By this, descent of the sinciput is hindered, and that of the occiput favored. When the latter is beginning to pass under the pubic arch, the fingers of the same hand are placed between it and the apex of the arch, so that when the occiput has cleared the arch the fingers are passed towards the nape of the neck, and the head thus grasped in the hand, the thumb lying over the sagittal suture. This gives one complete command over the head, which is now engaging in the diameters between the nape of the neck and forehead and face, and allows the whole passage with as little tear as possible.—*Northwestern Lancet.*

A New Treatment of Gonorrhœa.

Castallan, of St. Mandrier Hospital, starting with the view, now popularly entertained, that gonorrhœal urethritis is a parasitic disease, and being led by observation to believe that the microbe can only live in an acid medium; finding, moreover, that in this disease the discharge is, as a rule, acid, proposes to treat gonorrhœa in the acute stages by urethral injections of sodic bicarbonate, three or four injections being made daily of a one-per-cent solution. For this treatment, which is but a logical inference from the premises, he claims remarkable success, although the cases on which it has been tried in St. Mandrier, as yet, number only a dozen. The injections of bicarbonate sodium are commenced as soon as the discharge appears, or the patient comes under observation; the urethral secretion is tested every day with litmus-paper, and the injection is kept up till the discharge becomes alkaline or neutral. For internal treatment the patient is given flaxseed tea, with occasional doses of bromide, if there seems to be any indication for the sedative effects of this salt. His conclusions are as follows:

1. The urethral pus in the first stages of the disease is generally, if not invariably, acid; this acidity is quite pronounced.

2. The treatment by bicarbonate of sodium rapidly lessens the discharge; it also rapidly diminishes or removes the pain in micturition.

3. In old urethrites, and those which have been treated by the usual injections, it speedily brings about a cure.—*Boston Medical and Surgical Journal*.

Photography by Vital Phosphorescence.

By DR. JNO. VAN SANT.

Some months ago there was published in several scientific journals* an article in which I showed how excellent photographic positive prints, on glass or paper, could be made from an ordinary negative by means of the transformed or "stored-up" radiant energy—the phosphorescent luminosity—of certain inorganic substances, especially particular sulphides of calcium and strontium.

Many organic substances also, as is well known, possess this property of storing-up, so to speak, and afterwards emitting, as more or less luminous rays, the radiations to which they have been exposed. Crystallized carbon, in form of the diamond, and white paper, may be cited as illustrations of this class. A photographic latent image on a bromide of silver surface, capable of being developed, can easily be produced by bringing into contact, for an hour or so, in the dark, such a sensitive surface, and an engraving, or some ordinary printing, on white paper which has been just previously exposed for some minutes to the direct rays of the sun.

But I have now to call attention to the curious fact that the kind of light given out by certain *animal organs*, and which evidently in its causation has some close relation to the nervous system and vitality of the animal, and belongs to a different class of phenomena from the phosphorescence above mentioned, can also bring about incipient decomposition in a haloid salt of silver. Moreover, it can do this through a sheet of glass of [the usual thickness used for photographic negatives, and, consequently, there is a possibility of producing by such light photographic positive prints.

The following experiment, copied from my notes, proves this:

June 8, 1887. This evening, just after dark, I took about a dozen fire-flies (*Lampyrus corusca*), which had been captured a

* "Scientific American Supplement," Feb. 12, 1887; "Philadelphia Photographer," April 16, 1887.

few minutes before on the lawn, and enclosed them in a wide-mouthed vial of some 3 oz. capacity, having a piece of fine white bobinet (such as is used for ladies' veils) stretched over its mouth in place of a stopper. Enclosed thus, they would frequently emit the momentary flashes of greenish-tinted yellow light for which they are remarkable, though usually only one insect at the same time would flash. Every few seconds one or another would emit its light for a period which I estimated to average in each case about one-half of a second, and the frequency of the emissions could be increased by gently shaking the vial. When not flashing, the under surface of the three posterior segments of the fire-fly's abdomen, from which the light came, was scarcely at all luminous, but was simply of a bright yellow color. The flashing was plainly under the control of the insect, like its muscular movements. These fire-flies are rather less than three-quarters of an inch long, and the segments which become luminous have, altogether, an area of only about one-eighth of an inch square. The flash is, however, quite bright, so much so that fine print can be easily seen when held close to it.

Repairing to my dark closet with the vial of fire-flies, I placed it to one side, under cover, whilst I arranged and clamped a very sensitive gelatino bromide of silver dry plate beneath an ordinary negative picture of a landscape on glass, as for contact printing.

The vial of insects was then inverted over the back of the negative, so that only the fine meshes of the bobinet and the glass of the negative with its gelatine film intervened between the fire-fly's light and the sensitive bromide plate. I counted the flashes, occasionally shaking the vial and sliding it over the negative, till fifty flashes had occurred.

The vial was then removed, the sensitive plate separated from the negative, and an attempt made to develop the latent image, if any existed. Alkaline solution of pyrogallol was used, and, in a few minutes, I had the pleasure of seeing a well-marked positive image of the negative picture appear, the plate being somewhat yellow stained, as if from too long an exposure. This was fixed in the usual way with sod. hypo sulph., and is now in my possession—probably the first picture ever produced by the light emitted from a living animal organism.

U. S. Marine Hospital, St. Louis, Mo., June 10, 1887. — *The St. Louis Photographer for July, 1887.*

other treatment than from three to five menstrual suppressions. Five were grave cases of hysteria, one of whom showed marked improvement, while three other cases were convalescent from exhausting illness, and in them the convalescence was much shortened. No bad effects were noticed.—*Revue de Therapeutiq.*—*Philadelphia Medical Times.*

Notes on Antipyretics.

By EDWARD R. SQUIBB, M. D.

The word "antipyretic," although not new, has but recently come into common use as a substitute for the word "febrifuge." The words are synonymous and of the same ultimate derivation. Antipyretic is what is opposed to fire, and fever comes from fire. Febrifuge is what causes fever to fly, or to be fugitive. Hence the significance of both words is to oppose, counteract or dispel fever. The choice between the words seems to be a matter of taste or fashion, and febrifuge seems to be going out of use.

The oldest and best febrifuge is quinine, and this still stands at the head of the class of newer antipyretics. The origin and application of quinine are too well known to require notice here, and its value is too well established to be in much danger from the more modern agents. Until quite recently the great drawback to the use of quinine was its high cost, and almost all the recent antipyretics were discovered through the efforts of chemists either to make quinine artificially or to make substitutes for it. The making of quinine synthetically or artificially, although several times announced, has not yet been accomplished; and its great abundance and low cost for the present, and probably also for the future, have taken away the incentive to make it synthetically, because if so made it could not be so very much cheaper than from natural sources; and therefore it does not offer the inducement of the very large profits offered when the natural product was so costly. But the modern research in this direction has yielded very interesting and important results, in addition to the still increasing list of substitutes or antipyretics.

A brief notice of only the more prominent substances of this list is all that can be undertaken here, and all the material for this is compiled from a few of the numerous authorities on the subject. Nothing original is offered, and nothing as being very accurate, because every article of the list is put forth with the

chance of risk from erysipelas which may happen to prevail in or about the place of residence. There is only one circumstance under which this advice can be set aside—that is, where there is definite exposure to smallpox, when the risk of death from this disease will justify the infraction of these rules.

As to the subjects from which lymph may be taken, the instructions are equally specific. They must essentially be healthy children, of whom preferably the family history is known, and they must be absolutely free from skin disease, from any sort of sore at or about the anus, or other sign of hereditary syphilis. Lymph must only be taken from children vaccinated for the first time, and never from cases of revaccination; and, again, only perfect vesicles without conspicuous areola should be permitted to supply it, and lymph contaminated with blood or by running over the skin must be rejected, as well as that which is thin and watery or not clear and transparent.

The precautions against septic injury are based upon the maintenance of absolute cleanliness of instruments, of subsequent dressings, and upon, as already said, freedom from exposure to septic disease. The need for the instructions as to cleanliness has unfortunately been strongly emphasized by accidents due to neglect. Lancets, it has to be remembered, are not the only instruments which are capable of inflicting injury in this manner. Our readers will not have forgotten the calamity at Norwich which led to the instruction that ivory points and capillary tubes should not be used a second time. We are induced to dwell especially upon this recommendation for the reason that the Local Government Board have just issued a report by Dr. Airy upon a death from erysipelatous disease after vaccination, the operator having omitted to exercise the precaution which is here enjoined.—*London Lancet*.—*American Practitioner*.

CREMATION.—The Geneva Town Council is agitating for the institution of a crematory furnace for the Canton, on the scale of that so successfully worked at Milan. M. Empeyta, the chief mover in the matter, has put forth a defence of the practice against common objections. Mineral poisons, he maintains, are as easily detectable after cremation as after burial, while premature cremation is avoided at Milan by sending the corpse to the *ustrinum* not sooner than eight days after death.—*British and Colonial Druggist*.

Maximum Doses of Medicinal Agents for Children.

The following table was prepared on account of certain criticisms which have been made in respect to the dosage advocated by the various pharmacopœias. It was especially suggested by the poisoning of a child which came under his (Buttin's) observation. The standard dose is, as usual, that which is proper for the average adult, and the gradation is observed as follows:

For children

1 to	2	years of age,	$\frac{1}{10}$	of the standard.
2	“	5	“	“
5	“	7	“	“
8	“	10	“	“
11	“	13	“	“
14	“	16	“	“
17	“	19	“	“

The author has also prepared a work which compares the maximum doses of the different pharmacopœias. A. F. C.—*Archives of Ped.*

Photography and Medicine.

The remarkable advances made in many of the arts as a consequence of the adaptation of photography to their needs, has been fully equaled by the extent to which science—and especially medical science—has profited in the same direction. It is not alone in conjunction with the reproduction of the field exhibited by the microscope that the value of photography has thus been demonstrated. Every department of medicine and surgery is now daily enriched by valuable contributions made to the great storehouses of anatomy, histology, and pathology.

It is not only the teacher of medicine, but the student and the practitioner who are enjoying the fruit of this adaptation of one art to the requirements of another. What serves the one must, in the long run, greatly serve the other.

To-day all the facial expressions of disease of the internal organs are reproduced by the photograph; all the postures of hysteria; all the external manifestations of insanity. In surgery all the fractures, dislocations, and deformities are similarly reproduced. In one of the largest of the Philadelphia hospitals a camera has been arranged so as to secure accurate representations of persons suffering from shock, as the victims

of accident are brought in on litters into the proper wards. In several of the medical schools the entire course in midwifery is illustrated by photographic representations. In diseases of the skin, though confronted with the almost *insurmountable* difficulty incident to the representation of colors, something has been done in the way of accurate illustration.

The object of calling attention to these facts, whose importance is rapidly increasing, respects the value to the physician of a practical acquaintance with the art of photography. There are few photographers limiting themselves to the popular demands upon their skill, who can satisfactorily accomplish what is required by the physician. The very best photographs of medical subjects have been taken by medical men. The degree of skill acquired by the latter in this particular field has been what we should expect of the man whose education is of the character to prepare him for such work. One of the busiest of the best-known physicians in this country was first to photograph successfully last year the flash of lightning. Some of the most artistic of the photographs of anatomical preparations have been also taken by physicians—not by those merely who have devoted themselves particularly to such work, but by practical men occupied daily with their professional duties.

The active practitioner, who has but little time for the recording of his interesting cases in writing will find here a field that will reward him for the small time required to cultivate it. No man has so excellent a record of the interesting features of a case of any disease that can be represented by a photograph, as that furnished by the camera. The modern methods of photography have been so simplified and improved, that the best artistic results are now within the reach of all.—*Editorial Canada M. J. and Ex.*

A Convenient Vehicle for Cocaine.

Dr. Bignon, of Lima, has recently advocated a solution of cocaine in liquid vaseline or petro-vaseline. It will dissolve as much as two per cent of the drug, and the solution had the great advantage of not being liable to decomposition. It is said to be very active as a local anæsthetic and to produce a more extended zone of diminished sensation. Less doses can thus be used and the risk minimised of undesirable symptoms, due to the occasional toxic effect of the drug. It is very useful in ophthalmic practice, a single drop being sufficient to dull sensation, and its action is rapid.—*Medical Press.*

Disabled Great Men.

The Emperor William is suffering from advancing years, the Crown Prince from a laryngeal papilloma, and Bismarck from rheumatism; Mr. Gladstone has catarrhal troubles of his respiratory organs; Sir Michael Hicks-Beach has cataracts; Mr. Parnell has some unknown malady which makes him an invalid; Lord Randolph Churchill married an American lady, and has the (alleged) American disease, neurasthenia; Mr. Blaine is reported to be a *Brightique*; Mr. Manning is hemiplegic; President Cleveland is rheumatic and lipomatous; the Emperor of Russia is suffering from mental depression.—*Medical and Surgical Reporter.*

ANTIPYRIN AS AN ANÆSTHETIC.—M. G. Sée has found that the above named antipyretic rapidly dispelled pain and stiffness in cases of acute rheumatism and gout, while its pain alleviating power was especially evident in cases of other purely nervous and muscular pains. It also relieved the acute pain of locomotor ataxy and forms of heart disease. M. Sée gave three to six grammes a day, in water, each spoonful of which contained one gramme. The drug does not affect the action of the heart or the circulation. Subcutaneous injections of two grammes of antipyrin in a dog weighing ten kilogrammes caused decided diminution of sensibility in the limb in which the injection was made; it seemed to act directly upon the muscular nerves.—*British and Colonial Druggist.*

MR. LAWSON TAIT then read a short paper on the method of

FLAP-SPLITTING IN CERTAIN PLASTIC OPERATIONS.

His first advocacy of the system was in 1876, for vesicovaginal fistula, up to which period he only knew of denudation and transplantation for union or increasing of size of flaps. The system is applicable to surgical cases not usually undertaken by the gynæcologist, such as for hare-lip, cleft palate, &c. The chief advantages are saving of tissue, broader surfaces for adaptation, and adaptation of similar tissues, also less probability of pinhole openings being left. The name suggested, "flange suture," is very appropriate and brief. In splitting

the flap the marginal line of junction between skin and mucous surface is taken where such exists.

The President and one or two other Fellows spoke to the great success of Mr. Tait's method of operating, but had acted slightly different in detail, though on similar principles.

Mr. Phillips Hills suggested that a good deal of the success of flap-splitting so-called over the denuding operation probably resulted from the little disturbance of vascular supply in the former, owing to the cuts being in between the vascular trunks, whilst in the latter, the cut being at right angles to the vessels, their ends were necessarily cut off.

Mr. Tait, in reply, said he had often noticed that in flap-splitting the hæmorrhage was very limited as compared to that of the denuding operation, and the theory advanced by Mr. Hills was probably the correct one.—*Medical Press.*

VON VELITO ON THE OCCURRENCE OF A MAMMA IN AN OVARIAN TUMOR.—The tumor was removed from a patient aged forty, and was a smooth spherical cyst, about the size of a child's head, with walls 3 millimetres thick. At one point was discovered a mass of ovarian tissue containing graafian follicles. The cyst contained a quantity of thick brownish red fluid, as also a mass of fine fair hairs about 5-10 centimetres long. On the inner wall there was a structure closely resembling the original mamma. This was hemispherical, and the size of the fist of a child. A nipple projected from it which when pressed yielded two or three drops of a thick milky fluid. When examined under the microscope this showed numerous spherical fat globules and colostrum crystals floating in a milk-like fluid. The areola was of a pink color and surrounded by small pimples from each of which projected a 3-4 centimetres long fair hair. Microscopic sections of the mamma showed glandular tissue of similar nature to that met with in the normal breast.—*London Medical Record.*

The Treatment of Rheumatism.

Dr. George L. Peabody treats his cases of acute rheumatism with a combination of salicylic acid and iron, the formula for which was obtained in the following way:

About a year ago a nurse was pouring into a common receptacle some remnants of different medicines, when she noticed

that a black precipitate formed by iron was turned into a transparent solution of a rich red hue as soon as she poured the fluid contents of another bottle. Being a young woman of an inquiring turn of mind, she asked the house physician the cause of this phenomenon. The house staff, to help her in her desire for information, experimented with the drugs that she had been throwing out, and ascertained that her manipulation of chemicals had been this: She had first poured into the receptacle a salicylic acid. Into this she had poured a solution of iron, with the result of producing a black precipitate. To this she added some sodium phosphate, with the result of producing a clear red solution.

This at once gave a clue to the means of combining iron and salicylic acid without forming a precipitate. The facts were submitted to the apothecary of the hospital, and from them he produced the following formula, which has been in constant use nearly a year: R. Acidi salicylici, gr. xx; ferri pyrophosphatis, gr. v; sodii phosphatis, gr. 1; aquæ, $\bar{3}$ ss.

This method of giving this drug in rheumatism has now been fairly tested. It may be said to agree as well with the stomach as any other, and it has the great advantage of not being followed, even if its use be long continued, by the severe anæmia that so often follows the use of salicylic acid, if it be given without iron.

The dose which is described in this formula is given every two hours until improvement justifies a diminution in the frequency, or until constitutional effects are pronounced.—*Medical News.*

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PACIFIC

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Original Articles.

STERILITY.

A Clinical Lecture, by CLINTON CUSHING, M. D., Professor of Gynecology, Cooper Medical College, San Francisco.

GENTLEMEN.—I ask your attention this morning to two cases that are alike in one respect, namely, that both are sterile. Both are desirous of having children, and have never used any means for preventing pregnancy.

The first case gives the following history: Age 29, native of England, but has lived for many years in Australia, from which country she came here recently. She has been married ten years and gave birth to one child a year after marriage.

Shortly after the birth of her child she was confined to bed for five months with a severe attack of pelvic peritonitis, since which time she has had poor health, and has never again become pregnant. She complains of pain in the top of her head, under the left breast, in her back between the hips, and in the region of the ovaries. Her menstruation is irregular, coming on at intervals varying from two to five weeks, is scanty and painful. She has leucorrhœa.

An examination shows that the fundus of the uterus is drawn laterally entirely to the right of the median line, and that the cervix is directed to the left, so that the organ lies diagonally across the pelvis. The left ovary is as large as a hen's egg; is drawn nearly to the central line by the displaced uterus, to which it is attached by the utero-ovarian ligament, and is extremely tender upon pressure. The right ovary is also sen-

sative, but is not enlarged. A muco-purulent discharge is escaping from the os uteri, and a sub-acute inflammation of the vagina exists.

The second case gives a very different history. She has been married for two years, is 24 years of age, and a native of California. She has never been pregnant, her menstruation has never been regular, scanty, and has always been attended with the most excruciating pain for the first day of the flow. She has had leucorrhœa since childhood. She suffers from backache, and standing or walking aggravates her distress. All her symptoms have been much worse since marriage, and the sexual act is at times painful.

Upon examination the uterus is found normal in size, but in a marked state of retro-version, as I show you upon the mannikin, with the fundus resting upon the rectum, and the cervix pointing toward the bladder. The os uteri gives exit to a muco-purulent discharge, and the introduction of the sound is followed by the discharge of a few drops of blood, showing a diseased condition of the mucous membrane lining the uterine cavity. The diagnosis then is retroversion of the uterus, and cervical and corporeal endometritis.

In this case, while the displacement of the uterus does not necessarily cause sterility, the disease of its lining membrane doubtless is a bar to impregnation.

In the first case, we also have the endometritis, and also a vaginitis, but in addition we have a disease of one ovary, and a history of a severe inflammation of all the pelvic structures, probably a pelvic peritonitis. Now, when a woman has an attack of peritonitis of considerable severity, her prospects of subsequently becoming impregnated are very materially lessened. This you can easily understand when the pathological conditions following an inflammation of this kind are considered.

The structures of the ovary and Fallopian tubes are more or less involved. Organized lymph now agglutinates the pelvic organs and the overlying small intestines into a common mass, leaving them to a great degree fixed and immovable. In time, varying from weeks to months, the greater part of the effused lymph is absorbed and removed by the lymphatics and blood vessels, but there is left behind in the largest proportion of cases a number of adhesions and bridges between different parts, that remain permanently, and the function of such delicate

structures as the ovaries and Fallopian tubes must in many cases be crippled and interfered with.

In the first case there is every probability that the body of the uterus is dragged over near the right side of the pelvic cavity by the contraction of bands of organized lymph, and the enlarged and diseased ovary is one of the sequela of the peritonitis. Whether the Fallopian tubes are diseased or not, is wholly a matter of speculation, but it is only reasonable to expect that they are not without fault, after being surrounded and embedded in the products of inflammation.

The prognosis in the first case is bad as far as fruitfulness is concerned, and certainly is not good from any point of view. In the second case the prognosis is much better; but here, as in all cases of sterility, be careful about promising too much for you never can tell the exact condition of the ovary and Fallopian tubes.

In the first case but little can be done to obviate the evil effects of the pelvic inflammation. The lateral displacement of the uterus is not necessarily a condition justifying interference, and in this case I would not advise it, or in fact any active local treatment, for fear of again lighting up the fires of a peritonitis; for you must know that when a woman has once suffered from a severe pelvic peritonitis, she is very likely to have subsequent attacks upon slight provocation; any vaginal or intra-uterine manipulation or instrumental treatment being attended with risk. For the enlarged or tender ovary a blister can be applied over the left ovarian region, and twenty grains of the bromide of potassium can be given night and morning in a half glass of water. If her health should become seriously impaired, or her life be at stake in the future, then the question would arise as to the advisability of opening the abdomen and removing such diseased tissues as would be necessary to effect a cure.

In the second case the indications are quite plain: correct the displacement of the uterus, and cure the endometritis. To correct the displacement, we first place the patient upon her elbows and knees, a Sims speculum is introduced, and by this the nurse lifts the posterior vaginal wall.

The vagina is now distended by atmospheric pressure owing to the position of the woman. If the abdomen is not constricted, but allowed to be relaxed and fall forwards and downwards, the small intestines fall away from the pelvic excavation, and

when the vaginal outlet is opened the air rushes in and the uterus falls upwards and forwards, and the cervix is now seen at the upper end of the elongated and distended vagina.

The value and advantage of this position can be fully appreciated in the attempt to replace a retroverted uterus of long standing. If the displacement is a recent one, the position alone is sometimes sufficient to correct it. In a case like the one before you, I seize the anterior lip of the cervix with this vulsellum and draw it down slightly towards the vulva. A stiff uterine sound is now introduced, moderately curved, with the concavity backwards. The sound is now slowly and gently rotated, and the uterus put in a state of anteversion. As the sound is withdrawn the cervix is carried by the vulsellum well backwards. And now comes a plan of treatment that I believe to be very essential to success in the management of these cases; instead of introducing into the vagina some form of pessary to be worn as a permanent support, and which is at first illy borne, I now take these balls of common cotton batting about as large as a hen's egg, through which a loop of strong thread has been passed, and press two of them up firmly behind the cervix, and afterwards four or five beneath and around the cervix, so that when the woman gets upon her feet the upper part of the vagina is moderately distended, and the uterus kept partially replaced.

The patient will wear this dressing for forty-eight hours, when she will remove it, use a large vaginal injection of hot water and return to have the dressing re-applied.

It is now found that the uterus goes much easier into its place and the dressing if properly applied gives the woman a sense of relief from backache. If this plan of treatment is carried out for from one to two weeks the patient will then wear a properly fitting retro-version pessary without pain.

For the endo-metritis we will paint the uterine cavity over with a mixture of equal parts of liquified carbolic acid and Churchill's tincture of iodine. This was done once just previous to her last menstruation, and she informs me that for the first time in her life she has menstruated without pain. From this it is probable that the endometritis is the principal factor in the dysmenorrhœa. With the uterus in its normal position and the endometritis cured, her prospects for bearing a child will be much improved.

The causes of sterility are numerous. As was proved by the experiments of Dr. Marion Sims, irritating secretions from the vagina or uterus may destroy the life of the spermatozoa; a stenosis of the external os uteri or of the cervical canal caused by flexion, or otherwise, may prevent the ingress of the essential elements of the spermatic fluid; the endometrium if diseased does not furnish a proper surface for the attachment of the ovum; the Fallopian tubes may be diseased, or constricted, or bound down in abnormal positions by adhesions, so as either to prevent the ovum from ever getting into the tube, or being able to convey the egg into the uterus.

If the ovaries are prolapsed into Douglass pouch the chances are much lessened of the ovum getting into the Fallopian tubes. If the ovaries are diseased from severe attacks of inflammation the production of a healthy ovum is not probable. Nor is it probable that a man who has suffered from severe attacks of orchitis and epididymitis is likely to secrete healthy spermatozoa. Thus in any case of unfruitfulness on the part of the wife, the condition of the spermatic fluid of the husband should be investigated, and examined with the microscope to determine the presence and vitality of the spermatozoa.

A CASE OF POISONING BY RHUS TOXICODENDRON.

By DR. A. E. BALDWIN.

July 31st, at 10:30 A. M.—A few isolated points; skin natural in color; true skin raised as from within; parts affected, *wrists*. 4:30 P. M.—Points reddened and elongated; number increased; tendency to coalesce; light, burning pain, with slight itching. 10:30 P. M.—Intense itching, greatly increased by rubbing; points running together and presenting reddened, raised borders; points blunted and tendency to flatten; greater area involved toward forearm; surrounding surfaces pinkish tinge; heat, local; intensified capillary stasis (deep) and lines of redness, well marked, irregular.

6 A. M., Aug. 1st.—Anterior forearm to flexure of elbow presenting angry, reddened surface, diffuse over the upper pronators, fading to natural color of skin above median basilic vein; wrists infiltrated and puffy; sensation here of great distension; intense itching, and slowly passing upward.

12 M., Aug. 1st.—Tenderness of whole forearm and tendency

of points to mass; local heat much intensified; burning sensation of whole forearm; parts very angry and structures deeply infiltrated. 6 P. M.—From wrist to elbow parts very much tensified; sense of great fullness and constriction; muscles over humerus biceps and brachialis anticus very painful, and pain increased on motion; itching sensation, which has been increasing from close of first six hours, is now very annoying, producing nausea through sympathetics; parts begin to show a mass of blunted, irregularly-shaped points, very much flattened and thinned at apex, with whitening of central core. 10:30 P. M.—The cuticle raised as if by liquid burn, in irregularly-shaped masses, with tendency to circular form; fluid, limpid, with minute points of brick color exuding, and, drying, form a semi-brown, yellowish, scaly scab, thicker in spots, and scaling off when rubbed, leaving cutis pink in color, and exquisitely sensitive to the air.

6 A. M., Aug. 2d.—Arms to median basilic vein very tense, painful and covered with masses of drying, freshly-exuding and old serum; subcutaneous cellular tissues very tense and excruciatingly painful; portions of cuticle raised and containing two to four drams of serum, clear in part and colored in others; appearance of arm less angry, but dusky red in portions not affected; weight of arm very painful; no indication of spread of condition beyond metacarpus.

12 M., August 2d.—Itching increased, till patient seems beside himself; pulsations of artery very painful; whole forearm tense, hard and unyielding—to the touch like bottom of an overshoe; parts very hot and skin stretched to full capacity. 6 P. M., 2d.—Height of fever passed at about 3 P. M., when parts grew less tense and throbbing ceased; great quantities of serum have saturated bandages, and dusky color of skin is changing to pink; sensation of tight band midway between wrist and elbow; local heat somewhat abated.

6 A. M., Aug. 3d.—Bandages very much colored (yellow) and stiff with drying serum; pain in axillæ; on pressure, cuticle bursts and subsides; substance of cuticle much thinned and shows peculiar transparency of dermoid structures beneath; subcutaneous structures much infiltrated; very tense and great sense of constriction in the entire forearm.

12 M., Aug. 3d.—Bandages scarcely wet through; skin under sloughs red, shining and very smooth, pink and merging into

roughened corrugated portions of cuticle that still throw off liquid serum; areolar structures less turgid but painful on pressure; pain in axillæ intensified; general feeling of pyrexia; functions of accommodation imperfect and uncertain; sympathetic itching of ankles, few isolated points have retained their individuality, cuticle dead over apices and scaling off slowly, bases raised, irregular and surmounted by small secondary points which rise at various angles from periphery and lower portions of base; pain on pressure very marked midway between elbow and wrist and exudate confined to a space from three to four inches square, itching intense during entire period. 6 P. M., Aug. 3d.—Serum turning brown, containing less water and forming scabs which stick closely to cutis, appearance of skin when this covering is washed away a smooth shining red with slight corrugations running transversely around the arm.

6 A. M., Aug. 4th.—All portions affected covered with thick brownish scab, which is so intimately mixed with dead and disintegrating cuticle that all comes away together with slight force, showing a serous covering of derma which weeps copiously upon irritation. Glands of inguinal regions involved and swelled to size of English filbert. Axillary glands large and swelling of borders more clearly defined, hard and very painful, structures over and contiguous to lymphatic canals somewhat painful, also lymphatics of breasts and cervical region. No symptoms of itching except on removal of bandages and exposure to air, *new* minute white points show through red dermoid surfaces.

12 M., Aug. 4th.—Whole surfaces involved covered with fresh crop of white elevated points, 1-32 inch, filled with creamy thick fluid, isolated and showing when removed a clear serum at bottom which passes through malpighian layer; entire structure of epidermis destroyed and capillary circulation appears impeded in patches leaving dark red elongated deposits of hæmaglobine.

6 P. M., Aug. 4th.—Between white points another set containing clear fluid and opening at surface of true skin, somewhat smaller, 1-64 inch, with very little elevation, breaking under any slight pressure and leaving depression. Interference of functions of accommodation, more marked toward evening.

6 A. M., Aug. 5th.—Vesicles and points of suppuration have coalesced and form irregularly shaped bodies raised 1-16 inch,

and full of yellow matter, serum which 12 hours since was found underlying the drying matter and decaying scarfskin has formed a thin, scaly structure which cracks and pulls off. Eyelids smeared with yellowish matter, which when hard crumbles into dust easily; pain over and around lymph organs and ducts continued, intensified in axillæ and flexure of elbow. Movements of pectoralis muscles, deltoid, biceps and triceps very painful; itching of arms subsided, prepuce involved, congested, light itching sensations of external and internal malleolus of tibia; functions of accommodation interfered with, ciliary ligament slow to respond to light, and *vice versa*.

12 m., Aug. 5th—Scarfskin being entirely destroyed and true skin much corroded and pitted; capillary circulation exceedingly rapid beneath and around former suppurating points, exhibits red areas, 1-8 to 1-14 inch in diameter. Thin flakes of drying serum constantly falling away from living structures beneath, cause peculiar appearance of short wool between points of new dermoid growth. At intervals intense itching for a few moments.

12 m., Aug. 6th—New structures forming throw off quantities of scarfskin; case rapidly being terminated by lysis.

Aug. 7th. Isolated, elongated raised bodies one-quarter inch long, one-eighth wide, appear on inside portion of thighs, over the vastus internus, gastrocnemius, gluteals and latissimus dorsi; spots that indicated onset of attack still remain on wrists.

Between this date and August 22nd, a crop of seven boils appeared on the forearms, and an enormous amount of pus followed; at writing small isolated boils are forming.

As this case ran a natural course, the symptoms may be relied upon as those usually presented when any portion of the body is involved.

SUMMARY.

Any portion of the body is liable to be attacked. Intense itching; weeping of cutis; development of pustules; destruction of scarfskin; formation of scarfskin; development of boils.

TREATMENT.

Carbolic acid, 20 per cent solution; ammonia, 15 per cent for parts exposed to air—5 per cent for face or parts not exposed. Fluid extract *grendelia robusta*, cold cream, olive oil, citric acid, belladonna, and a host of remedies, all of which are of no value.

Carbolic acid in solution, and as an unguent, is the only remedy that can be relied on in any and all cases.

SORE THROAT AND DIPHTHERIA.

By J. R. SURTON, M. D., Maxwell, Cal.

This locality having been visited recently by an epidemic of sore throat concerning the nature of which local medical authority is not fully agreed, I desire to review briefly through the medium of your valuable journal the history of a few cases that have come under my observation, hoping thereby to elicit contributions from members of the profession in localities that may have been similarly afflicted, who, perhaps, may be able to shed some additional light upon the important subject of diagnosis. Case No. 1. September 16, called to see child, age 7, who was taken 48 hours previous with chill followed by high fever, anorexia, vomiting and sore throat. Examination showed tonsils covered with whitish gray deposit, an effort to remove some of this with an ear spoon showed it to be closely adherent; the submaxillary glands were swollen and tender, the breath extremely fetid and a sanious discharge from the nose which had excoriated the upper lip. Although I had not up to this time seen a case of diphtheria in town, nor was aware of a case in the county, I at once made a diagnosis of that disease and counseled strict isolation, a precaution the mother suggested as probably unnecessary, as a number of the child's schoolmates had called to see her the previous evening, and were doubtless exposed to contagion if such was its nature. This case was convalescent in ten days, and two other children in the same family escaped the disease. During the next few days a number of cases rapidly developed in town, ranging from very mild to severe, but no fatalities up to the twenty-seventh, on the evening of which I was called to see child, age 4, the attending physician having been discharged. I found the pharynx covered with membrane glands swollen at angle of jaws, extreme dyspnoea and every indication of approaching dissolution. The child died during the night as did also another case in town under the care of a physician who had diagnosed membranous croup. Case No. 3, Oct. 4th, called to see child, age 3½, patient of Dr. W. E. Robes (he having relinquished it on account of dangerous illness of member of his own family) had also been seen in consultation by Drs. Belton and Gray, of Colusa. Examination showed pharynx free from any membranous deposit or evidence of inflammation, submaxillary glands

not perceptibly swollen, temperature 100° , pulse 136, respiration 30, and dyspnoea so extreme that death seemed imminent at any moment, a condition that had existed (as I learned) for three days with only temporary amelioration. Without entering into details, suffice it to say, this case after wavering between life and death for four days gradually recovered. The history of this case revealed the fact that it was first taken (as was also another child in same family) with fever and sore throat with white patches on tonsils, but apparently recovered and after a few days developed croup. Case No. 4, child age 4, in family where three other children were stricken with the disease, and were convalescing, was taken in the afternoon with a chill, followed by high fever. Saw it 36 hours afterwards and found temperature 104.5° , pulse 140, respiration 38, pharynx covered with membrane; croupy cough, nasal discharge, swollen glands and fetid breath. Owing to the fact that my diagnosis of malignant diphtheria was indignantly rejected by a knowing old lady who has attained some prominence as a medical adviser, Dr. LaBrea, of Truckee, (who was visiting our town) confirmed the diagnosis. This case terminated fatally on the fourth day. Owing to the fact that this section has in the past been singularly free from epidemics of diphtheria (some of the oldest practitioners in the county having seen only a few sporadic cases) the populace were loth to believe that there was associated with this epidemic anything so formidable as diphtheria, and hence the impossibility of adopting any efficient sanitary measures, and to still further complicate matters, the following appeared in the local press:

“ During the last two weeks we have been having an epidemic of sore throat, which has been the cause of a great deal of alarm, and the closing of our public schools, and as is always the case, many exaggerated reports have been in circulation. The truth is, we have had only a very few cases of true diphtheria and also some membranous croup, also the usual fall sore throats caused by cold, and this season aggravated by some peculiar atmospheric condition. The sore throat spoken of is an inflammation of the tonsils only, and while the deposits of lymph are very similar and the fever fully as great, it differs from diphtheria, in that it is non-contagious, and the trouble never spreads beyond the tonsils. There is usually no complaint of swallowing, but little if any difficulty of breathing, the appetite

remains, and there are no sequelæ, and it is never fatal if early treatment is adopted." * * *

The above contribution to medical literature is certainly unique, and the fact of its appearance in a popular journal, it is to be hoped, will not invalidate its intrinsic worth.

As a result of this epidemic, there has been up to the present nine deaths, six of which occurred in the town proper, and in no instance, so far as I know, has there been a case developed in the county that could not be attributed to contact with the infected district.

Now, as to the important question presented for solution. Was this really an epidemic of diphtheria, or must we conclude on account of the low rate of mortality (*viz.* about ten per cent), and the very mild character of many cases, that it was simply an aggravated form of pharyngitis with an occasional sporadic case of diphtheria? Is it possible to acquire that degree of skill in diagnosis, that one can say of a given case, this is diphtheria, but this case at the next door neighbor is only tonsilitis, and as such requires no sanitary supervision? In view of the direful consequences that have so often resulted from attempts at differential diagnosis during epidemics of sore throat, is it not about time that the term diphtheritic (used in the sense of approximation to) as well as the term membranous croup were dropped from the nomenclature. As a striking example of the folly of the attempt to discriminate between membranous croup and diphtheritic laryngitis, the following fairly illustrates. Two children residing thirty miles away in the foothills came to town and remained for one week in a family where a child had died a short time previous with what was considered non-contagious membranous croup. They were taken the day following their return home with diphtheria, one case proving rapidly fatal.

A NEW DIAGNOSTIC USE FOR COCAINE IN OPHTHALMOLOGICAL PRACTICE.

By GEORGE C. PARDEE, Ph. B., A. M., M. D.

Although there has been a great deal written and said about the use of cocaine in ophthalmology during the last few years, I have nowhere seen any mention made of the use of this drug in the determination of the tension of the eyeball. It is often a difficult thing to satisfactorily decide as to the presence of a

slight degree of increase in tension when the pressure and counter-pressure are made by applying the finger tips to the bulbus through the interposed upper lid. And this difficulty is rendered all the greater when, as is frequently the case, the patient throws the orbicularis palpebrarum muscle into action, and thus forces the physician to make his experiment through a resisting, trembling, more or less hard layer of tonically contracted muscular fibres. To obviate this difficulty, the late Prof. Coccius, of the University of Leipzig, practiced this pressure and counter-pressure directly upon the ball beneath the cornea. For this purpose he wetted the pulps of the index fingers in warm water and, drawing down the lower lid and directing the patient to look upward, he applied the fingers directly to the conjunctiva and the bulb. The benefits of this method are great. By it one can distinguish with greater nicety small differences in tension, which would otherwise not be noticed, or, at the best, would be doubtfully received. But it is somewhat painful and disturbing, especially to nervous and excited patients, who are apt to involuntarily move the eye or close the lids, and in this manner disturb the physician in the correct estimation of the ocular tension.

For the past six months I have been in the habit of following the method of Prof. Coccius, modified by the use of cocaine. I find that after two or more instillations of a four per cent solution of cocaine, I can apply my finger to the ball, and, undisturbed by any reflex action, can leisurely determine the ocular tension with much greater satisfaction to myself than by any other method I know of. The moistening of the finger tips in warm water is not an essential part of the procedure. But the softening of the epidermis thus obtained gives, on the one hand, greater delicacy of touch to the operator, and, on the other hand, does not injure the delicate epithelium of the conjunctiva or cornea.

“ DR.” A. B. SPINNEY, who calls himself “ the Celebrated California Specialist,” and whom we have, on several occasions, shown to be fraud of the first water, has left Milwaukee for parts unknown. His abrupt departure, for more seclusive fields, took place immediately after the appearance of our last issue. Prior to his leaving Milwaukee he succeeded, by a criminal act, in sending a young married woman to an untimely grave. A warrant has been issued for his arrest.—*Health and Home.*

Proceedings of Societies.

Proceedings of the San Francisco County Medical Society.

SAN FRANCISCO, May 24, 1887.

In the absence of Dr. Simpson, the meeting was called to order by Dr. G. W. Davis, and the minutes of the former meeting were read and approved. The chair was then taken by Dr. Simpson.

The resignation of Dr. Edward Donnelly was read and accepted, and the Secretary instructed to collect his dues to the date of resignation.

Dr. Whittell read a short paper on the removal of aural polypi by means of a paste consisting of arsenious acid and creasote. He claimed that the method was painless, effectual in preventing recurrence, and reported several cases in support of his statements. (See July number *Pacific Medical and Surgical Journal*.)

Dr. O'Toole desired to know the form of polypi treated by Dr. Whittell, and was informed that they were of the usual mucous kind generally found in the external meatus. Since the introduction of cocaine he had experienced no difficulty from the production of pain when applying either caustic or snare to aural polypi, and had even used strong nitric acid. Nevertheless he thought Dr. Whittell's suggestion was a good one.

Dr. Arnold said that this use of arsenious acid seemed to be somewhat novel, and doubtless would be particularly useful in cases where the patient would not permit instrumental interference. He thought it questionable whether polypi of the middle ear could be so painlessly treated.

In reply to a question from Dr. Bates, it was stated by Dr. Whittell that in four cases so treated the tumor came away in an entire mass.

Dr. Chase claimed to have used this same paste, with the addition of morphine to it, in order to still further prevent the production of pain.

Dr. Wm. Watt Kerr then presented the following preliminary report on phthisis treated by gaseous enemata:

Owen Murray—Phthisis. Gas commenced April 12. Temperature when commenced, 100.5°; after second day dropped to 99°. Since then it has averaged 98° to 99.4°, with exception of four days, when gas was omitted, and temperature rose to 101°

Pulse, when commenced, 90; has dropped to 75 or 80. Respiration—Not much change. Weight—Gained 3 pounds in 11 days.

Geo. D. McKenzie—Phthisis. Gas commenced April 12. When began temperature was 99.4° ; then fell to normal. Gas stopped for four days, when it rose. When gas resumed, temperature became normal; averaged 99° with occasional rise to 100° . Pulse—Not much change. Respiration—Fell from 24 to 16. Weight—Originally, 130 pounds; then went up to 134. Within the last few days suffered from severe pulmonary hemorrhage, and weight fell to 133 pounds.

Alfred Palm—Phthisis. Commenced May 11. Temperature, 99° : now about 100.5° to 101° . Pulse—Unaffected. Respiration—Accelerated. Weight—Gain of 1 pound in 10 days.

Wm. Donahue—Phthisis. Began gas May 11, with temperature of 99.5° . It has been unaffected. Pulse—Gradual fall from 100 to 70. Respiration—Gradual fall from 30 to 24. Weight—Gained 4 pounds in 11 days.

Edward Murphy—Chronic Pneumonia. Began May 11. Slight elevation in temperature. Pulse—Slightly accelerated. Respiration—Slightly accelerated. Weight—Gain of 3 pounds.

All these patients experienced a relief from the soreness in the chest and insomnia from which they had been suffering. They were able to take more exercise in the open air, but there was no change in the physical signs. The fact that weight increased and the patient felt altogether "better," while at the same time the pulse, respiration and temperature remained unchanged, or were aggravated, as in the last-mentioned case, would seem to indicate that any benefit was due to a local anæsthetic and general stimulating effect, enabling the patient to take more exercise, digest his food, improve his appetite and sleep better, than to any direct influence upon the disease itself. The results, however, were sufficient to warrant a continuance of the investigations.

Dr. J. A. Anderson had adopted the treatment in one instance only, the case being one of laryngeal phthisis. He could only give one quart of the gas, as the patient complained of severe burning in the throat if he used any more. There is some improvement, as she gains in weight, sleeps better and has a good appetite.

Dr. Perry had no experience in the treatment, but suggested,

as a chamber for carbonic acid gas, the use of an inverted syphon bottle containing soda water, as each bottle would yield about three litres of carbonic acid, and would be both a cheap and easy way of obtaining the gas.

Dr. Whittell said that a continuous and ready flow of sulphuretted hydrogen could be obtained by heating sulphur with paraffine in a Florence flask.

Dr. Ellinwood stated inhalations of sulphuretted hydrogen had been shown to destroy the bacillus when rectal injections failed.

Dr. Rosenstirn asked, if the total amount of expectoration was decreased, might not the bacilli be diminished in like proportion.

Dr. Simpson thought that the element of hope played a very prominent part in the benefit which followed the use of any new remedy, and even while the gas was being used he would not cease to administer such preparations as cod-liver oil, hypophosphites and other agencies which had been shown to be of some service in the treatment of the disease.

A motion to continue the discussion at the next meeting of the Society, after a recess until the second Tuesday in August, and that Dr. Hirschfelder be requested to open the discussion, was carried.

Dr. Arnold suggested that attention might be given to the amount of elastic tissue in the sputum as indicative of the amount of necrosis going into the lung.

There being no further business, the Society adjourned.

WM. WATT KERR, Recording Secretary.

SAN FRANCISCO, August 9th, 1887.

The meeting having been called to order by the President, Dr. Jas. Simpson, the minutes of the former meeting were read and approved. George Adam, M. D., Jefferson Medical College, was proposed for membership by Dr. T. J. LeTourneux and Dr. J. O. Hirschfelder, and referred to the Committee on Admissions.

The resignations of Dr. W. A. Douglass and Dr. F. H. Terrill were read by the Secretary and received by the Society.

Dr. Flood exhibited an angioma of the umbilical cord which he had removed from a still-born child. The labor was natural. The child did not appear to have been dead for a great length of time, but the mother had not felt life for some days before the confinement.

Dr. Hirschfelder then reported his experience in the treatment of consumption by means of gaseous enemata. About fifty patients had been subjected to the treatment, and in all of them the results had been highly unsatisfactory.

For several days prior to commencing the treatment the patients were carefully examined, the temperature, amount of expectoration, pulse, and respirations were noted night and morning, the chests were measured, the patients weighed, and the sputa examined for bacilli.

After these preliminaries had been observed for some days, the gas was given twice daily, and, although the patients in most cases claimed to be feeling better, there was no change in temperature, amount of expectoration, or any other of the physical signs to warrant the opinion that the improved sensations of the patient were due to any other cause than the element of hope which accompanies the introduction of any new remedy.

To ascertain that this failure was not due to the apparatus, he tested the gas by passing some of it from the receiver through a solution of lead, which was instantly blackened. He then made the patient exhale through a similar solution, and after an hour it had only received a slight greyish tinge, showing that the sulphuretted hydrogen is not exhaled as such from the lungs, but is, in all probability, oxidized into sulphuric acid and water after absorption into the blood. The odor in the room is probably due to the escape of sulphuretted hydrogen during its injection.

As time passed, even the reports of the patients became less favorable, and their condition in most cases followed the rule of the disease and became gradually worse, while in none was there any improvement. The same results characterized his experience in private practice. Carbolic acid, benzine and other germicides were substituted for the sulphuretted hydrogen, but with no better results.

Dr. W. W. Kerr had nothing to add to his report presented at the last meeting. In no case had any permanent good resulted from the treatment; in some cases the weight increased while there was a rise in temperature, pulse, respiration, and other physical conditions which are generally understood to work an aggravation of the disease. He believed that any good symptoms which appeared at first were due to hope, and the stimulating effect of the gas enabling the patient to take more

exercise and go in the open air, so that he had a better appetite, digested his food, and enjoyed sounder sleep at night.

This ended the discourse on this subject, and it was followed by remarks on phthisis.

Dr. Flood believed that patients suffering from real phthisis do not recover, and that many of the cases described as incipient phthisis, which afterwards become perfectly well, are nothing more than bronchitis.

Dr. Thayer differed in his opinion from Dr. Flood, and mentioned cases which had presented at one time marked physical signs of phthisis, but after a time the patients recovered and died from some other cause, when the autopsy showed cicatrices in the lung, marking the spot where cavities had formerly existed.

Dr. Hirschfelder said that we were entitled to believe the case to be one of phthisis, when it presented the symptoms of that disease, and bacilli, together with elastic tissue, were found in the sputa; many cases affording all these signs completely recover. In remarking on the curability of phthisis, he believed that we may accept as proved that the bacillus is the cause of the disease. If this be the seed, can we reach it and kill it without injuring the individual? At present we do not know of any germicide, which can be introduced into the blood, of sufficient power to destroy the bacillus; and supposing that we did have a germicide free from such objections, it is not likely that it would injure the bacillus, for tubercle consists of non-vascular giant cells into which the blood plasma cannot enter, so as to bring the germicide in contact with the bacillus. All we can do is to remove the consequences of tubercle; thus, hectic fever is due to decomposition of matter in the bronchial tubes and its absorption into the blood; but inhalations will destroy this, and prevent or retard the spread of the disease through other organs, and in other ways build up the body so that it will resist the attacks of the germ. He has tried bromine, iodine, naphthaline, and all other inhalations without finding any benefit. It is now believed that leucocytes destroy the germs of disease, and therefore our mode of treatment should be to build up the body so that the blood may be able to combat these morbid elements and destroy them.

Dr. Simpson was glad to hear the conclusions arrived at by Dr. Hirschfelder, as they coincided with his own experience.

He believed in the treatment of all chronic diseases by nutrition. In the treatment of consumption he had found nothing superior to cod-liver oil, whiskey, and meeting the individual symptoms as they appeared.

Dr. D. W. Montgomery, in referring to the influence that bad air was said to have in the production of consumption, called attention to an article in a recent number of the *American Journal Medical Science*, where two sets of rabbits were inoculated with phthisis, one group being allowed to run about in a healthy place, and the other put into a pit; a third group not inoculated was put into another pit. Phthisis appeared only in the group which had been inoculated and exposed to unhealthy surroundings.

There being no further business the Society adjourned.

WM. WATT KERR, M. D.,

Recording Secretary.

A NEW TREATMENT OF GONORRHOEA.—Castellan, of St. Mandrier Hospital, starting with the view, now popularly entertained, that gonorrhœal urethritis is a parasitic disease, and being led by observation to believe that the microbe can only live in an acid medium; finding, moreover, that in this disease the discharge is, as a rule, acid, proposes to treat gonorrhœa in the acute stages by urethral injections of sodic bicarbonate, three or four injections being made daily of a one per cent solution. For this treatment, which is but a logical inference from the premises, he claims remarkable success, although the cases on which it has been tried in St. Mandrier, as yet, number only a dozen. The injections of bicarbonate sodium are commenced as soon as the discharge appears, or the patient comes under observation; the urethral secretion is tested every day with litmus-paper, and the injection is kept up till the discharge becomes alkaline or neutral. For mental treatment, the patient is given flaxseed tea, with occasional doses of bromide, if there seem to be any indication for the sedative effects of this salt. His conclusions are as follows:

1. The urethral pus in the first stages of the disease is generally, if not invariably, acid; this acidity is quite pronounced.
2. The treatment by bicarbonate of sodium rapidly lessens the discharge; it also rapidly diminishes or removes the pain in micturition.
3. In old urethrites, and those which have been treated by the usual injections, it speedily brings about a cure.—*Boston Medical and Surgical Journal*.

Health Reports.

San Francisco Health Report.

ABSTRACT.

	1886	Jan.	Feb.	Mar.	Apr.	May.	Jun.	July
Total, 1886	5237	519	468	479	418	435	370	437
Total, 1887		522	451	445	450	475	409	459
Phthisis	730	76	74	86	73	67	70	51
Pneumonia	319	39	25	35	31	36	25	32
Bronchitis	125	20	12	8	4	11	10	7
Heart Disease	249	31	25	34	36	36	22	32
Aneurism	15	2	3	4	0	1	2	0
Apoplexy	126	19	8	14	9	13	10	11
Typhoid	135	13	9	9	6	11	8	6
Paralysis	91	8	6	10	9	9	8	12
Cancer	168	14	17	16	13	15	14	11
Diphtheria	181	40	20	15	26	22	11	20
Croup	96	9	10	5	6	2	4	7
Infant Convulsions	156	9	11	16	17	22	9	13
Meningitis	133	13	7	11	4	19	14	11
Casualties	167	12	20	13	11	19	13	20
Suicides	79	5	8	3	9	4	11	6
Homicides	30	2	1	1	1	2	2	3
Small Pox .....	..	..	..	..	..	..	..	3
Daily mean temperature		51°	47°	54.3°	54.5°	55.8°	58°	55.2°
Precipitation of moisture, inches		1.90	9.24	0.84	2.30	0.06	0.07	.00

Population according to U. S. census, July 1st, 1880, was 234,520; Caucasian, 212,520; Chinese, 22,000. Estimated population, June 30th, 1886, 280,000.

Report of the State Board of Health.

Mortality reports have been received from sixty-three cities and towns this month, containing an estimated population of five hundred and sixty-four thousand inhabitants. Total deaths were seven hundred and fifty-nine, a percentage for the month of 1.3 per thousand, which continues to indicate the general healthfulness of the State, and the absence of any epidemic disease of a fatal character. This limited mortality at this season of the year, speaks volumes for the salubrity of our climate, compared with other States throughout the Union. The temperature throughout the month has been a little below the normal; no deaths from sunstroke have been reported.

Consumption. Ninety-one deaths have been reported from this cause during the month of July, which is a notable decrease from last month.

Pneumonia has not shown a corresponding decrease in its fatality, there being thirty-eight decedents from this cause, thirty-two of them occurring in San Francisco.

Bronchitis is credited with eight deaths, seven of which occurred in San Francisco.

Congestion of the lungs had five deaths, a majority of which were likewise in the Bay City.

Diphtheria is credited with twenty-five deaths, two of which occurred in Vallejo, one in St. Helena, twenty in San Francisco, and two in Amador.

Croup had nine deaths.

Whooping-cough records five deaths.

Scarlet fever is credited with four deaths.

Measles was fatal in four cases.

Smallpox caused three deaths in San Francisco.

Diarrhoea and dysentery. The mortality was thirteen, which is a decrease from former report.

Cholera infantum likewise shows an important decrease from the former report, deaths numbering thirty-three, nineteen of them being credited to San Francisco.

Typhoid fever. The deaths occurring from this disease were only fourteen, which is a decrease of one-third from the preceding month, an exceptionally small number for July.

Typho-malarial fever had but three deaths.

Remittent and intermittent fevers are credited with eight deaths.

Cerebro-spinal fever. The deaths from this affection numbered ten, which is an increase from last report.

Alcoholism had a mortality of six.

Heart disease was fatal to forty-six persons.

Cancer proved fatal to forty-one.

The following towns report no deaths: Arbuckle, Alturas, Bodie, Bakersfield, Colton, Calico, Cloverdale, Downieville, Elk Grove, Etna Mills, Hopland, Igo, Knight's Ferry, Lockeford, Los Gatos, Mariposa, Newcastle, San Mateo, Saucelito, Tehachapi, Trinity County, Willits, Williams, and Livermore.

PREVAILING DISEASES.

Reports received from all parts of the State continue to show an extremely satisfactory condition of the public health; if we except malarial disease, we find that there are no other zymotic diseases prevailing to any extent throughout the State. At this

season of the year, when the rivers have receded and the waters of the ponds and lagoons have to a great extent evaporated, malaria must be expected. Fortunately for us its type is not destructive, and California is happily spared those pernicious paludal fevers which are so common in the Southern States. It will be noticed that diarrhoea and dysentery, and other bowel affections, are observed frequently in a great many towns; the cases seem to be all sporadic, depending more on specific causes than altogether on climatic influences.

Pneumonia was noticed in Lodi, Lemoore, Anderson, Colfax, Bodie, Salinas, Downey, Truckee, and Sacramento.

Bronchitis was also reported in Downey, Salinas, Anderson, Lemoore, Cottonwood, Saucelito, Tehachapi, Yreka, Sonora, Forest Hill, and Fresno.

Cholera infantum was reported in Cottonwood, Forest Hill, Galt, Lemoore, Lockeford, Salinas, Saucelito, Tehachapi, Willits, Yreka, Gridley, and San Francisco.

Diarrhoea and dysentery prevail to some extent at Lockeford, Forest Hill, Yreka, Willits, Tehachapi, Saucelito, Galt, Cottonwood, Lemoore, Salinas, Truckee, Downey, Colfax, Anderson, Lodi, Susanville, Hills Ferry, Lincoln, Angels Camp, Wheatland, Benicia, Calico, Downieville, Etna Mills, Sonora, St. Helena, Newcastle, San Mateo, Shasta, Colton, Fresno, Gridley, and Redding.

Cholera morbus was noticed in Calico, Lockeford, Yreka, Lemoore, Downey, Tehachapi, Benicia, Newcastle, Cloverdale, Colton, and Gridley.

Measles are prevalent in Anderson, Cottonwood, Mariposa, Jolon, Red Bluff, Yreka, Downey, Shasta, and Davisville.

Diphtheria is noticed in Benicia, St. Helena, Sacramento, and San Francisco.

Whooping-cough is reported as being in Cloverdale, Cottonwood, Downey, Lemoore, Mariposa, Red Bluff, Shasta, St. Helena, Salinas, Watsonville, and Fresno.

Influenza prevailed more or less, but caused no mortality.

Typhoid fever is not mentioned as prevailing to any extent; the cities reporting having a case or two are Salinas, Lodi, Anderson, Saucelito, Galt, Hills Ferry, and Sacramento.

Erysipelas is noticed in Cloverdale, Downey, Truckee, Yreka, Lincoln, and Willits. The type is mild.

Typho-malarial fever is mentioned as being in Colfax, Igo, Te-

hachapi, Lemoore, Cottonwood, St. Helena, Downey, Gridley, and Redding.

Remittent and intermittent fevers are reported as prevailing to some extent in Cottonwood, Tehachapi, Lemoore, Galt, Saucelito, Hills Ferry, Lodi, Anderson, Downey, Colfax, Benicia, Calico, Lockeford, Newcastle, Bodie, Susanville, Knights Ferry, Sonora, Etna Mills, Wheatland, Jolon, Red Bluff, Truckee, Yreka, Willits, Gridley, and Fresno.

Smallpox prevails to a limited extent in San Francisco, and from the vigilant care taken in vaccinating all unprotected persons, it is not at all likely to become epidemic in that city. The cases occurring in Irvington, Alameda county, are all doing well, and no new cases have so far happened. The disease has entirely disappeared from Southern California, and no further outbreak is there anticipated.

GERRARD G. TYRRELL, M. D.,

Permanent Secretary California State Board of Health.
Sacramento, August 10, 1887.

Morphinomania in Animals.

It would seem that animals are at times liable to suffer from or contract the vicious habits of their owners, and an interesting communication was recently read before the French Institute bearing on this subject. In countries where opium smoking is common, it is by no means unusual to find that cats acquire a liking for the opiate vapours which they at first inhale with repugnance. The cat will jump on its master's bed as soon as the pipe is set going, and will voluntarily inhale the smoke. In other cases monkeys and dogs have exhibited similar tendencies. Animals so addicted are generally characterised by a melancholy and dejected mien, and they sleep more than is usual with animals of their species. A cat, the property of a gentleman in Cochin China, exhibited in a very marked degree the narcotic and exhilarant effects of opium. He became caressing and playful in a way quite foreign to his ordinary habits, and often appeared to be intensely happy. Two monkeys not only inhaled the smoke with evident delight, but acquired the habit of chewing the unconsumed opium. So pronounced was the morphine habit in these animals that if the *seance* were delayed they would howl with anguish and roll upon the floor. Savage animals, such as panthers, have been admirably tamed by habituating them to the inhalation of opium smoke.—*Ex.*

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AND

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SAN FRANCISCO, SEPTEMBER, 1887.

Editorial.**BOVINE OR JENNERIAN VACCINE.**

There are fashions in medicine, as well as in dress. The present custom of using bovine virus in vaccination, in preference to humanized vaccine, is quite in point. It is claimed that the bovine matter gives more certain and lasting protection. There has not yet been sufficient experience to prove this claim, but it is undeniable that the resulting sores are apt to be much more severe, that success is less certain, and that irregular action of the virus is more common. At present the results of bovine vaccination by the Board of Health of San Francisco are said to be successful in 80 per cent of primary cases. We are informed that it has been as low as 20 per cent at New Orleans, even during the winter season.

In primary cases it is not of serious importance whether the first trial be successful. Failure should be followed by repeated trial, until success is obtained. In secondary vaccinations we wish to assure the protection, but are uncertain whether this remains unimpaired from previous vaccination, or how far it may have been diminished by time. We therefore need a thoroughly trustworthy virus in order to test the question. This is espe-

cially important when smallpox is prevailing. When a man encounters a savage brute, he must either fight or run. If his gun is sure fire, he may stand his ground; if it misses half the time, or even once in five times, it would be safer to run. Besides, smallpox does not always give warning of its presence, and people may not have the choice of meeting the enemy or getting out of the way.

The chief reason alleged in favor of bovine virus is its safety, in view of a few well authenticated instances of vaccinal syphilis. There is absolutely no proof that any other disease has been conveyed by vaccination, or can be. As an actual fact, the whole number of proved cases of vaccinal syphilis is less than forty during nearly ninety years, and not one has come to light during the last fifteen years. In other countries the original method is the one usually practiced.

It is still an open question whether the primitive stock of Jennerian virus has suffered deterioration. Admitting that this may be the case, it is well enough to renew stock occasionally from the animal.

The English custom of arm-to-arm vaccination, with an interval of one week, leaves nothing to be desired in respect to ease, certainty and economy, in all which respects it is superior to the present American fashion. It is well to have a source of supply for bovine virus, for long absence of smallpox sometimes causes discontinuance of vaccination, and the stock of virus may run out entirely. Finally, it may be said that, apart from a few cases of syphilis, the world got along for seventy years quite as well with the Jennerian virus as now with its rival.

THE INTERNATIONAL CONGRESS.

The ninth meeting of the International Congress will take place at Washington on the fifth day of the present month, and it is earnestly hoped, in spite of all misunderstandings, that all will contribute their share to render the Congress a success and an honor to the country. Several of the leading medical journals have arranged to publish the proceedings. *The New*

York Medical Record is to have a large and capable staff of medically educated stenographic reporters in attendance. They will prepare a condensed report each day of the proceedings of the general sessions and various sections. The *Medical News* of Philadelphia state that they will publish a complete and judiciously condensed report in their columns, and that complimentary copies will be sent to any address upon application. Other prominent journals will undoubtedly be represented. Although not able to give an original report of the proceedings, we shall cull from the many reports, and offer to our readers a synopsis and endeavor to give a clear idea of the work accomplished.

We are sorry that so few physicians from this coast are going to avail themselves of the privileges that a meeting of this kind always offers. As far as have learned the Pacific Coast will be represented by the following gentlemen: Dr. Gihon, U. S. N.; our collaborator, Dr. Ira E. Oatman, of Sacramento; Professor Wythe, of Cooper Medical College, and Dr. Price, of Colton.

CATTLE-HORN LAPAROTOMIES.

Dr. Robert P. Harris, of Philadelphia, who is continually looking up the statistics of abdominal operations, has an article in the July number of the *Am. Journal of Obstetrics* entitled "Cattle-Horn Lacerations of the Abdomen and Uterus in Pregnant Women," in which he declares that the cow and her congeners have a larger per cent of recoveries, with the horn as an instrument, than the surgeon with his knife. Out of nine "laparo-hysterotic rips" the cow has saved five mothers and five children, while of eleven Cesarean operations performed in New York during the past fifty years only two women and three children have been saved. He then proceeds to give an interesting report of these nine cases which have never before been published together. The conclusion which he arrives at is that from the fear of Cesarean section being fatal, the practitioner delays performance until the last moment when the woman is "in extremis," and after the forceps, version and craniotomy,

all of which were unsuitable, have been tried. "What more convincing argument can be produced to prove that the Cesarean operation is made fatal as it is, by 'meddlesome midwifery,' than what I have shown to be the results in nine cases of cattle-horn laceration of the abdomen and uterus in pregnant women when in full possession of their usual strength and health."

The operation should not be undertaken as a last resort or with the idea that it will be fatal, but performed calmly and carefully before the strength of the patient has been exhausted by futile attempts at delivery. When this is done statistics will show a far greater per cent of successes than of failures.

ILLEGITIMATE PRACTICE IN GERMANY.—Before the year 1868 the Prussian law prohibited irregular practice by unqualified men. In that year, however, the law was repealed under the feeling that it was impossible to put down such practice, and that there was a sort of unfairness in having a law of such a nature that a wholesale breach of it was inevitable. Since then efforts have been repeatedly made by the profession for a return to the former condition, to prohibition, but even in the profession itself, a wide difference of opinion prevails as to the advisability of such a step. For the purpose of arriving at some kind of concerted action a joint meeting of members of the Berlin Medical Society and the Central Committee of the eight Medical District Unions was called for the 8th inst. Two speakers were selected, one on each side, to discuss the subject. Professor Mendel, as the advocate of those who were opposed to a renewal of the law, opened the discussion in a lengthened address. The champion of the opposing party was Dr. Becker, President of the Central Committee of the Berlin Medical Unions. It is scarcely necessary to follow the discussion; suffice it to say that at the close the following resolution was proposed and put to the vote: "That the renewal of the prohibition of irregular medical practice by the introduction of a decision to that effect in the German Strafgesetzbuch is necessary in the interests of the common weal." The resolution was passed by 168 votes against 164, not a very brilliant triumph for the Coercionists, or, as Professor Virchow, who is opposed to a renewal of the law, put it, "Das ist nur ein Pyrrhus Sieg!" It is scarcely likely that any action will be taken by the Government when even professional opinion is so evenly divided on the subject.—*Medical Press.*

Correspondence.

Editors Pacific Medical and Surgical Journal:—In your editorial reply to my article in the August number of the *Journal* on the Rights of Medical Societies, there are some observations and criticisms that are not quite in the spirit of the code as I understand it, and though you say in the opening paragraph, that your remarks are not made in reference to the individual case in question, yet the careful reader will infer at once, that the remarks are aimed at the individual. However, I will credit you with inadvertency.

Is it not morally true, that "written law" is supreme, and that to it all our acts should quadrate? Even a Medical Society has no more right to supplement law, than has an individual.

I agree, that it is just and right for a Society to inquire into the moral and professional character, and standing of all applicants for membership through its proper committee, but I do object to so constituting a society, that even one member through *spite* or any other *unworthy motive* can bar the way notwithstanding the applicant has been recommended by the committee, after due inquiry.

It is easy to see under the present construction of our Medical Societies, how a diploma figures but little in the high road to its "charmed circle" as you term it, but I fail to see how it "unfortunately entitles its possessor to practice his profession." The California State law, as well as all other States having a medical law, certainly contemplates it as an important factor in the evidence of qualification to practice. Does not the law make it, or its equivalent, the *sine qua non*?

The code of medical ethics and the "higher written code" should be the only rule and guide to our faith and practice, and the *plus* element, that you talk of, together with the abuse of the ballot-box should be an *unknown quantity* in Medical Societies.

Any one, either in or out of a Society, if he is guilty of violating the code should be held responsible to the State Board, and if on due trial he be found guilty, his license should be revoked *instanter*. And right here I will make the broad statement, that if the professional conduct of medical men were inquired into, many, yes very many, of them would be numbered among

the transgressors, and there would be such a pruning out that in some Societies there would be scarcely a corporal's guard left.

It is not a fact as you state it, that the "action of a Medical Society is a very reliable guide to the public in estimating the character of a medical practitioner," but on the contrary, it is true, that the public to a great extent estimate the character of a Medical Society by its members and their actions toward each other as well as to the public.

This brings me to the third paragraph of the editorial; the duty of the Societies to, and in the enforcement of medical law. As I said in my former article, I say now, "the execution of the law depends very largely upon the efficiency of the local Societies." Where rests this duty? It is evident to any one, that no law in the very nature of things is, or can be, self-operating. There must be a motive power, a *vis a tergo* as one of my old professors used to talk so much about. On account of public sentiment the individual physician can not afford to do it; the public will not, hence prosecutions must originate in some kind of organized capacity. The State Board can not keep an eye upon all parts of the State in looking for violators. Hence, in order to make the law operative all over the State, and at the same time to relieve it of the appearance of personal effort, the State Board has wisely recommended the organization of County Societies where none exist, with the recommendation that they make some organized effort in assisting it in the enforcement of the law. Thus equipped and with the money they have appropriated we knew what efficient work many of these Societies have done in the way of enforcing the medical act.

I need only to call attention to what the San Francisco County Medical Society has been doing in this direction. Would it not be well for all the local Societies to emulate this and the others that have been doing such good work? Such work surely looks like "Medical Improvement." This certainly looks as if the State Board expects the local Societies to assist in the good work; at least that it is a very proper thing for them to do. If these local organizations bearing such modest names deem it their duty to aid the Board in executing the law, is it unreasonable to expect as much from a Society, living, moving and having its being right under the shadow of the capitol?

A determined and well organized effort upon the part of the

Sacramento Society would rid the city of its many illegal practitioners. For is not their presence here a stigma upon the Society? Permit me to add right here by way of parenthesis, that a revival of Medical Ethics in our (?) Society might be an *improvement*.

It may be well for us sometimes to stop and look within to see if all is clean and pure; to study well the code to see how nearly our conduct quadrates with it. A careful study of that document might prove a wonderful revelation to some of us who sit in judgment upon others, for does not the code enjoin upon all of us the "greatest purity of character?"

G. VERNON EWING, M. D.

Sacramento Cal., Aug. 13, 1887.

[Dr. Ewing appears to have a very happy idea of what is a personal observation. We said that the remarks in our last editorial were not intended to be personal, because we did not deal with the question, Did the Sacramento Society do right in blackballing Dr. Ewing? but we answered his question, Has a Medical Society the right to reject the application of anyone *at the pleasure* of the members? If Dr. Ewing's case happens to fall within the scope of our remarks, we are sorry on his account; but he must remember that to the present time we are entirely ignorant regarding him, his professional life, and the reasons for which he was rejected. We should have been still more sorry had our editorial remarks been entirely foreign to the subject which he presented for our consideration. Dr. Ewing fails to see how, in many instances, it is unfortunate that the possession of a diploma entitles a man to practice medicine. The reason is, that in the United States there is no standard of education to which all medical schools must conform. Consequently many members are admitted by the back doors into our profession whose presence is far from desirable, and it is to restore these as nearly as possible to their proper position that Medical Societies, through the agency of the ballot-box, refuse to recognize them as worthy members of the profession, regardless of the fact that the law of the country declares them to be "legal." Thus, a man who would be influenced in his conduct towards a brother practitioner by "spite" may be a "legal," but not a "worthy" practitioner. Dr. Ewing must recognize this fact, and the consequent necessity of the ballot-box. Dr. Ewing's questions regarding the prosecution of illegal practitioners were fully answered in our last number, to which we would refer him. —EDITOR.]

Notices of Books, Pamphlets, etc.

BERND'S PHYSICIAN'S OFFICE REGISTER.

Henry Bernd & Co. have kindly forwarded to us a copy of their Office Register. It is neat, convenient, simple and cheap. They also issue a Pocket Register, which is gotten up on the same plan. The patient's name is written but once for the entire year. There is no posting or transferring, all accounts being left in this one book. It contains 92 pages, each of which is divided into seven spaces, thus providing for 664 separate accounts. The book is alphabetically indexed on linen tabs, substantially bound, Russia backs and corners, cloth sides, spring back, and neatly finished. We should advise physicians to send for a circular, which will explain its workings better than we can, for there are excellent cuts of pages from both Pocket and Office Registers. Price, respectively, \$3 and \$5.

A SYSTEM OF GYNECOLOGY. By American Authors. Edited by MATTHEW D. MANN, A. M., M. D. Vol. I. Philadelphia: Lea Brothers & Co., 1887. San Francisco: Payot, Upham & Co.

The publishers of this work deserve great credit for so well elaborating a plan for placing before the profession the ideas and practice of leading medical men of this country on the subjects of gynæcology and obstetrics. This volume is one of four, two of which will be devoted to each subject. Each volume will be a royal octavo of about 900 pages, and will be sufficiently, but not profusely, illustrated with valuable plates and engravings. The price per volume varies, with the binding, from \$5 to \$7.

The present volume opens with an interesting historical sketch of American gynæcology, in which mention is made of the workers and discoverers in this branch from the time Sims first became famous down to the present date. This is written in a very impartial manner by Dr. Edward Jenks, of Detroit.

Dr. Skene contributes a chapter upon a "General Consideration of Gynæcological Therapeutics." He first discusses the effects of drugs upon the common functional derangements and their general management. In cases of anæmia and scanty menstruation, the muriated tincture of iron holds the first place. Of the more fashionable drug, the permanganate of potash, he does not have a very high opinion. Although good results have at times been obtained, they are not such as to sustain the reports

of the enthusiasts on this subject. Massage, in treatment of uterine disorders, is spoken of as the "stone which the builders rejected," but which now is considered of great value.

Dr. A. Reeves Jackson, of Chicago, writes on the ever interesting subject of "Sterility."

The 16th chapter, which is the last, is on the subject of "Pelvic Hæmatocele." This is ably treated by Dr. Ely Van de Warker, of Syracuse.

The plan of the whole work is the same as that of Pepper's System of American Medicine, a plan which has proved to be the one giving the most satisfactory results, being a source of profit to the publishers and to the readers.

A TEXT-BOOK OF PATHOLOGICAL ANATOMY AND PATHOGENESIS. By ERNEST ZIEGLER, Professor of Pathological Anatomy in the University of Tübingen. New York: Wm. Wood & Co. San Francisco: W. S. Duncombe & Co.

This, the only recent complete work on pathological anatomy in the German language, is now complete in English, having been ably translated by Donald Macalister, M. A., M. D., of Cambridge, England. The German original is very highly prized at home, and has met with a hearty reception, which is proven by two editions being rapidly exhausted, necessitating the preparation of a third edition.

The book shows that the author has spared neither time nor labor in its preparation. To the student who wishes to look up any subject exhaustively, the bibliography is invaluable. There are 289 figures with minute explanations.

SYPHILIS. By JONATHAN HUTCHINSON, F. R. S., LL. D. Philadelphia: Lea Brothers & Co. San Francisco: W. S. Duncombe & Co.

Any work on syphilis by such an eminent syphilographer is sure to be appreciated by scientific medical men, whatever specialty they may be practicing, for syphilis is preeminently a general disease, attacking any of the tissues of the body with seeming wonderful impartiality. And it is not alone interesting from a histological and purely scientific standpoint, but the social questions involved in its study are of the very gravest nature; even going so far as to interfere, in many countries, with the personal liberty of the poor unfortunates who suffer from it.

The author's remarks on treatment are interesting. He says that the treatment of the disease has narrowed itself down in recent years to the judicious use of two specifics, viz., mercury

and iodide of potash. In the exhibition of mercury he employs what he calls the small dose method, which consists in giving small doses, frequently repeated. He finds that the common grey powder (*hydrag. c. creta*) is the most reliable of all the mercurial preparations, and he gives it in pills of one grain in combination with one grain of Dover's powder if necessary; one pill to be taken every six, four, three, or even two hours, according to the case.

The text is good and so are the plates, and the book is in a manageable form.

REPORT ON THE ETIOLOGY OF LEPROSY, to the California State Medical Society. By W. F. McNutt, M. R. C. P. Edin., etc. Pp. 27.

Dr. McNutt was Chairman of a Committee appointed to investigate the above subject, which was effected partially by a circular letter of inquiry addressed to medical men throughout the world where the disease prevails. The questions proposed were the following: 1. Which form of leprosy is most commonly met with in your locality? 2. Are the several forms of leprosy, in your opinion, distinct diseases, or only different varieties of the same disease, and convertible one into the other? 3. Is leprosy a hereditary disease? 4. Is it contagious? 5. Do you regard diet, climate or soil as etiological factors? 6. Do you consider leprosy a modified form of syphilis, and if so, under what peculiar conditions does syphilis develop into leprosy?

The conclusions of the Committee are substantially as follows: 1. That leprosy is dependent on a peculiar bacillus, found in the affected structures of the tuberculous variety, but in the anæsthetic variety found only in the nerves supplying the affected parts; not found in the blood nor urine. 2. The several varieties are only different forms of the same disease. 3. Leprosy is both hereditary and contagious, the heredity being strongest in the female line and sometimes passing over one generation, and the contagion being both direct and indirect. 4. Diet, climate, soil, etc., have no influence aside from general sanitary considerations. 5. Leprosy and syphilis are totally distinct.

The testimony gathered from the various correspondents conflicts as little as could be expected, and the conclusions of the Committee, except the first, have been generally accepted before.

MEDICINE AND MEDICINE-MEN: Anniversary address delivered at the banquet of the Louisville Medical Society, May 26, 1887. By JOHN GODFREY, Surgeon, M.-H. S. 18 mo., pp. 34.

This address is in verse, for be it known, Dr. Godfrey keeps a muse, and a lively one she is. About five years ago the writer was present on a like occasion at New Orleans, when Dr. Godfrey was the chosen orator, and we were treated to a similar performance before the banquet, with a supplement likewise in verse when he was called up at the table. To most of us it was a complete surprise and to all a delight. Dr. G. can not claim to be a poet like Oliver Wendell Holmes, the pride of American Medicos, for his versification is rude, his ideas rather unrefined and his expression unpolished. The following extracts are favorable specimens to illustrate his theme and style:

In all our ranks whoever saw
 Chirurgeon decline to draw
 Or staunch his client's blood;
 Or saw-bones that would hold aloof,
 Especially when furnished proof
 That pay was fairly good?
 No sooner does his eye discern
 His foe, than all his instincts yearn
 To subjugate and overturn.
 Behold the skillful accoucheur,
 When sounds of travail smite his ear;
 Forth from green bags instinctively
 Obstetric forceps leap on high,
 And pausing o'er parturient bed,
 Prepare to grasp the fetal head.
 How daintily and debonair,
 The general surgeon can prepare
 His box of tools,
 And silken spools,
 His mackintosh,
 And microbe wash,
 For germicidal warfare.
 His long keen catling leaves its case,
 And hemorrhagic hues prevail;
 Collapse and shock but mend his pace,
 He hath no thought to fail.

Like knight of old, he thrusts right through
 Whatever threats or rankles;
 His hands he will in blood imbrue,
 From occiput to ankles.

And when at length,
 With tested strength,
 His case is done,
 The battle won,

See how he waves his battle-flag,
 'And vaunts at death's disaster;
 Proud emblem that, no soiled rag,
 But yards of sticking plaster.

* * * * *

But when the doctor finds that he
 Must draw his aid from pharmacy,
 Mark how the man and hour meet;
 He calmly scans the long array
 Of pharmacals that throng the way,
 Disease and death to cheat.

See, Therapeusis, helpful maid,
 Encourages the worthy fray,
 And rattles forth a fusillade
 Of drugs that save—or slay.
 What legions rise at her prompt call,
 All maladies to thwart or thrall!

First, the fluid extracts,
 Like wolves in packs—

Bearing names so long they shock us—
 Encompass the way,
 On all things to prey,
 From man to micrococcus.

First, bold *Rhamnus Purshiana*,
 Next, young *Lippia Mexicana*,
Convallaria majalis,

And the blooming *Corydalis*,
 Then *Aspidosperma Quebracho*,
Urechitis, *Stylosanthes*,
 And a thousand such as these,
 Led by famous *Condurango*.

ON THE PATHOLOGY AND TREATMENT OF GONORRHOEA AND SPERMATORRHOEA. By J. L. MILTON, Senior Surgeon to St. John's Hospital for Diseases of the Skin, London. Octavo, 484 pages. Illustrated. Price, bound in extra muslin, \$4.00. New York: William Wood & Co. San Francisco: W. S. Duncombe & Co.

Earlier editions of the work have appeared in England, and this edition, is an abridged form of these, as also of papers on the same subject, which from time to time have appeared in the *Medical Times* and *Medical Circular*. There are also chapters on gonorrhœal affections of the heart, peritoneum and pleura and the dura mater and sheath of the spinal chord, and on gonorrhœal pyæmia, pyelitis, etc., which are now printed for the first time. As the work is intended to be one of reference, much that has been considered as superfluous has been omitted. The author has endeavored to prove that gonorrhœa can be cured without the use of drugs which have well nigh been held as specifics. All treatment he suggests, has stood the test of actual operation and experience, and as the author carefully separates what may be held as fact from the doubtful, the value of the work is much enhanced. After the history and pathology four chapters are devoted to the treatment. Chapter VII. treats of the Pathology and Treatment of Gleet. The treatment of Spermatorrhœa and Impotence occupies the closing chapters of a work which the reader will find to be carefully and ably written, and one of the greatest value to him as an authority for reference.

A PRACTICAL TREATISE ON OBSTETRICS. Vol. IV. Obstetric Operations. The Pathology of the Puerperium. By J. A. CHARPENTIER, M. D., Paris. Illustrated with lithographic plates and wood engravings. This is also Vol. IV., of the "*Cyclopedia of Obstetrics and Gynecology*" (12 vols.), issued monthly during 1887. Price of the set \$16.50. New York: William Wood & Company.

Already the three previous volumes of this work have been favorably noticed. The present one deals with "Obstetric Operations" and these are very fully illustrated. It also includes "The Pathology of the Puerperium." In this portion of the work the different theories of the cause of puerperal fever are taken under consideration, and the views of the different authorities on the subject are given, but the almost unanimous opinion is that the disease is of septicæmic origin. There is a handsome colored plate depicting Noeggerath's saprocyte in the culture fluid; also the common puerperal streptococcus. The index for the set is complete and well arranged.

OUTLINES FOR THE MANAGEMENT OF DIET; or the Regulation of Food and the Requirements of Health and the Treatment of Disease. By EDWARD TUNIS BRUEN, M. D. Philadelphia: J. B. Lippincott Company, 1887. Price \$1.00.

This is one of the series of "Practical Lessons in Nursing" being a companion of Mills on "The Nursing and Care of the Insane," and of Keating on "Maturity, Infancy, Childhood." All are valuable to the practitioner, and are equally interesting to the laity, for they are written in a style which will commend itself most favorably to them.

EVACUANT MEDICATION (Cathartics and Emetics). By HENRY M. FIELD, M. D. Philadelphia: P. Blakiston, Son & Co., 1887. San Francisco: W. S. Duncombe & Co. Price, \$1.75.

As nine out of ten cases occurring in medical practice need, sooner or later, an evacuant drug of some sort, the advantage of thoroughly understanding the action and proper application of such can be easily understood. Dr. Field, in this very excellent little work, which is full of practical hints, gives the individual action, the mode of application and the contraindications of each of the most important evacuants. The work is sure to meet with success, for it will prove a useful guide to both students and practitioners on an every-day subject.

ANEMIA. By FREDERICK P. HENRY, M. D. Reprinted from "The Polyclinic." Philadelphia: P. Blakiston, Son & Co., 1887. San Francisco: W. S. Duncombe & Co. Price, 75 cents.

This is a small book, consisting of a reprint of a number of articles which appeared in "The Polyclinic." Together they make a concise treatise on a disease which is met with almost daily by the practitioner, and one which almost as often causes anxiety as to the result. Written from a scientific standpoint, it may be read with profit.

THE PHYSICIAN'S DOSE AND SYMPTOM BOOK, containing the doses and uses of all the principal articles of the materia medica. Also tables of weights, measures, etc. By JOSEPH H. WYTHE, M. D. Seventeenth Edition. Completely rewritten and enlarged. Philadelphia: P. Blakiston, Son & Co., 1887. San Francisco: W. S. Duncombe & Co.

PAMPHLETS RECEIVED.

DERMATITIS HERPETIFORMIS. By L. DUNCAN BULKELEY, A. M., M. D., New York.

SCIENTIFIC RATIONALE OF ELECTROTHERAPY. By C. H. HUGHES, M. D., St. Louis.

UNIQUE CASE OF BI-LATERAL ATHETOSIS. By C. H. HUGHES, M. D., St. Louis.

- RELATION OF THE NERVOUS SYSTEM TO HÆMOPHILIA, MALARIAL HÆMATURIA, ETC. By C. H. HUGHES, M. D., St. Louis.
- NEURITIS PLANTARIS. By C. H. HUGHES, M. D., St. Louis.
- RECENT ADVANCES IN PREVENTIVE MEDICINE. By GEO. H. ROHE, M. D., Baltimore.
- IRITIS. By A. G. SINCLAIR, M. D., Memphis.
- TRACHEOTOMY AND INTUBATION OF THE LARYNX. By C. G. JENNINGS, M. D., Detroit.
- INTUBATION OF THE LARYNX. By E. FLETCHER INGALS, M. D., Chicago.
- EXPERT REPORT ON INMATES OF BERKELEY DEAF, DUMB AND BLIND ASYLUM. By A. BARKAN, M. D., San Francisco.
- ADVANCES IN SURGERY, MEDICINE AND PHARMACY IN THE LAST FORTY YEARS. By C. W. MOORE, M. D., San Francisco.
- PROGRESS IN THE ETIOLOGY OF, AND PATHOLOGY OF, DISEASE. By E. V LONIGO, M. D., San Francisco.
- TREATMENT OF DEEP URETHRAL STRICTURE. By F. N. OTIS, M. D., New York.
- REPORT OF QUARTERLY MEETING ILLINOIS STATE BOARD OF HEALTH.
- IMPORTANCE AND VALUE OF EXPERIMENTAL RESEARCH. By N. SENN, M. D., Milwaukee.
- RADICAL CURE OF RETRO-DISPLACEMENTS OF THE UTERUS AND PROCIDENTIA BY ALEXANDER'S OPERATION AND MERIDIAN COLPORRHAPHY. By J. H. KELLOGG, M. D., Battle Creek, Michigan.
- PULMONARY PHTHISIS. By ALBERT ABRAMS, M. D., San Francisco.
- IN MEMORIAM JOHN P. GRAY, M. D., LL. D.

Correction.

In the August number of the *Journal* in the report of the Board of Examiners, Dr. Abraham A. Sulcer's date of graduation is stated to be Jan. 24th, 1886. It should be Jan. 24th, 1866.

SELTZER WATER AS AN ANODYNE IN CASES OF SUPERFICIAL BURNS is recommended by M. DUBOIS, of Villers-Bretonneaux (*Repert. de pharm.*”; “*Lyon med.*”) It is sufficient to allow the contents of a siphon previously cooled, to flow over the part. The effect is attributed partly to the refrigeration and partly to the carbonic acid. While the application is not supposed to have any decided curative action, it is thought to hasten the burned part to its normal condition—*N. Y. Med. Jnl.*, July 9th.

Translations.

By D. W. MONTGOMERY, M. D.

Removal of Needle from Heart.

(Transactions of the German Surgical Society.)

STETZNER:—A student, after a spree, sought to commit suicide by driving a sewing needle into his heart. Twelve hours after the introduction of the needle the first serious symptoms made their appearance. He then had pain in the cardiac region, difficulty in breathing, and a loud pericardial murmur at the apex. After thirty-six hours the symptoms became so very serious that an operation for the removal of the foreign body was determined upon. No trace of the needle being found either under the skin or in the intercostal space, a piece of the fifth rib was resected, thus opening up the left pleural cavity; then the pericardium was opened up, and about a teaspoonful of cloudy pericardial fluid ran out, and now the needle could be felt lying diagonally in the right ventricle. They succeeded in driving its head out through the anterior wall of the heart, and then fixing it in this position with the fingernail. The irregular and violent beating of the heart made it very difficult to catch the foreign body with the forceps, and, in attempting it, it again slipped into the ventricle, but this time assuming a vertical instead of a diagonal position, rendering it impossible to make any further attempt at its removal; and besides this, an iodoform tampon, used to block up the hole into the pleural cavity, was drawn into the cavity by a very deep inspiratory effort. The tampon could not be found again. The wound was thoroughly tamponed, and the patient recovered in four weeks, although in the meantime he had suffered from a severe pneumo-thorax, with copious exudation. At present the patient enjoys good health, and feels no effects from his escapade. There is neither heart murmur nor abnormal pulse, nor any trace whatever of the pleural exudation. Where the needle now is, is, of course, mere matter of speculation; it may be in the heart, or it may have gone on into the mediastinum.

Dr. Iver Hardt has collected together, out of medical literature, twenty-two cases of needle in the heart, of which nineteen were found accidentally on making autopsies. In three

cases the needles had been driven into the heart accidentally, and penetrated such a short distance that they were easily extracted.

No case similar to the present, in which the heart has been laid bare by splitting the pericardium, is mentioned in medical literature.

DISCUSSION:—Hahn, of Berlin, showed the half of a knitting needle which V. Bergmann had removed from the heart of a girl eleven years of age. It had been driven into her breast by a blow from a slipper. The patient suffered immediately from asphyxia, and was removed to the hospital. Under the left third rib, between the parasternal and mammillary lines, a black point could be seen, which was felt to be the end of the needle. There was a blowing, systolic murmur at the apex. As the needle was slowly withdrawn, it was seen to have a distinctly pendulum movement. Immediately after the extraction, the previously very rapid pulse sank to ninety per minute. The needle was withdrawn very slowly, in order to give time for a clot to form in the punctured wound, and thus avoid hemorrhage into the pericardial sack, which, in some cases of punctured wound of the heart, has been the cause of death. Von Bergmann said that he though there could be no doubt in this case of the puncture of the heart muscle by the needle, because the murmur changed in character while the needle was being withdrawn, and when completely removed, the murmur ceased entirely.—*Centralblatt für Chirurgie*.

Extract from "A Journey to the Orient."

By PROF. WINCKEL, of Munich.

There is at Jerusalem a lazaretto for lepers, having accommodation for twenty-five patients, each ward has about three beds. The patients are, for the most part, Christians, and have all possible forms of the disease, as l. rubra, l. bullosa, l. exulcerata, l. mutilans, morphœa, pannus leproser, etc. They get nourishing food, but very little medicine. There are five servants, three girls and two men, who live in an adjoining house, divided off from the hospital by a wall. It has never been observed that healthy persons have acquired the disease in the hospital. The director, a German, has held his position for sixteen years without acquiring the disease. The professor says that the

hope once held that the disease would be stamped out by a thorough system of segregation, and forbidding the lepers to marry, has proved to be quite illusory. It appears the laws are not carried out with any strictness, the patients of the hospital often going out for longer or shorter periods, and even getting married again. And even in front of the Jaffa gate, where the hospital is situated, and down in the "vale of Hinnom" many lepers sit on the roadside begging. It appears that "the unutterable Turk" is just as unutterable in Jerusalem as in Stamboul.

Extracts.

Cases of Pyelitis in Which Frequent and Painful Micturition was The Chief Symptom.

By GEORGE CHISMORE, M. D.

CASE I.—E. C—, American; married; gunsmith. Habits good. Consulted me during a visit to Ilion, New York, in February, 1876. He was then 26 years old and gave the following history:

In the fall of 1869, while in the act of pulling a car containing 800 pounds of gun barrels on to the platform of an elevator, some one below started the elevator down; realizing his great danger of being crushed he made a violent effort and succeeded in pushing the car back on to the floor so that it did not fall, having to lift a large part of its weight in order to do so. He was conscious of having "strained" himself, and in a day or two began to pass blood from the penis and to suffer from frequent and painful micturition. Up to this time his health had been good and he had never had any disease of the genito-urinary organs. He grew rapidly worse; could retain his urine but two hours at best and had to pass it at times every ten minutes day and night.

The urine soon became loaded with pus and the doctor who attended him told him that he had an abscess of the kidney; gave him but little medicine, no local treatment, and said he would soon be well.

Instead of improving, however, he grew steadily worse and was confined to the house most of the following winter. In the spring he got better and was able to work a little at his trade, although the micturition continued frequent and painful. He

remained about the same during the summer and fall, but on the approach of winter was again obliged to give up work and remain in the house. He now called in another doctor who considered the case one of chronic cystitis and injected the bladder with a solution of nitrate of silver. He seemed to derive some temporary relief and the treatment was continued at intervals during the next two years (thirty-five injections in all). Finding himself gradually running down he went to the Stranger's Hospital in New York, and was under the care of Prof. F. N. Otis, who confirmed the diagnosis of chronic cystitis, washed out the bladder regularly and used milder injections. Not receiving any benefit he went to Buffalo and placed himself in the care of Dr. White; subsequently he consulted Dr. Gray, of Utica; both these gentlemen told him his trouble was inflammation of the bladder, treated him locally, but neither afforded him any relief.

By this time he became convinced that local treatment was useless; indeed he thoroughly believed that every instrument passed into his bladder and injection used, in the end made him worse; he, therefore, ceased to consult any one but took a number of nostrums and became addicted to the use of morphia to relieve his intolerable vesical distress. He remained an invalid, unable to do any work, always better during the warm weather, but confined to the house winters.

In 1875 he received a blow on the perinæum that was followed by an abscess that left two rectal fistulæ. After this the pain and frequency of micturition notably lessened, but his general health was worse than ever.

When I saw him first, February 6, 1876, he was in a most pitiable condition, emaciated to the last degree, with a harassing cough, profuse night sweats, and the general look of an advanced case of phthisis. On examination I was surprised not to be able to find evidence of pulmonary tuberculosis. The urine was putrid, loaded with pus, but he was able to retain it longer and pass it with less pain than formerly, passing it on an average once an hour. There were two large fistulous openings between the coccyx and the anus, the larger admitting the tip of the little finger, both presenting that peculiar look of melting tissues common in advanced cases of consumption.

I took him to New York and met Drs. Van Buren and Keyes in consultation. Some one, I do not remember who, suggested pyelitis, but the diagnosis agreed upon was chronic cystitis.

He was advised not to have any surgical interference with the fistulæ, to forego all local treatment of the bladder, and to take cod-liver oil regularly, and was sent home in the full expectation that he would presently sink from exhaustion and blood poisoning.

As the warm weather approached, he picked up a little and passed a more comfortable summer than usual. He took kindly to the cod-liver oil and gradually improved so much that he could get about during good weather. In 1879, or 1880, Dr. J. Rasbach, of Ilion, discovered casts together with a considerable quantity of albumen in his urine and told him he had Bright's disease. About this time he began to suffer great pain at intervals over the region of the left kidney; this he was always able to relieve by cupping.

In the spring of 1882, he went to Dakota and improved greatly during the summer, but in the fall, pain more severe than ever set in over the left kidney; then a "lump" was noticed, which the doctor, who was called at once, opened freely. There was a profuse discharge of pus; the matter disappeared from the urine; he could retain his water almost as well as ever, and he grew rapidly better. The abscess required to be opened several times, finally healing soundly in 1883.

I am in receipt of a letter from him, dated March 2, 1887, in which he states that he is as well as ever; can do hard, outdoor work on his farm; has ceased to use opium in any form; has regained his flesh; lost his cough, and, in fact, is to all appearances a healthy man. The rectal fistulæ healed without treatment or operation.

He has still a trace of albumen in the urine, but has no pain in the lumbar region, nor even the slightest distress or frequency in micturition.

CASE II.—S. F.—, aged 23; American; single; farmer; habits good. Family history of tuberculosis. Saw him first in consultation with his regular attendant August 21, 1884. About a year previous while at work on his farm he strained his back lifting a heavy weight. Soon after he was seized with a chill which was supposed to be ague, as he lived in a malarial district; he then began to be troubled with frequent and painful micturition, although he *had never before had any disease of the genito-urinary organs*. The chills recurred at irregular intervals, were attended with fever, pain in the back and limbs, and followed by profuse perspiration. The irregularity was supposed

to be due to the quinine, of which he took freely. Finding the distress of the bladder growing gradually worse, and his general condition rapidly running down, he came to San Francisco and placed himself in the care of Dr. Wanzer. His case was considered one of chronic cystitis, possibly due to stone, and I was called in to explore the bladder. He was then much emaciated and had an expression of constant suffering, could walk about, but was worse after doing so; appetite poor, sleep broken by constant calls to urinate and great pain in the bladder. Micturition was attended with pain in the bladder and head of the penis, but was followed by relief lasting a few minutes. At times could hold his water two hours; at others had to void it every ten minutes. There was no tenderness over the kidney, nor could anything abnormal be made out by palpation. Examination of the urine passed in twenty-four hours, 40 fluid ounces, slightly-turbid, pale yellow, normal odor, acid, specific gravity 1.020; albumen a trace; sugar none; sediment moderately copious, white, ropy. Under the microscope nothing but pus could be made out. A careful exploration of the bladder and urethra gave negative results. Subsequent microscopical examinations threw no light upon the case beyond demonstrating the constant presence of pus in considerable quantity. After observing the case for a few days I came to the conclusion it was one of pyelitis, basing the opinion upon the evident presence of grave disease of the genito-urinary system, the quantity of pus discharged daily, and the absence of any demonstrable lesion of the bladder or urethra. The attending physician was inclined to doubt this view of the case, pointing to the fact that there was neither pain nor tenderness in the lumbar region, nor could we feel a tumor or find microscopic debris of the kidney in the urine.

After this I lost sight of the case for about six months, when he was transferred to my care, the onward progress of the disease having confirmed my diagnosis. He was then passing large quantities of pus in his stools and very little in the urine, and coexistent with this change in the channel of discharge there had been a notable decrease of the vesical distress. Although he was now very much emaciated I could not elicit tenderness by palpation or distinguish a renal tumor, nor was there any complaint of pain in the back.

He gradually sank, and died March 28, 1885. On post-

mortem examination the right kidney was found greatly enlarged, riddled with cavities lined with cheesy matter and containing pus. One of the largest cavities opened into the colon near the junction of its ascending and transverse portions. The right ureter was pervious and greatly dilated; the left kidney enlarged, but otherwise healthy. The walls of the bladder were somewhat thicker than usual, but *its mucous lining was apparently free from disease* of any kind; with the exception of the matting together of the colon and omentum, at the point where they were glued to the right kidney by adhesive inflammation, no other disease was noted.

I have selected these two cases from a number that have fallen under my observation for the purpose of calling attention to a fact noticed by nearly all text-books on diseases of the genito-urinary system, but never, in my judgment, sufficiently emphasized—*i. e.*, that frequent and painful micturition may be so prominent a symptom in a case of pyelitis as to mislead thoroughly competent observers as to the nature of the case and cause them to address treatment to the bladder alone, while the real malady is unrecognized and liable to be greatly aggravated by the mistake in diagnosis. I have given the names of the distinguished men who were thus deceived in Case No. 1, because they serve in the clearest manner to show the importance of this matter.

I well know that the case is open to the inference that the pyelitis was consequent upon cystitis, but I believe a fair view of the whole field will lead to the conclusion that the trouble was in the kidney from the start. A violent muscular strain, the almost immediate appearance of blood in the urine, the absence of previous disease or causes thereof, the lack of demonstratable disease of the bladder and urethra, the onward progress, whether under treatment or not, and the final restoration to health after the suppurating kidney had obtained opportunity to discharge, seem to me conclusive as to the nature of the case.

The second case was probably hopeless from the start, and is reported because the diagnosis, verified by autopsy, was arrived at mainly by the exclusion of disease of the bladder and urethra, as no assistance was had from the examination of the urine, or physical exploration of the renal region.

If the cases bearing upon this subject that are scattered

throughout the medical journals were collected, it would be surprising to note how many times a healthy bladder has been subjected to every variety of energetic and persistent treatment while grave destruction of the kidney has gone on unknown until lumbar abscess or post-mortem examination demonstrated its presence. References to several such cases admirably reported are appended. Nor has there been wanting a warning voice to call attention to this particular matter. In Braithwait's Retrospect, Part 33, July, 1856, page 123, *at seq.*, there is a most excellent paper by Dr. W. R. Basham, physician to Westminster Hospital, upon this very subject, in which, after giving a case, he summarizes the then known methods of diagnosis in the most masterly manner. Indeed, had he but added the broad generalization that in the presence of frequent and painful micturition with purulent urine and without history of venereal disease, or demonstrable lesion of the bladder or urethra, the surgeon should always suspect pyelitis, there would be no motive for this paper.

I do not go into the various methods of diagnosis of pyelitis by examination of the urine and physical exploration, interesting as the subject is, because when once the attention is directed to the kidney the object of this paper is attained; and for the further reason that in many cases chemical analysis and microscopical examination of the urine, palpation, thermometry, and all means of exploration at our command may fail to yield positive evidence, and the diagnosis in the end must be made by the method of exclusion.

The following articles upon the subject are referred to:

A case of cysto-pyelitis or pyelo-cystitis or cystitis coincident with pyelitis. By Edward O. Otis, M. D., Boston *Medical and Surgical Journal*, Vol. 110, 1884. March 27th, page 290.

Case of nephrotomy. By Dr. Ruddick, Montreal General Hospital, Canada *Medical Record*, April, 1882. Noticed in *American Journal of Medical Sciences*, July, 1882, page 285.

A case of pyelitis; discharge of pus; incision in the loins; recovery. Reported by Dr. S. O. Habershon, at Clinical Society of London, Friday, January 23, 1880. *Medical Times and Gazette*, February 7, 1880, page 162.

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—*Jour. of Cutaneous and Genito-Urinary Diseases.*

Subcutaneous Blood Injections, Salt Water Infusion and Intravenous Transfusion.

In a most interesting clinical lecture on this subject by Ziemssen, translated and published from advance sheets in the *Journal of Amer. Med. Ass.*, for July 9 and 16, 1887, the author gives the result of some investigations of his own and of others as to the relative value of transfusion and subcutaneous injections into the cellular tissue.

The results of transfusion and of injections into the cellular tissue have alike proven unsatisfactory when the blood of another species has been used. Although transferring blood from one species to another may prevent death from hemorrhage, it "does not assist functional repair, because the foreign blood cells break down and are excreted." While "defibrinated blood of the same species, rich in oxygen, brought into the circulation under the necessary precautions, can not only guard against death from hemorrhage, but also serves as an important means for reparation of function."

The use of blood from the same species, when not defibrinated, results in a fibrin ferment, and "the kidneys show hemoglobin infarcts, and in consequence of coagulation of fibrin thromboses and hemorrhagic infarcts are also found in the lungs, etc."

Fever, hemoglobinuria, irritation of the skin, urticaria, and suppuration at the point of injection, are claimed by Ziemssen to attend both transfusion and subcutaneous injections into the cellular tissue, unless it be when the latter is done by the method which he gives as the occasion for presenting this subject.

As regards the introduction of homogeneous blood in man, and the proper method to be adopted, he says:

"That a slight degree of hemoglobinuria may occur from homogeneous transfusion can not be denied; the mechanical insults to which the corpuscles are subjected during defibrination, the over-heating of the blood (above 42 C.) which easily takes place even in the water-bath, unless the greatest care be exercised, the presence in the collecting vessels of some of the water which has been used for cleansing them, etc., are all factors which may cause disintegration of numerous blood cells and the setting free of hemoglobin in the circulating blood. Theoretically these things and their consequences are indisputable, but in reality it is different. Small quantities of hemoglobin and large quantities of fibrin ferment can be rendered harmless

and eliminated by the blood, probably by the oxygen of the red discs, and we may disregard these apparent dangers. But the most certain proof to me that the introduction of defibrinated human blood into the human circulatory system of itself caused no symptoms of hemoglobinuria and ferment intoxication, is to be found in the complete freedom from reaction after subcutaneous blood injections, if these be made correctly. An injection of 200 to 350 ccm. of defibrinated blood, a quantity which is completely absorbed, causes neither fever of any consideration nor dyspnea nor hemoglobinuria; in short, there are no troubles except the local pain of the injection. That in such large quantities many red corpuscles must be destroyed by defibrination, the syringe, the energetic massage, etc., is just as probable as that in spite of defibrination some fibrin-ferment must remain. It seems that besides the remaining fibrin-ferment and the freed hemoglobin, there must be other factors of danger in intra-venous transfusion; as such I consider the mixture of air with the whipped blood, which can never be entirely avoided, the formation of fibrin clots during the injection, and the sudden increase of pressure in the right heart. These three factors cause the most alarming symptoms after intravenous transfusion, and in such a manner that we can not say in all cases that ferment intoxication is the cause; and the appearance of these symptoms immediately after transfusion is sufficient proof that these three factors are present, and cause the symptoms.

“ One thing, then, is certain; intra-venous transfusion may endanger life, and not infrequently does, though we are not clear as to the conditions in individual cases. Every one who has often done transfusion or assisted in the operation knows that besides the known causes of danger faults in the technique may easily slip in (such as overheating the blood, mixture with air) if the operation be hurriedly done. On account of the hidden dangers and the numerous unfavorable results, this operation has become to me a very uncomfortable one; and now, since I have found a complete substitute in the method of subcutaneous injections, I would under no circumstances subject a patient to the great dangers of intra-venous transfusion. Nor can peripheral arterial transfusion, as proposed by Huter, or centripetal arterial transfusion, proposed by Von Lesser, be considered as more safe, nor do they recommend themselves to the profession generally.

“ The case is very different when the subcutaneous cellular

tissue is selected to receive the blood. Here every danger is excluded, as the connective tissue retains the blood clots and particles of air as a fine sieve, and by a proper method of injection no blood residuum is produced, or certainly does not lead to phlegmonous inflammation. Nor in this case is there any sudden pressure on the right heart; there is no reaction, as from hemoglobinemia and ferment intoxication; and as much defibrinated blood or salt water as desired can be inserted in a few minutes, without there being anything of a serious nature in it. And this is no small consideration when it is remembered that most transfusions are made after severe hemorrhage, when the veins are very much narrowed, difficult to find, and it is with difficulty that the canula can be introduced. This loss of time and the dangers are avoided by the subcutaneous method."

He claims that his experience since his first publication on this subject (1885), bears out the assertion that no rise of temperature or other unfavorable results follow the injection of large quantities of blood at one sitting, when his method is exactly followed. The details of his method are as follows:

"After disinfection of the skin at the bend of the elbow the median vein of the donor is opened with a carefully disinfected lancet, and the blood received in a disinfected vessel, carefully dried by means of disinfected mull, being whipped as it flows with a disinfected stick; and finally, after 200 or 300 grams of blood are obtained it is placed in a carefully disinfected beaker glass, on a water bath at a temperature of from 37° to 40° C., and further whipped. The water bath should be carefully watched in order that the temperature may not be allowed to rise above 40° C.

"Meanwhile the patient is prepared for the injections. The skin over the anterior, outer and inner portion of the thigh, which is the best part of the body for these injections, and when larger quantities are to be injected the legs and arms also, is first washed with a five per cent solution of carbolic acid, and then with alcohol, while the patient is chloroformed. Chloroform narcosis is absolutely necessary when large quantities are injected, because it alone renders the very painful massage possible. My syringes hold exactly twenty-five grams. They are carefully disinfected with carbolized water before the operation, and then washed out with warm distilled water. It is not necessary to dry them out after this. With a very narrow canula

the unavoidable fibrin clots cause frequent obstruction, while they are easily forced through a larger one, and without injury to the subcutaneous cellular tissue. The canula is carried through a raised fold of the skin deep into the subcutaneous cellular tissue, and then the syringe is slowly and completely emptied, while an assistant rubs over the point of injection with all his strength. This is an important point; it is to prevent an abscess, but the massage must dissipate the blood at the very time that it leaves the canula. The assistant must use borated vaseline freely, and use both hands and all his strength. After the canula is withdrawn massage should be made for a few moments with the flat hand up and down, instead of with full force. The duties of the massage assistants are most arduous; the assistants should, therefore, be changed, as much depends upon their efforts. The syringe is now filled again, and an injection made in a new place in the same manner.

“ According to the quantity to be injected, six, eight, ten or more injections must be made; there is no particular limit as to numbers. In using 350 grams I once made fourteen injections. It makes but little difference whether 100 or 300 grams be injected into the thigh. I have generally ceased the injections only when there was no more blood in the beaker glass.

“ Under the powerful massage the subcutaneous cellular tissue must necessarily suffer a good deal of stretching and tearing, which causes pain. After the operation, therefore, I have an ice-bladder placed over the thigh, and this is renewed as long as the pains continue. Ecchymoses are frequent but not invariable results of the injections.

“ It is very important that the needle be carried as deeply as possible after the adipose tissue has been taken up in a thick fold, and the injection should be made slowly so that the blood may be completely dissipated by the massage. When the precautions mentioned are carried out inflammation and suppuration will not occur. When small quantities are injected (from 50 to 100 grams) the pain after the injections is very slight, and the patient can use the leg again in two or three days. But with larger quantities the pain is considerable and more lasting, and the patient has to keep his bed for five or six days. Of the large number of injections which I have made in the last few years, I have seen inflammation and suppuration in only two cases, and in both they were due to avoidable faults in the

technique. Hemoglobinuria never occurs, and very seldom respiratory and digestive troubles."

The length of time the blood should remain on the water bath is not stated, but the translator infers that when the patient is ready the operator should begin at once, but should not remove the blood from the water bath.

"The favorable results of blood injections are transitory and permanent. First of all the increase in the amount of hemoglobin in the blood must be determined. The increase does not always correspond to the quantity of blood injected, and is so much the more noticeable as the hemoglobin was low before the injection."

The general improvement noted in one of the cases reported was quite marked. The patient, upon iron and other tonics, with generous diet, showed no increase in hemoglobin before the blood injections, as determined spectroscopically, but after the injections the increase was marked.

The color and general appearance of the skin and mucous membranes were markedly changed from day to day, with increase of muscular energy and improved appetite and sleep.

The exact therapeutic value of this agent, and the individual diseases and conditions to which it is specially applicable, is not claimed to have been definitely determined. It is very easy to see, however, if what Ziemssen claims is true, that it will have a very broad field of usefulness, and will be attended by all the benefits which have so long been theoretically accredited to transfusion.

There seem, however, some difficulties in the way to its general use. What Ziemssen can do, with every possible facility at hand, is not so easily accomplished in the emergencies arising which call for the sudden application of this method. Yet experience will doubtless simplify the method so that its use may become more general.

The use of chloroform seems objectionable, especially in the class of cases to which this treatment is applicable, and it would be interesting to know to what extent subcutaneous injections of cocaine could be safely substituted in its stead.

The time which may be gained for preparing for subcutaneous blood injections, by the temporary use of salt solutions, is of great value. The benefit of simple addition to the bulk of the circulating fluid has long been recognized, and it is now claimed

by Goltz that it is not due to the loss of the oxygen carriers, but to the mechanical fact that the heart and blood vessels can not act as a circulatory pump, without a given degree of tension from a proper quantity of fluid. Hence experiments on animals and upon man have shown that death can be prevented by the timely transfusion of salt solutions.

“ The possibility of introducing large quantities of water subcutaneously was shown in 1884 by Cantani and his colleagues in Milan, Naples and Genoa during the cholera epidemic. These authors carried out the idea of antagonizing the loss of water and its effect on the circulation by infusing water into the subcutaneous cellular tissue. Cantani's pupils generally infused 1,000–1,500 ccm. of alkaline salt water in the ileo-costal region by means of an irrigator. The solution consisted of soda 3, distilled water 1,000 parts, and was injected at a temperature of 39° C. With very low temperature of the extremities the fluid was injected at 40° C. In a typhoid stage with very marked reaction 500–600 ccm. were injected at a temperature of only 37–5° or 38° C., and with very high fever at a temperature of 37° C.”

Although salt solutions may delay death for the mechanical reason given, they can not prevent it, and it is therefore necessary to follow them by the use of the blood as soon as the immediate danger of death be passed. Ziemssen claims that the salt solutions and the blood are both attended by less danger and greater benefit when given by his method as quoted above. By citing two cases from his records he shows that the number of blood corpuscles and the per cent of hemoglobin do not bear a constant relation to each other when salt solutions and blood injections are used. The experiments indicate that the per cent of hemoglobin is diminished, and the red and white corpuscles increased immediately after the injections of salt solutions, and that the hemoglobin is increased after the blood injections, and the number of corpuscles is not materially changed. That the corpuscles do increase in greater number in some persons than in others is shown by the fact that the same blood, injected at the same time in two patients, showed a much greater increase in one than in the other, who did not possess as favorable “ soil ” for transplantation. The blood of young, well-nourished subjects is preferable to that of old or debilitated subjects. The benefit derived does not depend upon the large quantity of

blood injected. Large quantities have been used; in one case more than one-tenth the weight of the estimated weight of all the blood in the body was injected at one sitting. Small quantities have the advantage of less liability to reaction afterwards, and are attended by excellent results. Salt water injections present fewer practical objections to use than blood, as the absorption of the water in the connective tissue takes place more easily, the site of injection has not to be changed so often, and the injecting material is more easily prepared.

“ The apparatus needed for salt water injections is not complicated. A good glass syringe, with a long not too narrow needle, and holding from 25 to 50 ccm., is sufficient for salt water as for blood injections, and in time of cholera can be carried in the pocket, as well as the necessary quantities of sodium chloride (7.5 grams to 1 litre), which may be used without carbonate of soda. All that is then necessary is good thoroughly boiled water, and the injection can be made without difficulty or loss of time.

“ Just as useful is the hypodermic salt water injection in dangerous hemorrhage, or severe acute anemia from other causes. But in all such cases in which it was simply a matter of choice, I would certainly give preference to injections of blood, for the reasons already stated. But in many cases a blood donor is not at hand, and we can not always get a sufficient quantity of blood; and in dangerous cases it is always better to fulfill the first indication and feed the heart-pump. After this blood injection may be made, once or oftener as necessary. Nor is there any objection, after severe hemorrhage, to follow up the blood injection immediately by one of salt water, the quantity of the latter being proportioned to the amount of blood lost. And if there be danger in delay there need be no hesitation in using simple boiled water for the injection, as this can always be had. Every physician, and especially every obstetrician, should carry a large syringe for subcutaneous injections in his instrument case. During and after labor the most acute hemorrhages occur, and it is impossible to supply new fluid to the system more quickly and more simply than by the hypodermatic method.

* * * If you had a severe case of post-partum hemorrhage in the country at night, would you wait to get distilled water and chemically pure salt from the apothecary in town, or for the assistants and necessary apparatus for intra-venous transfusion? But if you know that you can inject the necessary quantity of

boiled water, and thus obviate the immediate danger to life, you will be much better equipped for such emergencies. And if you find it necessary afterwards to make blood injections, and it is so often necessary after severe hemorrhage, you have time enough to prepare everything and especially to find a donor."

Unfortunately the class of cases to which the transplantation of homogenous blood is applicable has not been fully determined. It seems settled, however, that it is of greatest benefit in sudden hemorrhages, collapse from cholera, and pernicious anemia. Ziemssen suggests, in reference to salt water injections, that "there is a possibility that drugs and alcohol, which can not be absorbed by the stomach and intestines, might be mixed with the water to be injected." There would certainly seem to be no reason why this should not be done, as an infinite number of drugs have been successfully introduced, alone or in solution, by subcutaneous injection. Some four or five years ago Dr. Simon Steelsmith, then a house physician in the Indianapolis City Hospital, used hypodermic injections of pure cod-liver oil in a patient who was suffering with some chronic disease (the exact nature of which I have forgotten). For some three or four weeks the patient had almost no other subsistence and improved in color and general condition, but subsequently died.—*Indiana Medical Journal*.

London Letter.

Sir Joseph Lister found recently that Lister is not so well known as Listerism. He was travelling in Sicily, and at Palermo wished to procure some bichloride of mercury, with which to saturate some blotting-paper to press some plants, the germicide preventing mould. Accordingly, he went into a drug store and wrote out a prescription for the bichloride. The drug clerk read it carefully and refused to fill it, saying, "I know not the signature." Looking about him, the father of antiseptic surgery saw "Systeme di Lister" in bold letters calling attention to the large stock of antiseptic wares on hand; for in no other country has Listerism gained more sway than in Italy. Pointing to his name, Mr. Lister told the clerk that he was the founder of this system. "I know not the signature," was the stubborn reply, and Mr. Lister had to go without his antiseptic.

I have just come from Lister's operating theatre at King's College Hospital. He looks a little more grey than when I saw him last, six years ago; but he is still the same pleasant, kind,

affable gentleman. The attendance upon his clinic was quite as large as formerly, with a number of foreigners. He does not now use the spray, though some of his followers here in London still use it with a vengeance. In Germany, where the anti-septic craze is so strong, I did not see the spray used at all.

At the operation this afternoon, Mr. Lister removed a breast in a woman where he suspected the presence of scirrhus, but was not sure of his diagnosis. He made an exploratory incision, found it to be scirrhus, and amputated the breast. He spoke strongly in favor of the exploratory incision. In one case, in private practice, he was called to amputate both breasts. The attending physician was sure she had a scirrhus of one breast, and probably of the other. He did not feel certain, and made an exploratory incision. He found a simple, single serous cyst. The same condition was found in the other breast. He dwelt at length on what a fearful calamity it would have been had he removed both these breasts, and then found only a simple cyst. In the operation to-day, the disease was in the early stage, and the question was, should the axillary glands be removed? Careful examination could find no evidence that they were affected. The first one which could be found was removed and cut open. It was found entirely healthy. He considered, however, that it was to the woman's best interests to have them out, which was accordingly done. Careful examination found one gland at least which was diseased. Mr. Lister related that it was only this morning that he had been consulted by a lady who had her breast removed three months ago for scirrhus. The surgeon thought the glands unaffected and did not remove them. Now they were affected badly in the axilla, and even above the clavicle, and were clearly beyond help. Had they been removed, the case in all probability would have been quite different, as is often proven.¶

Great Ormond St. Hospital is the oldest special hospital for children in London, and I understand in the world. It was founded by Dr. Charles West in the year 1858. It started out in quite a modest fashion in two old dwelling houses, but has grown until it now treats annually 15,000 sick children. The greater number of these are out-patients. The staff consists of fifteen physicians and surgeons, besides consultants, house surgeons and physicians. They are chosen from the various hospitals of London, and are an able body of men.

The array of cases is somewhat monotonous in the genera

run; but, among such numbers, there are necessarily many intensely interesting.

It is wonderful what crowds of children are brought here suffering from chronic suppuration. Hip disease, psoas abscess, caries of the spine, inflammation of the joints, and the general manifestations of scrofula are present with fearful frequency. Skin diseases and troubles arising from mal-nutrition and bad hygienic surroundings form the great majority of the walking cases.

Hair-lip is a malformation which demands much time and consideration. The operation has been so often performed that the acquired experience proves of great value to the operators. One of the most successful operators in London is Mr. Thomas Smith, surgeon to St. Bartholomew's Hospital. Mr. Smith is now consulting surgeon to the Hospital for Sick Children, but was on the active staff in 1881, when your correspondent was serving as clinical assistant there. It was then my privilege to see him perform this operation a number of times.

By way of a slight digression, Mr. Lawson Tait, before a recent meeting of the British Gynecological Society, in a paper on his method of flap splitting with the flange suture, in vesico vaginal fistula and perineal operations, said he would recommend its trial also in cleft palate.

Mr. Howard March, surgeon to the hospital, has made several operations in the last few weeks for cleft palate. His results were very good in all cases but one, in which the child coughed considerably after the operation, and the flaps failed to unite in the soft palate, although doing so in the hard. He thought the soft palate would heal to a great extent by granulations. Mr. Marsh does not recommend operating for cleft palate before the child has reached four or five years.

He warned his listeners not to go too far back with the operating knife, as there is danger of wounding the posterior palatine artery. If the artery is cut, it retracts up the canal, and there is no chance to get at it to ligate or use pressure. He had this to occur in two patients under his care in St. Bartholomew's; one of them bled very much and long. He finally stopped it by finding the posterior palatine canal and pushing up into it a match wrapped with cotton. This was also done in the other case, but, the plug coming out, the nurses could not return it, and the patient bled to death. The opening of the canal can be found just by the last molar.

Dr. Robert J. Lee, of Gt. Ormond Street Children's Hospital, has recently brought out a very practicable, simple and useful instrument, which he has christened the "Fumifyer." Its use is for the inhalation of the vaporous medicinal agents. By means of this instrument combustion can be carried on, in their pure state, of such substances as stramonium, lobelia, belladonna, opium, digitalis, conium, coca, Himrod's powder, and other substances, without the addition of nitre or other combustible material. With this the smoke of the vapor of these substances can be easily inhaled, and their therapeutic effects obtained for the relief of various pulmonary affections, such as asthma, bronchitis, and whooping-cough. The fumifyer consists of a spirit lamp, over which is a reservoir of water, which, on becoming heated, passes a current of steam out through a pipe, not unlike a sprinkling can. On this pipe and connected with its cavity is an upright part, which contains the medicine to be fumified. This makes it resemble a tobacco pipe and the process much like smoking. The steam causes the suction, and the smoke from the burning medicine (or tobacco) passes down out of the pipe and into the patient's mouth, which is at the extremity. The draught can be regulated by moving a simple slide, which also controls the rate of combustion. The fumifyer may also be used as a simple inhaler. The Floral Fumifyer, used in green-houses for fumigating plants, is constructed on much the same principles.

The medical profession hinted long and loud, through both the medical and secular press, that the Queen should commemorate the jubilee by the appointment of some medical man to the peerage, an honor never yet bestowed on medicine in England. The hint, however, was not taken.

We have recently had "Hospital Sunday," a thoroughly English institution. Last year the amount raised in London was £40,000, and it is hoped more will be realized this year.

Dr. Norman Moore, pathologist to St. Bartholomew's Hospital, finds that the great majority of deaths of patients suffering from gout which occur in the hospital—and a great number do occur there—is caused by vascular degeneration. A few die from acute disease, but only a few. He says we must remember that a gouty person is not only a man with a pain in his great toe, but that he probably has acute nephritis accompanied by dilatation of the left ventricle, and probably vascular degeneration and atheroma. Aneurism was seldom the cause of death. He

had only known of one case, the specimen of which he showed us. He exhibited a number of specimens from a man who had been examined after death during the past week. Urate of soda was visible on the great toe, and patella of the right side. None was met with in the tarsal bones. On the left side it was found in the great and second toe, in the astragalus and every bone of the tarsus in abundance. None in the ankles. No gouty deposits in the ear. This urate of soda is only found where degeneration has taken place. It is not deposited till this has taken place. Gouty parts are often said to contain pus. If examined under the microscope, this will be found not to be pus, but the urate of soda mixed with the synovial fluids, thus giving it the resemblance of pus. The size of the kidneys was in this case very little reduced. On examination, the pelves are found full of fat and the true kidney substance reduced. The subject has also emphysematous vesicles in his lungs.

Dr. Matthew Duncan, in lecturing to his students, recommended them to have lots of cotton by them on the occasion of a premature birth. The child should not be washed; the skin is too soft and tender. If any great amount of filth is present, let it be gently sponged off; then wrap up the baby in cotton. Of greatest importance is the temperature. This should be taken in the rectum. Though an adult foetus generally has some subnormal temperature, yet in a premature birth a temperature much subnormal is a cause of alarm. This should be kept up to the normal by all means. The child should be kept in a temperature of 90°. This is best done in what is known as a nest. That of Tarnier, or some of its modifications, being the best. After some time the child can be removed from the nest, and if the temperature remains up to the normal it can be left out; otherwise it must be returned.

Feeding, a matter of the greatest importance, is generally very poorly carried out. Undoubtedly the best thing is the mother's milk. You must get a nurse to sit beside the child, draw the milk out of her breast and give it to the child. Some premature children suck well; most of them do not. It needs a very little food the first few days, a few teaspoonfuls being enough.

In discussing premature labor, Dr. Duncan said that the characteristic case for the induction of premature labor is the flat pelvis. As the method of induction, he recommended the plan of Kiwisch to be of first importance. It is by vaginal injections.

This probably involves dilatation and relaxation of the vagina and probably of the cervix uteri. The woman injects warm water; some use cold, some alternate warm and cold. This may be carried on through one or two days, and done five or six times. Care should be taken not to inject into the uterus. He recommended the operation because it was a good preparation for delivery, relaxing and expanding the vagina and probably the cervix. This plan does not generally succeed, but even then you are a great gainer, for it prepares the way for labor. It is the best method when it succeeds. The next best mode is to introduce a tangled tent into the cervix. It should be carried in by the forceps, and should be rendered aseptic, as well as the sponge which follows it. This should be done by salicylic acid 1 part, glycerine 5 parts. Labor begins generally in from 12 to 24 hours. Sponge tents and Barnes' bags have no advantage over the simple methods named. If in a hurry, he recommended the use of the bougie, a solid one to be passed up between the uterine wall and the membranes. Avoid puncturing the membranes and going between the placenta and the uterine wall. If, after inserting, it moves freely backwards and forwards, it has gone into the uterine cavity, and not curled up in the cervix, as is sometimes the case. This plan sometimes fails. None of them are sure. You should not expect to do a premature labor at a certain hour as you would a lithotomy or an ovariectomy, as claimed by a prominent accoucheur, but be content to wait.

The position of the foetal heart is not considered by Dr. Duncan as a diagnostic sign of breech presentation. He considers the heart to be situated at about the middle of the foetus, not of the child, and is very little, probably no higher in the breech than in the vertex presentation.

Lodon medical hospitality is commensurate with the size of the city. Those of us who attended the International Medical Congress, in 1881, remember with pleasure how right royally we were entertained. High officials, the nobility, corporations, institutions, and especially the members of the medical profession, welcomed us with open doors. It is to be hoped that the Americans will return in 1887 the hospitality accorded them in 1881.

Nor is this British medical hospitality spasmodic. Only within the last three months there have been three medical social events of considerable general interest. First, Mr. W. S. Savory, Presi-

dent of the Royal College of Surgeons, gave a *conversazione* at the college. Music, an elegant repast, and the most valuable museums and numerous works of art, furnished entertainment for the evening. Next followed the jubilee dinner given by the Society of Apothecaries. The medical social season was closed on the evening of the 29th of June by a *conversazione* at the Royal College of Physicians, given by the President, Sir William Jenner, who is now President for the fourth time. The company in attendance was a large one, and the evening was spent very pleasantly. Music by the Coldstream Guards needs no praise from me. Numerous paintings, some of them quite old, many having more or less interest to the medical man, formed an interesting feature. Microscopical specimens and culture processes were exhibited in abundance. Microscopes and apparatus of rarity and costliness were there for examination.

Sir Dyce Duckworth, whose visit to America about eight years ago is remembered by many, is the efficient Treasurer of the College.—*London Correspondence of Medical and Surgical Reporter, August 13, 1887.*

The Relationship of Insanity to Masturbation.

By STEPHEN LETT, M. D.,

Med. Sup't to the Homewood Retreat, Guelph, Ontario.

In endeavoring to estimate, and arrive at conclusions, as to the relationship that exists between the unnatural gratification of the sexual appetite by masturbation, and the psychological effects consequent thereon, we are met at the threshold of the enquiry by a lack of reliable data upon which to base opinions or demonstrate facts. The very secret nature of the vice prevents us from knowing by whom and to what extent it is practiced. If we turn to hospital and asylum statistics, unreliable as they are in other matters pertaining to the causes of insanity, they are absolutely worthless in this particular. The admission papers filled out by the family physician do not in a very large majority of cases throw any light upon the subject, and in the few instances where masturbation is set down as the cause of insanity, it is but a factor or single link in the long chain of combined causes which led up to and finally culminated in an attack of pronounced mental alienation, whilst in many instances it is not a cause but the result of disease in the nerve centres,

its proper significance in such cases being that of a symptom, the same as insomnia, delusion, restlessness, or other phenomena which go to make up the clinical history. It is now a pretty generally accepted fact that there are very few, if any, single factors, other than of a traumatic or syphilitic nature, which are of themselves efficient causes for the production of insanity; and that, in order to form a true estimate of the forces which are at work in producing this ever increasing malady which is overflowing our asylums and filling our gaols, we must look at the subject from a general rather than a restricted point of view, and take into consideration the whole environment of the individual, making strict inquiry into his race, type, family history, bodily health, and his struggle for existence. But perhaps in not one of the ascribed causes of insanity is this general inquiry of more importance than in that of masturbation.

Some people will no doubt contend that masturbation, *per se*, is quite sufficient to produce insanity, and many writers accurately describe a class of so-called "Masturbational Insanity;" but if all those who masturbated to excess became insane, it would be beyond the powers of any government to provide asylum accommodation for this class alone. It is not, however, the strong and healthily constituted rustic lad, physically strong and mentally sound, who comes under its baneful influence to any very serious extent. His indulgences—and, I presume, the most of them do indulge—are not usually carried to any very great excess. He has an abundance of vital force and nerve power which can stand a moderate amount of depletion without any very serious damage to his general health or mental vigor. Not so, however, with the weak, nervous stripling, tenderly raised in the vitiated atmosphere of a large city, whose ancestral inheritance is, physiologically speaking, of a low type—the boy or girl who comes into the world with an unstable nervous organization, with an insane diathesis, as some have aptly described it, with his whole animal economy crippled, and who never had the proper controlling influence of his nerve centres adequately measured out to him. This is the individual who masturbates to excess, and in whom the indulgence produces the most disastrous results. He learns the vice early in life; the more he practices it the greater is the desire to continue it, and the habit is forced upon him without his being able to exercise the con-

trolling power of a naturally weak will, he soon prostrates all his nervous enegergies, and being already predisposed to insanity, an attack of melancholia or acute mania is precipitated.

In such subjects masturbation may be set down as an exciting cause of insanity. They are the cases writers describe under the heads of "Masturbational Insanity," and evince feelings of egotism, conceit, self-importance; they frequently have delusions in harmony with this line of conduct, and yet they are irritable, nervous, restless, and shun society, especially of the opposite sex. They frequently become religious, and are looked upon by their parents and friends as models of morality. This condition of ill-health gradually increases, unattended at first by any acute symptoms of sudden demonstration of an unbalanced mind; the patient soon begins to act strangely. This is noticed by friends and relatives, but cannot be accounted for; overt acts are committed, and finally an attack of acute mania renders it necessary to remove him to an asylum, or profound melancholia with suicidal tendencies and self-accusations of having "committed the unpardonable sin" may take its place. Whilst a certain number of such cases recover, a large proportion of them are incurable. The constant drain upon the system, irritation and exhaustion of the great nerve centres, produces structural changes of a permanent character, and the patient after a variable period, lapses into a condition of chronic insanity, frequently degenerating into dementia or mental oblivion.

In early life the child who thus pollutes himself retards and arrests the healthy development of his nervous system, and the practice in such an one tends to idiocy and imbecility rather than to insanity.

Although, in the sense in which I have pointed out, masturbation may be set down as an *exciting* cause of insanity, it would be grave error to conclude that all insane persons who practice self-abuse have thus caused their mental estrangement. Should any of you pass through the wards of a large asylum for the insane, and in the morning carefully examine the beds and linen of the patients, you would find evidence of masturbation amongst many of the chronic as well as acute forms of insanity, and would be able to note amongst them all classes of mental alienation. In many of these cases the practice is but a symptom and not a cause of their illness. The intellectual part of our

nature being disabled, the animal passions burst forth and self-indulgence in all its unrestrained gratification reigns supreme. This condition is often noticed in the early stages of the general paralytic. It is frequently seen in puerperal insanity, though here it may in part be due to local irritation. It is also noticed in that form of insanity coming on at the climacteric period, when it has been spoken of as "the final blaze of passion before its complete extinction or altered condition;" and perhaps the same remark would apply with some force to an old man of seventy-five summers, whom I once had under my care, and of whom, like DeQuincey and his opium, "to ask whether on any particular day he had or had not indulged, would be to ask whether his lungs had performed respiration or his heart fulfilled its function." Dr. Savage, in his admirable little work on insanity, records a case where self-abuse was habitually practiced by a chronic lunatic at the advanced age of ninety.

Of late years so much has been accomplished in Italy, France, Germany and England, as well as on this side of the Atlantic, in a topographical survey of the brain and mapping out centres for the various functions of the body, it seems desirable to give a synopsis of what is known regarding a centre for the sexual function, irritation or disease of which would naturally produce modifications in the sexual appetite, and might be a cause or result of masturbation.

The theory of Gall and his followers, "that the instinct of propagation or sexual appetite has its seat in the cerebellum, and that this portion of the brain is exclusively devoted to that function," seems, in the light of our present knowledge derived from recent experimental and pathological research, to be entirely disproved. Ferrier failed to find any indications of excitement of the generative organs in monkeys or other animals, male or female, during irritation of the median or lateral lobes of the cerebellum. The foundation had been taken from Gall's theory by the experiment of Flourens on a cock, the half of whose cerebellum he had removed. The mutilated animal having been put several times with the hens, always tried to tread them but never could succeed on account of his inability to maintain his equilibrium; and it is further stated that, notwithstanding this traumatism, his testicles were enormous.

Clinical facts also go to refute Gall's theory. The case is recorded of a girl in whom the cerebellum was absent, never-

theless she suffered from nymphomania; and of another who suffered in a similar way when there was atrophy of the cerebellum. But the finishing stroke to Gall's hypothesis appears to be given by Luciani, who on the 2d of May, 1882, removed the whole of the cerebellum of a bitch; she on the 2d of September was in heat, and presented tumescence of the vulva, as well as a sanious discharge from the vagina, together with other signs of eroticism. A lover was obtained for her, and with much satisfaction, coitus was several times successfully accomplished. She became pregnant, and in due course brought forth four living puppies.

Having thus shown that the cerebellum is not the centre of the sexual function, as was formerly supposed, it is important to adduce such evidence as can be obtained which will indicate its probable seat. Up to the present time the point does not appear to be settled, or its probable location established with any degree of certainty, but from data given, it would seem that the upper part of the spinal cord, the medulla and the pons, have something to do with the sexual function.

Ferrier states that "the instances in which disease of the cerebellum have coexisted with priapism, have been chiefly cases of apoplexy or hemorrhage into the middle lobe, a condition of things eminently calculated to cause irritation of the subjacent posterior surface of the medulla oblongata and pons. Whilst irritation directly applied to the median lobe of the cerebellum produced no vascular turgescence of the generative organs, it has been found by Segalas, that irritation of the posterior aspect of the medulla and pons produces this effect." Eckhardt and others have likewise shown that irritation of the pons and as high up as the *crura-cerebri*, cause vascular turgescence of the generative organs and priapism. This effect, however, may be due to the relaxation of the local blood vessels in the sexual organs, which would be a natural sequence to certain injuries of these nerve centres.

It is held by some of the most able scientific men of the present day that the sexual desire is in close relationship with the emotions, and that the cerebral centres which contribute to the emotional state, are also, to a large extent, the centres for the sexual appetite. Thus Ferrier states, "that from certain facts of experiment, we have reason to conclude that the centres of sexual feeling are probably localizable in the regions con-

necting the occipital lobes with the lower and inner part of the 'tempora-sphenoidal lobe;' and he adds that, as the reproductive organs in women form such a preponderant element in their bodily constitution, they must correspondingly be more largely represented in the cerebral hemispheres, a fact which is in accordance with the greater emotional excitability in women and a relatively *larger development* of the posterior lobes of the brain."

It would also seem quite probable that the centre for the sexual appetite is in close proximity to the centre for smell. As in the lower animals the sense of smell is one of the most powerful excitants of the sexual desire, the location pointed out by Ferrier as the probable one, would also fulfil this condition. The localization of the sexual centre, however, is a subject which requires further proof from experimental and pathological investigation.

That masturbation is a most debasing, debilitating and depressing vice, which has a deleterious influence upon the physical, mental, and moral nature, is beyond doubt. It is equally true that its baneful effects are, *cæteris paribus*, in direct ratio to the early age at which it is practiced, the extent to which it is carried on, and the nervous instability of its unfortunate victim.

Masturbation occurs in both sexes, and under similar conditions is equally harmful to the mental vigor of either. It is practiced by the youth not yet in his teens, indulged in by the adolescent, and not abandoned by the octogenarian.

Masturbation, with an adequate predisposition, is an exciting cause of insanity; it is, perhaps, more frequently a symptom of that disease, but when present it hampers treatment, retards recovery, and in many instances precludes the possibility of a cure.—*Canada Lancet*.

Corrigendum.

In the obituary notice of Dr. Bowie, published in the *Journal* of last month, on the second page, instead of "Castilian", read "Castalian".

L. C. L.

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AZOOSPERMIA; ITS RELATION TO MALE STERILITY.

By ALBERT ABRAMS, M. D., San Francisco.

(Read before the San Francisco County Medical Society.)

Mr. President and Fellow Members:

Our knowledge of the *potentia generandi* in man is comparatively a recent acquisition to medical literature. The microscopical examination of the semen, coupled with a better understanding of those conditions conducing to male sterility, renders the theory no longer tenable, that satiated sexual intercourse in man indicates power of procreation. The woman has heretofore borne all blame attached to the *sterilitas matrimonii*. Subjected in consequence to many operative procedures by the gynæcologist without securing relief, she has, notwithstanding, contributed largely to the literature on experimental gynæcology. The inconsiderate attention accorded to this subject in our medical text books, suggests a succinct review of the literature on male sterility, much of which is culled from German publications.

A case illustrative of this affection is the following: G. J., a merchant, aet. 37, consulted me for the following purpose. He has been married ten years. His wife, he avers, "has never known a day's sickness." Their conjugal felicity has been marred in one respect only, viz.: Their inability to beget an offspring. His wife had consulted many leading gynæcologists

of Europe, all of whom considered her entirely normal with regard to conception, and attributed the matrimonial sterility to the husband, who was not with her on the continent. Desirous of learning how far he was responsible for her failure to conceive, he submitted himself to me for examination. About twelve years ago, patient had specific urethritis and epididymitis which readily yielded to treatment. The impressions with regard to coition are in no wise abnormal. On inspection of the generative organs, nothing abnormal is revealed, other than slight bilateral testicular atrophy and non-sensitiveness of the testes on palpitation. The introduction of the urethral sound encounters no resistance, but shows a slight hyperæsthesia of the prostatic urethra. Failing to discover any palpable cause for sterility by the means already described, I enjoined him to have intercourse with a condom. The secretion thus obtained was unusually fluid, slightly turbid and absolutely destitute of spermatozoa, as determined by the microscope. The only clue offered to symptomatic treatment, was the prostatic hyperæsthesia which was combated in the conventional manner. A subsequent microscopical examination of the semen served but to confirm the diagnosis made at the primary examination, viz.: That my patient had *azoospermia*. Here was a clinical history tallying in the main with other reported cases of a like affection. My patient's difficulty lay not in the loss of sexual power, which was intact (*potentia cœundi*) but the reproductive power of the semen (*potentia generandi*), was at fault.

Azoospermia must not be confounded with an almost analogous condition likewise resulting at times in male sterility. This condition has been termed *aspermatisim*, signifying a more or less production of semen, its ejaculation, however, during coitus, being prevented. The causes leading to this condition may be briefly summed up as follows :

1. Absolute aspermatisim; the result of a mechanical impediment for the passage of semen into the urethra.
2. Relative; the ejaculation of seminal fluid at a time other than during coitus.
3. Temporary; when ejaculation fails under certain circumstances, depending either upon the position during coitus, or on the woman with whom it is attempted.
4. Onanism; occurring in those who have practiced masturbation, and in whom the irritation caused by the frictions of the natural intercourse is not able to induce an ejaculation.

5. Paralytic; when the muscular apparatus concerned in the propulsion of semen from the urethra is at fault.

I feel justified in subjoining this latter form which I have called the paralytic, having met with one case which could only appropriately be consigned to this new division. The case referred to was a young man, who after intercourse, would discharge in urinating, a large quantity of semen. Coitus attempted with a condom, left the latter perfectly dry, although after the act, pressure along the urethral canal would always bring to view a variable amount of semen. The amount forced out at one time by my patient, was estimated to be equal to two teaspoonsful. When we remember that 10 to 15 grammes constitutes the mean amount of semen ejaculated by a healthy man during coitus, it is not difficult to understand how in a case of paralytic aspermatism this amount of fluid can be retained by a healthy urethra without any great inconvenience. The distensibility of a normal male urethra is very great. I have often been surprised at the large quantity of fluid that can be accommodated by the urethra after practicing forced injections with the Davidson's syringe, in protracted cases of urethritis.

In cases of paralytic aspermatism the seminal fluid thrown into the urethra is notably diminished in amount; and in the brief period of time allotted to the sexual act, little, or no semen may appear at the urinary meatus, thus constituting a probable cause for male sterility. Many of us, no doubt, have met with cases where patients complain that the ejaculatory act is in no wise pleasurable, or that undue time is consumed in ejaculation, or even, that when semen does pass the meatus, it does so not spasmodically, but in drops. These may be considered but forms approaching paralytic aspermatism. To better understand the conditions operating to produce the paralytic form of aspermatism, let us briefly review the mechanism concerned in producing erection of the male organ and ejaculation of the semen.

Under the influence of the *nervi erigentes*, the muscular fibres of the corpora cavernosa become relaxed, allowing in consequence an increased supply of blood to the compartments of this spongy tissue. From the spongy tissues of the penis, veins return, many of which terminate in the dorsal vein of the organ. Now, in order that the hypervascularity of the male organ be not temporary, owing to the immediate return of blood to the general circulation, provision is made for this by the presence

of the *bulbo-cavernosus* muscle. This muscle begins posteriorly by a tendinous attachment in conjunction with the *musculi transversi perinei* and *sphincter ani externus*. The muscular fibres of the *bulbo-cavernosus* are distributed on either side in a penniform manner, terminating dichotomously above in an aponeurosis, which becomes fused on the dorsum of the penis with the tendons of the *musculi ischio-cavernosi*. When this muscular apparatus contracts it must constrict the penis in the region of the symphysis, thus preventing the return of blood from the penis. At the same time the male organ, by the action of the *musculi ischio-cavernosi*, is elevated. Normally, ejaculation of the seminal fluid occurs only in complete erection of the penis. Simultaneously with the swelling of the *corpora cavernosa* there is likewise a swelling of the *caput gallinaginis*, which as is known consists of erectile tissue. In consequence of the swelling of this latter structure, the openings of the ejaculatory ducts are directed toward the membranous part of the urethra. It likewise subserves the purpose of preventing any communication with the urinary bladder posterior to itself. That the *caput gallinaginis* completely bars any communication of the bladder with the urethra, is evidenced from the fact that during complete erection of the male organ urination is difficult, if not impossible. It has been furthermore observed that in those patients who have stricture of the urethra, considerable pain is often experienced during coitus at the period of ejaculation. This is explained by the fact, that the accumulating semen has no point of egress, either anteriorly or posteriorly; in the former instance due to the presence of the stricture, in the latter to the swollen *caput gallinaginis*. At that period of coition when ejaculation begins, a spasmodic though voluptuous sensation is felt in the perineum, followed by the discharge of semen through the ejaculatory ducts. The semen now pouring slowly into the urethra seeks the point of least resistance. It cannot pass into the bladder, for there the *caput gallinaginis* stands guard; it must pass forwards, and accumulates in a physiological excavation called the *bulbus urethræ*. Here the semen accumulates until a sufficiently large amount induces a reflex contraction of the *bulbo-cavernosus* muscle, and the semen shoots out of the urethra. In instances of paralytic aspermatism the semen fails to be thrown from the urethral canal, owing either to a reduction in the reflex irritability or strength of the muscle concerned in

its expulsion. In the majority of instances, however, an insufficient action of the muscle may be assumed.

If we faradise in a healthy individual the perineum, with one pole in the rectum, the other on the perineal raphe, we feel with a moderately strong current that the pole on the raphe of the perineum is spasmodically thrown forwards owing to the contraction of the perineal muscles. The farado-muscular contractility as determined in this way is an excellent means of ascertaining the power of the muscles concerned in the erection of the male organ and ejaculation. In my case of paralytic aspermatism faradisation of the perineal muscles was not responded to with that alacrity which characterizes normal muscles. I therefore assumed, that the failure to expel the semen was due to a paresis of the bulbo-cavernosus muscle. Prolonged faradisation of the perineum after a course of time succeeded fully in restoring my patient to a state of health. A permanent form of aspermatism has been described occurring as a congenital condition. Individuals affected in this way have never been able to discharge semen, whether during coition or masturbation. The cause of such a condition has been hypothetically assumed to be due to a non-irritability of the ejaculatory center.

Having briefly considered aspermatism with a view of avoiding its being confounded with azoospermia, we pass over to a consideration of the latter affection. Its frequency can better be appreciated when we refer to the classical literature on the subject by Kehrer, who maintained that one-fourth, if not more, of all cases of matrimonial sterility are traceable back to man. In forty cases of sterility, selected at random by Kehrer, the generative organs of both sexes were examined, together with an examination of the semen. In the forty cases, which were of many years standing, azoospermia was present in fourteen, and impotency in two of the cases. From the material thus collected 35.1 per cent. of sterile marriages are traceable to conception disturbances in man. I distinctly remember a very interesting clinical lecture by Kehrer with regard to azoospermia, in which he affirmed that it is met with in individuals in whom neither the history, examination of the genitals, or even microscopical examination of the semen would lead you to suspect the existence of the affection. Indeed, the history of such individuals with regard to coitus, as far as pleasure and copiousness of dis-

charge are concerned, presents nothing unusual. Kehrer likewise makes the utilitarian observation, in considering the relation that azoospermia might bear to divorce, that should ever the object of matrimony, aside from any ideal view, be considered in a strictly practical and human sense, having for its object the creation of legitimate children, then an examination of the semen with a view of finding azoospermia will have great medico-legal importance.

The more recent observations of Busch may likewise be referred to, in order to furthermore indicate the frequency of azoospermia. This author carefully examined the semen of one hundred cadavers without selection, and found the spermatozoa absent in 27 per cent. of the cases. The ages of the persons thus examined ranged from 16 to 74, between which ages a physiological production of semen is usually accepted by authors; although prior to puberty and in very advanced life azoospermia must be reckoned as a physiological condition. A drop of normal semen examined microscopically contains hundreds of spermatozoa. We often meet with a condition approaching azoospermia, termed *oligozoospermia*, signifying a diminution in the number of spermatozoa, which, while not necessarily rendering the patient sterile, often passes into azoospermia, as the etiology of the latter affection will teach.

Semen is the product of a number of glands. The secretions of the testicles, seminal vesicles, prostate, Cowpers and muciparous glandules of the urethral mucous membrane, all contribute their quota to this complete substance. The loss of any or all of these secretions is capable of producing male sterility. Let us suppose that the testicular secretion alone be poured into the urethra, then male sterility could result in one of two ways. The testicular secretion is in reality the true fructifying fluid, owing to the spermatozoa which it contains. The spermatozoa in the testes are motionless. One of the main conditions necessary for conception is, that a normal spermatozoa should come into immediate contact with a normal ovum; which necessarily pre-supposes movement on the part of the spermatozoon. The spermatozoa only retain motion when the testicular secretion becomes mixed with the secretions of the accessory glands of the urethra. If then the latter secretions be deficient or absent sterility may result.

The secretions of the accessory glands subserve likewise an-

other purpose, that of preparing the urethral canal for the testicular secretion. The urethra from the meatus to the caput-gallinaginis performs a double service, that of a genital and urinary canal. Such a canal, therefore, cannot conduct an acid urine and an alkaline semen indiscriminately; if it did, it would do so to the detriment of the latter. In the course of the urethra are physiological excavations which are capable of retaining residual urine. The acidity of this secretion together with the urea which it contains are inimical to the vitality of the spermatozoa. The function then of the secretions of the accessory glands of the urethra by virtue of their alkaline reaction is to neutralize the acidity of the urethral wall. The secretions of the accessory glands appear prior to the testicular secretion, as can be seen at the meatus, when the male organ is in a state of complete erection.

Briefly speaking, any condition which will produce obliteration of the vasa deferentia will cause the disappearance of the testicular secretion. A spermatitis or prostatitis may cause respectively an absence of either the secretion of the seminal vesicles or prostate gland. Other conditions, which we will not consider other than mention, are likewise capable of producing azoospermia, such as conditions depressing the system, atrophy and degenerative changes of the testes, etc.

Perhaps the most frequent cause of azoospermia is gonorrhoeal epididymitis. Liegois collected eighty-three cases of double gonorrhoeal epididymitis, and found permanent azoospermia in seventy-five of the cases. Nor has the intensity of the epididymitis, according to the experience of Uitzmann, any very great influence in the production of the subsequent azoospermia. The very interesting experiments of Kehrer with regard to experimental azoospermia, likewise deserve mention. This author after ligating the *vas deferens* observed considerable excentric hypertrophy (dilatation and thickening of the wall) of the peripheral end of the seminal duct and epididymis, together with an accumulation of viscid semen containing immature and broken down spermatozoa. He furthermore observed, that the secretory activity of the testicle still continued, only ceasing entirely after five to nine months. Kehrer concludes that the condition resulting from ligation is analogous to the atrophy of muscular inactivity, whereas Curling maintains, the testicular atrophy, to be due to an inflammation, the consequence of retained semen.

Brissand observes a difference in the reaction of animals after ligation of the vas deferens, according to whether the operated animal is isolated or allowed to remain in contact with the female animals. In the former instance, the spermatozoa in the epididymis and testicle retained their normal appearance, with complete cessation of the testicular secretion; in the latter instance, dilatation of the ducts of the epididymis together with primary increase and secondary decrease of the testicular secretion resulted.

A very characteristic feature of azoospermic semen is the almost constant presence of spermatic crystals. The more fluid the semen, the more rapidly do the crystals appear. Their chemical constitution is still a matter of mere speculation. Whereas some believe them to be only albuminoid bodies, others look upon them as crystals of magnesia phosphate, or even ammonia-magnesian phosphate. The more recent authorities, however, identify them with Charcot's asthma crystals. Furbringer attributes the peculiar odor of semen, the *aura seminalis* of the ancients, to the presence of the spermatic crystals, and furthermore observes, that the latter are only peculiar to the prostatic secretion; a statement which Ultzmann questions. This much is true however, that these crystals are quite diagnostic of azoospermic semen. If we expose on an object glass a drop of semen, there appears only after two or three days, the formation of the spermatic crystals. If on the contrary, we expose a drop of azoospermic semen in a like manner, the crystals appear after two or three hours. Here then resides the characteristic difference, viz.: The rapidity of crystalline formation in azoospermic semen. The tardy formation of crystals in normal semen may be accounted for by the fact, that movements on the part of the spermatozoa necessarily retard crystallization, as would likewise occur in any other fluid. Azoospermic semen, devoid of movement, owing to the absence of spermatozoa, facilitates rapid crystallization.

That diseases and changes in form of the spermatozoa are capable of conducing to male sterility we well know and need no longer merit our consideration. In conclusion, let the therapy of azoospermia briefly occupy our attention, from which, however, brilliant results are not to be expected. In oligozoospermia, that condition attended by a diminution in the number of spermatozoa contained in the semen, and which often precedes

azoospermia, is dependent either on diminished activity of the testes or stenosis of the vasa deferentia. Operative interference in cases of stenosis of the vasa deferentia is out of the question, it remains for us alone to stimulate the secretory activity of the testes by direct faradization. The application of electricity is not alone capable of increasing the production of spermatozoa, but of semen which latter dilates by "*vis a tergo*" action the stenotic vasa deferentia. Azoospermia being usually dependent either on complete atrophy of the testes or obliteration of the vasa deferentia, therapeutical results are usually negative. If the epididymis is thickened, owing to infiltration, attempts with the usual resolvent medicines may be made.

In cases of azoospermia occurring in married individuals in whom a desire for progeny is expressed, artificial fecundation, as originally practiced by Marion Sims, suggests itself. True, this theoretically brilliant method has not survived its expectations, but having been practiced largely in cases where the woman was alone to blame, does not necessarily contradict the fact, that in women with healthy uteri and in whom no anomaly suggests failure to conceive, artificial fecundation may yet rank among our many successful operative procedures.

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REPORT ON THE MEDICAL AND SURGICAL SERVICE AT THE CITY AND COUNTY HOSPITAL.

[A short time ago some articles appeared in one of the daily newspapers, reflecting on the service at the above institution. These articles were calculated to damage the medical schools in the eyes of the public and deprive them of the right of using the wards for purposes of clinical instruction.

The statements made were in many instances absolutely untrue, while others were gross misrepresentations. Every incident that had taken place during the last six years and could be utilized was called into service; walls had ears, and the conversations of guests found their way into the hands of reporters in

a very garbled form. The result of these incubations was a highly sensational newspaper article, which attracted the attention of the Board of Health, and led to the appointment of an investigating committee, whose report we furnish to our readers.—Ed.]

SAN FRANCISCO, CAL., Aug. 18, 1887.

To the Honorable the Board of Health of the City and County of San Francisco:

GENTLEMEN:—Your committee appointed to confer with a joint committee representing the faculties of the two regular Medical Colleges of this city in relation to the resolution of your Hon. Board adopted on the 12th day of July, 1887, by which a new surgical ward was established in the City and County Hospital, respectfully report as follows:

On the 4th inst. your committee met Drs. Gibbons and Hirschfelder, of the Cooper Medical College, and Drs. McLean, Kane and Kerr, of the Medical Department of the University of California.

These gentlemen earnestly and unanimously requested the reconsideration of the action of your Hon. Board in establishing said ward, for the reasons set forth in the communication to your Hon. Board, dated July 21, 1887, and signed by Drs. Lane, Gibbons and McLean. Drs. Hirschfelder, Kane and McLean positively assured your committee that all the patients under their charge at the City and County Hospital, received ample care and attention, and Dr. Douglass, whom your committee saw on the following day, reiterated that assurance.

Your committee also visited the City and County Hospital and carefully inquired into the matter, and find after thorough investigation, that there is no foundation for asserting that the patients therein are neglected by any of the visiting physicians or surgeons. Your committee reached this conclusion after consultation held with the Superintendent, the resident physician, the internes, and the patients themselves. The Superintendent and the resident physician and the internes spoke in the highest terms of praise of the faithfulness, efficiency, and attention of the visiting physicians and surgeons. They further stated that no complaints had ever been made to them by the patients of any lack of care or attention on the part of said visiting physicians and surgeons. Your committee questioned the patients individually, and they all, without an exception, stated

that they had no cause for complaint, while many of them spoke in high praise of the attention and kindness shown them by the visiting doctors. Your committee find that there are at present in the City and County Hospital 284 patients, classified as follows:

Medical cases.....	113
Surgical “	85
Syphilitic “	59
Eye and Ear cases.....	18
Lying-in cases.....	9

These are cared for by 16 doctors, viz.: The Superintendent, the resident physician and surgeon, 8 visiting physicians and surgeons, and 6 internes. This gives an average of about 18 patients to each doctor. These figures show clearly that the doctors are not overworked. In fact, your committee believe that twice that number of patients could be well cared for without increasing the medical or surgical staff. Your committee, therefore, recommend that this Hon. Board reconsider and rescind the resolution in question, for the following reasons:

1. Because your committee believe it would be unwise to interfere with the present satisfactory arrangement by which the patients of the City and County Hospital are all placed under the care of the professors of our two regular Medical Colleges. These professors are chosen by reason of the eminence to which they have attained in their profession. And it is well known to every member of this Hon. Board, that every one of those gentlemen is thoroughly qualified by learning, skill, ability, and experience to discharge the onerous and responsible duties of his position. Those gentlemen are leaders in their profession, and deserve great credit for being willing to devote so much of their valuable time and energies to the advancement of medical and surgical knowledge in this community.

2. Because your committee are of opinion that the visiting physicians and surgeons have, owing to the positions which they occupy in their profession, the highest and strongest incentives to the exercise of the greatest care and skill in their treatment of the patients under their charge in the hospital. In addition to the solicitude they naturally feel to maintain the high reputations which they have in their profession, they must appreciate the fact that any error on their part in the diagnosis or treatment in the presence of the large number of students who ac-

company them to the bedsides of the patients, would lessen their influence with their classes and be more than likely to compel their retirement from the faculty. They have, therefore, incentives to guard against errors and mistakes in treatment which no other physicians and surgeons can have.

3. Because your committee believe that this Hon. Board ought not to place any obstacle in the way of the authorities of our Medical Colleges in their laudable public spirited endeavor to maintain the high position which they have attained.

The present position of our Medical Colleges is not inferior to that of any in the United States. This high position is due to the zealous and self-sacrificing efforts of the eminent men who stand at the head of those institutions. The people of this entire coast are deeply interested in the success of these schools, and your committee feel that any act of this Hon. Board, which would interfere with that success, or cripple the efforts of the faculties of those institutions, to impart to their students a complete medical and surgical education, would be exceedingly ill advised. The clinical advantages afforded to the students of our Medical Colleges under the present system are of incalculable benefit to them. Your committee believe it would be very unwise for your Hon. Board to do anything that would deprive them of these advantages. We have, we think, shown that the interests of the patients themselves could not be advanced by such action, but that, on the contrary, they would be more likely to be injured by any change in the present system.

Respectfully submitted,

C. A. CLINTON, M. D.

WM. D. MCCARTHY, M. D.

TO PREVENT COAGULATION OF THE BLOOD—A student in Professor Stricker's laboratory, Herr Ernest Freund, has suggested a most simple and convenient method of preserving blood in the fluid state. His plan consists of coating the interior of a glass vessel with pure oil. Into this receptacle blood freshly drawn is poured, and a layer of oil is then run over the surface exposed to the air. In this way, it is stated, fresh blood may be kept from coagulating for days, if necessary. If this assertion be true, the discovery may be turned to great advantage in the process of transfusion of blood.—*New England Medical Monthly.*

Proceedings of Societies.

San Francisco County Medical Society.

SAN FRANCISCO, 23d August, 1887.

The meeting having been called to order by the President, Dr. Jas. Simpson, the minutes of the former meeting were read and approved.

Dr. Henry Hoffman, Univ. Berlin, was proposed for membership by Dr. J. F. Morse and Dr. Henry Ferrer, and referred to the Committee on Admissions.

The credentials of Dr. George Adam having been reported upon favorably, he was elected to membership in the Society.

Dr. Henry Kreutzmann then read a paper on the production of anæsthesia by a combination of oxygen with chloroform or nitrous oxide gas. Many cases of both major and minor surgery were reported in which this anæsthetic had been used, and claims for its general adoption made on the grounds of efficiency, safety, evanescence, and freedom from disagreeable after effects.

Dr. Henry Ferrer said that he had used it in operations for strabismus, cataract, glaucoma, and trephining the mastoid process, and in all instances was well pleased with the form of narcosis; it was especially gratifying to find that the patients were so free from all nausea as to be able to leave the operating room in a perfectly conscious and comfortable condition. The usual increased secretion of mucous was not so great as when ether was used. All his operations were done in the morning when the stomach was empty, and when nausea was present it was very slight and of very short duration. With children the results were particularly good.

Dr. Bazan could not say much about this form of anæsthesia, as it was entirely new to him. Nevertheless he had not experienced any great disadvantage from the use of chloroform or ether, and believed that these could be obviated very much by operating in the early morning. He preferred this time for two reasons: first, because the stomach was empty, and consequently there was less nausea; second, because the brain cells were fresher, and as recent opinions seemed to indicate that the evil effects of chloroform were due to coagulation of protoplasm

in the nerve cells, he thought a time should be selected when these tissues were as free as possible from fatigue.

Dr. Whittell said that anything which would make chloroform a safe anæsthetic must be regarded as a boon, and it was evident that an admixture with oxygen would accomplish this result; but this gas was difficult to obtain, and he believed that a proper admixture with atmospheric air was equally efficient—indeed, a French investigator had shown that a five per cent solution of chloroform in air yielded the same results as the oxygen mixture.

Dr. Arnold thought that Dr. Kreutzmann was too modest in his claims when he only laid stress upon the safety of his method as a plan for its adoption; he should also take into account the rapidity of administration; and recovery. Death from chloroform is not always in proportion to the profoundness of the anæsthesia, because some persons are overwhelmed by a few whiffs so that it would almost appear as if there existed an idiosyncrasy against chloroform akin to that of morphia and other narcotics.

Dr. Kreutzmann replied that the amount of chloroform taken up was much smaller than generally supposed. The temperature and moisture of the atmosphere all determined the amount of chloroform that was taken up by air, and these were so variable that a definite mixture could not be obtained in this manner. With the oxygen combination, however, we could always obtain a mixture of certain strength; furthermore the great object of the method was to give to the patient a greater proportion of oxygen than exists in an equal volume of air.

After some congratulatory remarks Dr. Kreutzmann was requested to exhibit the apparatus at the next meeting.

The Society then adjourned.

WM. WATT KERR, M. D.,
Recording Secretary.

SAN FRANCISCO, Sept. 13, 1887.

The meeting having been called to order by the President, Dr. Jas. Simpson, the minutes of the former meeting were read and approved.

The Committee on Admissions reported favorably on the credentials of Dr. Haus F. Hoffman, Frederic Wilhelm University, who was forthwith elected to membership.

Dr. Albert Abrams, read a paper on "male sterility" (printed in this number of the JOURNAL).

Dr. Miller had found the paper very interesting, as it opened a new field in medicine, which must be very important to the general practitioner and the specialist in female diseases. He had seen more than one woman who had made the round of all the noted specialists, and had been treated for sterility, although the generative organs appeared to be perfectly healthy, and he could not help feeling that the treatment had in these and many other cases been unnecessary, as the fault in all probability lay with the male.

Dr. Arnold wished to know whether, at the present stage of medical opinion, the female is believed to be utterly passive as regards the entrance of spermatozoa into the uterus.

Dr. Abrams replied that according to the latest and best received theories, the uterus, at the time of ejaculation from the male organ, is forced down and expels a plug of mucous, which thus creates a uterine vacuum, into which the semen is sucked.

Dr. Arnold said he had asked this question because the explanation given by Dr. Abrams would explain the sterility due to hasty ejaculations, which is a common complaint.

Dr. Simpson, in reviewing his own experience, thought that sterility was in 75 per cent due to the male. In the first place it is almost the rule for men to have had some sexual disease before marriage, while with women it is the exception, and these troubles must to some extent interfere with pro-creative power. Female troubles more frequently result from marriage, and can generally be cured, as women are willing to undergo prolonged treatment and abstinence, while men are less tolerant of restraint. The subject is one of much interest, as it is one concerning which every practitioner is consulted, generally on the woman's account, the husband rarely blaming himself. At the same time it is a question fraught with interest to the whole human race, and seeing it is of such importance, it is surprising that so little has been done during the twenty-one years that have elapsed since Marion Sims called attention to the subject.

Dr. Davis thought that many regarded men as sterile only when they were impotent. He also believed that there were cases in which both parties were highly endowed with pro-creative power, yet, owing to some incompatibility, they remained

sterile, for with another husband or another wife children have been born.

Dr. Abrams said that, regarding impotency, he had obtained the best results, in paralytic cases, by the introduction of one pole of the battery into the urethra, and the application of the other to the perineum; medical treatment had not been at all encouraging.

Dr. Kenyon said that in many men the excessive use of tobacco leads to a sexual hyperæsthesia, with too frequent and hasty ejaculations.

Dr. Sherman asked whether deep urethral injections did not relieve this trouble.

Dr. Kerr did not believe that the injections, as recommended by several authorities, were of any use unless a specific urethritis were present. He thought that when this complaint was distinctly traceable to excessive sexual indulgence and masturbation, the trouble was one of the sexual centres and not of the passages. Furthermore, a distinction should be made between the hyperæsthesia and commencing paralytic stages. In the former the erections were frequent and ejaculations hasty, and were best treated by bromides, atropia, gelsemium and counter irritation over the lumbar region, but in the early paralytic stage spinal stimulants, such as nux vomica and the battery were indicated, while these remedies would be absolutely injurious under the former conditions.

Dr. Abrams replied that most authorities found the deep urethral injections beneficial and the main form of treatment, especially in cases due to masturbation and gonorrhœa.

Dr. Simpson said that for many years he had tried the deep caustic injections, but could not remember one case which they appeared to benefit.

Adjourned.

WM. WATT KERR, M. D.,
Recording Secretary.

THE mischief of the continued use of alcohol is not confined to the enfeeblement of the vessels of minute circulation and the premature wearing-out of the heart. It disables the red oxygen-bearing corpuscles of the blood, and the blood, as a consequence, does its important work imperfectly.—Dr. BENJ. WARD RICHARDSON.

State Medical Board of California.

At the meeting of the Board of Medical Examiners, held Aug. 3, 1887, the following physicians, having complied with all the requirements of the law and of the Board, were unanimously granted certificates to practice medicine and surgery in this State :

- HENRIETTA BROWN, M. D., San Francisco; Minnesota Hosp. Med. Coll., Minn., Feb., 28, 1886.
- JOSE REYES BRUCIAGO, M. D., San Francisco; Board of Public Instruction, City of Mexico, Nov. 11, 1887.
- THOS. A. CROWELL, M. D., Los Angeles; Jefferson Med. Coll., Penn., Mar. 11, 1875.
- ROBT. B. DAVY, M. D., San Diego; Jefferson Med. Coll., Penn., March 7, 1868.
- HIRAM DUNCAN, M. D., Dixon; Coll. Phys. and Surg., Iowa, February 17, 1876.
- WILSON PETER KERN, M. D., Nordhoff; Univ. City of New York, N. Y., Mar. 6, 1886.
- GEORGE WILD LINN, M. D., Los Angeles; Med. Dept. Univ. of Penn., Penn., Mar. 12, 1872.
- EMMA L. SUTRO MERRITT, M. D., San Fran.; Med. Dept. Univ. of Cal., Cal., Mar. 7, 1881.
- GEORGE M. MERRITT, M. D., San Francisco; Med. Dept. Univ. of Cal., Cal., Nov. 10, 1882.
- GEORGE H. MITCHELL, M. D., Phoenix, A. T.; Med. Dept. Univ. of Penn., Penn., Mar. 14, 1861.
- JOHN RESLEY, M. D., Pasadena; Ohio Med. Coll., Ohio, March 5, 1844.
- AUGUSTUS FRANCIS SCHOFER, M. D., Gilroy; Bellevue Hosp. Med. Coll., N. Y., Mar. 14, 1887.
- WILL L. WADE, M. D., Los Angeles; Med. Coll. of Indiana, Ind., Feb. 28, 1879.
- REINHARD WERINGH, M. D., Alhambra; Rush. Med. Coll. of Chicago, Ill., Feb. 21, 1882.
- HORACE B. WING, M. D., Los Angeles; Chicago Med. Coll., Ill., March 29, 1887.

The following certificates were granted September 7, 1887 :

- HENRY B. BISSAC, M. D., San Diego; Univ. of Michigan, Mich., March 26, 1873.
- F. R. BURNHAM, M. D., San Diego; Detroit Med. Coll., Mich., February 28, 1877.
- ALBERT V. GATES, M. D., Ono, Shasta Co.; Jefferson Med. Coll., Penn., Mar. 11, 1870.
- W. SCOTT GEORGE, M. D., Monrovia; Kentucky School of Med., Ky., June 30, 1887.
- JOHN R. HAYNES, M. D., Los Angeles; Univ. of Pennsylvania, Penn., Mar. 12, 1874.

- FRANCIS L. HAYNES, M. D., Los Angeles; Univ. of Pennsylvania, Penn., Mar. 14, 1887.
- ROBERT F. HAYNES, M. D., Los Angeles; Univ. of Pennsylvania, Penn., June 15, 1881.
- A. LANDIS, M. D., San Diego; Med. Dept. Univ. of Nashville, Tenn., Mar. 1, 1860.
- F. J. MCCOY, M. D., San Diego; Kentucky School of Med., Ky., June 29, 1880.
- FREDERICK P. MUFFE, M. D., San Francisco; Univ. City of New York, Mar. 8, 1887.
- G. WALTER OTTO, M. D., San Francisco; Univ. Leipsic, Germany, Aug. 4, 1877.
- SHERMAN H. WASHBURN, M. D., Elsinor; Detroit Med. Coll., Mich., July 10, 1872.
- HAL. M. WYMAN, M. D., Los Angeles; Mich. Coll. of Med., Mich., Mar. 3, 1883.

The application of Luther M. Davis of Walla Walla, W. T., "Joplin Coll. of Physicians and Surgeons," was by unanimous vote refused, on account of "insufficient credentials," the Board, together with the State Board of Illinois, refusing to recognize the "diplomas" of said institution.

The application of J. H. Patty of San Francisco, holding a diploma from the "Kansas City College of Medicine, Missouri," was unanimously refused on the same grounds as the above.

WM. M. LAWLOR, M. D., Secretary.

A NOVEL UTERINE DILATOR.—Dr. C. P. Wilkinson, of New Orleans, reports in the *New Orleans Medical and Surgical Journal* for May, 1887, an interesting case of labor delayed by rigidity of the os uteri, in which he effected dilatation by introducing into the uterus a rubber condom, upon a female catheter, and distending the former by means of a tube connected with a fountain syringe. The bag of the fountain syringe was raised about two feet. It was found that the patient could not bear an uninterrupted pressure, on account of the pain it produced, and Dr. Wilkinson imitated nature by raising the bag of the syringe during the pain, and lowering it during the intervals between the pains. By this means he made his artificial bag of water act like a natural bag of water, and even supplement the efforts of nature to produce dilatation during pains, and relieved his patient of the strain at the times during which nature relaxes her exertions.

Death Reports.

San Francisco Health Report.

ABSTRACT.

	1886	Jan.	Feb.	Mar.	Apr.	May.	Jun.	July	Aug.
Total, 1886	5237	519	468	479	418	435	370	437	408
Total, 1887		522	451	445	450	475	409	459	409
Phthisis	730	76	74	86	73	67	70	51	54
Pneumonia	319	39	25	35	31	36	25	32	26
Bronchitis	125	20	12	8	4	11	10	7	9
Heart Disease	249	31	25	34	36	36	22	32	31
Aneurism	15	2	3	4	0	1	2	0	3
Apoplexy	126	19	8	14	9	13	10	11	14
Typhoid	135	13	9	9	6	11	8	6	9
Paralysis	91	8	6	10	9	9	8	12	9
Cancer	168	14	17	16	13	15	14	11	13
Diphtheria	181	40	20	15	26	22	11	20	15
Croup	96	9	10	5	6	2	4	7	4
Infant Convulsions	156	9	11	16	17	22	9	13	8
Meningitis	133	13	7	11	4	19	14	11	10
Casualties	167	12	20	13	11	19	13	20	13
Suicides	79	5	8	3	9	4	11	6	5
Homicides	30	2	1	1	1	2	2	3	6
Small Pox .....	..	..	..	..	..	..	..	3	1
Daily mean temperature..		51°	47°	54.3°	54.5°	55.8°	58°	55.2°	56.3°
Precipitation of moisture..		1.90	9.24	0.84	2.30	0.06	0.07	.00	.01

Population according to U. S. census, July 1st, 1880, was 234,520; Caucasian, 212,520; Chinese, 22,000. Estimated population, June 30th, 1886, 280,000.

Report of the State Board of Health.

Mortality returns have been received from sixty-eight towns and cities, exclusive of San Francisco, which, for some unaccountable reason, has failed to forward any report this month. The population estimated in the returns received numbers three hundred and sixty-two thousand five hundred, and the deaths reported three hundred and seventy-two, a percentage of a fraction over 1 per thousand in the month, which is the lowest death record that has yet been tabulated in this State.

Consumption caused sixty-two deaths outside of San Francisco.

Pneumonia. The deaths from pneumonia throughout the State number but ten, which nearly all occurred in the coast counties where a lower temperature prevailed than in the interior towns.

Bronchitis likewise records the small death rate of three, which indicates the limited prevalence of the disease.

Congestion of the lungs caused five deaths, the greater number of which occurred in infants or young children.

Diphtheria, outside of San Francisco, caused seven deaths. Three of these took place in Sacramento, two in Amador City, one in Healdsburg, and one in Oakland.

Croup exhibits the same mortality as diphtheria, and may be looked upon as substantially the same disease. One death occurred in Amador, one in Fresno, one in Healdsburg, two in Salinas, one in Soledad, and one in Watsonville. The concurrence in the belief of the identity of membranous croup and diphtheria would tend to insure precaution against infection, and perhaps prevent the intercourse between the sick and the well, which is now so prevalent. At all events it would certainly stop the foolish practice of kissing the croupy child, if one knew that thereby diphtheria might be engendered in its most malignant form.

Whooping-cough caused four deaths, which is a very limited mortality for so prevalent a disease.

Scarlet fever is credited with two deaths, one of which occurred in Fresno, the other in San Bernardino.

Measles caused no deaths last month.

Smallpox, outside of San Francisco, caused no deaths, it being absent from any other portion of the State. Not having had a report from San Francisco, we are not advised how many deaths occurred from it in that city, but as the disease is not epidemic there, we may presume the mortality to be limited.

Cholera infantum gives a death record of twenty, during the month of August, which, considering the exciting causes that prevailed during the period, may be considered a very limited death rate. There is no doubt that many of these deaths were preventable; but until sanitary knowledge is more generally diffused among the public, we may expect an undiminished mortality among infants during the summer months.

Diarrhoea and dysentery caused six deaths, which is a large decrease from former report.

Typhoid fever shows an increased mortality, there being twenty-five deaths reported from this cause. These cases occurred in different parts of the State, and were sporadic in character.

Typho-malarial fever, although frequently mentioned in our reports of sickness, caused but three deaths.

Remittent and intermittent fevers are credited with one death.

Cerebro-spinal fever caused two deaths.

Cancer proved fatal to fourteen persons.

Heart disease had a mortality of twenty.

Alcoholism caused the death of seven persons.

The following towns report that no deaths occurred in any of them: Arbuckle, Benicia, Cloverdale, Castroville, Davisville, Elk Grove, Gonzales, Haywards, Hills Ferry, Igo, Knights Ferry, Livermore, Lincoln, Lodi, Millville, Ontario, San Mateo, San Rafael, Woodland, Willits, and Williams.

PREVAILING DISEASES.

If reports of prevailing diseases are to be taken as a fair evidence of the sanitary condition of a State, then California must be considered just now as probably the freest from disease of any State in the Union. Nearly one hundred different localities have been heard from, comprising towns and cities in every county, and not one announces that any serious disease is prevailing, the general tenor of the reports being, "No sickness in August." We find that of those sporadic diseases which are inseparable from food, clothing, and temperature, cholera-infantum, diarrhoea, and dysentery, are the most frequently mentioned. In no locality are either of them epidemic. They were noticed, by their frequency of occurrence, in Downey, Alturas, Anaheim, Shasta, Weaverville, Williams, Lodi, Lincoln, Downieville, Bakersfield, Lemoore, Cottonwood, Millville, San Rafael, Yreka, Susanville, Willits, Nicolaus, Truckee, Modesto, San Bernardino, Sonora, and Pasadena.

Dysentery is also mentioned in Susanville, Willits, Nicolaus, Truckee, Millville, Sonora, and Sacramento.

There is no doubt that the vast majority of these cases of diarrhoea and dysentery are preventable, and occur only through the carelessness and irregularity in living of those attacked. During the summer in California vegetables and fruit are so abundant, and obtained with such ease, that they are consumed without any reference to the effect upon the system or the time of consumption. We have seen parties making quite a meal upon cucumbers, plums, and peaches just before going to bed, with a resultant diarrhoea that was really choleraic. Figs are a constant source of diarrhoea, and grapes, in certain conditions of the system, are very frequently an exciting cause. As sanitary knowledge is diffused among the people, those induced attacks

of sickness will become more rare, and the mortality returns be considerably lessened.

Measles are not mentioned as present in any towns except Yreka, Red Bluff, and Fall River Valley, and there of the very mildest character.

Scarlet fever is present in San Bernardino, Lodi, Fresno, and a limited number of cases in Sacramento. The type is not attended by any severe symptoms, and in many instances has passed away without notice being taken of it.

Diphtheria has been observed in a sporadic form in Millville, Sacramento, Healdsburg, Oakland, Fall River Valley, Amador, in the vicinity of Hanford, and in San Francisco. In the latter city sixty-one cases were reported during the month of August. The type of the disease in the interior counties was of a mild character, with little or no tendency to spread. This was in a great measure owing to the sanitary precautions taken to insure the isolation of those attacked, and to destroy or thoroughly disinfect all articles in contact with the patient. This is much more readily accomplished in smaller cities and towns than in densely populated centers where the crowded condition of the tenements render it almost impossible to thoroughly isolate those infected.

Membranous croup was noticed in nearly all the counties where diphtheria was present. The identity of these diseases is now very generally conceded. In a sanitary point of view this is the safest conclusion to adopt, as the earliest manifestation of the disease offers the most favorable opportunity for its arrest. When allowed to develop itself fully, the fatality of the disease is immensely increased.

Whooping-cough is less prevalent than in the past two months. It, however, is present to some extent in Salinas, Bloomfield, San Mateo, Cottonwood, Castroville, Igo, Gonzales, San Bernardino, and Marysville.

Erysipelas is reported in Downey, Knight's Ferry, Bakersfield, Yreka, and Oroville. The type is mild and the disease only sporadic.

Smallpox. This formidable disease still lingers about San Francisco, six cases being reported during the month of August. The efficient manner in which Health Officer Dr. J. L. Meares is performing his duty in vaccinating and revaccinating those susceptible to the disease, is well shown in the limitation

of the affection in so large a population, and should effectually silence those who deny the protective power of vaccine virus. Dr. Payne reports a case of varioloid in Berkeley, which was immediately conveyed to the Oakland Smallpox Hospital, and the place of its occurrence thoroughly disinfected. No other case has since appeared.

Typhoid fever is noticed more frequently in our reports during the month. This was to be expected, as, with the subsidence of the ground water, the probability of the development of typhoid and other fevers is increased. It has appeared in Los Angeles, Salinas, North Bloomfield, Nicolaus, Sacramento, Santa Rosa, Oakland, San Francisco, Tehachapi, San Diego, Calistoga, Fresno, Bakersfield, Igo, and Amador.

Typho-malarial fever seems to be the principal disease in Wheatland, Lemoore, Cottonwood, Truckee, Yreka, and San Bernardino. The type must be exceedingly mild, as no fatality has attended it.

Remittent and intermittent fevers are prevalent in the low lands, and are likely to give annoyance until the winter rains set in.

Pneumonia is mentioned in the reports from San Bernardino, Benicia, Tehachapi, Cottonwood, Haywards, Oakland, Los Angeles, Sacramento, San Jose, Dixon, Bodie, Igo, Yreka, San Rafael, Sonora, and Downey. The cases are all sporadic, without any tendency to epidemicity.

Bronchitis is also noticed in many places; it is of a mild character and not attended by any remarkable mortality.

Thermal fever. Dr. W. A. Brown, writing from Downey, reports one case of thermal fever which occurred on the fourth of August, in the person of a railroad employee, who was obliged to load cars with bars of iron directly exposed to the rays of the sun. He, however, under judicious treatment recovered. This is the only case of heat exhaustion reported to this office during the season, which, contrasted with the numbers prostrated by heat throughout the Eastern States, shows in a remarkable manner the great salubrity of our climate, and its adaptability to the welfare of the human family.

GERRARD G. TYRRELL, M. D.

Permanent Secretary California State Board of Health.

SACRAMENTO, September 10, 1887.

PACIFIC MEDICAL AND SURGICAL JOURNAL

AND

WESTERN LANCET.

EDITORS:

WILLIAM S. WHITWELL, A. M., M. D.

WM. WATT KERR, M. B., C. M.

The Editors are not responsible for the views of contributors.

All communications relating solely to the editorial management of the JOURNAL, should be sent to No. 620 Folsom St., San Francisco.

All business communications should be addressed to L. H. Bonestell, 401 Sansome St., San Francisco.

SAN FRANCISCO, OCTOBER, 1887.

Editorial.**THE MEDICAL LAW.**

We are able to congratulate the Board of Medical Examiners and the committee appointed by the County Medical Society to assist in the prosecution of illegal practitioners, that at last there is some probability of the medical law bearing good fruit in San Francisco. For some years back the Regular, Homœopathic and Eclectic Medical Boards have individually spent much time and money in the endeavor to diminish the number of "quacks" that disgraces this city, but the mysterious intricacies of lawcourts and their surrounding proved too much for them, so that their record is one of many defeats and few victories.

The criminal abortions and other forms of malpractice that have come to light during the last few months have awakened the public to the gravity of the question, and led to demands for redress and protection; indeed, so prominent are the opinions of the people that in one case the jury brought in a verdict of *guilty*, although the tenor of the instructions given them by the judge was to *acquit*. We feel further encouraged in this matter

from the fact that one of our newspapers, the *Daily Examiner*, has seen fit to lend its aid to the suppression of this combination of vice and crime. The significance of this, as an index to the condition of public opinion, will be fully realized by those of our readers who remember the strenuous efforts put forth at Sacramento by one or two of our newspapers to defeat the bill in its passage through the legislature.

It is an interesting fact that these irregulars all tend to run into the specialty of criminal abortion. At present Louise Hagenow, Mrs. Wagner and the famous "Josselyn" are all under arrest for this offence, and at the last trial of P. Roscoe McNulty, it was testified that he had offered to produce an abortion for the sum of one thousand dollars.

The medico-legal career of this last mentioned individual is somewhat remarkable. He has been tried three times with the result that in the first trial the jury disagreed, at the second they followed the instructions of Judge Hornblower and acquitted this defendant on the ground that to prove that McNulty practiced medicine it must be shown that he prescribed for the "sick," whereas the complaining witness was only FEIGNING SICKNESS. The third trial was also before Judge Hornblower, who again instructed the jury to acquit, but they took the matter into their own hands and convicted. A new trial has been refused and sentence has been postponed several times on the request of McNulty for further time to prepare papers of appeal to the Superior Court. The delay is somewhat unusual and makes us watch the result with interest.

In the face of these facts we would urge the members of our profession to respond to the call of the people, and aid in this work by exposing irregulars wherever they encounter them.

The present medical law is by no means perfect, but it is hoped that at the next meeting of the legislature some changes will be introduced that will render it more efficient. An inkling of this may be obtained from the resolution introduced by Dr. Plummer and adopted by the State Medical Society at its last

meeting, to the effect that in the opinion of the Society there should be only one examining board, and that licenses should be granted on examinations of applicants rather than of diplomas.

This resolution has caused some outcry about it being a recognition of homœopaths and eclectics by the 'regular profession. Such an idea is nothing more than a gigantic nightmare, for even now we are bound to recognize the legal standing of these schools, and cannot interfere with the greatest ignoramus or charlatan if he happens to hold a license from either of them. Nor can they, on the other hand, interrupt anyone holding a license from the Regular Board.

We do not mean to accuse them of laxity in enforcing the medical law among their own sect, for the Homœopathic Board of this city spent more than eight hundred dollars before they succeeded in revoking the license of P. R. McNulty, who is now being prosecuted by the regular Board for practising without a license; we simply desire to remind our readers that these gentlemen have a legal standing. The object of this one united Board would be to insure a uniform standard of education which at present is impossible, since we have already seen one class of men gain possession of an old charter, incorporate themselves into a faculty, and issue diplomas after a course of instruction which was a mere sham. The applicants could be examined by the whole Board on such subjects as are or should be common to all schools, namely: chemistry, anatomy, physiology, pathology and surgery; while the departments of therapeutics and practise of medicines would be left to the representatives of the schools from which the candidate desired to graduate.

Furthermore, the Board, being appointed by the Governor, would have the standing and privileges of any other public institution, and be entitled to the support of the State.

We hope that every one will give this matter serious consideration, and realize that the object of this resolution and any further legislation must be to raise the standard of medical

education throughout the State; and this cannot be done so long as all the entrances to the profession, whether they be through the old schools or more modern by-ways, are not equally well guarded.

THE INTERNATIONAL CONGRESS.

The International Medical Congress has met upon American soil, and its success or non-success is now a matter of history. Its proceedings are too voluminous for publication in this journal, and for the present we have contented ourselves with extracts from editorials of a number of the larger medical journals and from letters from their special correspondents, which will reflect pretty accurately the estimation in which the Congress is held in this country.

From these reports, in our own opinion, the result is exactly what we anticipated from the moment that dissension caused the retirement of the original committee who had already given so much time to the elaboration of extensive plans for the reception of foreign delegates.

The meeting together of so many medical men from all parts of the Union could not fail of being of much interest, and to many who have not been to previous meetings of this description it must, especially in the enthusiasm of the moment, have appeared a great and glorious success. Undoubtedly it would have been so considered by everyone had it been the first meeting instead of the ninth; but, coming after the great meetings of London and Copenhagen, when not only so much good scientific work was accomplished, but about the lavish hospitality, of which all guests were so enthusiastic, to those who had experienced these pleasures, the meeting at Washington can hardly be looked upon as anything remarkable.

We leave our readers to judge whether, as far as the scientific value of the work done, the Ninth Congress merely approached or whether it surpassed all former meetings; whether, in the future, it will be looked back upon as a most pleasant and agree-

able social gathering, noted for the number of attractive entertainments and excursions proposed for visiting members; whether the hospitality was a marked feature.

In our opinion the Congress was an agreeable affair. It was not a failure, but it was not the success which it would have been had the programme projected by the original committee been carried out. In saying this we do not intend in any way to cast blame upon the efficient Committee of Arrangements, who did all that was possible for the success of the Congress, considering the unfavorable conditions under which they labored. They had neither the time nor the money. The action of the American Medical Association lost to the profession a year's time of preparation, and it estranged men in the largest medical centers who not only would have rendered efficient service by scientific work, but who also held the purse-strings—the true sinews of war.

Before the first year of preparation for the Congress was at an end, there were rumors of the amount of money which not only the profession would be called upon to subscribe, but which, also, the wealthy men would be asked for to aid in an undertaking the success of which would touch the pride of every American. With the change of administration, this and other schemes for a brilliant display were dropped, and to the best of our knowledge not a dollar was subscribed in California towards the entertainment of our foreign guests.

We believe this to have been the case throughout the States, for the committee relied almost solely upon a large appropriation from Congress.

Although the result was expected, we confess to being grievously disappointed that such an opportunity has been allowed to slip, to hospitably entertain our professional brethren from abroad, and to show them that Americans stood second to none in generous hospitality and in lavish preparation for their reception.

Before long we may obtain some views of the Congress as seen

by foreign eyes, and may then learn in what light the past Congress is regarded abroad.

THE CONGRESS IN WASHINGTON.

By the time this issue of *The Journal* reaches its readers the work of the Ninth International Congress will be concluded. The dispatches from Washington state that the prospects are good in all respects for the Congress.

On Monday at 11 A. M., Dr. Henry H. Smith, Chairman of the Executive Committee, called to order a large assemblage in Albaugh's Opera House, and after reviewing the history of the manner in which the Congress came to meet in America, introduced Hon. Grover Cleveland, President of the United States, who said:

“ I feel that the country should be congratulated to-day upon the presence at our capital of so many of our own citizens and those representing foreign countries, who have distinguished themselves in the science of medicine, and are devoted to its further progress. My duty on this occasion is a very pleasing and a very brief one. It is simply to declare that the Ninth International Medical Congress is now open for organization and for the transaction of business.”

The Chairman of the Executive Committee then nominated the gentleman agreed upon by the committee to be officers of the Congress. “ For the high office of President of the Congress,” he said, “ the committee unanimously nominate to you one widely known as a scientific practitioner, an able teacher and medical author, Dr. Nathan Smith Davis, of Chicago.” Dr. Davis having been elected by acclamation, he was escorted to the Chair by Dr. Francesca Durante, of Italy, and Deputy Surgeon General Jeffrey A. Marston, of her Britannic Majesty's Army. The other officers were then elected as nominated; the Secretary General, Dr. John B. Hamilton, Supervising Surgeon General of the U. S. Marine Hospital Service read his report, and Dr. A. Y. P. Garnett, chairman of the local committee of arrangements, announced the social programme for the Congress.

The President of the Congress then introduced Hon. Thomas F. Bayard, Secretary of State, who welcomed the Congress in a short and appropriate address.

The welcome was acknowledged and responded to briefly by Dr. Wm. Harris Lloyd, Inspector General of the Royal Navy

in behalf of Great Britain; Dr. Leon Le Fort, of Paris, on behalf of France; Prof. P. G. Unna, of Hamburg, on the part of Germany; Senator M. Semmola, of Naples, for Italy, and Sir Charles Rehrer of St. Petersburg, representing the Government of Russia. Dr. Unna spoke in German, and Drs. Semmola and Le Fort in French.

The number of members registered on Wednesday night was about 2,800. The largest number registered at a previous Congress was 3,182, in London, in 1881. But at the London Congress 1,145 resident physicians were registered, while in Washington there are scarcely 400. But not alone in numbers is this Ninth International Congress a success. A glance at the programme of the sections will show that as regards scientific value and interest it is second to no one of the preceding Congresses.—*Ed. The Journal of the Am. Med. Assn.*

THE CONGRESS IN WASHINGTON.

In more than one respect was the Ninth International Congress a success. Some of our visiting confrères from Europe say that from a scientific standpoint no Congress ranks higher, and that the proceedings, when published, will reveal a wealth of learning among Americans of which the profession generally in Europe has been entirely ignorant. It is not from a boastful spirit that we quote this opinion, though even in that case we might be pardoned, since, truth to tell, many things have been said of us on the other side of the ocean that were anything but flattering.

Heretofore, the knowledge of Europeans and Americans of one another—or we may in this case speak generically and say, of each other—has been one-sided. This is to be explained in great part by the one-sidedness of the visits. Many Americans go to Europe, but comparatively few Europeans come to America. Many of the Americans who go abroad, while wealthy, are not of the kind to produce a pleasant impression or raise our country and institutions in the estimation of foreigners.

Let us hope that whatever pleasant impressions were produced on our visitors from abroad, from whatever country they came, may be so lasting that they and others may be induced to visit us again, and that too before another International Medical Congress meets in this country. We would gladly know them better, and would have them know us better. We would

have them feel, and will endeavor to show them, that, as science is not bounded by geographical lines nor limited by oceans or mountain chains, and as each laborer in the field of science, however humble and unknown he may be, can claim all other workers as his brothers, more especially when their chosen field of labor is the alleviation of human suffering, so hospitality, good feeling, brotherly kindness can and do have a home in America. It is not impossible that many of our visitors came, as Dr. Martin of Berlin said he came, with some doubts. Let us hope that, like him, all went away from Washington with the doubts all removed. And such was the case if he, and Dr. Grailey Hewitt, Dr. Landolt and Dr. Edmund Owen represented in their remarks on the last day of the Congress the sentiments of the other visitors. Dr. Hewitt said he was requested on the part of the foreign members of the Congress to express in a few words the sense which was entertained by them of this Congress and of the efforts which had been made by the Executive Committee of this Congress for the furtherance of the objects of this great meeting, and to convey to them the grateful thanks of the foreign members for the attention bestowed upon the matter and their grateful appreciation which has attended their efforts. He desired also to express their sense of the hospitality and the kindness and attention which they had received, both in public and in private, which would make their visit to Washington a source of gratification and happy memories in the future.

Dr. A. Martin, of Berlin, expressed in German his thanks for the kindness he and other members of the Congress had received and gratification at the success of the Congress. He had come here with some doubts. These were all removed, and the great success of this Congress would secure it a high rank among the Congresses that have been held. It had been the custom to engrave the names of the victors at Olympic games on plates of gold. They could not so record the names of their entertainers, and the only means of expression for their sentiments was by a vote of thanks.

Dr. Landolt, of Paris, said: "I have been commissioned to express to the President of the United States our sentiments of profound gratitude. Although feeling that I am unable to find words proper for the occasion, I accepted the honor, since the gratitude that spring from the heart has no need of eloquence to make it understood." When the applause that this sentiment produced had subsided Dr. Landolt proceeded, saying:

“ Mr. President and gentlemen, we have already assisted at a series of International Congresses. We have been well received everywhere. The countries of Europe have rivaled each other in their zeal to make our stay with them in their most beautiful cities pleasant, but it has not often been our lot to see the Chief of the State mingle in person among us and take part in our labors. The President of this great Republic came among us to bid us welcome with his sympathetic voice. He invited us to his own home and gave to each of us a hearty grasp of the hand, significant of his most cordial hospitality. The sanction given by President Cleveland to our Congress has given the greatest charm to our stay in this Capital. Returning to our hearths we will preserve the most grateful and respectful remembrance of the President of the Republic, and we say to the whole world that the United States, already so favored, possesses above everything a Chief who directs them surely in the way of progress and prosperity.”—*Ed. The Journal of the Am. Med. Assn.*

THE NINTH INTERNATIONAL CONGRESS.

It has already been recorded that the Medical Congress at London was the most scientific, that at Copenhagen the most hospitable, and it will now go down in history that the Washington Congress was the biggest one of all that have been held.

The bigness is generally thought to be a peculiarly American quality, and therefore opportunely fits itself to this last international meeting. The Fifth and Sixth Congresses had a membership of less than five hundred. At the London Congress there were three thousand one hundred and eighty-two, and at Copenhagen over seventeen hundred. The Washington meeting is credited with an attendance of over five thousand. There were over a thousand foreigners at London, and nearly thirteen hundred at Copenhagen. The small percentage of foreigners at Washington was due in part, of course, to the long distance which separates us from Europe.

When, three years ago, the invitation to hold the Congress at Washington was delivered at Copenhagen by Dr. Billings, he referred somewhat facetiously to the danger of undertaking to run a daily paper in a weakly town. It must be confessed that there was a slight suggestion of the aptness of this remark at Washington during the week past.

The managers worked heroically, but five thousand persons

of medical education and somewhat erythritic temperament is a large number, and a good deal of friction was inevitable. We think the officers of the Congress deserve much credit, on the whole. The reward properly due to their labors and anxiety will hardly be received by them in this world. Doubtless this was not expected when the management was taken from the hands of the first organizers of the Congress.

The social features of the meeting were, by necessity, much inferior in attractiveness to those of its predecessors. Four or five thousand people cannot be individually and enthusiastically welcomed or comfortably dined and entertained at Washington in September. We recall the feeling words uttered regarding the Copenhagen Congress at its conclusion:

“By the king and his subjects the professors of medicine were honored as they have never been honored in any country. We have had a veritable feast of reason and a flow of soul. Only in a true civilization could medicine have been so received!” Such an encomium is in strong contrast to the reception of the Congress by our Government.

We believe, however, that our foreign guests have seen that their American hosts were hospitable to every extent in their power.

The scientific work of the meeting was respectable, though falling much below the average of the two preceding Congresses. It is impossible to deny the fact that the representation of distinguished foreigners was extremely small; and the best contributions were decidedly from American physicians.

In conclusion, we venture the opinion, which must rise inevitably in unprejudiced minds, that the Ninth International Congress was far from being a failure, but still further from being a brilliant success. From an international point of view it was tremendously lopsided, being made up largely of the West, still more from the South, with a touch of the East, and a Continental sprinkle from Europe. The general character of it was much as it had been predicted it would be. But it is over now, not without credit, and we trust that peace and harmony will reign.—*Ed. Medical Record.*

WASHINGTON, September 7, 1887

Sometime before the hour appointed for the opening of the Congress, every seat, as well as most of the standing room in

Albaugh's New Opera House was filled. The parquet was occupied by members, and the balcony and gallery were filled to overflowing by ladies and gentlemen and members who could not find seats in the parquet. The stage was occupied by President Cleveland, Secretary Bayard, Speaker Carlisle, Dr. N. S. Davis, President of the Congress, Dr. John B. Hamilton, Secretary General, Dr. A. Y. P. Garnett, Dr. H. H. Smith, Dr. L. A. Sayre, and other officers of the organization. At 11 a. m., the vast assemblage having been called to order by Dr. H. H. Smith, Chairman of the Executive Committee, President Cleveland was introduced, and in a few well-chosen words formally opened the Ninth International Medical Congress. After the report of the Secretary General had been read, Dr. Garnett, Chairman of the Local Committee of Arrangements, announced the entertainments that had been provided for the members of the Congress, viz., a *conversazione* at the United States Pension Hall; an informal reception at the White House by President Cleveland; a visit to the Corcoran Art Gallery; receptions by the citizens of Washington, expressing his regret that the month of September should have been chosen for the meeting of the Congress, because many of the citizens were out of the city; a general reception and buffet banquet at the Pension Hall, and a visit to Mount Vernon. He also announced that a special excursion to Niagara Falls had been planned for the benefit of foreign members, to whom it would be free of cost. The Hon. Thomas F. Bayard, Secretary of State, was then introduced and delivered a formal address of welcome. He was followed by Dr. W. H. Lloyd, of the English Navy, Dr. Leon Le Fort, of Paris, Professor Semmola, of Naples, Professor Unna, of Hamburg, and Dr. Charles Rehrer, of St. Petersburg, each of whom in his own way expressed his gratification for the reception given, etc. Professor Semmola and Dr. Le Fort spoke in French, and Professor Unna in German, the audience applauding when they thought applause would properly come in. Professor Semmola's animated manner attracted the attention of all, and his highly complimentary remarks in regard to *la grandeur* of this country won the warm applause of those who understood him, the entire audience, of course, joining.

The first of the entertainments, the *conversazione*, was one of the class which it is very difficult to describe, and I know of no way other than to call it an assemblage of men, women, and youths

of both sexes, promenading to the music of a moderately fair band, in an immense hall lighted by the electric light, and decorated with American flags and shields bearing the coats of arms of the several States of the Union. Everybody seemed to enjoy it, however, if smiling faces and movements in rhythm with the strains of music constituted enjoyment. The dignified Englishman, yielding to the influence of the occasion, unbent; the stolid German became more animated, the vivacious Frenchman, more vivacious, and the impressible Italian and Spaniard joined with the gallant American in admiration of the fair sex, of which there was a large, and I may add a quite fine-looking representation. I cannot state whether the punch dispensed was a factor, in conjunction with the other surroundings of the occasion, in producing the changes referred to, or not. An idea of the size of the hall can be formed from the dimensions as given in some of the daily papers, viz.: Length from wall to wall, 316 feet; width, 116 feet; a surface area of 36,656 square feet. The height of the peak of the central gable from the floor is 150 feet. Further mention of the other entertainments that I have named would be only to repeat what is already known of such affairs in general—the usual crowding and jostling at the receptions, the rush for first place at table, etc. An estimate of the number of names recorded at the Registration Bureau gives a grand total of 2,500, of which number about 400 are those of members from abroad. In his report, the Secretary General, Dr. John B. Hamilton, very modestly stated that the success of the Congress was “due entirely to the zeal and energy” of Dr. H. H. Smith, Chairman of the Executive Committee. That much of its success is due to Dr. Smith’s efforts I have no doubt, but my personal knowledge of the almost herculean labors that have been performed by Dr. Hamilton warrants me in quoting and verifying the statement in your editorial in the *Journal* for September 3d, that “ever since his accession to the office, the prospects of the meeting have continually brightened,” and I do not hesitate to assert that to Dr. Hamilton, as much as to any officer of the organization, belongs the credit of bringing order out of the chaos which followed the New Orleans meeting of the American Medical Association.

The exhibition of drugs, preparations, medical books, and surgical instruments and appliances has become an almost essential feature of medical conventions, and the display made at the present meeting far outshines anything of the sort I have

ever seen. There are, in fact, two exhibitions in connection with this meeting. One at the Rifles Armory, and the other, the principal one, at the Light Infantry Armory, under Albaugh's Opera House, in which the general meetings are held. The preparations made in these displays of goods are quite elaborate, and the general effect pleasing to the eye.—*Letter to N. Y. Med. Journal.*

THE general addresses—those of them that have been delivered up to the time of this writing—have been a character to command very general attention, especially in the printed form in which they will go before the profession at large. The President's inaugural address, which we publish in this number of the *Journal*, seems to us one of the most meritorious and praiseworthy literary achievements of a long life largely devoted to the interests of the medical profession as a body. It would have been pardonable for Dr. Davis to deal wholly with glittering generalities, but, as was to be expected of so straight-forward a man, he chose to plunge early into the thick of a subject of high importance to medical science. In this, we think, he showed his characteristic wisdom. Dr. Flint's address, as was easy to be foreseen, was a thoughtful and suggestive essay, in every way worthy of presentation before the assembly over which the author's lamented father had been chosen to preside. Dr. Semmola's address, the first part of which will be found in this issue of the *Journal*, must be looked upon from more than one point of view; the one that will strike most of our readers is that of its earnest patriotism combined with a catholicity of feeling exemplified in very pleasing terms applied to Americans as a people. Of the other aspects of the Italian senator's address, we leave our readers to judge on our completion of its publication.—*Ed. New York Medical Journal.*

MEETING OF THE INTERNATIONAL CONGRESS IN WASHINGTON.

The work of the Congress depending for its success upon the large concourse of physicians assembled in Washington, one might safely assume that this success was already vouchsafed for. When we come to measure the standard of this success various factors must be considered. In point of numbers this Congress was probably more largely attended than any previous Congress. In quantity of work the comparison is equally well

sustained. In quality of work no opinion can be safely advanced, since this work can only be estimated and safely valued when reproduced in the Transactions of the Congress. In its social features the Congress is not lacking in those elements which make such gatherings of medical men enjoyable. Whilst many men remained at home whose presence at the Congress would have added largely to its success and enjoyment there are enough representative men on hand to add dignity and utility to its scientific work and pleasure and hospitality to its social gatherings. The foreign delegation contains many names of men of world-wide renown in science and of social strength in their respective nationalities. By whatever standard we measure the Congress, whether in respect to the value of the work it will give to the scientific world, or in respect to other features which it has attempted to represent, it must be looked upon as a large and influential body of professional workers whose labors have not been in vain, and whose coming together has been fraught with good to the great body of the profession throughout our own country and other countries. It perhaps has not been just what many would desire that it should have been; it doubtless has been sustained by many elements of weakness, yet in view of these facts it is none the less an International Congress with many elements of strength and pregnant with far reaching good results.—*Ed. Maryland Med. Jnl.*

THE INTERNATIONAL MEDICAL CONGRESS.

The great event in the medical world for the coming week is the meeting of the Ninth International Congress in Washington. The first of these Congresses was held in Paris, in 1867; the second in Florence, in 1869; the third in Vienna, in 1873; the fourth in Brussels, in 1875; the fifth in Geneva, in 1877; the sixth in Amsterdam, in 1879; the seventh in London, in 1881; and the eighth in Copenhagen, in 1884. The original intention was that they should be held every second year, but it was thought best to defer the Vienna meeting until the year of the great international exposition; and, at the London meeting, it was decided that once in three years would be as often as it is desirable to have such Congresses in the future.

The great object in these meetings is increase of knowledge, individually and collectively, by bringing together from all parts of the world men engaged in all departments of medical science

and practice, that each may teach that which he knows better than anyone else; and may learn something, if it be only the breadth and depth of his own ignorance. This is effected, not merely by formal papers, but by the discussions in the Sections and still more by personal intercourse.

The papers and addresses will be printed, the discussions will be reported, and one may consider these at his leisure; but the informal conversations with, and the glance of the eye and the facial expression of the men whom we recognize as leaders in investigation, in thought, and in practice, cannot be reproduced.

Such meetings exercise a powerful stimulus upon all who know how to accept their benefits. There are a few men always in the world who not only do good work themselves, but who arouse in all who meet with them a desire also to do good work. No one can meet and listen to such men as held the most prominent positions in the London and Copenhagen Congresses, the recognized leaders in European medicine, without feeling that he is in the presence of those who are working to advance medical knowledge, with little thought of pecuniary reward, of personal ambition, or of desire for applause; and this feeling will make him an humbler and a better man, and, so far, a wiser one. It is not the business of such Congresses to legislate, or to express opinions on local matters. As Professor Panum, the President of the Copenhagen Congress, said in his opening address: "Nationality does not count in science; it should have nothing to do with our Congress. We are not here to discuss national or political problems; on the contrary, all discussion upon such subjects ought certainly to be forbidden here."—*Ed. Medical News, September 3, 1887.*

From the latest reports received up to the moment of writing it would seem as if, in point of numbers registered, the Congress had been a success. The number of foreigners present was comparatively small and was said on Thursday to be about 150. The entertainments were carefully provided for and amply appreciated.

The work of the Congress has varied in interest and vigor in the different sections, and in most of them increased in activity somewhat in successive days. The sections on General Surgery and Obstetrics have presented ample material and excited lively and fructifying discussions.

The medical work of the General Sessions and that of the Section of General Medicine, had up to the date of writing, disappointed expectations, and been scarcely up to what should be demanded of the occasion.

The heart-burnings seem to have exhausted themselves in anticipation, and, with trifling exceptions, an edifying harmony has prevailed.—*The Boston Medical and Surgical Journal.*

THE INTERNATIONAL MEDICAL CONGRESS.

As will be seen from our Washington dispatches, the Ninth International Medical Congress was duly opened in accordance with the announced programme, and is in the midst of its sessions as we write. It has been favored with almost perfect weather, and its members have had the opportunity of seeing one of our most beautiful cities under exceptionally favorable conditions of sky and air.

A part of the work of the Local Committee of Arrangements has been well done, the rooms provided for the different Sections were sufficient and well located, and the arrangements for registration were satisfactory, except for a few hours during the greatest rush. The part relating to entertainments, we regret to say, however, was not so satisfactory, as may be inferred from the statement of the Chairman of the Committee to the Congress on Wednesday morning, in which he referred to "the humiliating spectacle of Monday night," and spoke of the foreign guests as having been "engulfed in a mob at the President's," both of which expressions were more than justified by what occurred.

On the other hand, it is with great pleasure that we call attention to the admirable manner in which the Secretary-General has performed the onerous and difficult duties of his office. To the signal executive ability and unwearying zeal of Surgeon-General Hamilton is due, in a large degree, the measure of success which the Congress has attained.

Great complaint has been made by the Local Committee and others, as to the insufficiency of funds for social entertainments, excursions, etc., and this deficiency has been, with questionable justness, attributed to the parsimony of Congress, which has been freely denounced in consequence. The fact is, however, that at only two of the preceding Congresses has any grant of money been made by the Government of the country in which

the meeting was held, and the largest of these grants—*i. e.*, that made by Denmark—was precisely that given by Congress, *viz.* \$10,000. Municipalities have in three cases voted funds for entertainments, but the chief source of supply has always been private contributions, as it should be. Certainly, in the beginning, no governmental aid was expected, and it was so stated at Copenhagen, when the invitation was presented to the Executive Committee of the last Congress. The complaints referred to are in very bad taste, and can in no way excuse the mismanagement of the social features of the Congress.

The number of persons actually present is upward of 2,500, and of these about 130 are from abroad. A number of the foreign members were registered by mail, and were not in attendance. The election as vice-presidents of a number of foreign gentlemen who were known not to be present or even registered, was in opposition to all precedent, and was not a wise or dignified proceeding.

As to the character of the work done, the amount of new and valuable information which has been presented, and the probable influence which these will have on the science and art of medicine in the future, it is perhaps too soon to venture comment or prediction, but the opinions expressed by a few prominent men, which we print elsewhere, are interesting in this regard. The preliminary programme announced about five hundred papers as having been promised. Quite a number of these were not on hand when called for, but there were many others offered which were not on the programme, and it is safe to say that each member of the Congress will be entitled to receive several very bulky volumes in the shape of its transactions, and that the editors of these volumes are not to be envied.

The American profession has desired to extend a most cordial welcome to the foreign members who honored us by their presence at Washington, and it is a source of gratification to find that so many of our guests have shown their appreciation of this sentiment by bringing with them scientific contributions which cannot fail to add materially to the merits of the Congress as an educational gathering.

A feature of the Congress has been the attention given to it by the daily press, and the likenesses given in the Washington papers of men whom they consider specially worthy of honor form a collection which is unique in medical portraiture.

We evince our own interest in the Congress by devoting this entire number, which contains sixteen extra pages, to the report of its proceedings.—*Ed. Medical News.*

THE MEETING OF THE CONGRESS.

The auditorium of even the handsomest theatre never presents a very cheerful or inspiriting appearance in the daytime. The lights are dim, the scenery, divested of the artificial glamor of the footlights, looks unreal, and there is a general flavor of "funeral baked meats" pervading the whole atmosphere.

Albany's Opera House, in which the International Medical Congress assembled for its ninth triennial session, proved no exception to this rule, though the theatre is new and well constructed. The slanting rays of light which fell from the windows half opened on the eastern side of the building, and glanced upon the Egyptian sarcophagus-like decorations of chocolate and old gold, and half illuminated the strange mixture of gray heads and young faces which crowded the auditorium, leaving in comparative obscurity the brilliant array of ladies and their escorts who crowded the galleries, gave to the scene a weird and strange effect. The whole of the lower part of the theatre was given up to the delegates, and they more than filled its utmost capacity. In the boxes and the galleries were the spectators, some of whom were the ladies who had accompanied the delegates, but many were visitors attracted out of curiosity and by the announcement that the President of the United States would be present and open the proceedings.

Long before the time named for the opening every seat was filled, and those familiar with previous sessions of the Congress, glancing around on the members assembled, saw a number of physicians who occupy high positions in the profession, but they were, at the same time, struck by the notable absence of a very large proportion of those who are best known in American medicine. Among the New England representatives, the Bowditches, Bigelow, Warren, Cheever, Storer, White, Blake, and the well-known features of the Autocrat of the Breakfast Table, Dr. Oliver Wendell Holmes, were missed. New York had evidently failed to send Gaillard Thomas, Jacobi, Barker, Draper, Sands, Dalton, Weir, Loomis, Markoe, Emmet, Agnew, Janeway, Delafield and Noyes. Among the Philadelphia delegates, one looked in vain for Stille, Hayes Agnew, Leidy, Da Costa, Gross, Weir

Mitchell, Bartholow, Wood, Pepper, Parvin, Osler, Duhring or Goodell; and from the South and West many prominent men were also missed, including Donaldson, Johnston, Tiffany, Welch, Atkinson, Hunter McGuire, Battey, Campbell, Whittaker, Reamy, Yandell, Kinloch, Conner, Reeve, Fenger, Geddings, Hardaway, Englemann, Hyde, Lyman, Hosmer Johnson and Byford. Amongst the foreign delegates the conspicuous absentees were equally marked, and on all hands were heard involuntary inquiries—where are Sir James Paget, Virchow, Jenner, Pasteur, Bryant, Verneuil, Gull, Volkmann, Lister, Jaccoud, Spencer Wells, Esmarch, Playfair, Ziemssen, Holmes, Charcot, Liebermeister, Mackenzie, Koch and Erichsen? All these, and more, whose presence had graced, and whose labors had given dignity and importance to previous Congresses, were painfully missed.

Precisely at 11 o'clock the curtain rose upon a sylvan scene and disclosed the President of the United States seated in the woods at a small table, with the Secretary of State on his left and Speaker Carlisle on his right, who modestly endeavored to conceal his identity behind a very tall white hat. Grouped around them were some fourteen or fifteen members of the Executive Committee and distinguished foreigners, each one decorated with a little silver medal on a background of crimson ribbon. As the curtain rose, the audience greeted the Chief Magistrate with the heartiest applause.

The Chairman of the Executive Committee, Dr. H. H. Smith, of Philadelphia, stepped forward from the right wing and introduced the President of the United States, who was received with all the enthusiasm befitting the occasion. He rose promptly and opened the Congress in a few sonorous and well delivered sentences, and on ending gave a sharp tap of the gavel on the table before him.

When the nominations for Vice-Presidents were subsequently read, embracing names eminent in medical science the world over, the suggestion involuntarily occurred to all that not a dozen were present of the entire list of nearly eighty distinguished foreigners upon whom it was proposed to confer this honor. This was so obvious that a delegate in the back part of the theatre, speaking with a strong Irish accent, said: "Mr. President, I would like to ask if is proper to elect men as vice-presidents who are not present? I would move to amend"—

Here President Davis interposed, and said: "It is hardly in order to interrupt the proceedings now, because it is impossible to know who will be here. The gentlemen who have been named have all been communicated with and have accepted the positions, and I declare them elected."

This cutting of the Gordian knot was received with due applause, but when President Davis sought to follow up his victory by inviting the vice-presidents to step upon the platform the force of the objection was apparent, as, after a painful pause, only one Vice-President, Dr. Phillips, of London, disclosed his presence. He made his way to the stage, and Dr. Davis hurriedly remarked that it was not necessary to delay the proceedings by waiting for the other gentlemen.

Secretary General Hamilton's report was brief and pointed, and noticeable chiefly for the cleverness with which it skated over the points of difference in New Orleans and Chicago, which had played so prominent a part in the fortunes of the Congress.

The address of welcome from the Secretary of State, Mr. Bayard, was scholarly and graceful.

The replies of the foreign delegates were the most interesting feature of the meeting. The first call made by President Davis upon the English Deputy Surgeon-General received no response. Dr. William H. Lloyd, of the Royal Navy, was then appealed to, and with some nervousness he gave response in unmistakable English accents. Dr. Leon Le Fort, portly, dignified and gray haired, responded briefly, on behalf of France, in his native tongue. Professor Unna, a dermatologist, selected to respond for Germany, replied in German. But the distinguished representative of Italy, Professor Semmola, whose appearance, graceful gestures, and artistic vocal inflexions, reminded many present of Leon Gambetta, answered in French, and with force and fluency. The Russian representative, Professor Reyher, spoke briefly and quaintly in broken English.

The opening session ended with an inaugural address from Dr. Davis. During its delivery the galleries had emptied, and many had departed from the body of the meeting. At its close President Cleveland, Secretary Bayard, and Speaker Carlisle, successively shook President Davis by the hand, and the first day's proceedings were declared at an end.—*Phila. Med. News.*

WHAT PROMINENT MEN SAY OF THE CONGRESS.

Dr. N. S. Davis said to a representative of *The Medical News* on Thursday evening, in reply to the inquiry whether he thought the Congress had been a success, that in point of numbers it stood second, if not first.

“But as to its character and the scientific value of its work?”

“Well, I have seen all the presidents of Sections to-day, and they each and every one of them report most favorably.”

“From your experience of previous Congresses, do you not think there was a conspicuous absence of distinguished foreigners—such men, for instance, as Paget and Gull, and Pasteur and Verneuil, and Virchow and Lister, and others whose names are known all over the world?”

“Yes, that is so; but then you must remember that many of those you name are over seventy years of age, and at their time of life, and with their professional duties, a journey across the Atlantic, and such a prolonged absence as is thereby implied, is a very serious matter. Sir James Paget himself told me he feared he would be unable to attend on account of his advancing years. Professor Virchow wrote me that he could not come because of an important conference to be held in Berlin this month, of which he is chairman of the committee of arrangements. I do not remember exactly what that conference was, but it was something combining hygiene with some other subject.”

“But what about Neudorfer and Lutaud, of Paris, who were to have been here and to have taken part in the proceedings?”

“Neudorfer is detained by sickness; and Lutaud—well, I can't say anything about him.”

“Then, on the whole, do you think the delegates compare favorably with those of other Congresses?”

“Yes, I think so. They are younger men, true, but I understand some very valuable papers have been contributed even by those who did not come. M. Simon, for instance, a very eminent man, I am told, has forwarded a most important paper. And you must remember we have had difficulties with regard to the foreign delegates.”

“What were those?”

“I do not care to go into them, but, gentleman—you could count them on the fingers of your two hands—have written and begged foreign delegates not to come. They said there were factional differences. They even went so far as to say that

Washington was unhealthy; that the weather was very hot, and that typhoid fever was prevailing. Of course, this kept some away."

"How do you think the American reputation for hospitality has been maintained?"

"That I would rather say nothing about. I have heard many complaints from the foreign delegates that they were not able to get into the White House to see the President and Mrs. Cleveland last night—many such complaints. It was unfortunate, very. I am very sorry it occurred."

"Is there any prospect, do you think, that the Congress will ever meet in the United States again?"

"Not for twenty years at least. These sessions are only triennial, and it is not likely that Washington's turn will come round again for twenty years, if then."

Secretary-General John B. Hamilton was asked how many delegates have registered.

"Over twenty-six hundred."

"How many foreigners?"

"Three hundred, it is estimated, but I have not the local registration-book at hand."

"Have you been cramped for want of money?"

"Yes."

"If the dissension beginning at New Orleans had not taken place, do you think there would have been a larger contingent of foreign delegates?"

"If there had been no system of general misrepresentation practised by many of those who resigned and followed up by personal solicitation to stay away, the attendance might have been larger; as it is, the attendance from transatlantic countries is larger than it was at former Congresses."

"Do you know of any dissatisfaction having been expressed by foreign delegates as to their treatment here?"

"No, on the contrary, see Sir James Grant's speech to-day, on this point."

"What do you think of the scientific aspects of the Congress?"

"They are entirely satisfactory, and will take rank with any former Congress. I can only view with contempt the statements made with evident intent to disgrace America and belittle our guests."

"What about the absence of those American physicians who withdrew from the Congress, and remained away?"

“ While their absence is to be regretted, yet the facts show the Congress is entirely successful without them.”

Dr. Unna, of Hamburg, being asked, “ What opinion he had formed of the Congress?” replied:

“ I do not think it is of as high a character as those of Copenhagen and London. The discord at home has prevented many foreigners from coming. This discord was so prominently heralded abroad that it became in a measure international. If it had not occurred many Germans would have come, not thirty or fifty, but two hundred. This number would have included the most prominent men of the country. I regret that the leading physicians of America did not overlook the discords when it was too late to reconsider action, and so give to the Congress more of the air of being international. Men like Agnew, Loomis and others are much missed. My strongest impulse in accepting the vice-presidency, and reading a paper, was to prevent the Congress from dwindling into simply a national affair. I regret that others did not take the same view. The scientific aspect, although not equal to former Congresses, is better than was to be expected under the circumstances. Papers in the Dermatological Section were good for the most part, but the discussions were poor; but such is the case at all Congresses. Socially I have not had much personally to complain of, although I am aware of many deficiencies. I know that many errors have been committed. The arrangements have been poorly announced. On the whole, there is much that is to be regretted.”

Dr. W. T. Lusk, of New York, was asked what opinion he had formed of the Congress.

He replied: “ I have heard some complaints from foreign delegates regarding a want of courtesy on the part of the officers of the Congress. It seems there has been some want of business management, and perhaps a lack of experience on the part of the officials in managing such affairs. They have been too much disposed to regard the foreigners as they would our own people, who are always willing to look after themselves, while a European seems to require some one to take care of him.”

“ What do you think of the scientific value of the Congress?”

“ I believe the volumes of Transactions, when published, will be equal in respect of the papers contained therein, to those of any preceding Congress.”

“ If the unfortunate dissension which began at New Orleans

had not occurred, would not the success of the Congress have been more marked?"

"Well, I must say the presence of prominent members of the profession at the discussions was greatly missed."

Dr. Lusk, who was somewhat unwilling to give his views for publication, also stated that he thought that in the division of papers between the Sections of Obstetrics and Gynecology, the former had been unfairly treated by being deprived of several papers properly belonging to it. For instance, a paper on Cæsarean Section, and another on Extrauterine Pregnancy, had both gone to Gynecology, instead of to the proper section—Obstetrics.

Dr. Mariano Semmola, Professor of Therapeutics in the University of Naples, Italy, was asked his opinion of the present Congress, and replied to the queries addressed to him as follows:

"You have attended other Congresses?"

"Yes; indeed I think I have attended every one."

"What opinion have you formed of the scientific value of the Congress?"

"It is considerably below the average of any of its predecessors."

"Do you think that if the unfortunate dissensions at New Orleans had not taken place that a larger number of distinguished men from Europe would have attended this Congress—such men as Porro, from your own country, and Pasteur, Virchow, Esmarch, Paget, MacCormac, etc?"

"I have met many, if not all those gentlemen at preceding Congresses, and have no doubt at all that if there had been no quarrel among the profession here, some, if not all of them, would have crossed the Atlantic."

"How did you happen to come yourself?"

"I was assured that the quarrel was a matter that had entirely passed over, and so I came on."

"Have you met many of the Americans whom you expected to see?"

"Very few indeed; and it is a matter of sincere regret to me."

"How have the social aspects of the Congress appeared to you?"

Dr. Semmola smiled at the question, shrugged his shoulders, and said: "Well, I have had one or two private invitations, but as for the rest—it does not exist."

“ You are not favorably impressed, then ? ”

“ No; how can I be ? ”—*Phila. Medical News.*

The reception and dinner given Dr. A. R. Robinson, of New York, President of the section in Dermatology, at Willard's, to the foreign and American dermatologists and a few guests, on Wednesday evening, was one of the highly enjoyable entertainments of the Congress.—*Medical Record.*

Dr. H. F. ADAMS, of Colton, attended the Congress and read a paper before the Section on Climatology, on the subject of Colton as a resort for those who were afflicted with pulmonary disease.

He pronounces the Congress a “ grand success.”

TREATMENT OF GONORRHEA BY IRRIGATION.—Dr. Brewer, of the Roosevelt Hospital, in a paper read before the New York Dermatological Society, said that his experience induces him to assert that in the retrojection of a hot solution of bichloride of mercury, we have a method which combines the soothing and antiphlogistic action of heat with the germicidal and curative effect of the bichloride, which, in cases of acute specific urethritis, fulfils the indications in a more satisfactory manner than any method with which he is familiar. The method of irrigation is thus explained: The apparatus consists of an elevated reservoir, a rubber tube, and a glass or gutta-percha nozzle. The patient is first instructed to pass his water, the nozzle of the irrigator is next firmly pressed against the urethral orifice. The current is so directed that the stream enters in the line of the canal. Sufficient outflow is permitted to keep the fluid in motion while the urethra remains distended. From one to two quarts of fluid are allowed to pass through the urethra at each irrigation, which should be repeated twice or three times in twenty-four hours. The strength of the bichloride solution used should range from 1 to 60,000 to 1 to 10,000, according to the sensitiveness of the urethra. When hot water is used, the temperature should be 98° at the beginning and gradually raised until it is as hot as the patient can bear; about two quarts should be used at least twice a day.”—*Md. Medical Monthly.*

Notices of Books, Pamphlets, etc.

ELEMENTS OF PHYSIOLOGICAL PSYCHOLOGY. A Treatise on the Activities and Nature of the Mind from the physiological and experimental point of view. By GEORGE T. LADD, Professor of Physiology in Yale University. Pp. XII., and 696, 8 vo. New York: Charles Scribner's Sons, 1887.

This work is divided into three general parts, of which the first treats of the Nervous Mechanism, or the Chemistry, Anatomy and Physiology of the Nervous System, in 222 pages, and seven chapters on the following topics: The Elements of the Nervous System; Combination of the Nervous Elements into a System; the Nerves as conductors; Automatic and Reflex Functions of the Central Organs; End Organs of the Nervous System; the Development of the Nervous Mechanism; Mechanical Theory of the Nervous System. Part second treats of the Correlations of the Nervous Mechanism and the Mind, in 346 pages, and eleven chapters on the following topics: The Localization of Cerebral Function (two ch.); the Quality of Sensations (3 ch.); the Presentations of Sense (2 ch.); Time Relations of Mental Phenomena, Feelings and Motions; Physical Basis of the Higher Faculties; Certain Statistical Relations of the Body and Mental Phenomena. The third part treats of the Nature of the Mind, in 104 pages, and four chapters on the following topics: the Faculties of the Mind, and its Unity; the Development of the Mind; Real Connection of Brain and Mind; the Mind as Real Being. As stated in the introduction, such abnormal phenomena as insanity, delirium, hypnotism, somnambulism and ecstasy, together with sleep and dreaming, and so-called mind-reading and spiritualism, are omitted for want of space.

It is indeed a great concession to the scientific spirit of the age, to find a public teacher in one of the oldest institutions of learning of the country, which has never lost sight of the religious object of its foundation, recognizing the necessity of studying the mind from the standpoint of nature, by observation and experiment rather than by the other method of speculation. It is certainly nothing new to regard the mind as intimately connected with the nervous system, but the relation of the mind to that spiritual essence which has been regarded as the peculiar domain of theologians, has hitherto prevented the consideration of its nature and properties upon a physical basis. In this day, however, science holds nothing too sacred for its investigation,

and does not hesitate to enter, occupy and hold possession of any field within the domain of nature.

It is to be observed that the author makes no distinction between mind and soul, and he plainly enough intimates his conception that it is a function of the nervous structure of the body. Yet, while insisting upon the real existence of the mind, he affirms the "spirituality" of its nature; but he adds: "Nor can we hope to vindicate for the mind such spirituality as would be implied in its being freed from all relations to material things, or from dependence for the modes of its being upon the material substratum of the brain. How spirit, in the sense of disembodied or unembodied mind, would perceive, and feel, and think, and will, is a question towards the answer to which we can make no beginning."

The closing sentence of the volume seems hardly consistent with the above: "As to the first and last things of the mind—its origin and destiny, its mortality or corruptibility—physiological psychology finds itself unable to pronounce. It cannot, indeed, explain the entire being of the mind as arising out of the development of the physical germ from which the bodily members unfold themselves. It knows no decisive reason against the belief that such a non-material and real unit being as the mind is, should exist in other relations than those which it sustains at present to the structure of the brain. On the contrary, it discloses certain phenomena which at least suggest, and perhaps confirm, the possibility of such existence for the mind. But in general, if it remain faithful to its own mission, within its own limits, it intrusts the full consideration of these questions, after it has cleared the way from barriers of ignorance and prejudice, to Rational Psychology, to Ethics, to Metaphysics, and to Theology."

What Prof. Ladd means by "Rational Psychology" is not defined, but we may conjecture that it is an extension of physiological psychology beyond the limits laid down by himself. Here it is to be noted that the possession of mind by other animals than mankind is quite ignored by the author, though the higher orders have substantially the same nervous structure. A thorough consideration of the subject cannot be restricted to humanity, and indeed the natural mode of study would begin with the lowest forms of animal life and progress upward, gradually unfolding the organs and faculties till the highest differ-

entiation and development are reached in mankind. Rational Psychology, beginning and progressing in this mode, might then occupy the whole field, without yielding to theology exclusive jurisdiction of the origin and destiny of mind.

It might be urged that such an extended scope would be too great for the compass of a single treatise, or would render it too voluminous for a text-book. This brings us to the reflection that the present volume is already too bulky for a text-book. In this teeming age of literature how much more forcible is Solomon's saying: "Of the making of many books there is no end, and much study is a weariness of the flesh." Book-makers should particularly hold the latter clause, and consider that life is too short to read large books, if one is to read many thoroughly. This volume would be many times more useful, if its matter had been so condensed as to present the most important facts and conclusions in one-third of its present compass, and with suitable conciseness the whole field of mental science, or comparative and human psychology, might be presented in shape suitable for a text-book in our universities.

It would be unjust to Professor Ladd to close without saying that his work embodies the latest and best work of the physiologists, and that parts second and third are an able explication of the subject on that foundation. The whole field of sensations and perceptions and their relations to each other is fully and lucidly surveyed. The faculty of memory is rationally explained on the supposition of an impress left on the cortical cells of the cerebrum from every sensation or perception, so that the same or a similar perception produces another impress which recalls the cause of the previous one.

His definition of will is as clear and satisfactory as that of any of his predecessors. This faculty of the mind is the most obscure of all, because it is not traced to its origin by the metaphysicians nor by the present author. We should study its dawn in the lowest animate forms, and define it in terms of the doctrine of evolution, as that faculty, derived from the experience of previous generations in the struggle for life, which enables an individual to choose a course that will conduce to self-preservation. This was the will in its incipiency, and such as we now find it in lowly forms; but in the development of sensations into differentiated mental faculties enlarged intelligence gives wider choice of action, and the scope of the will is corre-

spondingly increased. There is not space here, nor is this the proper place, to trace the steps of evolution by which the will expands from the primordial instinct of self-preservation to the manifold choice of conduct furnished by the developed understanding of humanity in adult life. Any one may satisfy himself by observation of an infant at birth, whose will is then nothing more than the inherited instinct of self-preservation, and by following the gradual unfolding of its will in common with the other mental faculties.

S. S. H.

DISEASES OF THE MOUTH, THROAT AND NOSE. By R. PHILIP SCHECH, Lecturer in the University of Munich. Translated by R. H. BLAIKIE, M. D., F. R. C. S. E., Surgeon Edinburgh Ear and Throat Dispensary, late Clinical Assistant Ear and Throat Department Royal Infirmary, Edinburgh. Published by Y. J. Pentland, Edinburgh. Duncombe & Co., San Francisco.

This volume does not treat of diseases of the larynx as might have been expected from the English title; indeed, it was written by Schech as a companion to Gottstein's *Diseases of the Larynx*, which has also been translated into English by Dr. McBride. Pharynx would be more correct to the English reader than throat.

Schech has succeeded in giving a brief, yet at the same time a good description of the diseases affecting these parts, all of which are important, but only too frequently slighted, if not entirely overlooked, by the majority of medical men, although they are frequently the cause or accompaniment of disturbance in other systems.

The translator has done his work well, giving a readable book, free from the stilted phrases and occasionally complicated sentences which it is almost impossible to avoid in translations. He has also furnished an appendix, containing some useful remarks on therapeutics and remedies which have come into use since the work was written.

The book is one that will be useful to all practitioners.

THE PRACTITIONERS' HAND-BOOK OF TREATMENT; OR THE PRINCIPLES OF THERAPEUTICS. By J. MILNER FOTHERGILL, M. D., Physician to the City of London Hospital for Diseases of the Chest; Hon. M. D. Rush Med. Coll., etc. Third edition. Lea Brothers & Co., Philadelphia.

A work like this, in its third edition, and from the pen of such a well known writer as Milner Fothergill, does not require our commendation to bring it to the favorable notice of the profession; the reputation of the author and the fact that the book

is now in its third edition being a better introduction than any we can give it.

The principal changes in this addition are in the form of revisional corrections and additions to bring it up to the progress that has been made in physiology and therapeutics within the last few years. Two new chapters have been added, one on "The dietary in acute disease and malassimilation;" the other on "The management of convalescence," both of which are subjects of sufficient importance to give increased value to the book.

The great merit of this treatise lies in the fact that the relation of the disease to the disturbed physiological powers and the drugs administered, is constantly placed before the student, a method that is not usually followed in other works on medicine when they are discussing the subject of treatment.

We do not know a more readable, practical and useful work on the treatment of disease than the one we have now before us.

A COMPANION TO THE U. S. PHARMACOPEIA. By OSCAR OLDBERG, Pharm. D., and OTTO A. WALL, M. D., Ph. G. New York: Wm. Wood & Co.; San Francisco: W. S. Duncombe & Co.

The Companion is meant to lighten the labors of those who consult the Pharmacopœia. It is encyclopædic in character, suitable for ready reference. While the Pharmacopœia treats of but a limited number of drugs and preparations, the Companion considers many others quite extensively used. It translates, moreover, the parts by weight of the working formula of the Pharmacopœia. It is not a substitute, but as it claims—a Companion. Placing it in the hands of those capable of judging it is pronounced to be a valuable aid to the pharmacist's book shelf. For the physician it is invaluable, giving him the latest Pharmacopœia, plus details and enlargements of the utmost interest and value.

Medicinal properties, uses and doses are also given. Any difference between the new and old Pharmacopœias are stated clearly, and formulæ for nearly all the tinctures, extracts, fluid extracts, syrups and elixirs are added.

INDEX CATALOGUE of the Library of the Surgeon-General's office U. S. Army, Vol. VIII., Legier-Medicine (naval). Washington: Government Printing Office, 1887.

Translations.

By D. W. MONTGOMERY, M. D.

Urinary Cysts in the Scrotum.

By Dr. KAREWSKI, Berlin.

As a rule the extravasation of urine out of the urethra into the surrounding connective tissue, gives rise to extensive gangrene, accompanied by more or less severe symptoms; or, less frequently, the course is less acute, and is followed by circumscribed abscess. But there have also been observed a few cases in which the slow extravasation of urine through very fine openings in the urethra, has caused the formation of inflammatory new formations possessing the characteristics of a tumor. In 1874 Paul Satre described 16 cases of this kind, in which tumors of the size of an apple were formed. The cause of the new formation in these cases was the extravasation of small quantities of urine through fine fistulæ behind strictures. There is, however, still another class of cases in which a true cyst is formed, which is filled with urine, and which may persist for years.

To resume, we have four effects of the extravasation of urine.

- I. Very acute symptoms followed by gangrene.
- II. Less acute symptoms followed by the formation of an abscess.
- III. An inflammatory new formation having the characteristics of a tumor.
- IV. The formation of a urinary cyst.

Under this last head the author of this paper can only find two cases in medical literature, which were reported by De Paoli in a work entitled "Delle borse urinose urethrali," and which were described by him as false urethral diverticuli.

The following is an account of the case forming the subject of this paper:

Patient, male, aged 54, a tailor by trade; had gonorrhœa about ten years previously, which was said to have been followed by stricture; treated by passing bougies. Three years ago had a perineal abscess, which was treated by incision, and the evacuation of a large quantity of pus. He does not know whether urine was passed through this incision or not; the ab-

cess healed without the formation of a fistula. A short time after the healing of this abscess the scrotum began to swell. The attending physician diagnosed a hydrocele, and drew off the fluid from the cyst twice; each time the fluid was as clear as water. Spontaneous enlargement and diminution of the tumor was at no time observed, neither was there any pain on urinating. The tumor had not the appearance of an ordinary hydrocele, but was evidently a tumor filled with fluid, and it had no connection with either the testicles or the spermatic cords, which were normal. On palpation a hard cicatricial cord was felt extending from the posterior extremity of the tumor up towards the prostatic urethra. In the perineal region there was a scar from which another cicatricial cord could be felt running up to the lower anterior extremity of the tumor. Both the urine and the act of urination were normal, and there was no evidence of stricture. Strong, concentric pressure on the tumor caused fluid having the characteristics of urine to flow out of the meatus urethræ in drops. On passing a catheter into the bladder, and then withdrawing it to about a point on the division between the prostatic and membranous portions of the urethra, this same fluid could be expressed from the tumor in greater quantity.

About 200 c.c.m. of fluid were drawn off from the tumor with a trocar. This fluid was muddy, yellow, and looked like urine, and contained floating in it whitish flakes. The fluid showed a trace of albumen, much urea, and was of neutral reaction. The flakes under the microscope were seen to be conglomerations of pus corpuscles. After emptying the cyst, it was washed out with a one per cent sublimate solution. Now, the only thing that could be felt of the tumor was the hard cord-like structure running up to the prostatic urethra; the empty, hard sack of the cyst, and the fine cicatricial connection of the cyst, with the scar in the perineum. On the following day fluid had again collected in the sack, but in far less quantity than before. At present, urine can be squeezed out of the urethra by pressing on the tumor.—*Centralblatt für Chirurgie.*

Fungus Metritis and Cancer.

What is the significance of losses of blood from the uterus, occurring some years after the menopause? was the subject of a communication of Guerin before the Obstetrical and Gynecological Society of Paris.

The case reported was a woman aged fifty years, metrorrhagia having come on ten years after the menopause, the uterus was curetted three times, bringing away fungous growths each time. After being examined microscopically it was concluded these growths were cancerous in their nature. Pajot saw four cases of uterine cancer in which the only symptom, for a long time, was an occasional and slight loss of blood. There was no odor till late in the disease. According to him, when fungous growths are found in a woman who loses blood after the menopause, they (the fungous growths) are always due to cancer.

Gueniot said that late metrorrhagia could also be occasioned by the presence of fibrous polypi, often very small in size, and cited a case of a woman aged sixty-six years, who began to have losses of blood, and who got entirely well after the expulsion of a fibroma the size of a cherry. But he had also observed a case similar in all respects to those cited by the gentlemen preceding him. He concurred with them in the opinion that the prognosis in the great majority of such cases is extremely grave.—*Gazette des Hopitaux.*

Academy of Sciences.

Spillmann and Haushalter remark that one is always struck, on entering a hospital ward in summer, at the persistent way flies congregate about the beds of tuberculous patients. The abdominal cavity of flies that have eaten the sputa of tuberculous patients contain bacilli, which are again set at liberty when the insect dies. These germs are in this manner scattered over the ceilings, on the curtains, and in the victuals. In order to avoid danger of infection from this source, the sputa should be expectorated into a covered vessel containing a sterilized fluid.—*Progres Medical.*

FOLLOWING the medical college sessions of 1890-91 the term "medical colleges in good standing," as used by the Illinois State Board of Health, shall apply only to such colleges as require four years of study, including attendance on three regular courses of lectures, as a condition of graduation. This is a bold move on the part of the Illinois Board of Health and we fear it will not succeed in maintaining its position on the question.—*The Medical Age.*

Extracts.

Must The Ovaries Go ?

By C. H. HUGHES, M. D.

Physical impression is an important factor in the cure of hystero-epilepsy, as it is in the cure of insanity. Likewise, also, is a powerful physical impression, especially a tragic capital operation.

Dr. N. L. Folsom gave an account of a woman who had her voice restored, and her paralyzed limb cured by having accidentally received a bullet wound in her paralyzed limb. "In 1878 an old man, a shoemaker, of extreme deafness (he also records), was cured by a severe paralytic shock of one side, so that he heard the rest of his life, several years, as well as most persons."

The removal of a testicle or an ovary may arrest a vasomotor neurosis, just as the shock of a great mechanical violence has suddenly cured a violent mania.

Cure of insanity sometimes followed flagellation in the days of Galen, and this procedure, and even "the bath surprise," as it was termed, and the whirling chair in Rush's time, sometimes had recoveries to their credit, just as an occasional recovery from mental disease now follows Battey's operation; but the amputation of a leg or other formidable procedure would answer in most cases just as well to produce the desired mental impression to effect a cerebral vaso-motor change, and arrest and alter a consequent abnormal psychological activity.

Dr. Bryson, of St. Louis, reports a case where hystero-epilepsy was cured, not by a removal of one or both ovaries, but by making an incision through the skin, having anæsthetized the patient and put her to bed, telling her the ovaries had been removed. He thinks we would be less willing to promise cures if we would wait a sufficient length of time to enable us to observe with a fair degree of certainty whether or not a disease for which an operation had been undertaken was going to be cured thereby, or only relieved.

If some of our ovariectomists would try Dr. Bryson's plan, in lieu of their real oophorectomies, substituting the psychological for the surgical castration for hystero-epilepsia, they would doubtless often have equally good results. Why not ! when a power-

ful electric shock, a hot iron, a cold douche, a pungent inhalation or an anæsthetization will do so much in many cases of physical paralysis.

A formidable operation announced, followed by all the necessary preparation and by anæsthesia, makes a strong impression on the psychical centers.

Our ancestors, before the discovery of anæsthesia, used to profoundly impress hysteria, arrest it, and sometimes cure it by the formidable preparations and the psychical shock of fear. Try the formidable preparations, all but the unsexing process. Let the woman keep her ovaries, and you keep the secret, gentlemen, oophorectomists, and give the profession a record of results.

Try Bryson's plan, and the future will not find gynecology apologizing, as Dr. T. A. Emmet predicts her votaries will be doing, for having needlessly spayed so many women.

There are, undoubtedly, cases of nervous disease in which the ovaries may be taken out to the woman's advantage, but they do not present often, and when they do the necessity or advisability of taking them away should be determined by joint conclusion of two or more expert neurologists and gynecologists in counsel. Let the novice in both neurology and gynecology keep his hands off the ovaries, save in kindness. "Let no such man" (with a knife) "be trusted."

Dr. Tait says that the operation is only justifiable when the ovaries and uterus are the seat of organic disease, while Dr. Thomas, of New York, another able gynecologist, thinks that dysmenorrhœa and hystero-epilepsy make it justifiable.

Sir Spencer Wells says, "The right to use this operation is very limited in cases of ovarian dysmenorrhœa, and only when they have resisted all other treatment, and life and reason is endangered."

We honor Battey for the surgical skill, caution, conservatism, and assiduous care he has generally displayed in the selection, treatment, and after-management of his cases, but if some of his many immaturely experienced and over hasty imitators had been cut in their youth, or would now "give us pause" in their cutting propensity in this direction till they shall have more maturely considered what they are proposing to cut out with the often unoffending ovary, when they enter the obscure and boundless domain of psychiatry (to them an unknown country,

in which only the temerity of ignorance leads them without a proper guide) our wives and sisters and daughters would be safer, and gynecology, which aims to be, and is, the friend of woman, would be spared an ineradicable stain upon her good name.

The glory of gynecology is in the conservatism, not in the mutilation or destruction of woman, except where imperious mandate decrees the absolute impossibility of saving both part and whole.

The chief glory of all surgery is in the skilled judgment that wields and decides upon the wielding of the knife.

The experience broadened and logically trained judgment, unbiased by an itching propensity for many capital operations, makes the trusty surgeon in the momentous life crisis of a possible oophorectomy.

It were better that Battey's arm had lost its cunning before its skill had shown the world how safely the ovaries might be removed, or that the speculum had lain till now undiscovered in the ruins of Pompeii, than that these great and common glories of modern medicine should be too often and too recklessly used to woman's harm.

As we write this protest against rash and ill-chosen oophorectomy, a case is just in mind where a poor woman fully persuaded by medical advice that all her disease is in her troubled ovaries and that to save her health they must be taken out, accepts with resignation her possible fate and bids good-bye to her husband, family and friends, lest she should never see them again, and this case we know to be one of the vaso-motor failure and neurotic spinal and ovarian hyperæsthesia only. The woman's mother and father, though still living at an advanced age, and her own previous history as long known to us, and our personal experience in successfully treating her and a personal examination, justify the conclusion which a few week's treatment addressed to the tranquilization and invigoration of the weakened nervous system would confirm.

In a few weeks from now this lady will not talk of oophorectomy, and in a year from now the physician, who proposed the operation (who, by the way was a female doctor), will wonder how the patient could have gotten along without getting rid of her ovaries, and will not learn the lesson which such cases teach, that the neurotic disorders of women are equal, if not paramount to her primary ovarian troubles.

This may yet be considered a little heterodox in gynecological circles, but the light is dawning, the bright lights in gynecology already discover the illumination, and before long the medical world will look upon woman as an organism with a brain to be disordered, as well as a pelvis, with nerves and other organs besides ovaries requiring medical attention.

The course of many of her diseases is even now sought beyond the pelvis. She was made to sacrifice many clitorides before the Brunonian butchery fell into just professional contempt as a cure-all for her many maladies, and many of her ovaries shall yet be offered on the altar of medical ignorance, but the light is dawning that is destined to ransom her from needless slaughter.

There is no danger that "normal ovariectomy" will become, as it lately threatened to be, an operative pastime of ambitious young surgeons. The gynecological reaction has come, and woman's pelvis will not be a surgical workshop, nor her vagina a tool-chest for mechanical contrivances whenever her head or spine, or peripheral nerves are found to be out of order.—*Weekly Medical Review*.—*Medical Bulletin*.

The Abuses of Milk Diet in Therapeutics.

The therapeutical employment of milk not only has been popularized and the lay public made familiar with its various adaptations, but in the wake of the general apprehension has followed the usual exaggerations, and hence it is prescribed with little regard to the conditions properly requiring it. Under these circumstances it seems desirable to indicate the limitations of this therapeutical food, and to show wherein it may be hurtful rather than beneficial.

In certain disorders of the digestive functions, milk causes a sense of discomfort, decided uneasiness, oppression—sometimes even pain—and it prolongs the morbid condition. The cases of this kind may be grouped into two classes: those in whom the caseine is the offending material; those who cannot properly digest the cream or butter. We find examples of the first class more frequently amongst children, but they are by no means uncommon in adults. They are detected the more readily in early life, because the curds are rejected by vomiting, or appear undigested in the stools. Adults unable to digest casine, or who

digest it slowly or painfully, have epigastric distress, heaviness and oppression after meals, stupor and disinclination for exertion coming on after an hour or two and continuing until the offending material has passed well down the intestines.

An excellent substitute for the milk when the casein disagrees is barley water with cream. The barley water should be carefully strained and have the density of good skimmed milk, and one-sixth or one-fourth cream added, so that the mixture has the consistency of rich milk.

The second class of subjects to whom milk is unadapted are the cases of duodenal, hepatic and pancreatic diseases, because of the deficiency in the secretions necessary to the process of emulsionizing fats, and preparing them for entrance into the lymph vessels. Fats decomposing form very irritating fat acids, and the change in the reaction of the intestinal juices is the cause of serious secondary troubles in the biliary functions and elsewhere. To fit milk for use under such circumstances, it must be skimmed, and about the time the stomach digestion is completed, aids to the intestinal digestion should be administered. Such aids are a soda alkali, and, it may be, some pancreatic solution to effect complete digestion of the fatty constituents.

The mere bulk of the cream is an objection to its use in certain diseases. In dilatation of the stomach, the space occupied by the necessary quantity perpetuates the disease. The reflex effects of distension of the stomach in cases of weak heart, and in angina pectoris, may not only cause distressing symptoms, but may even prove fatal. It cannot be too strongly stated that milk is a highly objectionable aliment in heart diseases, whenever the motor apparatus of the organ is diseased, and whenever its movements are readily influenced by morbid states of the stomach through the reflex channels.

In no malady, as I conceive, is milk more abused than in acute rheumatism. It is very often the chief—sometimes the only aliment employed during the whole course of this disease. Besides the objection inherent in its mere bulk, certain theoretical considerations of its nature should have considerable weight in deciding the question of use. The very obvious objection that milk furnishes lactic acid as a product of its fermentation should not be ignored. All the world knows the intimate relation between lactic acid and the rheumatic poison. By the introduction of lactic acid, a form of endocarditis not distinguishable

from the rheumatic, is set up, and of those diabetics treated by lactic acid, a considerable proportion suffered from attacks of rheumatic fever (acute rheumatism). It is difficult, of course, to determine this point with certainty, but I have reason to believe that patients with rheumatic fever do not get well so quickly, and are much more apt to have relapses when they consume much milk during the course of the disease. Surely, sufficient reasons exist for undertaking a thorough investigation of the question. My own practice, in the cases in which I am consulted, is to advise against the use of milk as an aliment in acute rheumatism.

In typhoid fever, milk is the one food now given, irrespective of the character of the cases. Of late this almost universal practice has come to be challenged. It has been depended on, without investigating the state of the digestive functions, and quite unmindful of the effect it may have on heat production. It is often given in too great quantity at a time, or so frequently that the stomach has not disposed of one quota before another is thrust upon it. Unless the gastric juice has preserved to a considerable extent its power of converting the albuminoids into peptones—which we have no right to expect—the casein resists its action; hence it follows that the materials of digestion should be administered soon after the milk is taken, and to prescribe it without reference to the ability of the stomach to dispose of it is to insure increased fever and delirium, and more frequent stools. Besides supplying the means for proper digestion of the milk, attention should be given to its administration at such intervals that every portion given may be disposed of before another is permitted to enter the stomach. It is a trite observation, which is not therefore less true, that it is more important to the nutrition if some food be well digested rather than a large amount be merely swallowed.

Notwithstanding, since Donkin's first reports, milk has entered largely into the dietary of diabetics, its utility has recently come to be seriously questioned. If conversion of milk sugar into grape sugar does not take place, there can be no doubt of the value of milk in this disease, since it possesses so great a number of alimentary constituents. If, as now asserted, this conversion does take place, the free administration of milk in diabetes must be regarded as an abuse.—*Roberts Bartholow, M. D., LL. D., in the Journal of Reconstructives, July 13, 1887.—The Medical Age.*

Sparteine and Nitro-Glycerine in the Morphine Habit.

In a note on the "Modifications of the Pulse in Morphiomania," presented to the French Académie des Sciences in March, 1887, by Prof. B. Ball and Dr. Oscar Jennings, the authors discussed the mechanism of the morphia craving, and showed that there is ischaemia of the general circulation during the period of privation, and that an injection of morphia administered at this time causes a disappearance of the psychosomatic suffering which constitutes the craving, and is followed by restoration of the pulse. In a communication to the Académie de Médecine in March they stated that they had found that morphia craving can be appeased by other drugs which restore the pulse in a similar manner. "We thought," they say, "it would be preferable to try heart tonics, and strengthen the action of this organ in moments of weakness. To this end we have employed sulphate of sparteine, which fulfills most of the conditions, and can easily be administered by hypodermic injections. We watch for the moment of weakness as indicated both by plateau in the sphygmographic tracings and by the intimate sensations of the patient. At this moment we administer an injection of from two to four centigrammes, which may be repeated when necessary, and at the expiration of a few minutes we see the pulse strengthen and the craving disappear. * * * * Another medicine which procures a passing relief of the symptoms is nitro-glycerine. Its effects, very similar to those of sparteine as regards the point in question, are at the same time much more rapid and much more ephemeral."

Since these reports were made, Dr. Jennings reports, in the *Lancet* of June 25, that he has administered sparteine and nitro-glycerine repeatedly in fourteen different cases, and he is convinced that in these agents, properly administered, we possess a means which will enable any morphine habitue earnestly desirous of leaving off his intemperance to give up the habit. That treatment of this kind is better than restraint can scarcely be argued. Sparteine and nitro-glycerine should be used only when really needed, and should not be at the patient's disposal. Dr. Jennings' experience is that the effect of nitro-glycerine is most satisfactory and persistent in those cases in which there is a predominance of the "yearning" over the "craving"—in which the psychological symptoms are more distressing than the bodily. But when there is more physical craving than mental suffering (morphine-nostalgia) sparteine, which is a tonic to the circulation,

murder, but he praised the suicide of Cato, and towards the close of his own life was repeatedly on the verge of suicide, but evidently lacked the courage to strike the fatal blow, and preferred to die like a wolf under the hired daggers of the second Triumvirate.

Poison was alike the resource of the Egyptian Queen who disdained to adorn the triumph of Octavius, and of the great Athenian orator who could not endure the sight of his beloved country prostrate and bleeding at the feet of Philip.

Brutus was another earnest champion of Pythagoras, and took the ground that suicide was doubly wrong—it worked a hardship to the State, and it was rank impiety. But on the stricken field of Philippi, his hopes of political glory disastrously eclipsed, he walked upon his reeking blade as calmly as if he had spent his entire life as the apostle and advocate of self-immolation.

“ I shall have glory by this losing day,
More than Octavius, and Mark Antony,
By this vile conquest shall attain unto.
So, fare you well at once; for Brutus' tongue
Hath almost ended his life's history.
Night hangs upon mine eyes; my bones would rest
That have but labored to attain this hour.”

And heart-broken Cato “ smiles at the drawn dagger and defies its point.” His apprehensions regarding the act which he contemplated were not excited by a conviction of its unlawful or criminal character, but solely by his solicitude for his future state. He stands before us on the poet's canvas, his unsheathed weapon in his hand, and Plato's discourse on “ The Immortality of the Soul,” before him—

“ I'm weary of conjectures,—this must end 'em.
Thus am I doubly armed: my death and life,
My bane and antidote, are both before me;
This in a moment brings me to an end;
But this informs me I shall never die.”

The early Christians were zealous propagandists, and their ostentatious parade of the external symbols of their faith frequently cost them their lives at the hands of the infuriated pagans, by the stirring up of needless animosity. One of the most eloquent fathers of the Church has recorded his opinion

that "the blood of Martyrs is the seed of the Church," and the dying a natural death became almost a reproach among his contemporaries, so eagerly desired was the martyr's crown. In the beginning of its career, the Roman Catholic Church recognized suicide (thinly veiled as sacrifice or martyrdom), under certain restrictions.

In "The Bride of the Nile," the wizard of Egyptian romance has woven into the woof of his narrative a typical specimen of this constructive consent (on the part of the Patriarch of Alexandria), to the act of suicide. The scene is laid in the valley of the Nile, in the eighth century of the Christian era, and from the Delta to the Cataracts had risen a cry of woe and long drawn agony. The annual life-giving inundation had not taken place, and the long, scorching summer had brought with it the blighting breath of the pestilence. The pagan instincts of the populace were aroused by the preaching of a fanatical priest to the offering up of a fair maiden as a propitiatory sacrifice to the Nile god, and it was in a vain endeavor to stop this ancient Egyptian custom that the patriarch wrote the epistle of which the following is an excerpt: "If, indeed, there were a pure maiden possessed with the blessed intoxication of the love of God, who was ready to follow the example of Him who redeemed man by his death, to fling herself into the waters while she cried to heaven with her dying breath: Take me and my innocence as an offering, O Lord! Release my people from their extremity, that would be a victim indeed; and perchance the Lord might say, 'I will accept it.'"

It is interesting to note that the Mohammedan writings expressly prohibit suicide, and that during the period when the world was under joint Roman Catholic and Moslem rule, suicide was much less frequent than at any time since. "The influence of Catholicism," says a recent writer, "was seconded by Mohammedanism, in which on this, as on many other points, its teachings are similar to those of the Christian Church, and even intensified in this case; for suicide, which is never expressly condemned in the Bible, is more than once forbidden in the Koran, and the Christian duty of resignation was exaggerated by the Moslem into a complete fatalism similar to the Calvinistic doctrine of predestination. Under the government and influence of Catholicism and Mohammedanism, suicide, during

many centuries, almost absolutely ceased among all the civilized, active and progressive part of mankind."

As this was the epoch when the monastic fever reached its height, it may be assumed that great numbers of both sexes chose the life of solitaries as a deliberate exchange for suicide. Certain it is that the half-starved, half-savage monks who swarmed in the Libyan mountains, and in the Nitrian desert, and who came out in herds to crop the tender herbage of the Mesopotamian plains in the springtime, were virtual suicides—dead to every human instinct, and differing from their brute congeners only in the display of an overweening selfishness, which contracted the horizon of their moral sight to one long, dismal introspection.

The Roman Catholic hierarchy first turned their attention to the consideration of suicide at the Council of Arles, A. D. 452, where it was formally branded as mortal sin, and the luckless *felo de se* cut off from the influence of all human charity in this world, and consigned to hopeless perdition in the world to come. It makes one's heart ache to peruse those savage statutes, by whose directions the remains of the self-murderer were subjected to indignities which would tax the ingenuity of an Apache. No mass for the repose of his soul might be allowed, and it was not until the time of Charlemagne that even the cold tribute of a secret prayer could be offered for the deceased.

" Alas ! for the rarity
Of Christian charity."

In Asia, among the teeming populations of that over-crowded moiety of the globe, where human life is valued hardly above the brute, strangely enough, a tenderness is exhibited towards the act of suicide, and towards the remains of the *felo de se*, singularly at variance with the stern and ferocious enactments of civilized Europe.

In China, to this day, suicide is not considered a felony, and the condemned criminal often receives the privilege, through imperial clemency, of dying by his own hand before the day set for his execution. Under Japanese law, a public functionary is held strictly accountable for any malfeasance in office of his subordinates, and immediately on the detection of such an offense, the punishment of which is death, he promptly disembowels himself, and by that heroic act preserves to his son and successor his office, his honors and his fortune, which were oth-

erwise involved in irretrievable ruin. Such is the prescriptive usage of centuries, which now possesses the force of a written code.

With the statistics of suicide we are abundantly fortified, and this branch of the study is rapidly assuming the proportions of an exact science. No more beautiful demonstration of the absolute dominion of law over our mental and physical actions can be found than in the fact that the statistical expert, sitting in his office in the City of London, can, on the first day of January, foretell with almost absolute correctness the number of suicides for the coming year. "Among public and registered crimes," says Buckle, "there is none which seems so completely dependent on the individual as suicide. The man who is determined to kill himself is not prevented at the last moment by the struggles of an enemy; and as he can easily guard against the interference of the civil power, his act becomes, as it were, isolated; it is cut off from foreign disturbances, and seems more clearly the product of his own volition than any other offense could possibly be. It may, therefore, very naturally be thought impracticable to refer suicide to general principles, or to detect anything like regularity in an offense which is so eccentric, so solitary, so impossible to control by legislation, and which the most vigilant police can do nothing to diminish. These being the peculiarities of this singular crime, it is surely an astonishing fact that all the evidence we possess respecting it points to one great conclusion, and can leave no doubt on our minds that suicide is merely the product of the general condition of society, and that the individual felon only carries into effect what is a necessary consequence of preceding circumstances. In a given state of society, a certain number of persons must put an end to their own life. This is the general law; and the special question as to who shall commit the crime depends of course upon special laws, which, however, in their total action, must obey the large social law to which they are all subordinate. And the power of the larger law is so irresistible that neither the love of life nor the fear of another world can avail anything towards even checking its operation. In the different countries for which we have returns, we find year by year the same proportion of persons putting an end to their own existence; so that, after making allowance for the impossibility of collecting complete evidence, we are able to predict, within a very small limit of

error, the number of voluntary deaths for each ensuing period; supposing, of course, that the social circumstances do not undergo any marked change."

Are we then to conclude that suicide is unavoidable, a moral necessity, a disease, or rather a phenomenon in the body politic, and so interwoven with its most intimate structure as to spring from it as naturally as mist rises from the surface of water in the sunlight, or as smoke curls above the newly lighted fire? Is it "an outburst of the universal appetite for calm;" the last struggle of a weary and sorrow-laden soul for rest? Does it end the life's history of one

* * * whom
* * * unmerciful disaster

Followed fast and followed faster, till his song one
burden bore—

Till the dirges of his Hope the melancholy burden
bore—

Of Never '—' Nevermore.'"

Is it the final release invoked by some hapless victim of a painful and hopeless disease, who anticipates the gradual decomposition, the lingering torture of the living death, by one rapid plunge into the unknown?

In all these cases, the solemn notes of their requiem blend with the swelling accents of human sympathy—sympathy for those who fell by the wayside beneath the cross which was too heavy for them to bear. The victims of an inexorable law, their guilt consisted in their being the hapless objects of those general causes over which they had no control.

Among the lower orders of animated nature, the rattlesnake and the scorpion are the only known species that will commit suicide under any circumstances. The writer when a child has often assisted in tormenting a rattlesnake with a whip until the furious reptile turned his fangs upon himself, and died almost instantly. It is a favorite amusement among the Indians of sage-brush districts to surround a "rattler" by firing the clump of bushes in which he has taken refuge, and as soon as perceives he that escape is impossible—for a rattlesnake cannot pass through fire—he bites himself and is free. Byron has described the suicide of a scorpion under similar circumstances:

“ ——— like the scorpion girt by fire,
In circle narrowing as it glows,
The flames around their captive close,
'Till inly scorched by thousand throes,
And maddening in her ire.
One sad and sold relief she knows—
The sting, she nourished for her foes,
Whose venom never yet was vain,
Gives but one pang and cures all pain
And darts into her desperate brain.”

Modern law is unanimous in its condemnation of suicide. The New York Penal Code defines suicide as “ the intentional taking of one’s own life.” The aiding or abetting suicide is branded as a felony in the United States and Europe. The general principle of law prevails in all civilized countries, that when any act is declared a crime, aiding and abetting another in the commission of it is also punishable. This was the old common law doctrine, and was also held by the Roman Civil Law and the Canon Law. When suicide ceases to be entirely voluntary; when it is executed under the advice or compulsion of another, then, that other is guilty of homicide, though the deceased himself struck the fatal blow. But while a penalty attaches to every attempt at suicide either as principal or accessory, the barbarous statutes which directed the mutilation of the remains of the *felo de se*, and the hardly less barbarous enactments which confiscated his goods, have long since been abolished, although it was not until 1870, that a British statute was framed which expressly provided that a verdict of suicide on the part of a coroner’s jury did not work forfeiture of any estate or property. About the same time it was further enacted that any British officer who was caught attempting suicide should be court martialed and cashiered, and a private soldier imprisoned. Since colonial times, the usages of the English law have not prevailed against the body or state of the suicide in this country. In the United States, the law makes no distinction between the disposition of the bodies of suicides and those who die from other causes. In the States of New York, Kansas, Virginia, West Virginia, Tennessee, and in Dakota, forfeiture of goods is expressly abolished. Assisting another to commit suicide is, under the Codes of New York and Kansas, manslaughter in the first degree. In England, it has been decided that if two per-

sons agree to kill themselves, and one survives, the survivor is guilty of murder. The statute books of Massachusetts, Ohio and Arkansas, declare the aiding and abetting of suicide to be murder. The California Code declares the aiding, advising or encouraging of suicide a felony; in Dakota the accomplice of the *felo de se* is liable to imprisonment for not less than seven years; while in Japan, ten years of penal servitude are meted out to the survivor of an attempted double suicide.

TRICHOREXIS NODOSA.

By D. W. MONTGOMERY, M. D.

This affection of the hair was first described by Beigel in his treatise on diseases of the hair. Kaposi afterwards reported a number of cases, and gave the disease the name by which it is now generally known, viz., *trichorexis nodosa*. Erasmus Wilson, in his work on skin diseases, describes it under the name, *fragilitas crinium*. Dr. Regensburger, of this city, has reported a case in the *Western Lancet*, the notes of which he was kind enough to allow me to use.

The following are the histories of two cases which have come to my notice in San Francisco:

CASE I.—M. R.; male; æt., 40; born in Ireland; parents healthy; he himself has always enjoyed good health; employed as conductor on cable road; previously worked on a ranch. First noticed the present affection about three years ago, during the winter, and has always noticed that in winter the affection was aggravated. Has always had a watery discharge from the nose during winter. At first the disease was on both sides of the mustache, below and to the outer side of the nostrils. Now shaves the beard, but never noticed any affection of the hairs of the beard when he wore one. No trace of disease elsewhere. Present condition, June 28th, 1887: General health good. There is a slight eczematous affection of the left ala of the nose, and of the left side of the upper lip beneath the left nostril. The patch of affected hairs is beneath and slightly to the outer side of the left nostril, the site of the previously mentioned eczema. The diseased hairs are stubby, short, and have an appearance of being singed. At intervals on the hairs there are whitish specks like the nits of some insect, which give the hairs a dirty look.

Treatment.—Ung. diachyli for the eczema. When last seen, on Aug. 3rd, the mustache was almost as long on left side as on right, and no white nodules were to be seen. Eczema had entirely disappeared.

CASE II.—Physician; *æt.*, 33; unmarried; has suffered from acne since puberty. Acne indurata on cheeks, and acne pustulosa on nose. Hair of whiskers and mustache blonde in color, and very strong and harsh. A few months ago noticed, while running his hand over his whiskers, that the hair just in front of the right ear felt stubbly, and on looking at the hairs more closely, saw that at intervals they had little white nodules on them. Having seen the specimens of my former case, he thought his might be the same, which proved to be true. Most of the diseased hairs were in that part of the whiskers just in front of the right ear; but there were also occasional diseased hairs on the chin, and on the other cheek. No diseased hairs either on the mustache or on the head. The disease was limited to the surface invaded by the acne, and was worse where the acne was worse.

On simple inspection, the disease has every appearance of being parasitic—the white nodules at intervals along the hairs looking like nits; also the singed, dry appearance of the hair, putting one in mind of the condition in some of the parasitic diseases. The disease is almost always treated with one of the parasiticides, and without effect. And the patient, being persuaded he has a parasitic affection of the skin, feels correspondingly uncomfortable; so that, outside of all scientific interest, it is well worth while to make the diagnosis to save the mental trouble to the patient.

The microscopical examination of these cases is imperative, for without it a positive diagnosis cannot be made. The nodules were seen to be caused by the breaking up of the hair into its ultimate fibrils, giving an appearance as if the bushy extremities of two brushes were placed in apposition. In following along the medullary canal, it was seen that the pigment had disappeared from the medullary substance for a considerable distance on both sides of the nodule. The medullary substance where the pigment was absent had a whitish, coagulated appearance.

Transverse sections of a number of the hairs were made in the following way: A small block was cut from a firm thrombus

(liver would answer equally well), and holes were punched through this block with a stout mounting needle; then the hairs were threaded through these holes, and the whole mounted in celloidin, so as to obtain a solid mass, with the hairs firmly imbedded in it. The mass was then mounted on cork, and very thin sections made with the Thoma-Jung microtome.

The transverse sections showed that the outline of the medullary canal at first became irregular, and the canal itself seemed to be enlarged. Then splitting of the cortex of the hair took place, the fissures running from the center to the circumference, and the medullary substance being apparently squeezed out through these fissures. Sometimes the fissuring would be limited to one side of the hair—one side splitting up into its ultimate fibrils before the other side became affected. The immediate cause of the splitting seemed to be swelling of the medullary substance. What is the cause of the swelling of the medullary substance? is a question sufficiently difficult to answer. In both the cases we have reported, the skin from which the diseased hairs grew was the seat of chronic inflammatory disease, which was subject to exacerbations from time to time. The exacerbations of inflammation very likely caused perversions of nutrition at the root of the hair, and the hair growing out would be weaker at this point than elsewhere, and hence the interruptions of sound and diseased portions along the hair. In the first case, at least, the disease seemed to be clearly dependent on the eczema, for the disease of the hair grew better with the improvement of the skin; also, the disease being worse in winter, when the eczema was worse, is a strong argument in favor of its being dependent on the eczema.

Beigel supposed that the disease was caused by the formation of gas in the medulla—the gas bursting the hair. We did not see any evidence of the formation of a gas in the specimens we examined.

Shaving is the classic treatment of this affection. After having shaved for a few months the hairs usually grow out healthy again.

We wish to express our thanks to Dr. Nunn, of Omaha, who sent us the first case reported in this paper.

A CASE OF POISONING BY RHUS TOXICODENDRON.

By Dr. A. E. BALDWIN.

May 22d, 9 A. M.—Burning sensation over regions of inferior maxillary, followed by prickling (very painful) and throbbing of facial arteries; cutis inspissated, reddened and very warm to the touch; light papular eruptions; points isolated and distinct. After 2 P. M.—Itching intense; cheeks and cervical regions becoming involved; lines of redness over lymphatic organs.

May 23d, 9 A. M.—Entire structures of face and neck involved; subcutaneous cellular tissues tense and unyielding; œdema of lids; patient unable to open eyes, from which a sero-purulent matter slowly exudes; muscles of face, maxillae, cervical regions, and over platysma myoides to collar bone, very sore and painful; patient unable to rotate head or move jaws; angry red surface merging into delicate pink toward surrounding parts; papules filled with serum.

May 24th.—Exquisite tenderness of parts involved, and tendency of points to mass in irregularly shaped patches; local heat intensified; sensation of hot iron held to face; epidermis destroyed in regions where points are massed, and copious discharge of brownish colored liquid; itching increased, with increased tension of cellular structures; *nausea*; functions of the lens imperfect; pupils contracted; pain in eyeballs sharp, shooting from attachment of external rectus to internal paracismus, with slow pains running over structures contiguous to lymphatics of head and neck; liquid serum, on drying, leaves scab, which cracks and falls away, leaving pink vascular tissues beneath; structures involved covered with masses of serum, which dries on exposure; parts very tense, and face swollen till mouth cannot be opened; eyes tightly closed.

May 25th.—Stenosis of larynx coming on within one-half hour; patient unable to breathe; great weight of parts involved; intense itching; pulsations of arteries produce great pain; quantities of serum, forming scab; continued *nausea*; vomiting.

May 26th.—Intense pain in eyes, shooting from side to side; parts involved pass down to upper half of breasts, and form a distinct line of separation from healthy structures below; very little exudate from breasts, the right one being affected for a space two inches lower than the left; surface covering the back part of neck, and structures over sterno mastoids very red, angry and tense.

May 27th.—Lymphatic structures very painful on pressure; STENOSIS OF GLOTTIS; old points show gradual introcession, and between bases a FRESH crop appears, with white pus at core; these raise slowly, and carry a heavy red border, which subsides when central core bursts, leaving clean cut cavity, which fills with clear serum at bottom; eyes grow more painful with each successive hour; stomach very irritable; general prostration very great.

May 28th.—Eyes opened sufficiently to show double vision which continues for several days. With slight pressure a great quantity of yellow pus flows from right eye. Skin less tense and with softening of structures folds and corrugations appear; new skin shows beneath dead and decaying structures, a bright pink tint.

29th.—General subsidence of symptoms; itching continued from the first; stomach irritable; patient unable to retain food. Six days later a large boil developed over the symphysis of lower jaw, with quantities of pus.

SUMMARY.

This case followed the usual course as far as the ordinary symptoms are concerned, but the development of pus in the cavity of the eye, and the stenosis of the larynx appear to be due first to the parts involved, and second to the habit of the patient who was very fleshy, and fat, these persons appearing to be particularly subject to the poison, which is said to be toxicodendric acid. The lymph organs and ducts, and subcutaneous cellular tissues in parts affected suffer most. Weeping of skin after second day. Itching from the outset till close at about 7th day. Destruction of cutis and the development of boils later.

TREATMENT.

This case was confined to the carbolic acid ointment, U. S. P., and external parts involved kept wet with a 20 per cent solution of carbolic acid, after parts were thoroughly annointed. Bowels kept open and body sponged at intervals.

Stenosis relieved at once by blood letting, \bar{z} viii from each arm, having resorted to phlebotomy some months before in the same patient where there was stenosis of glottis and patient nearly asphyxiated. For the continual itching, a solution of carbolic acid 20 per cent poured over the bandages; to remove scarfskin and serum which thickens and forms scab from the

end of first 48 hours, warm, soft water and castile soap once in 12 hours, alternating with olive oil which softens the parts, and reduces extreme tension of the skin. In certain cases the use of the carbolic ointment is quite sufficient, two or three applications well rubbed into the skin seeming to kill the poison. The use of soda and ammonia, among light skinned persons, is very effectual, some being able to bear these remedies when applied with very little dilution. The use of black wash is highly recommended by army physicians, and when applied early and persistently, will in many cases produce good results. Alcohol poured over affected parts as soon as any heat is felt, and continued will relieve certain cases. Glycerine and cream for children. Sweet oil applied to exposed parts will prevent the absorption of the poison.

The leaves of various trees made into infusion, chief among which are grindilia robusta, and bay bear bush, eucalyptus, and buckeye, are much used by the ranchers in California.

* * * * *

After storms and fogs, especially in the morning, the poison being borne sometimes for 30 or 40 feet through the medium of the moist atmosphere, the smoke of the burning wood and leaves is especially poisonous, and often times several families living near burning forest or timber land are infected together—poisoned by smoke, the number of boils which may not be more than one or two in ordinary cases, are augmented to thirty or forty, and these develop an immense quantity of pus, fresh crops of boils often coming on for many months after.

In whatever manner the poison is carried into the system there seems to be a recurrence of the symptoms either yearly, or from the presence of a great amount of heat, which develops every condition that follows the first absorption of the poisonous element.

The months of December when the buds are coming out, and later when the leaves begin to fall in May are much dreaded by persons who "take poison oak"—as one infection provides no immunity from another. The anterior portion of the body, and especially the face and hands are most liable to attack.

SCARLET FEVER is epidemic in London. Eleven hundred and fifty-three cases had been treated up to September 13, but the type of the disease appears to be mild.

State Medical Board of California.

At the meeting of the Board of Medical Examiners, held Oct. 5, 1887, the following physicians, having complied with all the requirements of the law and of the Board, were unanimously granted certificates to practice medicine and surgery in this State :

- JOHN N. BAYLIS, M. D., San Bernardino; Univ. of Pennsylvania, Pa., May 1, 1886.
- CHRISTIAN BERNHARD, M. D., Visalia; Kansas City Med. Coll., Mo., March 4, 1884.
- CHARLES VIRGIL POGUE, M. D., Modesto; Univ. of Toronto, Canada, June 8, 1876.
- JAMES M. EMBRY, M. D., Pomona; Univ. of Louisville, Ky., March 1, 1870.
- WILLIAM FARRIS, M. D., San Francisco; Coll. of Phys. and Surgs., Republic of Iowa, Iowa, February 25, 1879.
- NEWELL K. FOSTER, M. D., Oakland; Long Island Coll. Hospt., N. Y., June 28, 1878.
- WM. M. GOUGH, M. D., Los Angeles; Med. Dept. Univ. of Louisville, Ky., March —, 1848.
- HERMAN E. HASSE, M. D., Los Angeles; Julius Maximilian Univ., Bavaria, June 19, 1861.
- THAD. W. HELM, M. D., Pomona; Missouri Med. Coll., Mo., March 2, 1886.
- ALBERT MALDONADO, M. D., San Francisco; Bellevue Hospt. Med. Coll., N. Y., March 14, 1887.
- THOS. FRANKLIN MCGEE, M. D., Azusa; Missouri Med. Coll., Mo., March 4, 1884.
- LORENZO NOTHRUP, M. D., San Diego; Rush Med. Coll., Ill., February 3, 1869.
- LUTHER MILTON POWERS, M. D., Los Angeles; Washington Univ. School of Med., Maryland, February 22, 1877.
- JOHN L. D. ROBERTS, M. D., Monterey; Univ. City of New York, N. Y., March 6, 1883.
- DAVID F. RUPP, M. D., San Diego; Kansas City Coll. of Phys. and Surgs., Kansas, March 4, 1879.
- ASBURY J. RUSSELL, M. D., Oakland; Univ. of Wooster, Ohio, February 27, 1868.
- JOHN INNES STEPHEN, M. D., San Francisco; Kings and Queens Coll. of Phys., Ireland, Dublin, July 23, 1886.
- HAYWARD GLAZIER THOMAS, M. D., Concord; Jefferson Med. Coll., Philadelphia, Penn., April 5, 1887.

WM. M. LAWLOR, M. D., Secretary.

Health Reports.

Report of the State Board of Health.

In the reports received from sixty-two towns in which deaths occurred during the month of September, we find a mortality of seven hundred and ninety-five in an estimated population of six hundred and thirty-six thousand one hundred and fifty, which gives a percentage of 1.24 deaths per one thousand for the month, or an annual rate of 14.88. If, for a moment we contrast our mortality with that of Eastern States, we will at once see the wonderful salubrity of our climate. For instance, we will take the month of August: our annual death rate as computed by the returns for that month was a fraction over 12 per thousand. In New York, it was 26.06; in Massachusetts, 17.80; Ohio, 19.67; Tennessee, 17.10; St. Paul, 15.09; in London, England, 23; Munich, 47.6; Cairo, 50 per thousand. The mortality for the month of September shows that we are entirely free from any fatal epidemic disease, and that the State is healthy throughout.

Consumption, as usual, shows the largest number of decedents, which were ninety-seven, chiefly strangers.

Pneumonia caused twenty-five deaths, which is a decrease of ten from the number reported last month, the weather being more favorable to those suffering from acute disease of the respiratory organs.

Bronchitis is reported as causing seventeen deaths, thirteen of which occurred in San Francisco, one in Salinas, one in San Jose, one in Petaluma, and one in Downey.

Congestion of the lungs had a mortality of ten, chiefly among infants.

Diphtheria. The death rate from this disease was about the same as last month, twenty-five deaths being caused by it; of these, nine occurred in San Francisco, eight in Santa Ana, three in Oakland, two in St. Helena, two in Watsonville, and one in Stockton.

Croup caused eleven deaths, all occurring in towns reporting diphtheria.

Whooping-cough had the small mortality of two.

Scarlet fever caused four deaths, two in San Francisco, and two in Oakland.

Measles is credited with but one death.

Smallpox caused one death in San Francisco.

Cholera infantum gives a death record of twenty-four, an increase over former report. In the succeeding months, when the weather cools, we may expect a decided decrease in the infant mortality from this cause.

Diarrhœa and dysentery, although of frequent occurrence, caused but three deaths, which is conclusive evidence of the mildness of these diseases.

Typhoid fever shows a decrease of nine from last report, there being but twenty-five deaths from this cause; nine of them occurred in San Francisco, the others in different parts of the State, all sporadic in character.

Typho-malarial fever, although more or less prevalent, occasioned but few deaths.

Remittent fever is credited with five deaths.

Cerebro-spinal fever is likewise credited with five deaths, all occurring in San Francisco.

Cancer was fatal to twenty-five persons.

Heart disease had a mortality of forty-six.

Alcoholism caused the death of eighteen persons.

The following towns report that no deaths occurred in any of them during the month: Amador City, Auburn, America, Cottonwood, Cloverdale, Colfax, Davisville, Forest Hill, Hills Ferry, Lincoln, Millville, Monterey, North Bloomfield, Truckee, Trinity, Calistoga, and Willits.

PREVAILING DISEASES.

From reports received from ninety localities, in different parts of the State, we learn that the general healthfulness prevailing during August continued during the month of September, and that no zymotic or preventable disease had shown any epidemic tendency wherever observed. This is especially remarkable in the cases of scarlet fever, which, usually very communicable, seem to be so limited in extension as to excite surprise. Why this disease should be so virulent and fatal at one time, and not at another, is one of the problems in medicine yet to be solved. In London, where scarlet fever is epidemic, over twelve hundred cases being in hospital during August, the spread of the disease is attributed to the unusually warm weather there prevailing. In our State we have had much warmer weather during the same period, yet it did not increase the prevalence of

the disease or cause its extension from its original location. The probable explanation of this immunity from epidemicity is the general good health of the community, their resistive powers to the inroad of disease being unimpaired by unfavorable surroundings, or meteorological conditions. The most frequently mentioned ailments continue to be:

Diarrhœa and dysentery, which have been observed with frequency in Santa Ana, Arbuckle, Redding, Bodie, Ætna Mills, North Bloomfield, Davisville, Sacramento, Truckee, Knight's Ferry, Castroville, Downey, Cloverdale, Sonora, Wheatland, Lockford, Weaverville, Elk Grove, Millville, Nicolaus, Merced, Modesto, Lemoore, Shasta, and Alturas. The mortality is exceedingly limited, hence we infer that the disease is quite mild.

Measles prevails to a limited extent in Cottonwood, Red Bluff, Anderson, Arbuckle, Modesto, Colton, Merced, Oakland, and San Francisco.

Scarlet fever is noticed in Elk Grove, Sacramento, San Francisco, Amador City, and Oakland. The cases under observation were mild, and without any tendency to spread or assume an epidemic form.

Smallpox. A few cases of smallpox have developed during the month in San Francisco. The exact number has not been sent to this office. Dr. D. D. Crowley reports that one case occurred in Oakland during the month. The case in Irvington, and the one sent from Berkeley, are both convalescent, as is the one sent to Santa Rosa from Cloverdale. Although the the latter case, through the unwarranted action of the county authorities, was the means of exposing many persons to the infection, Dr. Smith informs us that, as far as he can learn, all escaped without taking the disease.

Diphtheria. Many sporadic cases of this affection are noticed in several parts of the State. In San Francisco it is abating in the number affected, and in the mortality attending the attacks. In Santa Ana it is quite prevalent; it is also observed in Sacramento, St. Helena, Modesto, Watsonville, Etna Mills, Truckee, Stockton, San Jose, Amador City, Millville, and Oakland.

Whooping-cough is prevalent in Alturas, Salinas City, Cottonwood, Bakersfield, Mariposa, Cloverdale, Lemoore, and Downey. In regard to whooping-cough, we notice that the Attorney-General of the State of Michigan has rendered a decision that this disease must be classed among those diseases which are danger-

ous to public health, and which are therefore under the law to be reported by the attending physician to the Health Officer. He bases his decision upon the fact that, while for ten years the average deaths from smallpox were only 53 per year, in whooping-cough for the same period the average deaths were 156.

Erysipelas has been noticed in Downey, Truckee, Williams, Anderson, Nicolaus, Anaheim, Millville, Santa Ana, Salinas, Jolon, and San Jose. The type is mild, and the mortality exceedingly limited.

Typhoid fever, contrary to our expectations, is not mentioned with greater frequency than in our last reports. It has appeared in Sacramento, Etna Mills, Colfax, Hills Ferry, Salinas City, Sonora, Nicolaus, Anaheim, Los Angeles, Placerville, San Jose, San Diego, Santa Ana, Stockton, Oakland, and San Francisco. The cases are sporadic without any tendency to assume an epidemic form.

Typho-malarial fever is noticed with greater frequency than typhoid in Truckee, Downey, Lockford, Anderson, Etna Mills, Nicolaus, Millville, Arbuckle, Weaverville, Modesto, Red Bluff, and Redding.

Remittent and intermittent fevers are quite prevalent along the rivers and watercourses; they are, however, moderate in intensity and yield readily to treatment.

Pneumonia is noticed in many of the reports received, not, however, in sufficient number to call for comment as prevailing generally. With the advent of cool weather, we may look for an increase in disease of the respiratory organs, especially in the prevalence of bronchitis and influenza.

Cholera. We regret to say that cholera has been imported, upon the steamer *Alesia*, into New York, and, although the chances of its spreading have been materially lessened by the precautions taken by the health officers, we fear the future. When we recollect that a single article of clothing, infected with the cholera germs, may be laid away for months, and then, on exposure, develop the pestilence, we are not satisfied with the fumigation process instituted in this case as thoroughly reliable and effectually germicidal. We believe that all the clothing on the *Alesia* should have been burnt, and, for that matter, we believe it would have been cheaper for New York to have burnt ship, cargo, and all, rather than one cholera germ should survive to start an epidemic. We must not trust to

chance in this matter, but anticipate the worst, and endeavor to avert its consequences by sounding the alarm now, and insisting upon our cities, towns, and villages giving to their inhabitants the three great essentials of a healthy life, viz. : pure water, pure air, and pure soil. In order to do this, all sources of contamination ought to be removed; all privy and cesspool abominations should be deodorized, disinfected, and carried away where they may be rendered harmless by mixing with dry earth, and then using as fertilizers. No town can afford to invite cholera where it can be avoided by perfect cleanliness and combined sanitary effort. Every town should *now organize a local Board of Health*, appoint an active wideawake Health Officer, and give him united support in doing his duty. There is no longer any doubt whatever that *cholera* can be deprived of its power of extension by sanitary effort, as without food it cannot live. Its food is filth, decaying organic matter, and soil contamination. Any community that refuses or neglects to use the means requisite to put and keep its surroundings in good wholesome condition, deserves the fate that will most assuredly befall it if epidemic disease makes its appearance in its midst.

GERRARD G. TYRRELL, M. D.

Permanent Secretary California State Board of Health.
Sacramento, October 10, 1887.

Administration of Antipyrine.

Translated by D. W. MONTGOMERY, M. D.

Germain Sée read another paper before the Academy of Medicine of Paris, on the administration of antipyrine to control pain. According to his observations, it is an efficacious therapeutic agent in controlling pain in both acute and chronic articular rheumatism, also in gout and its paroxysms. He says it gives better results in these affections than are ordinarily obtained from other medicaments. The quantity taken during twenty-four hours should be three grains, divided into three equal doses, and it ought to be continued for some time after pain has ceased. It can also be used as a pain controlling agent in lumbago, intercostal neuralgia and sciatica, fulgurating pains of ataxia, the cardiac pains of anæmia, and of angina pectoris. Part of the dose may be given by the mouth, and the rest by subcutaneous injection. In angina pectoris it may be associated with pyridine.—*Le Progres Medical*.

PACIFIC MEDICAL AND SURGICAL JOURNAL

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SAN FRANCISCO, NOVEMBER, 1887.

Editorial.**THOUGHT TRANSFERENCE.**

During the past month Mr. Washington Irving Bishop has been entertaining and instructing the audiences which have assembled to see him give exhibition of his wonderful power of mind-reading. He has entertained them by showing the stock tricks of spiritualism and instructed them by the exercise of a power which is not understood, and which few people acknowledge the existence of at all.

We attended a number of evenings, and each time became more and more interested in watching the exercise of this power of which we had been so skeptical, that we had always laid any exhibition of it at the door of fraud.

That our readers may understand more clearly how these experiments were conducted we will describe one or two of them.

Mr. Bishop comes upon the stage and in the first place asks his audience to choose a committee of twelve gentlemen who go upon the stage with him. Choosing from this committee a well known man he asks him to take a dagger which he hands him; to go into the audience and to strike any one with it; then

to hide it in any part of the house. While this is being done Mr. Bishop in company of two or more of the committee is in an anteroom. All being in readiness Mr. Bishop while still out of the room is blindfolded and led on to the stage. Being placed next the person who has hidden the dagger he tells him to keep his mind fixed on the place where he has hidden it and not to let his mind wander. Asking him to place his hand near his, in a moment he seizes him under the arm with his right arm and holding the tips of his fingers with his left, he starts down the steps, and part of the time on a run he drags his companion after him around the hall. In this manner more or less quickly he finds the dagger and then the person struck.

In another experiment a common pin is hidden or stuck in any part of the wood-work of the house, or in the clothes, or about any person in the audience. This is found with equal facility. The date of a coin or the number of a bank note in the pocket is written upon the blackboard, if only the person knowing the number is standing in near proximity, although the hand of the person is generally held by Mr. Bishop.

Mr. Bishop does not pretend to always succeed, nevertheless he seldom fails. He may fail with one, but he will finish the experiment successfully with another. The rapidity of his success depends upon the ability of his subject to exclude extraneous subjects, and to picture in his mind the position in the house and the peculiarities of face and dress of the person sought. This power is very different in different individuals and it may be trained to a great extent. Robert Houdin states that when a boy his father one day asked him to look into a show window which they were about to pass and to tell him after passing it what he had seen displayed. He could only remember two or three articles. His father caused him to practice this power of observation daily and in a short time he was able to bring to his mind so perfect a picture that he could enumerate almost every object placed in a large window. One person will hold in his mind a blurred picture which has been,

as it were, taken out of focus; another will have a clear cut picture in which all the details stand out distinctly. With the first thought transference is impossible, for there is nothing but a blur to transfer; with the second success is possible, for the scene is clear to the mind-reader, and he can go directly to the spot if in search of an article which has been hidden there.

Another point which has bearing on the success of the experiments is the physical condition. If the experimenter is strong and well he is not so likely to succeed as when weakened by sickness and in a highly nervous state. In the latter condition the picture seems to stand clearly before him and he rushes to the spot by the shortest route.

The first thing which the observer notices in witnessing these experiments is this very rushing about. In an ordinary state of mind it would be impossible for a blindfolded man to even find his way about a large crowded hall without feeling his way slowly and stumbling as he went. Mr. Bishop goes on a fast walk, even running at times, up this aisle and down that, sometimes on the floor of the house at others in the gallery, now and then making a misstep or tripping over some article left in the passage way, but usually walking with wonderful surety. This same power is apparent when blindfolded he takes the reins and drives through the streets of city to the place where the object is hidden. What man in his ordinary senses would attempt such a feat? Secondly, by watching him on a number of occasions the fact is very evident that he succeeds best with the lawyer or active business man who is capable of concentration of thought, than with one whose mind is not trained in this direction and who is less able to recall the picture in his brain. It is not sufficient to concentrate one's mind and to repeat to one's self "coat, left hand pocket," for there are numberless coats and left hand pockets in the audience, but such a picture must be held in the mind that, if described, a man with his eyes open would have at least a chance of finding the spot. Thirdly, a very noticeable fact is that Mr. Bishop's mistakes or failures are often-

times far more astonishing than his successes, besides still further eliminating any suspicion of fraud. Sometimes they are such that there appears no legitimate explanation for them not even on the theory of mind-reading.

We have repeatedly seen the person who was to hide the object start to hide it in one place and then change his mind and hide it in an other. Mr. Bishop invariably goes to the first place before going to where the object was finally hidden, apparently showing that although the subject endeavored to keep his mind on the last place, he could not banish the first intention sufficiently from his mind to prevent its being perceived by Mr. Bishop.

Innumerable explanations on the theory of fraud have been attempted, but the only ones worthy of consideration are: first, that he has confederates; that he sees under the bandage, which does not cover the lower portion of the nose, and thirdly, that his success is due to exquisitely trained muscular sense, that is, that the subject invariably leads him.

Of the first theory, we can only say that every possible opportunity is given the audience to guard against confederates being used, and every suggestion from the audience is invariably complied with.

The second theory is that he sees. Supposing he does see, do not his experiments remain equally astonishing? But he does not see. One skeptical gentleman asked the privilege of blind-folding him. It was instantly granted. A large wad of absorbent cotton was placed over each eye; over these were placed a pair of buckskin gloves, while a handkerchief held the gloves in place. "Perhaps," says Mr. Bishop, "you still think I can see, so please place over my head that large wooden bucket." Thus blinded, Mr. Bishop went straighter than ever to his object point.

The muscular sense theory is the most plausible, and at first we are inclined to believe we have the secret. It apparently explains the cases where there is contact, but it certainly fails

to make clear the experiments when there is no contact between the experimenter and subject. Neither will it explain the absolute certainty of being right that Mr. Bishop shows when he has found his man. How, by muscular sense is he, while blindfolded, enabled to pounce upon an opera glass lying in a lady's lap, and say to another, "Madam, if this is not your property, I will make you a present of a very handsome pair." By aid of trained muscular sense, one may succeed in a proportion of cases, but not in nine-tenths, and then show absolutely surety of being correct. After careful investigation, we utterly discard these explanations as being insufficient.

They are sufficient to explain how some tricks are performed by some persons, but they utterly fail as an explanation of the examples of thought transference which Mr. Bishop gives his audiences.

It seems to us that the mind-reader's condition is one of semi-hypnotism, and this is the explanation which he himself gives of his state of mind.

Hypnotism is an accepted fact in the scientific world, and it is well known that all the senses of persons in this state are in a condition of apparently supernatural keenness; these people see, hear, and do, that which in an ordinary condition is impossible. The mind of another person has a remarkable influence over them, an influence which often extends to their waking state.

If these facts be accepted, is it so difficult to believe that Mr. Bishop, instead of hypnotising another, should, by the pressure of a bandage over his eyes, be enabled to hypnotize himself and place his brain in such a state of passiveness that he can obtain the thoughts of persons about him? One is no harder to believe than the other; accept the phenomena of one state as facts, and no reason can be given for denying the phenomena of the other.

The idea of thought transference is comparatively new, and its phenomena are startling, but nevertheless we believe them

to be true. Examples of it take place daily without attention being paid to them.

How often do two persons sitting quietly together fall into the same train of thought and are surprised when they discover that their minds are running in the same channel. How often do we hear well authenticated cases of two persons, who are bound together by ties of family and by those of deep affection, when separated, becoming instantly conscious of the fact if an accident befalls either one. Such examples can only be explained on the theory of thought transference.

It may be of interest to our readers to know that the well known book of Hugh Conway's, namely "Called Back," was written in consequence of Mr. Fergus asking Mr. Bishop whether by taking hold of a person's hand it were ever possible to see again enacted a scene which had taken place at some previous period of that person's life. On Mr. Bishop's proving by experiment that such a thing was perfectly possible, Mr. Fergus wrote his book, the plot of which turns on a like incident.

Where an investigation of thought transference may lead us, we know not, but if the fact is true it behooves us as medical men to be aware of it, and when met with to recognize it, and to be ready with another explanation than that the phenomenon is due to fraud or to a supernatural power.

LOMB PRIZE ESSAYS.

We have received from the Secretary of the "American Public Health Association," a set of the "Lomb Prize Essays," and we desire to direct the attention of our readers to them.

No. 1 is by Professor Vaughan, of the University of Michigan, upon "Healthy Homes and Foods for the Working Classes."

No. 2, by Dr. D. F. Lincoln, of Boston, is upon "The Sanitary Conditions and Necessities of School Houses and School Life."

No. 3, "Disinfection and Individual Prophylaxis against Infectious Diseases." By George M. Sternberg, M. D.

No. 4, "The Preventable Causes of Disease, Injury and Death in American Manufactories and Workshops, and the Best Means and Appliances for Preventing and Avoiding Them." By George H. Ireland, of Springfield, Mass.

It is the earnest desire of the Association that these essays be placed in the hands of every family in the country, and therefore a price which merely covers the cost has been put upon them. It is to be hoped that State or local Boards of Health, or sanitary or benevolent associations, or the like, will either publish these essays or purchase at cost of the association, for distribution among the people.

A GOOD RESOLUTION.

At a recent meeting of the San Francisco Board of Health the Secretary was instructed to issue burial permits only upon the presentation of death certificates signed by legally qualified and registered physicians.

There always has been an impression that such a law existed, but practically it has been of no value, since the custom has been to receive the certificates of anyone claiming to be a physician, without any regard to his legal or professional standing. The number of deaths from criminal abortions that have occurred during the last few months, together with the impossibility of convicting the undoubted culprits, from want of testimony, has led to the enforcement of the above resolution, in the hope that it will deter the public from employing irregular practitioners.

We can hardly expect that this will rid us of this obnoxious portion of the community, but certainly it must prove a thorn in the flesh. At present the public, as far as legal rights are concerned, does not experience much difference whether it employs a regular or irregular physician; but let it happen on two or three occasions that their patient dies—a not uncommon occurrence; that the burial permit is refused by the Board of

Health; that the friends of the deceased have to submit to an investigation by the Coroner, and the publicity will be found to be so annoying that many will be willing to dispense with the luxury of an illegal practitioner rather than incur the risk of having to undergo such an experience.

To insure against forging the names of regular physicians, all members of the profession are requested to sign an album in the Health Office, so that the signature may be ready for comparison with that upon any certificate that may be presented. We earnestly urge compliance with this request, as it will contribute greatly to the efficacy of the law, and, at the same time, may prevent some of us from figuring in an unenviable light.

In this connection it is interesting to note that suit has been brought against "Dr." A. C. Stoddart, *alias* Liebig's Dispensary, to recover \$200 paid to him for medical treatment. The plaintiff claims that "Stoddart" frightened him into the belief that he was suffering from a dangerous disease, and guaranteed to cure him for the above mentioned sum. He is now convinced that he was the victim of a hoax, and sues "Stoddart" for obtaining money under false pretenses. We are glad to see suit brought upon this ground, as it is the only one on which advertising irregulars are likely to be convicted.

TRANSACTIONS OF THE NINTH INTERNATIONAL MEDICAL CONGRESS.—The Executive Committee while in session in Washington adopted the following resolutions that may be of interest to many of our readers:

"Resolved, That all papers read, and the manuscript reports of all discussions, and all illustrations, must be handed in to the Secretary General *before* November 1, 1887, in order to secure a place in the Transactions.

"Resolved, That notice be given that the *price* of the Transactions shall be fixed at \$10, to those persons desiring to purchase, and that such persons be requested to send their names, with the amount, not later than November 1, to Dr. E. S. F. Arnold, Newport, Rhode Island, the Treasurer."

Notices of Books, Pamphlets, etc.

A TREATISE ON SIMPLE AND COMPOUND OPHTHALMIC LENSES: Their refraction and dioptric formulas, including tables of crossed cylinders and their spherocylindrical equivalents. By CHAS. F. PRENTICE. Published by James Prentice & Son, New York.

The only allusion to the fact that this little work is an advertisement for a firm of lens-makers is to be found on page 42, in a special notice over the signature of James Prentice & Son, opticians, New York, in which they modestly say: "As the satisfactory execution of these (oculist's prescriptions) by opticians in general will depend upon the latter being theoretically as well as practically qualified, we trust the preceding pages may give sufficient evidence in our favor to gain the good will and confidence of oculists in this regard." The "preceding pages" contain brief but perfectly simple and explicit descriptions and definitions of the various lenses and prisms commonly and uncommonly in use, from the plain, simple lens to compound lenses of mixed meridians, which is prefaced by a brief treatise on refraction in general. Each system is illustrated by an admirably executed wood cut. Appended are tables giving the spherocylindrical equivalents for crossed cylinders. As a reference book for oculists it is valuable, and reflects much credit upon its publishers.

THE PRINCIPLES OF ANTISEPTIC METHODS APPLIED TO OBSTETRIC PRACTICE. By PAUL BAR, Accoucheur to the Maternity Hospital, Paris. Translated by HENRY D. FRY, M. D. Philadelphia: P. Blakiston, Son & Co. San Francisco: The Bancroft Co. Price, \$1.75.

Dr. Fry has translated this work most satisfactorily, and should have the thanks of the profession, for the subject is one that has not received much attention outside of the larger hospitals. In no branch of medicine (in its broadest sense) has the wonderful results of antiseptic treatment been more brilliant.

By careful carrying out of antiseptic precautions in the large lying-in hospitals of Europe, a mortality of 10 and 15 per cent was reduced suddenly to less than 1 per cent, and even this fraction of 1 per cent was usually due to other causes than septicæmia.

Although in private practice it may not be considered necessary to take all the precautions which are held as of importance in a hospital, still the reader will find many useful hints which

may save the lives of his patients, and spare him many an anxious hour.

The subject of antiseptics is very thoroughly handled, and its good points are brought before the reader by excellent and trustworthy statistics.

OPERATIVE SURGERY ON THE CADAVER. By JASPER JEWETT GARMANY, A. M., M. D., F. R. C. S. New York: D. Appleton & Company, 1887. San Francisco: W. S. Duncombe & Co.

This work consists of short, explicit directions for operative work. The best method of using different instruments is first described, and then follow the operations upon the various parts of the body. No space is wasted, either by words or by illustrations, a fact which we believe greatly enhances its value for the earnest student.

A new monthly review of gynecology, obstetrics and abdominal surgery has appeared under the name of "ANNALS OF GYNÆCOLOGY." It is edited by DR. E. W. CUSING, M. D., of Boston. It is published by Messrs. Rockwell & Churchill of Boston.

PAMPHLETS RECEIVED.

BIOLOGY OF TUMORS. By N. SENN, M. D. Milwaukee, Wis.

SURGICAL RELATIONS OF THE ILEO-CÆCAL REGION. By J. MCF. GASTON, M. D. Atlanta, Ga.

PATHOLOGY, DIAGNOSIS AND TREATMENT OF PERFORATION OF THE APPENDIX VERMIFORMIS. By same author.

ANNUAL REPORT OF THE GENERAL SUPERINTENDENT OF THE NEW YORK CITY ASYLUMS FOR THE INSANE, FOR THE YEAR 1886. By Dr. A. E. MACDONALD.

UNIVERSITY OF PENNSYLVANIA, VETERINARY DEPARTMENT. Catalogue and announcement. 1887.

REPORT OF PROCEEDINGS ILLINOIS STATE BOARD OF HEALTH, QUARTERLY MEETING, Chicago, July 8th, 1887.

A STUDY OF THE PHENYL-HYDRAZIN TEST FOR SUGAR IN URINE, AS APPLIED BY ULTZMANN. By A. K. BOND, M. D., Baltimore, Md.

TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND. Eighty-ninth Annual Session.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF WEST VIRGINIA. Twentieth Annual Session.

MEDICAL COMMUNICATIONS OF THE MASSACHUSETTS MEDICAL SOCIETY, Vol. XIV, No. 1-87.

FUNCTIONAL NERVOUS DISEASES; THEIR CAUSES AND THEIR TREATMENT, with a supplement on the anomalies of refraction and accommodation of the eye and of the ocular muscles. By GEO. T. STEVENS, M. D., Ph. D. New York: D. Appleton & Co.

SCRAPS OF MEDICAL PICKINGS AROUND THE WORLD IN FOURTEEN MONTHS. By A. T. TADLOCK, A. M., M. D.

Extracts.

The Ninth International Congress.

That the many readers of *The Journal* may know the real character and success of the recent International Medical Congress in Washington, we copy the following leading article from the London *Lancet* of September 24, 1887, pp. 617 and 627. Certainly no higher or more impartial authority could be invoked. *The Lancet* says:

“ The success of the Ninth International Medical Congress is a matter for thankfulness. The interruption of the series of Congresses would have been little less than a calamity and a disgrace for the profession in all nations. Any serious imperfection in the meeting, either as respects numbers or the character of the discussions, would have been but little less unfortunate. But the Congress has been held under most honorable auspices; the famous hospitality of the United States has been fully realized; and those who went great distances to attend the Congress have been amply rewarded, and will return to their various countries and duties with higher impressions of their calling and deeper convictions of its progress, both on its scientific and its medical side. We cannot but rejoice that our own country was well represented in many of the Sections; the names of many well-known English physicians and surgeons will have been noticed in the reports which were received by cable from our special correspondents at Washington. We confess that we read the report of the concluding proceedings of the Congress with the most pleasurable emotions, and not least the remarks of the English members. A break-down of the Congress in Washington would have been only a less acute pain to us than a break-down in London. And we accept the concluding speeches of our countrymen and of our *confreres* of Berlin and Paris, Dr. Martin and Dr. Landolt, and others, as proof that the Congress has been worthy of its predecessors, that it contained a larger gathering of foreign members than any of them, and that it is calculated to promote the advancement of our art. Those in the United States who have worked to this end, in spite of much discouragement, well deserve the gratitude which was accorded to them by formal resolution. We have purposely abstained, in our allusions to the Congress, from

pointedly referring to the domestic differences among our brethren in the States, which threatened to seriously mar the success of the Congress, if not to prevent it altogether. Those who persevered in spite of all opposition, and who have carried through the Congress so successfully, may well be satisfied. They have done a great service to their country and to their profession in all countries. It is not necessary for us to say that they committed no faults and made no mistakes. Such praise is not for mortals in a world so full of 'spilt saltpetre' as ours. But they have carried through the Congress, and we thank them. There is yet one other service they can do: in any official action that now devolves upon them, to strive to obliterate the last relics of discord, and to hand on the light of truth and charity, undimmed and unqualified, to those in Berlin on whom will now rest the burden of responsibility for the next Congress. They can well afford to be magnanimous, and to help to make the representation of the States at Berlin so complete as to bear no traces of recent divisions.

“ The scientific value of the addresses and papers read at the recent Congress cannot be estimated till we have seen them in full. On the whole, judging from abstracts of the papers and discussions, we are inclined to say that they have been practical rather than theoretical, and have had reference to useful rather than transcendental aspects of medicine. Neither, so far, have we met with much indication of original matter in the papers. But this is no dispraise. It was meet that in the most practical nation in the world papers and discussions should take a practical turn, and deal with questions at their practical point. No branch of medicine can be said to have been neglected, from that which deals with the brain to that which deals with the risks of decayed teeth; including, by the way, several instructive cases of pyæmia. The statistics of vaccination were much advanced in a paper by Dr. Josef Korosi, Director of Communal Statistics of Buda-Pesth (to which we hope to make more special reference), and other questions of Public Medicine were made subjects of interesting discussion. Every branch of medicine was well represented—notably the ophthalmic, the gynecological, and the dermatological; so that we venture to forecast that the volumes of the Transaction Reports will have considerable practical importance.

“ Notwithstanding that the City of Washington is, like most

other cities, liable to suffer an annual desertion by the most influential part of its population during the early autumn, the ninth meeting of the International Medical Congress has been one of the most successful of its kind. We shall not err in saying that as a social undertaking merely, without regard to its professional aspect, this transatlantic gathering holds a place not second in importance to anything of a similar character that has happened, or is likely soon to happen, on this or that side of the dividing ocean. As an assemblage of medical practitioners and teachers met together with a common purpose of comparing and correcting the results of observation and invention, of devising new plans for future investigation, and of applying new modes of treatment in the art of healing, its significance is equally remarkable. With the single exception of London, no European capital has attracted so many representatives of medicine and surgery since the International movement first originated. Successful in point of numbers, the conference has not been less successful in possessing in more than one particular a thoroughly representative quality. It has been in the widest sense International. Almost every civilized people, besides races which might by courtesy be included in the same category, have contributed towards its membership. The four continents have given of the skill which is available for the treatment of disease in their civil practice, the military and naval services have subscribed each its quota of men and of material for discussion. Again, as regards the subject-matter, it is almost superfluous to point out the illustrative diversities of study by which the sum of medicine can be viewed as through so many windows, and to state that each of these has received its full share of recognition in the working programme of the Congress. Last, but not least, the whole business and pleasure of this meeting have been administered with a cordial good fellowship truly representative of that spirit of hospitality which happily characterizes the American people and annually admits to the privileges of free citizenship strangers out of every country without distinction. President Cleveland and his assessors in the work of Government have been foremost in showing attention to the American practitioners and their guests. Not only have they taken an active part in the extra professional work of the Congress, but it is through their influence that Government buildings have been on several occasions available

for social gatherings of the members. We are happy to recall the fact that in so doing they have but revived the precedents afforded by the conduct of other States, but we appreciate no less on that account the warmth of their generous consideration. Nor must we forget to offer an equal tribute of esteem to the American medical press, and to those citizens of Washington who distinguished themselves by affording a similarly handsome hospitality."

Inasmuch as the International Medical Congress of Washington has passed and been freely awarded a high and honorable position with its predecessors by the medical press of other countries, we desire to add only an earnest hope that the medical press of this country will accept the gratifying result, and instead of nursing old prejudices or seeking for imperfections and errors, to which all human beings are liable, will henceforth labor for the unity and advancement of the profession as a whole, and to secure an American representation in the International Medical Congress of 1880, at Berlin, as intelligent and honorable as came from the other side of the Atlantic to Washington in the Congress of 1887.—*The Journal of the American Medical Association.*

The Forceps.

By J. J. RODMAN, M. D., of Owensboro, Ky.

(Read before the Owensboro Medical Society, March 2, 1887.)

The forceps offer artificial hands to be applied, without injury, to the foetal head, and render practicable the accomplishment of that which the unaided, unarmed human hands could not do. Yet how many centuries medicine waited for the realization of this important idea, and how meager was obstetric science, how imperfect obstetric art, until the idea was made actual.

Peter Chamberlen invented the forceps sometime during the first quarter of the seventeenth century. At what particular date is not known, for the invention was kept a secret for many years. His nephew, Hugh Chamberlen, went to Paris in 1670, hoping to sell the forceps for about \$6,000, but failing to deliver a woman with a distorted pelvis, he gave up the contemplated sale and returned home. In 1693 he sold his secret to one Roonhuysen, of Amsterdam. Roonhuysen associated with himself Ruysch and Brekman, and succeeded in having a law passed forbidding any one practicing obstetrics unless first ex-

amined by them and procuring their secret. They even stooped so low as in some instances to give only one blade to the purchaser.

Roonhuysen had a student, Vanderelwan, to whom he promised to teach the use of the forceps, but failed to make his promise good. One day the student had an opportunity to see the forceps without his preceptor's knowledge. He made drawings of it and let a friend have them. That friend communicated them to Peter Rathlan, who, coming to Amsterdam to practice obstetrics, had been rejected by the Amsterdam Examiners because he refused to buy their secret. He, actuated possibly by revenge, published a description of the forceps in 1747.

Mr. Chapman, in 1733, published a description and plate of forceps used by him since 1726, stating it to be the instrument used by the Chamberlens, but without stating whence he procured it.

Kleinwachter states that at the beginning of the present century every professor thought it important that he should devise a new forceps, which of course, when made, received his name. This ambition has not been limited to obstetric teachers, nor is it yet extinct. Hence it comes we have forceps innumerable—long and short, curved and straight, crossed and parallel—so that it is difficult for a beginner in purchasing to know whether he is getting a good or a useless forceps.

The original invention has been vastly improved upon. One of the greatest improvements is the pelvic curve in the long forceps, which allows it to be much more readily adapted to the head in high operations, and traction made—when applied—with less danger to the soft parts.

The blades should be light and have some elasticity, but no flexibility. The fastening should be the simplest possible to adapt, such as that in Simpson's or Elliot's forceps, which fasten by a notch in one shaft in which the narrow part of the other fits. It is very easy to fasten, and when fastened holds securely.

The blades are denominated the right and left. The right being held in the right hand and introduced into right side of mother's pelvis. The left held in left hand and introduced into left side of mother's pelvis. The forceps have different powers; the first is a dynamic, or power of increasing uterine pains when introduced. This is not an inherent but what may be termed an accidental power.

It may be used to compress the foetal head. To do so the greatest divergence of the blades must be less than the greatest transverse diameter of the child's head, which is normally three and one-half to four inches. The greatest divergence of the blades is rarely more than three inches. Therefore, when the blades fit the head loosely the handles diverge. Practically the head is rarely grasped in the transverse diameters but one more or less oblique. To have any power to compress, the handles must be long and strong, the back strong and the blades not much longer than the handles. But it would be useless to provide the compressing power if the head were not compressible. This we know to be true by the elongated shape it takes in protracted labors. Dr. Thomas is in the habit of illustrating the compressibility of the head to his class in the following manner: After repeatedly delivering a foetus with forceps, he fills the head with plaster-of-Paris, after allowing it to become hard he again attempts to deliver it; this he finds almost if not impossible to do.

Most physicians use a side to side, or oscillatory movement, combined with traction. In this movement first one and then the other side of the birth canal, or the hand placed external to it, is the fulcrum, the power is at the handles, and the resistance at the head. Dr. Mathews Duncan and Dr. Tyler Smith object to this use of the forceps.

Dr. Parvin says: "It not unseldom happens that in occipito anterior positions the introduction of the posterior blade of the forceps causes the occiput to rotate into the pubic arch. But in general the use of the forceps as a rotator is but exceptionally advisable, and frequently the attempt then is only an attempt, only an experiment.

"The essential power is as a tractor. But how much force should we use, and should it be continuous or intermittent, and in what direction?"

Mathews Duncan says in easy labors the force used does not usually exceed the weight of the child. In difficult cases it is much more, possibly amounting to fifty pounds. According to Tarnier, endorsed by Delmo, it is scarcely ever necessary to use a force exceeding one hundred and thirty-two pounds; more than that is dangerous. Every one will agree that the traction should be made in the axis of the birth canal, but they differ very much as to direction of that axis. For a time they held

that was represented by the curve of corus. Then different views were published. I incline to Dr. Parvin's description, viz.: "At first a line downward and backward to the floor of the pelvis, and then on a line almost perpendicular to it. Hence, when the head is up in the canal, traction should be made downward and backward, till the floor is reached, then upward and forward. This we will find hard to do when the head is at the brim of the pelvis. To effect this many place one hand on lock, or on blades beyond the lock, and press downward, while with the other hand on the handles they resist this force, making the handles a lever rather than a tractor." In 1877 Tarnier attached traction rods to the blades of his forceps in order to be able to make traction downward and backward from brim of pelvis. The traction should be intermittent, a pull and a pause, in imitation as natural delivery. A slight side-to-side or pendulum movement may be used with traction.

Here the great danger is haste; with a well fitting forceps, properly applied, you have the completion of labor absolutely at your command. Remember, there can, in most cases, be no harm come from some delay, while hasty delivery is attended with great danger. On this subject I will quote the following from Playfair: "The only valid objection," says he, "I know of against a more frequent resort to forceps in lingering labor is, that the sudden emptying of the uterus in the absence of pains may predispose to hemorrhage; and it cannot be denied that it is one of some weight; however, if due care be taken to operate slowly, and to allow several minutes to elapse between each tractive effort, while at the same time uterine contractions are stimulated by pressure and support, this *need not be considered* a contra indication."

To use the forceps the membranes must be ruptured. The os well dilated, or at least far enough to admit the instrument, and dilatable. Bowels and bladder must be empty, and if possible the position of the head ascertained. I say head, for I do not consider it good practice to apply the forceps to any other part, though many obstetricians advocate the use of forceps in breech presentations, among whom are Miles, of Cincinnati, and Lusk, of New York.

In using the forceps place the patient across the bed with hips drawn near the edge; if foetal head is high up place hips on edge of bed and feet in chairs, place the nurse at patient's head

to reassure her, and an assistant to support her knees; warm the forceps by placing it in warm water, oil the blades well. Take your position between patient's knees or a handy one, take left blade in left hand with right hand well oiled, introduce two, three, or four fingers into vagina, and if possible pass them back to rim of os, then with handle pointing upwards and to mother's right introduce point of blade along palmer surface of right hand, using very gentle pressure. The hand thus protects the maternal soft parts. The handle is brought down and to left, and the blade sinks as by its own weight into the perineo sacral gutter. This is given to an assistant to hold steady, while the right blade held in right hand is introduced in like manner into right side of pelvis. There may now be some difficulty in locking the blades. If one is introduced farther than the other, withdraw it till even. If they are not on same plane, with gentle turn endeavor to bring them into opposition. If this can not be done without using force, better withdraw one or both and reintroduce them, *always* remembering Blundell's injunction, "art, not force."

The question here arises, shall we introduce the instrument in the transverse diameter of the pelvis, or shall we grasp the head in its biparietal diameter regardless of its position? In the low operations where the head is pressing on the perineum or nearly so, internal rotation has already taken place and the biparietal diameter of the head corresponds to transverse diameter of pelvis. But when head is at the brim, or before rotation has taken place, authors differ as to the better mode of procedure. Some say fit the blades to side of head, others contend that blades must be introduced in transverse diameter of pelvis regardless of position of head. I think the safer plan is to introduce them in transverse diameter of pelvis in all cases.

As to frequency of forceps deliveries, statistics differ very widely, some accoucheurs resort to it in twenty per cent of their cases, and some never use it. In looking over my books I find in the last one hundred cases I have delivered ten with forceps. The only serious accident that occurred to me was, in the beginning I ruptured some perineums. But experience has taught me to take more time and the perineum will fare better. Do what you may, the perineum will be torn more or less in nearly all primipara, forceps or no forceps. To escape injury to it a great many recommend that the forceps be re-

moved as the head enters the vulva. Among whom are Madame Lochapelle, Lusk, Taylor, of New York, and Goodell and others. The objection to this is, that a violent contraction may expel the head while the accoucheur is removing the instrument and powerless to assist the perineum. Parvin says the forceps may be so used as that the perineum will suffer less injury than natural labor. Being of the latter opinion, I never remove forceps till the head is born.

A Dr. Mitchell, of Pennsylvania, reports six or seven hundred cases of labor and never used the forceps. He says, as may be expected I had a large number of still-born children. He says further, that two or three of them might have been saved, had he been experienced and used forceps.

Dr. Hamilton, of Falkirk, uses forceps in every seventh or eight delivery, and has thus had seven hundred and thirty-one deliveries without a single still-birth.

Churchill, in analyzing statistics given in his work as to the frequency and result of forceps deliveries, says: "It would seem that although the Germans use the forceps much more frequently than we do, they often thereby avoid a much more fatal operation."

Playfair says: "Of all obstetric operations the most important, because the most truly conservative, both to the mother and child, is the application of the forceps. In modern midwifery the use of the instrument is much more extended, and it is now applied by some of our most experienced accoucheurs with a frequency which older practitioners would have strongly reprobated. That the injudicious and unskillful use of the forceps is capable of doing much harm, no one will for a moment deny. *This, however, is not a reason for rejecting the recommendations of those who advise a more frequent resort to the operation, but rather for urging on the practitioner the necessity for carefully studying the manner of performing it, and making himself familiar with the cases in which it is easy or the reverse.*" The subject could not be placed in a stronger light.

To those older members of the profession who object to the more frequent use of the forceps by their juniors, and who hold that so long as the woman is able to deliver herself by the natural powers forceps should not enter into the case, we would say with all due deference to age, and honor for long service well done, we must progress with the age, even if you are con-

tent to remain where you are. We know it is hard to overcome the teachings of youth, which have been practiced for years, and we see the benefit of in placing a curb on the young enthusiast.

Still when we see a woman, that noblest creature of God, suffering pain after pain for hours, wasting her strength in a futile effort to deliver herself, and when she calls imploringly to us for help, and we holding the means of relief in our hands and know that when skillfully used there can be no harm done with it, either to mother or child, and know further "that the risk to the mother, and still more to the child, increases seriously with each hour that elapses" (Playfair, page 315), is it not hard to stand idly by and say, "it will be all right in time?" For ourselves we can not, and believe that no one who has acquired a skillful use of forceps can.—*The Medical Herald*.

Batley's Operation—Its Matured Results.

By Dr. ROBERT BATLEY.

In August, 1872, the author performed his first operation for the removal of the functionally active ovaries for the relief of otherwise incurable troubles. Up to the present time there has been no statistics as to the ultimate effect of the operation. Reports have been given showing the immediate results, but none showing the results on the affection for which the operation was performed. All the cases reported in this paper have been traced carefully up to the present time. They were all the subjects of a complete Batley's operation, and had all been operated on a year, or longer. The name "Batley's operation" was retained, as it expresses the idea of the induction of the change of life artificially for the relief of disease, and this idea is included in none of the other terms, such as spaying, oophorectomy, etc. Fifty-four cases were reported in the present paper. Of these, thirty-three were cured, eight much improved, five were slightly improved, and eight were not at all improved. In fifty of these cases a complete menopause was induced, and in four there was a continued pseudo-menstruation. The detailed histories of a number of typical cases were then given. The following conclusions were then presented:

1. The change of life is the most important factor in securing the complete result of this operation.

2. In exceptional cases the cure almost at once follows the operation, but in the vast majority of cases the patient must pass

through the ups and downs incident to the change of life before the restoration to health is complete.

3. The length of time required to pass through the nervous and physical perturbation attendant upon the change of life is variable. It may be one year, or it may be three or five years.

4. Of the cases operated on, a few were no doubt badly selected, and the proper selection of cases is a problem yet to be solved.

5. Patients who have been addicted to the habitual use of morphia, opium, chloral or alcohol, cannot be restored to health until the pernicious habit is abandoned.

6. Cases which are the proper subjects of this operation, if allowed to suffer, eventually reach a stage where they become absolutely incurable by any operation.

7. In a number of cases the patients were in no wise benefited by the operation. In several of these cases the indications seemed clear and unmistakable.

8. In some cases neuralgic pain remained. How much this was due to an unabsorbed ligature was a question to be considered.

9. A careful analysis of the cases seems to show that the removal of the tubes with the ovaries had no influence in the establishment of the menopause, the only effect of their removal being on the disease of the tubes themselves.

10. The operation is not an infallible one; the percentage of failures recorded is a notable one; but when it is remembered that the cases included are only those otherwise incurable, each case cured is a positive gain. A like percentage of cures in cases of cancer of the uterus, or of cancer of the breast, would be an achievement of the greatest magnitude.

In reply to the various questions asked of Dr. Battey, in the discussion which followed the reading of his paper, he said: I would say that I do not restrict the term Battey's operation to the removal of the ovaries. The removal of the ovaries is not a necessary constituent of the operation. Battey's operation consists in the induction of the menopause, no matter in what way it is brought about. The removal of the ovaries does not always bring about the menopause; the removal of the ovaries plus the tubes does not invariably cause the menopause; the removal of the ovaries plus the tubes, plus the ureter, does not always bring about the menopause. In my experience the ovaries are always diseased, but this is simply an accident of the

operation. The operation is not done for the removal of diseased ovaries. Battey's operation is no normal ovariectomy. I entirely repudiate that term. As a rule, I remove only the ovaries; but in a small proportion of cases I remove the tubes, but only when the tube is the seat of positive disease, such as pyosalpinx or hydrosalpinx. The condition of the uterus varies in each case. I do not insist upon visible changes in the ovary to justify its removal. I rest for my justification on the urgent necessities of the case and on the fact that nothing else effective has been proposed. I do not operate until all other measures have failed.—*The Medical and Surgical Journal, October 8, 1887.*

Letter From Berlin.

In my letter from Paris I had so much to say about Apostoli and his wonderful electrical treatment of diseases of women, that I had no space left for that wonder of this medical age, Professor Charcot. Have you ever seen him? Of medium height but most commanding presence; his long hair drawn back from his massive forehead and hanging down his neck; his head poised high and bringing into strong prominence his aquiline nose; his eagle eyes, which pierce through yours so that he seems to read your very soul, but which you cannot look beyond. No wonder that he can tame the wild maniacs of the Salpetriere with one magic glance. He calls it hypnotisme, this power that he has, and he and many others say that many people might learn to acquire it. But I think it is mesmerism *pur et simple*; that incomprehensible power which a great mind has over a weaker one. By it he is able to cure many diseases of defective innervation, of the hysterical class, which are due to weakness or absence of will power, and which power he supplies for them until they regain their own. It is a wonderful sight to see him, like the "Great Physician," commanding the paralyzed to take up their bed and walk; or to see him step up to another tortured with ceaseless movements, which are at once arrested by a single look. What a charming lecturer! He does not call them lectures or clinics, but conferences. We all sit around him, leaving a little open space between him and the patients about whom he is speaking, and he just talks away as if he was recounting reminiscences of the past; now a case, now an anecdote, now a theory and now a fact, but every one of them directly to the point. As you listen, you, too, become infatu-

ated with him, and feel that you must do like the poor maniacs, and cast yourself in humble submission at his feet. Two years ago I prepared a paper on a case of genuine scleroderma under my care at the Children's Hospital in London. Charcot had such a case, but not nearly so marked. But how he described it! All that I had discovered about it in six months of research he gave forth in polished and familiar terms.

Within the last ten years Berlin has made immense strides forward in the advance of medical education. By the well organized German system of centralization, the best man in each subject is always brought to the capital, but before reaching that summit of his ambition he may have been promoted twenty-three times, as there are that many universities in the empire, and they are all under the control of the Government. The number of the students attending them varies all the way from forty at Giessen to thirteen hundred at Berlin, besides, at the latter place, some five hundred foreign doctors constituting the medical floating population. Just before my arrival there, Schröder, the Professor of Gynæcology, had died, and Olshausen, of Halles, was promoted to his place, and so on all down the line until they came to Giessen, which was thus left without any. Then they took Hofmeier, who was Schröder's first assistant at Berlin, and made him Professor at Giessen, where he will have to remain until there is a vacancy in one of the twenty-two other universities, when he will be promoted one or perhaps several steps at a time. When I called upon Hofmeier, a day or two after his appointment, he was all ready with his effects packed, prepared to march on the morrow. In the same way Olshausen walked into the Women's Hospital a few days after leaving Halles and began operating as if he had been working in the same theatre all his life. He brought his own first assistant with him, Dr. Thorn, who will in turn be promoted to Giessen when Olshausen dies, but the other five assistants of Schröder remain as before. Even the private hospital of the deceased professor is generally purchased by his successor.

Olshausen is a thin, pale, slightly-built man, with black hair commencing to turn gray, and he wears on his face that intensely earnest and anxious expression which is an indication of the price he has to pay for being great. As one of his critics told me, he owed his position, a really exalted one, not to natural talent, but to indomitable energy and unceasing toil.

He is a splendid lecturer, using only the most classical language, but, unfortunately for strangers, speaks very little French or English. *Apropos* of the difficulty of languages, I found a growing feeling in favor of having one universal language for the whole world, and as English is already spoken by five hundred millions, it would be most graceful and on the whole easiest for the other nations, using some fifty other languages, to gradually adopt it. It could be done in a few generations, if English were taught in every school in the world in addition to the mother tongue. The same result is being reached, but much more slowly, by the present method of introducing English words into the French and German languages. Even in that way, in the course of a few hundred years, there will probably be only one mongrel language for all civilized nations. In the meantime I would strongly recommend all medical men who have sons destined for the medical profession to have them taught to speak English, French and German by nurses or servants from those countries, before they are sent to school. Pardon my digression. I was speaking of the splendid organization of medical teaching in Germany. One of its greatest advantages is the economising of time to the medical visitor. Thus I went there for gynecology and midwifery, and this is how I spent my day: Rising at 6 A. M., and after a bath and putting on clean underclothes, both of which are obligatory, and a light breakfast, which is at your own discretion, I arrived at the Frauenclinic, or Woman's Hospital, at 7 sharp. The porter requires you to sign a book, in which you state that you understand the principle of antiseptis, and that you have taken a bath, put on clean clothes, not been to any septic case, etc. You then go to a small waiting room, where you remove your outer clothing, collar, necktie and braces, and where you are furnished with a clean white coat. The air of this room is saturated with carbolic spray, in which you remain until 7:15, at which time you are invited to enter the operating theatre, where you find the patient narcotized, the assistants in their places and the operator just about to make his incision. Absolute silence prevails, and no one dares to touch an instrument; if he did it would be discarded.

Martin, who is the best operator, never speaks during an operation; Olshausen, the next best, being slower and more labored, speaks occasionally, while Gusserow, who is much inferior to

either of them as an operator, keeps up a lively conversation all the time. Olshausen operates from 7:15 until about 9:45, in which time he generally gets through an extirpation of the uterus or a laparotomy and two fistula or prolapsus operations. He then comes down to the midwifery clinic, where he remains till 11 o'clock. Here he generally has a case of labor under chloroform, or several cases in different stages, or perhaps a case of pregnancy at the eighth month, a case of ovarian cyst and a case of ascites, in order to practice the students at diagnosing.

The stranger who is so fortunate as to receive an invitation to Martin's private hospital, a walk of eight miles distant, at once proceeds there, where the operations last from 10:15 to 1:15, or less, as Martin is a much quicker operator, often doing a laparotomy in 11 minutes. He generally has one or two of these and one or two prolapsus operations, of which I shall speak later. After dinner you can go to Wyder's private course on operative gynæcology on the dead subject, which lasts from 2 to 4, and then across the street is Gusserow's clinic, at the Charité. In the evening you can have a teacher of German to come to your house. If by chance some day there is no operation at one of these three hospitals, the student in search of gynæcology can go to Veit's clinic, in the Steinmetz Straus, where he can learn, what is difficult to do at the others, the routine treatment of ordinary diseases, in addition to a fair assortment of operations. Veit is very original, a bold operator, but not so careful as Martin. He is very affable and ready to explain everything you ask of him.

Berlin offers special advantages to the student of general surgery. Hahn, the surgical director of the Berlin City Hospital, situated in the centre of the *Friedrickshaim* park, where he has nearly 400 beds under his immediate care, begins to operate every day, Sundays included, at 10 A. M., and generally keeps on until 2 or 3 o'clock P. M. In order to save time, two patients are being chloroformed outside while two are being operated on, the assistants tying the arteries and applying the dressings while Hahn goes on with the operation. Thus, the morning that I casually dropped in there, he opened the stomach on account of stricture, he performed tracheotomy, an excision of the shoulder and another of the knee; amputated an arm, and removed a dead tibia, besides performing a number of minor though difficult operations. Chloroform was the only anæsthetic

used, and the usual inhaler was a light wire frame covered with flannel. While I was inquiring whether they ever had deaths on the table, and the assistant was telling me that he never saw a death but several narrow escapes, the patient who was having her stomach opened suddenly ceased to breathe, and nearly a minute elapsed before it was noticed by the operator. But in less time than it takes me to describe it, he had the electrical faradic machinery going and the tongue drawn out. For two or three minutes the current seemed to have no other effect than to cause diabolical contortions of the muscles and features of the apparently lifeless woman; as soon as he removed the poles the artificial respiration ceased. He persevered, however, until at last she drew a breath of her own accord, when Hahn threw down the electrodes, picked up his needle-holder and went on with the delicate work of sewing the stomach to the abdominal parietes as though nothing had occurred. The stomach was so contracted from want of use that it could not be drawn down below the ribs or cartilages, but had to be brought out between the 9th and 10th ribs. I have already said that the hospital is situated in a park, but I omitted to mention that it is built on the pavilion system, there being about sixteen separate buildings, all separate, the only connection between them being a smooth stone tramway, on which are the rubber-wheeled wagons for hauling the beds to the operating room, and the food from the kitchen pavilion to the wards. What strikes one most are the splendid arrangements for cleanliness; thus the floor of the operating room is tiled, with a slope to the centre, so that after every bloody operation a hose is turned on and the floor washed clean in a minute. All the shelves are made of plate glass and iron; and rubber tubes of different colors bring the disinfecting solutions from barrels on the wall right over to the operating tables in the centre of the room.

In the afternoon you can go to Bergman's clinic, in the Ziegel Strasse, where they "run" three or four, and I have been told as many as eight tables, simultaneously. I can believe it, as the material is enormous.

But to return to my gynæcology. I spoke above of the prolapsus operation as the usual treatment now for prolapsus. Martin does not waste much time on these cases. As the os is generally hypertrophied, the bladder and rectum prolapsed, and the uterus down, he treats nearly all these cases simply by an operation which may be divided into four stages: 1st, amputation of

the cervix uteri; 2nd, colporrhaphy anterior or removing a piece of surplus mucous membrane from the vagina covering the bladder, and sewing the wound together; 3rd, posterior colporrhaphy making the posterior vaginal wall smaller in the same way; and, finally, 4th, sewing up the torn perineum. By this means even an old woman with a vagina big enough to pass your fist into, comes off the table with one into which you can barely introduce your first finger. All these plastic operations are performed under continual irrigation, which completely does away with the need of sponges, the liquid used being generally one in five thousand of sublimate. Instruments are kept during the operations in a solution of carbolic one in fifty. In the abdominal cavity filtered water, which has been boiled, is generally employed. I did not once see wire of any kind employed, catgut being the favorite ligature. It is prepared by immersion for five days in *Ol. Juniperi Baccharum* and then preserved in absolute alcohol. Silk ligatures are usually employed for tying pedicles and vessels; they are sometimes prepared by soaking in an ethereal tincture of iodoform, or else in a sublimate solution. When they wish to make the catgut resist absorption longer than three or four days, they soak it in a solution of chromic acid, which hardens it. Sponges, when needed at all, are replaced by rolls of absorbent cotton covered with sublimate gauze, and which are destroyed after being used once. Strange to say, the favorite remedy in subinvolution is the fluid extract of our own *hydrastis canadensis*, of which they speak in the highest terms. Want of time prevents me from saying more at present, but I may write again about two wonderful cases of recovery after laparotomy for extra uterine foetation, complicated with shock and internal hemorrhage. Until then adieu.

Yours truly, A. LAPTHORN SMITH, M. D.

—*Canada Medical Record, June, 1887.*

Remarkable Results of the New German Cæsarean Operations.

Three distinct methods of performing or completing the Cæsarean section have been devised and tested in Germany during the last five years; two of them by their respective originators, and the third likewise, and also by several operators, who have been influenced by its designer to adopt his method. The cases in which this operation has been performed, amounting to seventeen in number, have had a far less fatality than has

followed in the same country, either the old Cæsarean section or its modification by utero-ovarian amputation.

The processes which bear the names, respectively of Frank, Kehrer and Sanger, have been fully described in the *The American Journal of the Medical Sciences* for July, 1883, page 232, to wit:

Frank's Method.—Wash the abdomen with ether and with a 5 per cent solution of carbolic acid; disinfect the vagina by irrigating with the latter fluid. Turn out the uterus entire, and incise it vertically, commencing low down in the vesico-uterine excavation; extract the foetus and secundines; wash the front of the uterus, its interior and the vagina with a 5 per cent carbolic acid solution. Pass a large drainage tube through the abdominal and uterine wounds and out through the vagina. Suture the uterus above the tube with strong catgut. Draw the round ligaments together above the uterine wound, and secure them with sutures of Czerny silk, so as to close over and separate from the abdominal cavity the vesico-uterine pouch, which is to be drained by three tubes—"one utero-vaginal, one pre-uterine, and a third applied along the uterine wound to the top of the pavilion."

Process of Kehrer.—Open the abdomen through the linea alba. Incise the uterus transversely between the insertions of the round ligaments. Extract the foetus and secundines; close the muscular layer of the uterus by from six to ten deep-seated stitches of carbolized silk and the peritoneal portion by from twelve to twenty-five. Use Listerism in the operation and dressings, abdominal drainage and vaginal irrigation.

Process of Sanger.—Abdominal incision to be made as usual; two strong ligatures are to be inserted through the margins of the wound near its upper angle to be drawn upon after turning out the uterus. Membranes to be ruptured through the vagina. If practicable, the uterus is to be lifted out and held vertically. A sheet of caoutchouc, moistened with a five per cent solution of carbolic acid, is to be made to inclose the cervix and cover the abdomen; to protect its cavity against the entrance of fluid. The ligatures are to be drawn upon to close the abdominal wound, while the uterus is incised *in situ*, manual compression is to be made as a hæmostatic upon its lower segment; if opened after being turned out, manual compression: the application of clamps to the broad ligaments, or of an elastic tube to the cervico-uterine cone. After evacuating the uterus, any hæmorrhage from the wound is to be checked by hæmostatic pincettes.

When the uterus has well contracted, pass a utero-vaginal drainage tube, and introduce a carbolized sponge in the uterine cavity. Dissect the peritoneum free from the muscular edges of the uterine wound, and pare from the latter on each side a long slice of tissue of a wedge shape, the thick edge being next to the peritoneal side, and the thin edge to the uterine cavity. The free edges of the peritoneum are now to be turned in over the muscular layer, and deep-seated stitches of silver wire or silk inserted, so as to penetrate the peritoneum and pass nearly through the muscular coat. Then superficial stitches at short intervals are to be passed, so as to secure the turned in peritoneum and keep its serous surfaces in contact, making a secure welt.

Frank has operated twice, viz.: on August 9, 1881, and December 8, 1884, losing the first patient, who died of shock in ten hours, and saving the second. Kehrer has had four cases, viz.: on September 25, 1881, November 13, 1881, April 11, 1882, and June 20, 1885. The first and fourth recovered; the second died of septic peritonitis in fifty-three hours, and the third of septicaemia in five days. The Sanger operation has been performed in Germany alone eleven times, five times by Leopold, of Dresden, the first on May 25, 1882, with the loss of one case, his fourth, operated upon November 28, 1884, which died in five days of septic peritonitis. Sanger has operated four times in Leipzig, the first on November 16, 1884, and the other three last year. These patients all recovered. A tenth Sanger operation was that of Beumer, which was unfortunately fatal in forty hours, the woman being found upon autopsy to have had a pyelonephritis; this operation was in Griefswald. The eleventh case was under the care of Oberg, of Hamburg, and was operated upon on July 17, 1884; the patient recovered.

We have, then, seventeen of the new German Cæsarean operations to be placed to the credit of Germany, with the saving of thirteen women, or 76 6-17 per cent. By the Sanger operation alone, we have the remarkable result of 81 9-11 per cent of women saved, and 100 per cent of the children, which is considerably more than double the saving effected by the Poro method in Germany. To find an equivalent of nine women saved by the Cæsarean section in the United States, we must go back over a period of eleven years, and examine the records of thirty-nine operations, by which thirty women and twenty children were lost. This frightful mortality, of 76 12-13 per cent of women is far greater than was encountered thirty years ago in our country, and is largely due to the fact that the Cæsarean operation is believed to be almost inevitably mortal, and hence is not resorted to until the patient is in an almost hopeless state. We have made the operation by delay as fatal as our English text books teach us it is in Great Britain; and have done this, too, notwithstanding the fact that early operations have saved 75 per cent of our women.—*Medical News.*—*Southern Medical Record.*

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REPORT OF THE SURGICAL WORK OF THE CHILDREN'S HOSPITAL FROM MARCH 1, 1886, TO OCTOBER 1, 1887—A PERIOD OF 19 MONTHS.

By CHARLOTTE B. BROWN, M. D.

I have chosen this date as it was the beginning of more extended work in our institution—looking forward as we then were to a speedy occupancy of our new building—and the present seems a fitting time to inaugurate a regular report of our work to the profession. Henceforth it will be our hope to make such report annually as soon after October 1st as may be possible. We entered our new building February 1, 1887, so I record nearly a year of work in our rented hospital on 13th street, where, in spite of many disadvantages, our proportion of recoveries was very good, there having been only one death from a capital operation in that time.

The charity of the hospital, as perhaps you all know, is for children; hence the name. But as one of the features of the institution is its training school for nurses, the private rooms and pay wards are used largely for women patients; hence the gynæcological surgery.

Seven capital operations have been made in this time upon children.

J. L., aged 12 years. Hip was injured in the spring of 1885; treatment, rest, etc., at home. Admitted to Children's Hospital March 22, 1886. April, 1886, an abscess developed; aspira-

tion performed, but persistently sac refilled. June 19, 1886—Excision of hip; head and neck were found carious and acetabulum granulating; wound packed; dressing antiseptic. November 7, 1886—Wound wholly closed; patient discharged cured. The general health of this boy was better than that of most of these patients, and his recovery prompt, from the fact of no sinus having formed.

GEO. L., aged $2\frac{1}{2}$ years. Admitted March 15, 1886; of tubercular family; father far gone in consumption; diagnosis, second stage of hip-joint disease, with abscess. March 23, 1886—Excision of hip; found caries of neck and acetabulum; child improved slowly after the prolonged shock of the operation, which threatened serious results. April 27, 1886—Died of *acute general tuberculosis*. The wound, however, at death was in a good condition.

GEO. H., aged 6 years. Admitted August 28, 1884. The opposition of the parents, and later on the unfavorable condition of the child, delayed this operation till second stage of hip-joint disease, when the leg was riddled with sinuses, and the whole condition was not hopeful. Operation March 23, 1886. Head, neck, trochanters and half length of the shaft carious and removed; bare bone in acetabulum scraped; wound stitched; sinuses curetted and drained. Convalescence long and tedious. Last sinus closed July 2, 1887, and the boy was discharged, fat and hearty, after nearly three years' residence in the hospital.

LOUIS A., $6\frac{1}{2}$ years. Hip-joint disease. Was a similar case to the last one, in long standing and multiple sinuses. Operation January 26, 1886; discharged cured September 19, 1886. He remained in hospital about two years.

LILLIE T., 7 years. Hip-joint disease; two years. Cured with shortening, by rest and extension, a few months later. Was re-admitted June, 1886, for a large cold abscess on outer side of thigh, near the trochanters. This opened spontaneously a few hours after admission. June 16th—Abscess was freely opened, child being etherized, and a sequestrum one and one-half inches by one-half inch removed from pelvis. Aseptic packing of cavity. In spite of most careful packing, a sinus was left, which finally closed. September, 1886—Child fitted with high shoe and walked well; dismissed.

LILLIE V., aged $3\frac{1}{2}$ years. Case of acute suppurative synovitis. Fell from swing July 4, 1887. Immediate pain, followed

by swelling, fever, etc. Admitted July 16, 1887. Large abscess forming over trochanter and buttock, which was opened, under ether, July 17th; finger passed into the joint through opening in the capsule, head of the femur being distinctly felt; drainage and asepsis. Healed promptly, except sinus where drainage tube had been. This closed August 24th, and child was dismissed with perfect joint function.

Two other cases of hip-joint have been operated on and are still under treatment. Report will be made next year. One case of resection of the knee joint for tubercular arthritis.

MAMIE B., aged 7 years. Operation April 27, 1887. One inch of the femur was removed and a thin slice of the tibia above the epiphyseal line. The wound practically healed by first intention, there being but one dressing. The child was discharged well August 2, 1887.

A very interesting case of bowlegs in a child of two years, with marked anterior as well as lateral curvature, justified osteotomy, which was performed April 2 and June 1, 1887, with best results. A splint has been ordered to support the bones till ossification is perfect.

These operations were all performed by Dr. Harry M. Sherman, orthopedic surgeon to the hospital.

Many cases of minor surgery come into the wards which are interesting, but not worthy of your attention at this time. I mention a few cases in passing.

A baby of eight months came to us with hip-joint disease and also otitis media. Dr. Elizabeth Sargent operated on the mastoid cells, and it seemed for a while that the surgeons were to be rewarded for their constant care, over feeding, free drainage and antisepsis; but, after four months of unremitting attention, it died.

Eye and ear cases of the ordinary kind are numerous. In operative work, Dr. Sargent records enucleation of eye, two cases of strabismus and one case of the removal from the ear of a common bean, to which something more than passing notice should be paid. The bean was lodged in the middle ear, having perforated the drum membrane. Twice the boy was etherized before the seed was removed. I am glad to show you the seed and the instrument used in its removal, and to tell you that hearing is fair in the damaged ear.

Two operations have been made for fissure in ano in children.

Prolapse of the bowel was cause of admission to the hospital, but examination under ether revealed a fissure in both cases. In one, a boy of 10 years, the sphincter was entirely relaxed; so over-stretching could avail nothing, and I used the straight rectal clamp, crushing three folds of the interior mucous membrane, and passing a knife through the base of the fissure after curetting it well. Recovery was satisfactory.

Removal of tonsils cured a severe case of catarrh of the posterior nares, which had resisted long-continued local treatment. A few applications afterward cured the case.

In two cases the operation of dissecting anterior indurated and suppurating glands of the neck has been followed by free drainage and antiseptic dressing. The result was favorable in rapid healing, and a better-looking scar than from suppuration.

In the surgery of women there have been:

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| 4 | operations of the perineum, with rectocele. |
| 15 | “ for lacerated cervix. |
| 10 | “ “ perineum and cervix. |
| 15 | “ “ hemorrhoids. |
| 16 | “ “ forcible dilatation of cervix, with curetting. |
| 1 | mammary gland removed. |
| 2 | cases fistula in ano. |
| 9 | laparotomies. |
| 2 | extirpation of womb. |

The greater frequency of lacerations of cervix over those of the perineum is noted in statistics, 25 to 14. Is it not due in part to the great stress laid by obstetric teachers on prevention of the external laceration, while but little is taught of means to render more easy the first stage of labor? I am glad to be one of the advocates of chloroform in labor, and in the latter part of the first stage. In some cases it prolongs labor, but by giving it scantily till the patient learns with each pain to help herself all she can, it may then be pushed generally to complete unconsciousness, and pains continue automatically. Pardon the digression. The uniform suture for cervix cases is silver wire, even in the conjoined operation of cervix and perineum; no bad results have followed its remaining in cervix three or four weeks, till the perineum is strong enough to bear introduction of the speculum. In the external operation we have used catgut, silk, silk-worm gut, iron-dyed silk, silver and copper wire—each at times

having the popularity. At present we use catgut for all stitches in the vagina, and also all laceration of the bowel above the sphincter, while the deep sutures of the perineum are made with wire or silkworm gut. Strict antisepsis prevails at all operations, those of plastic surgery being with bichloride solution—1-4,000—after operation, and dusted with iodoform. The catheter is seldom used after either of these operations. No vaginal injections for two days save external bathing after urinating. Bowels are moved fourth day by a laxative pill or castor oil. Limbs are tied after the external operation, but the patient is turned from side to side as needed. No restriction on moving about is made after cervix cases; only recumbence is demanded. Stitches are removed on eighth day. Patient sits up fourteenth day, if all seems well, but convalesces for a week more by frequent rests on the bed and no walking. But little opium is used in these cases. Our preference is for tinct. opii deod., in 20-drop doses, if needed. Hypodermatic use of morphia is very rare, as by the above preparation the patient does not recognize it as an opiate.

Hemorrhoids, with the attending constipation, have not seemed to me enough emphasized as a cause of much uterine suffering. The treatment of such cases is by forcible dilatation of the sphincter, and the straight clamp for internal hemorrhoids, cutting freely external masses with the scissors, removing all clots, and stitching together the raw edges with fine catgut. Our results have been uniformly good, and we attribute to the two or three weeks of rest in bed and on the lounge, together with free use of hip baths, much of the satisfactory results. Equalization of the pelvic circulation results. We have quite discarded opium, also, in these cases; formerly we always gave a hypodermatic dose of morphia, but now the nurse is instructed to apply flannel compresses wrung out of hot water, as soon as the patient regains consciousness, and continue them while they are grateful to the patient. Bowels are moved fourth day and daily after that time, while diet is made as liberal as possible.

Forcible dilatation of the cervix is used for endometritis, with catarrh or fungoid granulations; also for dysmenorrhœa, or irregular hemorrhages. This dilatation is never done in cases of inflammation, and always under ether, and with antiseptic care. Our results have been good. In the dysmenorrhœa of virgins, I much prefer this method to any continued treatment. In only

one case has it been necessary to repeat the operation for dysmenorrhœa. We keep the patient in bed a week or ten days, with free vaginal irrigation.

The above operations were performed by Drs. Field, Gilmore, Wanzer, Burgess, Bennett and Brown

One case of fistula in ano deserves mention. The patient, a single lady, 25 years, had been teaching eight years. Abscess formed eight months before—she thought from an injury received while riding horseback, but her general health had been very miserable for a long time before that. Under ether, the sinus, which was situated one inch and a half towards the hip joint from the anus, was freely laid open and curetted, when, on pressing the buttock, pus appeared from the mouths of several canals, riddling the buttock in every direction. Patiently we followed them up, till the incision was about four inches long, extending still to the hip joint. I drew together, by deep stitches, the largest cuts, and carefully packed the rest. Patient was most carefully nursed and fed, dosed with tonics and stimulated, but at five different times was etherized and new tracks opened up. At last, after ten weeks of this care, I gave her iodide of potassium—10-drop doses of a sat. sol., increasing 1 drop per dose till 40 grains t. d. were given. Before a week the wound began to heal, and the progress of the case was truly marvelous. In two months she had gained twenty pounds. I have found it necessary to continue her average dose 20 grains t. d. at intervals during the past year, but I am now satisfied with the cure. As for history, I believe the specific taint was inherited, and I cannot believe it had in any way manifested itself till this time. I found, however, unmistakable signs of a specific skin disease on one of her sisters, also a single lady teacher.

One case of removal of mammary gland, with axillary lymphatics, for round-celled sarcoma, was made in April by myself. I present microscopic slide. No return of the disease now, after seven months.

Eleven capital operations on women have been made without a death.

1st. April, 1886; Dr. Burgess, operator. Mrs. C. had been ailing for several months, but for a few weeks had had evening fever, vomiting, sweats, and was losing flesh and strength quite rapidly. The whole appearance of the patient was most unpromising; mental state despondent and apprehensive. On open-

ing the abdomen, there was found a large retro peritoneal abscess, extending from behind the cervix in Douglas cul de sac to above the umbilicus, containing about two quarts of offensive pus. After enucleating the cyst (without doubt this had been a cyst of the broad ligament, as it was found between the folds of the ligament and had no pedicle, and it had dissected its way up behind the peritoneum), the doctor stitched the wall of the peritoneal sac to the line of the abdominal incision, and placed in it a sponge, to prevent its too rapid collapse. This was removed in two days, and the patient convalesced favorably. A small sinus remained for a few weeks. At this date the patient is in perfect health.

CASE 2. Mrs. C., aged 24, married fifteen months. Had a severe attack of cystitis, presumably of gonorrhoeal origin, during the first month of marriage, since when she has been very miserable. At each menstrual period, fever and tympanites were so severe that more than half the next month was passed in recovering from the menstruation. After thirteen months spent mostly in bed, she was brought to me, and I placed her in the hospital in bed and carefully watched and nursed her. Temperature at period, which came two weeks after admission, ran up to $103\frac{1}{2}^{\circ}$; there was vomiting, marked abdominal distension, and every indication of general peritonitis. The debility which followed was great, and before the time for a second period, she begged us to try and do something. She was passing pus from the bladder all the time. May 5, 1886, I opened the abdomen and removed the right ovary, which I present herewith. An organized mass is to be found in the tube near the uterine end, the sac of which was broken by handling, but which seemed to have occluded the tube so that nothing could pass. Was it an extra uterine pregnancy, whose life was destroyed months before? The left ovary was normal and not removed, the kidneys were normal in size and feel and uterus seemed sound, and no sinus emptied from an abscess into the bladder as we had feared. The patient did very well, and recovered promptly; gained flesh, color and strength, and has so continued in spite of a large quantity of pus, which still flows from the bladder. I am hoping to cure the cystitis by an artificial vesico vaginal fistula, as no medication by washing it out or medicine by the mouth does any good.

CASE 3. A pelvic abscess. For the third time in three years,

the patient came back to the hospital severely ill. This time the abscess was emptying per rectum, and the counter opening with Cushing's dilating trocar availed nothing in reaching the pockets, which were many. The patient was failing in health, fever sweats and great debility; indeed, as a last chance, I offered her the operation. August 30, 1886, opened abdomen, and after a tedious dissection removed ovaries and tubes, which I present for your inspection. The rectum was opened where the abscess was discharging, and when placed in bed we felt her chances were indeed very few. Drainage of course in such a case, and constant unremitting injections with antiseptics for six weeks, at first every four hours, night and day. Feces passed through the abdominal wound for seventeen days, but nine weeks after the operation she left the hospital with a small fistulous track, which healed a few weeks later, and at this writing the patient is in perfect health. This, after five years of pelvic inflammation, and the opening twice of pelvic abscesses.

CASES 4 AND 5. Were removal of ovaries to relieve severe headaches, which seemed, after careful watching, to be dependent on ovarian irritation. The tubes in one of these cases presented a peculiar "box-plaited" appearance, and as the headaches had come first at puberty and gradually grown worse for seven years, in spite of much treatment, we felt justified in removing them. One year has now passed, and the head is and has been well. The other case, however, has now passed nine months, and while she is much better, I am not well satisfied with her condition. Still, the deplorable condition of having "nothing to do," seems to all the physicians who know of the case, to be the present cause of complaining.

CASE 6. Was an exploratory incision for an abdominal tumor, in a lady 66 years of age. It was found by exploration to be a cystic kidney weighing about 8 pounds, and partly of a semi-solid feeling. The age of the patient, her feebleness under the ether, and the large wound to the peritoneum which must be made to remove it, caused the physicians present to urge me to abandon the operation. The patient convalesced in a most satisfactory manner, and has been much better in health ever since. Her great vitality has made me regret now my unfinished work.

CASE 7. An English woman, 29 years and 10 months, married. Confinement the first year of marriage, was followed by

pelvic inflammation, and she gives a history of five such attacks within the nine succeeding years. Examination showed a cyst in left side as large as a goose egg, and a thickened condition of roof of the vagina posteriorly and laterally. Unable to work, or to be a wife, discouraged and disheartened, she asked me to try and help her. June 15, 1887, I opened the abdomen, and with great difficulty, on account of extensive adhesions to parietes, uterus and bowels, the masses on each side were removed, so changed that neither ovaries or tubes could be made out. The cyst was parovarian and was enucleated. The progress of this case was astonishing. Drainage was used for two days, but no need existed for it. She had a flow for two months at her regular time, and some hysteria still occurs at time of period; her strength came slowly, but she now, after three and a half months, is looking very well, and earning her own living.

CASE 8. Fibrous uterus with profuse hemorrhages and consultation decided on removing ovaries and tubes to cause atrophy. The abdomen was very fat so the incision was longer than usual, but the tubes and ovaries were removed and patient recovered rapidly. No flow since 5th day of the operation. Pains in legs which had been very marked, and had caused her to walk slowly and lame, have disappeared.

CASE 9. Mrs. W., aged 60 years, apparently in perfect health. In June, 1887, she came to me complaining of occasional uterine hemorrhages. On examination I found uterus measured four inches and the sound was followed by blood as it was removed. Dilatation and curetting were recommended, which was done, and the specimen mostly from the left cornu was examined microscopically and pronounced carcinoma. With the best of care hemorrhages began just one month after curetting, so with consent of the family to the operation for extirpation of the womb, I asked Dr. Lane to perform the operation, which he did per vaginam at the hospital July 28th. Dr. Montgomery, who kindly made the microscopical examinations for this and other cases needing such examination in this paper, has sent me the following notes, with the three slides which I present for your inspection to-night. "Under the os of the left fallopian tube the mucous membrane was raised up and felt velvety. Just under this velvety patch there was an abraded surface. Cubes were cut out of the body of the uterus, one piece including the raised patch of mucous membrane and

the other the abraded surface below this patch. The first showed the lesion of endometritis chronica. The piece of tissue including the abraded surface was at first simply glued to cork and cut without imbedding. This showed a good picture of the alveoli of cancer, but most of the cells were so loosely arranged in the alveoli that they fell out in cutting the sections, being only retained in one or two alveoli of each section. The preparation was then removed from its mounting and imbedded in celloidin and satisfactory sections were made with the cells *in situ*. The question of priority of lesion in this case is very interesting. It seems to me likely that the endometritis existed alone at first, and that the cancer developed afterwards. If this were the order of events then it would be another case supporting the view that constant prolonged irritation can give rise to cancer." The patient was not allowed to rise from bed for four weeks, but her recovery was very favorable; temperature did not go over 101° and she returned to her home in five weeks after the operation. As the diagnosis was made so early in the history of the case and the womb removed before neighboring organs were affected, we hope it will prove one of the cured cases.

CASE 10. A suppurating ovarian cyst. The patient was from New Mexico and on admission presented all the symptoms of pyæmia. Complexion was that of a mulatto. Diarrhœa, eighteen to twenty stools a day; sweats profuse; temperature 101°; no appetite much of the time, and only free from pain when under full doses of opium. On opening the abdomen it was impossible to separate the sac from the abdominal wall even in the smallest place. I emptied it, passed in my hand and found it adherent to pelvic organs and intestines as well as the anterior wall of the abdomen. I scraped the walls with my fingers and washed it till the water was clear. Drainage tube remained in five days. Recovery prompt and all signs of pyæmia disappeared. The sinus left by the drainage tube did not close for two months, but general health of the patient has steadily improved since the operation, August 6, 1887.

CASE 11. Sept. 8. A single lady; 42 years; American. Has had perfect health all her life till March, 1887. Occupied positions as housekeeper in large houses, where duties were arduous. She began to have chills and sweats in March, and about April 1st felt there was an enlargement in the abdomen. Flow

was profuse and frequent, but occasionally went over time. She continued at work through the season at a summer resort, failing, however, in flesh and strength, till about August 1st, when she consulted a physician, and learned positively that she had a tumor. A few days later entered the hospital. Her failing health, sallow skin, fever and nausea suggested to us a sarcoma, and after consultation it was decided to watch the case under careful nursing, and not operate yet. August 21st a severe attack of phlebitis developed in left foot and leg, rapidly extending to the body, till the leg was four times the size of the other. Constitutional symptoms were most grave, and death seemed imminent. After five days she gradually improved, very slowly at first. Consultation was called again for September 3d, at her urgent request, to consider removal of the tumor, which we all felt was the womb, and probably contained pus. It was decided to wait a few days, as she was improving. September 8th operation was performed. The mass was solid, so incision extended two inches above umbilicus. The patient bore the operation well. Some whisky was given hypodermatically during etherization. Stump was ligated and peritoneum drawn over it. Convalescence was impeded only by the leg complication. She was well enough to sit up by the end of two weeks but for the swollen leg, which needed elevation and bandages. Five weeks after operation she walked about the house on crutches, sat on the porch, ate well and talked of going to a distant home. Seven weeks after she began to fail, symptoms of sepsis appeared, induration of abdominal and vaginal glands, profuse sweats, but very little pain, but great prostration, diarrhœa and vomiting. She failed rapidly and died November 7th. Post-mortem was made last evening, and death seemed to be from cancer of the omentum. There was no such growth at time of the operation, but the mesenteric glands were indurated extensively, and the omentum was in places two inches thick. Microscopic examination will be made and appended to this report later.

AN UNUSUAL CASE OF CROUP.

By EDWARD GRAY, M. D., Benicia, Cal.

N. D., aged nine, fell ill on Sept. 27th and was found to be affected with pharyngeal diphtheria. Twelve days before a younger brother had died of this disease under symptoms of laryngeal stenosis. This boy was under the care of another practitioner who had one morning appointed two o'clock of that afternoon for a consultation with me, but the child had suddenly died before the appointed hour. No epidemic of diphtheria was in the town, but there had been two other sporadic cases.

The faucial symptoms were well marked and the constitutional symptoms of moderate degree; a little swelling of the glands at the angle of the jaw and a mild fever. But on the third day there appeared plain evidences of involvement of the larynx, namely, a considerable degree of hoarseness of the voice, and a croupy cough, with a certain amount of dyspnea. The natural supposition was that there was exudation in the larynx and the condition of the child one of great danger. The justice of this inference will not be questioned and is shown by the quotations to be made further on. With the view of obtaining information as to the need of an early tracheotomy, and in the desire to observe the visible characteristics of a laryngeal membrane, I now examined my docile little patient with the laryngoscope, and was surprised to find not the trace of a membrane in the larynx! The signs were those of a marked catarrhal laryngitis. Use was made of the laryngoscope for some days longer, but no membrane was deposited, and meanwhile that in the fauces was cleared away. The child promptly recovered without sequelæ, and is alive and well now, two years afterward.

It is apparent how in this case a claim might easily have been made of recovery from diphtheritic croup, had not resort been had to the laryngoscope, and further that the use of this instrument yielded knowledge which justified a more favorable prognosis than could otherwise have been given. Without the laryngoscope how can we tell what percentage there may be of this rare combination of diphtheria and catarrhal laryngitis?

That this combination is a rare one may be shown by a few references.

“ Few physicians hesitate to designate as true croup those cases in which there is a croupal cough in connection with false membrane upon the surface of the fauces, and yet the laryngi-

tis under such circumstances may be merely spasmodic. This co-existence of pseudo-membranous pharyngeal and of spasmodic laryngeal inflammation is, however, probably rare, but its occasional occurrence should be borne in mind." (J. Lewis Smith, Dis. of Children, article on Pseudo-membranous Laryngitis.)

"Simple laryngitis is never associated with the exudation of false membrane." (Watson, Amer. Ed., p. 874, Vol. I.)

In his article on diphtheria, in "Pepper's System of Medicine," Dr. Jacobi is very cautious, and says: "Even if membrane be observed there [that is, in the fauces], symptoms of suffocation may still arise from a laryngeal stenosis, independent of membranous deposits in the larynx." (Vol. II, p. 691.)

Flint says: "The presence of an exudation within the pharynx, taken in connection with the symptoms which denote laryngitis, renders it extremely probable that exudation exists within the larynx." ("Practice," 4th Ed., p. 273.)

Not to multiply quotations, but one more will be made: "If hoarseness be accompanied by dyspnea, and a deposit of membrane in the fauces, the disease will almost always prove to be true croup. In other words, a membranous deposit in the fauces, attended by hoarseness, indicates the presence of a membrane in the larynx; that is, pseudo membranous laryngitis. The exceptions to this rule are too rare to invalidate it." (Dr. G. W. Gay in Reference Hand-Book of the Medical Sciences, Vol. II, p. 342.)

This last state ment is particularly explicit.

The interest of the foregoing case therefore lies in its being an exception to an acknowledged rule. To the importance of the exception, as regards prognosis, attention has already been directed.

In conclusion, I desire to record my entire concurrence in Gay's expression of opinion, as to the relation between membranous and diphtheritic croup. In this place we are so favored as to see typical cases of each disease, and the validity of the diagnostic table in Dr. Gay's article would appear to any advocate of the identity of laryngeal diphtheria and pseudo-membranous laryngitis. It is precisely because this is a small place of extreme healthfulness that primary croup *may* be studied apart from laryngeal diphtheria, not being crowded out thereby as in large cities.

Proceedings of Societies.

San Francisco County Medical Society.

SAN FRANCISCO, October 11, 1887.

The meeting having been called to order by the President, Dr. Jas Simpson, the minutes of the former meeting were read and approved.

The name of W. P. McDermott, M. D., University of California, 1874, was proposed for membership, and referred to the Committee on Admissions.

The resignations of Dr. W. E. Bates and Dr. A. S. Lovelace were read by the Secretary and received by the Society.

An apology from Dr. J. D. Arnold was received, stating his regrets that he was unable to present the paper on nasal catarrh, which had been appointed as the subject for discussion. On this account some further remarks were made on the subject of male sterility, which had been discussed at a former meeting.

Dr. Bazan believed that nine in every ten cases of male sterility were due to double orchitis, causing obstruction of the vas deferens. Among other causes in his experience the most common had been excessive venery and excessive intellectual labor.

Dr. Stallard thought great care should be taken in arriving at the conclusion as to which party was at fault in sterile marriages, as he had seen conditions and positions of the uterus which seemed to be an absolute bar to pregnancy turn out to be quite harmless.

The subject of summer diarrhoea was then suggested for discussion. Dr. Sherman referred to an exhaustive paper on the subject by Dr. Holt, who believed the disease to be due to microbes, and had obtained successful results by treating it by means of salicylic acid. Dr. Sherman had tried it in his own practice and found the results superior to those obtained by styptics, opium or bismuth. Some general remarks on this subject made by Drs. Stallard, Miller, Gibbons, and others, closed the discussion.

Dr. Gibbons reported a case of obstetrics in which the cord was only fourteen inches long, and coiled round the neck so that it had to be divided before the child could escape from the passages. Forty-eight hours afterwards the child began to be sick, the abdomen became puffy, and the general condition

worse until the infant died. He thought that traction on the cord had caused rupture of the vessels and a fatal traumatic peritonitis.

There being no further business the Society adjourned.

WM. WATT KERR, M. D.,

Recording Secretary.

SAN FRANCISCO, October 25, 1887.

The meeting having been called to order by the President, Dr. Jas. Simpson, the minutes of the former meeting were read and approved.

Dr. A. C. Posey, graduate of Kentucky School of Medicine, 1875, was proposed for membership by Drs. Plummer and Kerr; Dr. T. E. Wendele, Royal College of Surgeons, Ed., by Drs. Plummer and Le Tourneux. They were referred to Committee on Admissions.

Dr. Le Tourneux then delivered the Annual Address, entitled "Benefits Derived from Medical Associations," at the close of which a vote of thanks was awarded to the orator, and it was ordered that 250 copies of the address be printed for distribution among the members.

The reports of the Secretary, Treasurer and Directors were received and referred to Committee on Finance, which committee was instructed to report at the next meeting.

Further time was granted to the Librarian to make his report, and the Executive Committee was instructed to examine the rooms in Mr. Duncombe's building as to their suitability for place of meeting.

The Special Committee on Prosecution of Illegal Practitioners reported that all the money assigned for this purpose had been expended, and that an itemized account be presented at the next meeting. They also moved that the thanks of the Society be communicated to Dr. E. R. Taylor and to Mr. Baker, the two lawyers who had so energetically conducted the prosecution.

The motion was carried.

A vote of thanks was also awarded to the committee.

Dr. Kenyon moved that the insurance on the library for one year be paid. As an amendment, Dr. Plummer moved that the insurance be paid for three years in advance.

The amendment was lost, and the motion carried.

The following nominations for officers and standing committees for next year were made:

President: Dr. J. D. Arnold. 1st Vice-President: Dr. Geo. Chismore. 2nd Vice-President: Dr. C. A. Von Hoffmann. Recording Secretary: Dr. Wm. Watt Kerr. Assistant Secretary: Dr. A. P. Whittell. Corresponding Secretary: Dr. M. M. Chipman. Treasurer: Dr. W. S. Whitwell. Librarian: Dr. C. G. Kenyon.

Directors: Dr. Jas. Simpson, Dr. Wm. F. McNutt, Dr. Henry Gibbons, Jr.

Committee on Admissions: Dr. H. M. Sherman, Dr. Regensburger, Dr. Ferrer, Dr. Whittell, Dr. D. W. Montgomery.

Committee on Ethics: Dr. F. B. Kane, Dr. Davis, Dr. J. Simon, Dr. C. E. Blake, Dr. Winslow Anderson.

Finance Committee: Dr. J. D. Hartley, Dr. C. A. Clinton, Dr. Winslow Anderson.

Committee on Publication: Dr. Wm. Watt Kerr, Dr. Le Tourneux, Dr. F. Z. Bazan.

Executive Committee: Dr. Morgan, Dr. Davis, Dr. Farnum, Dr. Wanzer, Dr. Lonigo.

There being no further business, the Society adjourned.

SECRETARY'S REPORT (SYNOPSIS).

There are one hundred and fifty-three members of the Society in good standing.

Cash, Dr.

To balance from session 1886.....\$ 65 20

“ dues for 1886-87 921 50—\$986 70

Cash, Cr.

To cash paid to Treasurer..... 899 30— 899 30

Balance in hands of Secretary.....\$87 40

WM. WATT KERR, M. D., Recording Secretary.

TREASURER'S ACCOUNT (SYNOPSIS).

Cash, Dr.

Balance from 1886.....\$751 42

Cash received from Sec'y during '87.. 899 30—\$950 72

Cash, Cr.

Expense account for 1886-87..... 785 20— 785 20

Balance in hands of Treasurer.....\$165 52

WM. S. WHITWELL, M. D., Treasurer.

The Directors reported that no change had been made in the bank account since last session.

WM. WATT KERR, M. D.,
Recording Secretary.

SAN FRANCISCO, NOV. 8, 1887.

The meeting having been called to order by the President, Dr. Jas. Simpson, the minutes of the former meeting were read and approved.

The Committee on Admissions reported favorably on the credentials of Dr. W. P. McDermott and Dr. A. C. Posey, who were forthwith elected to membership.

The Finance Committee reported that they had examined the accounts of the Trustees, Secretary and Treasurer, as presented at last meeting and found them to be correct. The report was received and placed on file.

The Special Committee on Prosecution of Illegal Practitioners presented their report and receipts showing that the five hundred dollars appropriated for this purpose had been expended. The report was received and placed on file, and the Committee discharged with the thanks of the Society. The report of the Executive Committee that the rooms at 427 Sutter street were unsuited to the Society was received and adopted.

The following officers and Committees were then elected for the ensuing term.

President: J. D. Arnold, M. D. First Vice-President: Geo. Chismore, M. D. Second Vice-President: C. A. Von Hoffmann, M. D. Recording Secretary: Wm. Watt Kerr, M. D. Assistant Secretary: A. P. Whittell, M. D. Corresponding Secretary: M. M. Chipman, M. D. Treasurer: W. S. Whitwell, M. D. Librarian: C. G. Kenyon, M. D.

Trustees: Jas. Simpson, M. D., Wm. F. McNutt, M. D., H. Gibbons, Jr., M. D.

Committee on Admissions: H. M. Sherman, M. D., M. Regensburger, M. D., H. Ferrer, M. D., A. P. Whittell, M. D., D. W. Montgomery, M. D.

Committee on Ethics: F. B. Kane, M. D., G. W. Davis, M. D., J. Simon, M. D., C. E. Blake, M. D., Winslow Anderson M. D.

Finance Committee: J. D. Hartley, M. D., C. A. Clinton, M. D., Winslow Anderson, M. D.

Committee on Publication: Wm. Watt Kerr, M. D., T. J. Le Tourneux, M. D., F. Z. Bazan, M. D.

Executive Committee: G. F. G. Morgan, M. D., G. W. Davis, M. D., C. E. Farnum, M. D., L. M. F. Wanzer, M. D., E. V. Lonigo, M. D.,

Dr. Jas. Simpson then introduced Dr. Arnold, the President for the ensuing year, and expressed a hope that the Society would continue to flourish under his administration.

On the motion of Dr. Arnold a vote of thanks was awarded to Dr. Simpson, the retiring President.

Dr. Charlotte B. Brown read a report of the work done at the hospital for women and children and training school for nurses since March, 1886. The doctor referred chiefly to the surgical department, and reported cases of abdominal section, operations on joints, as well as minor surgery, the results of which reflected great credit on the hospital and its surgical staff.

On the motion of Dr. Chismore a vote of thanks was awarded to Dr. Brown for her excellent report.

There being no further business the Society adjourned.

WM. WATT KERR, M. D.,

Recording Secretary.

STREET SWEEPING OR WASHING VS. SPRINKLING.—If streets were not paved there would be some excuse for the ubiquitous sprinkling cart; but, except on unpaved streets and walks, has it any reason for existence? The same water that is used for sprinkling the streets, and converting, for a few minutes, the dust into mud from which foul odors may arise as the water evaporates, would, if used to flood the street from the fire plugs, completely wash all the dust and filth into the sewers, thus completely cleansing the street. Except upon thoroughfares that are largely used, one flushing would suffice for several days or a week. The streets of Baltimore and Washington are cleansed in this way.

If flooding be impracticable from any reason, a street sweeping brigade could remove all the dust and dirt, at probably as small cost as is now expended on the sprinkling cart. It is scarcely necessary to claim that from a sanitary point of view cleansing is by far preferable to sprinkling.—*Western Medical Reporter*.—*Southern Practitioner*.

PACIFIC MEDICAL AND SURGICAL JOURNAL

AND

WESTERN LANCET.

EDITORS:

WILLIAM S. WHITWELL, A. M., M. D.

WM. WATT KERR, M. B., C. M.

The Editors are not responsible for the views of contributors.

All communications relating solely to the editorial management of the JOURNAL, should be sent to No. 620 Folsom St., San Francisco.

All business communications should be addressed to L. H. Bonestell, 401 Sansome St., San Francisco.

SAN FRANCISCO, DECEMBER, 1887.

Editorial.**STOVES WITHOUT VENT.**

On account of the mildness of our San Francisco climate much of our heating is done by means of gas and oil stoves, which, in addition to affording sufficient warmth, have the further recommendation of being both convenient and inexpensive. The great objection to this mode of heating, and it is an important one, is that many of these stoves are not furnished with flues, but discharge the entire products of combustion into the apartment, which is thereby rendered unfit for occupation.

Another custom equally to be condemned, is that of closing the doors and windows, and lighting all the gas jets for the purpose of warming the room.

A single instance is sufficient to bring out the harmfulness of such a means of heating. A physician in this city had his office heated by an ordinary gas stove without a vent. On going to the theatre, presumably about half-past seven or eight o'clock, the gas stove was left burning, the windows and doors being closed. On returning about half-past eleven the gas stove was seen to be burning very low, in fact almost out; but when the

door was opened, and a fresh supply of air admitted it again began to burn brightly. To what an extent then must the air of this room have been vitiated, and in what a short time !

Of course, a person stopping in the room, unless asleep, would not allow things to go so far; nevertheless to heat a room with such an apparatus necessitates a vitiation of the air highly detrimental to health. It is not alone the consuming of the oxygen (the old name of oxygen was vital air, and it was not a bad one) but in addition to this the products of combustion are thrown directly out into the room, and when there is not a sufficiency of oxygen to consume the coal gas it also must, to some extent, be forced out unburned, an accident, the serious nature of which we can fully appreciate when we call to remembrance the numerous cases of fatal poisoning that have occurred from persons, through ignorance or criminal intent, blowing out the gas in their sleeping rooms.

GRADUATING EXERCISES.

NOVEMBER is the month of the year during which the graduating exercises of the different schools of medicine, dentistry and pharmacy, take place in San Francisco. The academic year dates from January to November, instead of, as in the East, from September or October until the last of June. This arrangement of the terms has, in the East, been necessitated by the climate. In California, or San Francisco at least, we are not forced to consult the thermometer before making our plans, each and every month being equally suitable for hard work.

The arrangement of sessions, however, whether for that purpose or not is not known, has proven more than once, in fact nearly every year, a source of great convenience to those students who are unable to withstand the severity of the San Francisco examinations. By hurrying away after their failure to pass, it has been possible for them to enter one of the Eastern schools, even one of the largest in New York city, and

after a short attendance on the winter course of lectures, to obtain diplomas.

That such a way of obtaining a diploma is open to the California student, and that he is able to obtain it so easily, is hardly to the credit of the Eastern schools. If it happened only now and then it would excite no comment, but each year someone takes this Eastern trip, and we have never known of a student failing to return with a diploma. This is not the time to discuss this phenomenon, but it is one which should attract considerable attention.

ON Thursday evening, March 17, the commencement exercises of the Cooper Medical College were held in the hall of the college building. The commencement was one of the most enjoyable and successful in every respect that has ever been held by the school. The hall was crowded to overflowing, so that many were obliged to leave, being unable to gain admission.

The President of the College, Dr. L. C. Lane, as customary, conferred the degrees.

The valedictory address, delivered by Dr. C. H. Steele, was particularly interesting, and was enjoyed as much by the audience as by the graduating class. It is hoped that we may have the pleasure of presenting it to our readers in the January number of the *JOURNAL*. The Rev. Robert McKenzie gave an address which was apt and fitting for the occasion. Songs by the quartette of the class and the College closed the exercises for the evening.

The graduating class, which numbered twenty-eight members, was the largest which has ever left the school. The names are as follows:

Luis Fernandez Alvarez, Joseph Emile Artigues, B. S., Alfred Rodriguez Brandon, Henry Orr Brink, Owen Buckland, Matilda Watson Burns, Fred Pope Clark, Channing Howard Cook, William Henry Cope, George Kennedy Frink, Charles Atkinson Dozier, George Washington Fuller, Elizabeth Gallimore, M. S., John Woodburn Gibson, Harry Orton Howitt, Murrey Levering

Johnson, A. M., Elmer Ellsworth Kelly, Ph. B., Emma Caroline Lafontaine, William Abram Norman, Theodore Olmstead, Florence Henry Ottmer, Denis Francis Ragan, John Mack Read, Rufus Lee Rigdon, Tullio Antonio Rottanzi, William Payne Simpson, Ida May Stites, Elizabeth Mildred Yates, A. B.

THE graduating exercises of the Medical Department of the University of California, were held on the evening of November 15th, at Odd Fellows' Hall.

The address on behalf of the faculty was delivered by Dr. W. H. Mays. The degrees were conferred by the President of the University, Edward S. Holden, LL. D.

Dr. R. Beverly Cole administered to the graduating class the Hippocratic oath.

The exercises of the evening were closed by a benediction by the Rev. R. C. Foute.

The names of the graduating class are as follows:

William R. Cluness, Jr., Frank S. Cook, Michael J. Fottrell, George I. Glaze, William B. Howard, Frederick Kirchhoffer, Sankio Kobayashi, Arthur H. Mays, John T. McLean, Augustus L. Morrill, Theorilda C. Park, William E. Reardon, James Shannon, Henry L. Tevis, Tey Watanabe, Robert B. Williams.

On Tuesday evening, November 8th, the California College of Pharmacy held its Fifteenth Annual Commencement Exercises at Odd Fellows' Hall. There were fourteen in the graduating class. President Holden, of the University of California, conferred the degrees. The valedictory on behalf of the faculty was delivered by Dr. H. H. Behr.

THE Dental Department of the University of California held its commencement exercises on the evening of November 29th, at Odd Fellows' Hall. There were twelve graduates, on whom Edward S. Holden, LL. D., conferred degrees. The address on behalf of the faculty was delivered by Dr. L. L. Dunbar. Following are the names of those composing the graduating class:

Edward Livingston Davis, Joseph Dupuy Hodgen, Harold McKean Jones, Edward Maldonado, Robert Eugene Payne, Charles Edgar Post, Arthur Theodore Regensburger, George Frederick Rodden, George Walter Rodolph, Jennie Martha Simpson, Granville Eugene Shuey, Otto Frank Westphal.

Creosote in Phthisis.

According to the *Medicinische Chirurgische Rundschau*, No. 6, 1887, Dr. Sommerbrodt, of Breslau, has reported 5,000 cases of pulmonary tuberculosis treated with creosote, all being ambulatory cases, the series extending over nine years. A number of patients were treated with Bouchard and Gimbert's formulæ, 27 per cent recovering. Other formulæ used were 13.5 parts (?) of creosote to 1 quart of alcohol or Malaga wine; 2 parts of creosote to 150 of cod-liver oil. The dose of these preparations was the same, from 4 to 5 *m* of creosote being taken daily. Another formula used was creosote 3.5 parts, alcohol and water of each 125 parts; one teaspoonfull twice daily in a glass of water. This was used in 30 cases. The best results were obtained from the following: Gelatin capsules, each containing $m \frac{3}{4}$ of creosote and *m* 3 of balsam of tolu. On the first day of treatment the patient took one of these capsules, two on the second day, and for eight days afterwards three were taken with water after meals. In the second week four capsules were taken daily, in the third week five capsules daily, and in the fourth week six daily, after the principal meals of the day. Given in this way the drug was well borne as a rule. This medication was frequently continued for a year, and sometimes combined with favorable climatic treatment. It was in young patients that the best results were obtained, and in the first stages of the disease, with symptoms not well defined. Good results were also obtained in scrofulous affections of glands.

The drug seemed to relieve irritation and cough, in many cases to such an extent that narcotics could be dispensed with. Bronchial secretion and night sweats were also diminished. Sommerbrodt says that the drug must be taken for three months or a year, and that the more of it taken the better the results. With such an array of cases as he presents, and with the results he has obtained, it certainly seems that the method is well worthy of trial.—*Journal of Am. Med. Assn.*

Health Reports.

San Francisco Health Report.

ABSTRACT.

	1886	Jan.	Feb.	Mar.	Apr.	May.	Jun.	July	Aug.	Sept.	Oct.
Total, 1886....	5237	519	468	479	418	435	370	437	408	394	436
Total, 1887....		522	451	445	450	475	409	459	409	427	486
Phthisis.....	730	76	74	86	73	67	70	51	54	43	69
Pneumonia....	319	39	25	35	31	36	25	32	26	17	35
Bronchitis....	125	20	12	8	4	11	10	7	9	13	8
Heart Disease..	249	31	25	34	36	36	22	32	31	30	26
Aneurism.....	15	2	3	4	0	1	2	0	3	4	2
Apoplexy.....	126	19	8	14	9	13	10	11	14	17	11
Typhoid.....	135	13	9	9	6	11	8	6	9	..	8
Paralysis.....	91	8	6	10	9	9	8	12	9	13	6
Cancer.....	168	14	17	16	13	15	14	11	13	12	14
Diphtheria....	181	40	20	15	26	22	11	20	15	9	19
Croup.....	96	9	10	5	6	2	4	7	4	8	6
Infant Convuls	156	9	11	16	17	22	9	13	8	10	13
Meningitis....	133	13	7	11	4	19	14	11	10	12	1
Casualties....	167	12	20	13	11	19	13	20	13	17	9
Suicides.....	79	5	8	3	9	4	11	6	5	12	9
Homicides....	30	2	1	1	1	2	2	3	6	1	0
Small Pox....	..	..	..	..	..	..	..	3	1	1	2
Daily mean tem.		51°	47°	54.3°	54.5°	55.8°	58°	55.2°	56.3°		
Precip. moist're		1.90	9.24	0.84	2.30	0.06	0.07	.00	.01		

October—Enteritis, 19; cerebro-spinal meningitis, 15; cholera infantum, 22.

Population according to U. S. census, July 1st, 1880, was 234,520; Caucasian, 212,520; Chinese, 22,000. Estimated population, June 30th, 1886, 280,000.

Report of State Board of Health.

In the reports received from eighty-four towns in which deaths occurred during the month of October, we find a mortality of one thousand and forty, in an estimated population of seven hundred and seven thousand four hundred and fifty, which gives a percentage of 1.13 deaths per thousand in the month, or an annual rate of 15.56. This is an increased mortality from the preceding months, and singularly corroborates the opinion of Dr. H. Baker, the accomplished Secretary of the State Board of Health of Michigan, that meteorological conditions influence the death rate in a marked manner, especially in diseases of the respiratory organs and other mucous outlets of the body.

Consumption is credited with causing one hundred and forty-eight deaths, an increase of fifty per cent over the mortality of September from this disease.

Pneumonia caused sixty deaths, which is beyond a hundred per cent increase over the mortality of the preceding month. This can only be accounted for by meteorological conditions which are not readily comprehended or satisfactorily solved as yet.

Bronchitis had the small mortality of eleven.

Congestion of the lungs was fatal in ten instances.

Diarrhœa and dysentery caused twenty-three deaths, an increase of twenty over the mortality for September.

Cholera infantum is credited with fifty-one deaths, a large increase over last report.

Diphtheria has slightly increased its death rate, thirty deaths being attributed to it in October, of these nineteen occurred in San Francisco, three in Santa Ana, two in Sacramento, and one, each in Wheatland, Watsonville, Vallejo, Truckee, San Jose, and Madera.

Croup shows a mortality of twenty-one, six occurring in San Francisco, five in Redding, two in Oakland, two in Los Angeles, one each in Benicia, Grass Valley, Livermore, Pomona, Woodland, and Redwood City.

Whooping-cough was fatal in four instances.

Scarlet fever caused three deaths in Madera and one in San Francisco.

Measles caused five deaths in San Francisco and two in Oakland; no other deaths from it are reported.

Typhoid fever. The mortality from this disease was thirty-two, an increase of seven from the preceding month. They occurred in different districts in the State, and were sporadic in character.

Typho-malarial fever, although frequent in occurrence, occasioned but five deaths; two in Oakland, two in Etna Mills, and one in Stockton.

Remittent fever and intermittent fever are credited with seven deaths; three of them in Monterey, one in Vallejo, one in San Diego, one in Jackson, and one in Elk Grove.

Cerebro-spinal fever caused fifteen deaths in San Francisco, one in Grass Valley and one in Downieville.

Alcoholism was fatal to twelve decedents, which is a decrease from last report.

Smallpox caused two deaths in San Francisco; no other deaths from this cause reported within the State.

The following towns report that no deaths occurred within their precincts during October: Anaheim, Igo, Hopland, Knight's Ferry, Lemoore, Elsinore, Folsom, Newcastle, Dixon, Bodie, Forest Hill, Rocklin, Ontario, Trinity County, Castroville, and Weaverville.

PREVAILING DISEASES.

Reports of sickness received from ninety-eight localities indicate that the abnormally warm weather during the month of October, together with the absence of rain, had rather an unfavorable influence upon the general health of the State, inasmuch as a noticeable increase is observed in those diseases that are more or less affected by meteorological conditions, such as diarrhoea, dysentery, and pulmonary affections. We also note the increasing prevalence of typhoid fever, which can probably be accounted for by the lowness of the ground water in wells, and the diminished flow in rivers, which *pari passu* increases the liability to zymotic disease.

Diarrhoea and dysentery are noted for their frequency in Merced, Downey, Benicia, Sacramento, Oakland, San Francisco, Calico, Bakersfield, Fresno, Elk Grove, Jolon, Santa Cruz, Redwood, Sonoma, Shasta, Lemoore, Anderson, Gonzales, Willits, Hill's Ferry, Cedarville, Fort Bidwell, San Mateo, Dixon, Susanville, Santa Ana, Modesto, Castroville, San Diego, Cloverdale, Anaheim, Santa Rosa, Red Bluff, Sissons, Lincoln, Lodi, Arbuckle, and Ione.

Measles are noticed in Merced, Downey, Downieville, Elk Grove, Sacramento, Oakland, Hill's Ferry, Madera, Anderson, Santa Monica, Cottonwood, Santa Cruz, San Rafael, and San Francisco.

Scarlet fever, to a limited extent, has appeared in San Francisco, Sacramento, San Jose, Monterey, Rocklin, Sissons, Cottonwood, Pomona, Nicholas, Fresno, Madera, and Fort Bidwell. The type is very mild, and shows no tendency to become epidemic.

Smallpox. Sporadic cases of this disease are still observed in San Francisco, six being reported during the month. One case appeared in Oakland; no other cases have been reported in the State.

Diphtheria prevails to some extent in San Francisco, sixty-six cases being reported during the month. Oakland reports some

cases; it is also present in Sacramento, Santa Ana, Suisun, Wheatland, Watsonville, Livermore, Elk Grove, Madera, Igo, Colfax, Soledad, Dixon, Vallejo, Rocklin, Sissons, and Truckee. The type is generally mild, and the mortality limited.

Croup is noticed as frequent in Redwood, Benicia, Modesto, Redding, Pomona, Grass Valley, Fresno, Livermore, Los Angeles, Oakland, Woodland, and San Francisco. The mortality from this affection is relatively greater than that from diphtheria, and their identity is hardly to be questioned.

Whooping-cough prevails in San Francisco, Oakland, Fresno, Bakersfield, Elk Grove, Knight's Ferry, Igo, and San Mateo.

Erysipelas was observed with some frequency in Merced, Santa Cruz, Redwood, Anderson, Lincoln, San Diego, Modesto, Truckee, Igo, Hopland, and Fort Bidwell.

Typhoid fever is noticed as being present in San Francisco, Oakland, Pasadena, Etna Mills, Pomona, Placerville, Sacramento, San Pedro, Yreka, Colton, Igo, Nicolaus, Santa Cruz, Gonzales, Santa Ana, Calistoga, Alturas, Fort Bidwell, Sissons, Anaheim, and Truckee. Dr. Ellis, writing from Elsinore, says that they had several cases of fever there that very much resembled typhoid, except that no deaths occurred from it. It was reported that in Sierra City typhoid fever was epidemic. Upon investigating the matter, we learned, through Dr. Jump, that there was no truth in the report; the fever present was not typhoid, and no deaths were occasioned by it.

Typho-malarial fever is mentioned as being present in many localities, chiefly, however, in those towns where typhoid fever is noticed. The name of the disease is unfortunate, as liable to confusion with that of typhoid fever, from which, according to the belief of its authors, it is entirely distinct. The danger to the public consists in calling a case of typhoid fever, typho-malarial, as typhoid fever is an infectious fever, and the typhoid condition of malarial fever is not. For the safety of the public, it would be better to treat all these cases as typhoid, and take such precautions to prevent their dissemination, as we would in cases of genuine typhoid fever. The error, if any, will then be in favor of the public, and to the benefit of the patient.

Remittent and intermittent fevers are very prevalent in every part of the State. This is undoubtedly owing to the continued lack of rain, causing the subsidence of the rivers, and the drying up of ponds, and even small lakes, which liberates the *bacillus*

malaria in great multitudes, and consequently increases the frequency of malarial fevers. Our correspondents say the diseases are easily controlled by medicine, and have but a limited mortality.

Pneumonia shows a considerable increase in frequency, which may in a great measure be attributed to the changes of temperature which have occurred during the month. It is mentioned in reports from Merced, Bakersfield, Igo, Yreka, Sacramento, Anderson, San Francisco, Cedarville, Modesto, Marysville, Etna Mills, Oakland, Redwood, Lemoore, Cloverdale, Red Bluff, Sierra, Jackson, Santa Ana, Bodie, Calico, and Ventura.

Cholera has thus far been confined to passengers of the infected ships which arrived with it on board. The State Board of Health of Illinois, through its indefatigable Secretary, Dr. Rauch, and Dr. DeWolf, Health Officer in Chicago, have traced all, or nearly all, the passengers discharged from the steamer "Independente," but no cholera has as yet developed among them. Dr. DeWolf will have all the clothing, etc., disinfected as fast as discovered, this may avert the danger. Experience tells us that the larger part of epidemic disease is borne by the laboring classes, and it is among them that the ravages of cholera would be most destructive, as by the nature of their occupation they are, as a rule, rendered more susceptible to disease. It, therefore, becomes the duty of the authorities to see to it that the houses, tenements, and buildings where these classes live are rendered as healthy and as clean as possible. The artisan, the laborer, and the wage worker cannot change their place of abode at will, in order to escape a pestilence; they must abide where they make their living; they cannot flee to the mountains or to the sea if cholera invades our shores. Humanity, then, insists that in view of a probable invasion of cholera, a general cleaning up takes place throughout the State. Let each town see that its cesspools are emptied, its wells cleaned out, its water supply thoroughly examined, its refuse and garbage burned, every preparation made in the way of cleanliness, so that if pestilence invades our borders and attacks our homes, the poor and the wage worker will at least have as fair a chance of survival as the well-to-do, and the rich, who can choose their habitation at will.

As a matter of interest to those engaged in sanitary matters we have appended the report of the Signal Service of the

PACIFIC COAST WEATHER DURING OCTOBER.

Signal Service U. S. Army, Division of the Pacific, San Francisco, Nov. 1, 1887. Weather. No severe storms have occurred during the month, the few barometric depressions appearing off the northern coast having passed rapidly to the east, accompanied by no severe winds and by but a scant rainfall. The marked feature of the month has been the abnormally warm weather which continued until the twenty-third, on which date the temperature fell decidedly in all the Pacific Coast districts, the first killing frosts of the season in Oregon and Washington Territory being reported on the twenty-third and twenty-fourth.

Temperature. The temperature has been wonderfully above the normal along the entire Pacific Coast. The most marked departure occurred at the northern end of the Sacramento Valley, where the mean temperature was nine degrees above the normal for the month. From this point, the departures from the normal decrease in all directions, becoming about three degrees along the coast of California and in Southern California, and about one degree in northern Washington Territory.

Rainfall. The rainfall has been below the average in all districts. In Northern California, no rain fell during the month. In Southern California, local rains occurred on the tenth and eleventh. In Oregon and Washington Territory, rain fell on the first, third, fourth, fifth, sixth, fourteenth, twenty-fifth, twenty-sixth, and twenty-seventh.

GERRARD G. TYRRELL, M. D.

Permanent Secretary California State Board of Health.
Sacramento, November 10, 1887.

THE WORK OF THE CHOLERA IN FRANCE AND SPAIN.—M. Mahe has published in the *Annales d'Hygiene* an elaborate statistic of the recent cholera epidemic. In France the number of deaths from the affection in 1884-85 exceeded 13,000 which gave 1 death in 3,000 inhabitants. In Italy 30,000 persons succumbed, or 1 in 900 of the population. Spain gave a much higher mortality, 180,000, or 1 in 100. Thus it is computed that the three countries lost 220,000 inhabitants out of 600,000 attacked during those two years, and the material loss in one way or another exceeded twenty millions sterling.—*Providence Medical Journal*.—*The Medical Record*.

Correspondence.

SAN FRANCISCO, November 21, 1887.

To the Editor of the Pacific Medical Journal:

MR. EDITOR—DEAR SIR: In your October issue I read with interest the editorial remarks on the recent exhibitions in this city by Mr. Bishop of his remarkable faculty of "mind-reading," or "thought transference." It may add force to your judicious observations to state that Mr. Bishop is by no means the only person gifted with this power, and that the subject has been studied carefully in England by some of the leading scientists.

Readers of the *Popular Science Monthly* will recollect a contribution by Nicholas M. Butler, Acting Professor of Philosophy and Psychology in Columbia College (N. Y. City), in the number for October, 1886, on the recent work of the Society for Psychical Research. This Society was organized at London in 1882 for the purpose of investigating the so-called thought-transference, together with several other curious and unexplained subjects, such as hypnotism, clairvoyance, apparitions and spiritualism. The President is Prof. Henry Sedgwick, of Cambridge University, and among the Vice-Presidents are Prof. W. F. Barrett, of the Royal College of Sciences, Dublin; the Bishop of Carlisle; Prof. Lord Rayleigh, of Cambridge; Prof. Balfour Stewart, of Owens College, Manchester. There are 400 members, largely representing the learned professions, the nobility and the gentry, with several corresponding members in this country, including Prof. Butler.

The committee to which was assigned the investigation of this subject made their first report in 1882, which does not agree with the opinions previously announced by Prof. W. B. Carpenter and Dr. Geo. M. Beard, who attributed the performances to conscious or unconscious deception, collusion of third parties, chance or coincidences, and in some cases the interpretation of unconscious muscular action.

In addition to the article above named, a volume of 201 duodecimo pages was published by Lee & Shepard, of Boston, in 1885, entitled "Mind-Reading and Beyond," by William A. Hovey, which is based upon the work of this Society. A considerable number of persons were discovered in England who were more or less capable of stating what occupied the attention

of other persons present, though not in actual contact with them. Among them were the three daughters of Rev. A. M. Creery, aged respectively 18, 15 and 13 years. The experiments were made with the strictest precautions against deception and error, in various ways. A member of the committee would think intently of some particular playing card, and ask the young lady to name it. In 107 trials, the right card was named nineteen times on the first trial and seven more on the second. In 143 trials with words and figures, fifty-three were named correctly the first time and twenty-three more the second time, Prof. Barrett only knowing beforehand what he had chosen.

Experiments were made with a Mr. Smith in naming colors, names and numbers, with considerable success, and rather better when he held the hand of the examiner or questioner. Success in locating the pain resulting from a pinch was uniformly correct in four trials. In describing and imitating figures drawn and seen only by the questioner, the result was a fair resemblance, without accuracy.

In 1883 experiments were made with two young ladies employed at a drapery establishment. They were asked to describe or name articles held by some person present, but not visible to them. They always succeeded better in describing than in naming them. These and other experiments indicate that the percipient has a mental image of the object, very much akin to a visual image on the retina.

Apropos of this point, the present writer was told by a friend of a performance witnessed at Mobile more than forty years ago, in which a lady publicly named or described correctly several objects carefully wrapped in packages; and a similar performance in private circles has been testified to by another witness. It is but candid to state that no great credit was given to either attestation, as the witnesses were ladies somewhat noted for loquacity; but the investigations related in this volume give those old statements more credibility.

Other experiments were made involving the sense of taste. Whenever the experimenter put the object into his own mouth, the impression made upon his own sense of taste was shared by the percipient, who generally was able to name it. It is to be noted that after an extremely bitter or pungent article had been used, neither one was sensible to the taste of anything else; their incapacity was precisely alike.

The important point in these investigations is the explanation of the faculty possessed by these individuals—the mental operation which gives the results. It does not appear that the Society for Psychical Research have undertaken its definition. So far they are content to observe, test and attest the phenomena. Mr. Hovey rather vaguely suggests an explanation. Starting on the common assumption of a spirit which exists after the dissolution of the body, he supposes that some minds can, while attached to the body, in some manner not explained nor understood, interchange ideas with each other. (He does not say that the spirit temporarily leaves its tenement for this purpose, but perhaps this is his meaning.) He continues, in the supposition that disembodied spirits are always around us; that they communicate with each other, and may communicate with embodied spirits. This is the main substance of the spiritualistic faith, as held by its numerous adherents, particularly among English-speaking people.

In the present state of our knowledge, or rather ignorance, of this occult subject, is it not wiser to take the position of agnosticism, though the term is in popular odium?

Respectfully yours,

S. S. H.

UNUSUAL SYMPTOMS FROM QUININE.—Dr. Tsoukales reports in *Galenos* of June 20, 1887, the case of a man of healthy antecedents, to whom he gave twenty grains of sulphate of quinine in divided doses for a fever accompanying a severe attack of laryngitis. A short time after taking the first dose the man began to complain of a feeling of formication and numbness of the scrotum and penis. This passed off in a few minutes, and was followed by a intense itching, which persisted for about three days. The dartos of the scrotum was strongly contracted, the skin being drawn into tight folds. When the itching subsided, it was succeeded in some parts by a branny desquamation, but chiefly by fissures running parallel with the median raphe from the root of the penis to the perineum. These fissures also formed on the glans from the meatus to the corona. There was at first some bleeding from the cracks and then a purulent secretion. After the itching ceased the patient complained of pretty severe pains in the testicles. The fissures were healed, after the application of dry powders, in about a week. A week later another dose of quinine was given, and was followed by the same phenomena.—*Medical Record*.

Notices of Books, Pamphlets, etc.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE SKIN. For students and practitioners. By CONDUCT W. CUTLER, M. S., M. D., Assistant attending physician for skin and venereal diseases at the New York Hospital, Out-door Department, etc. New York and London: G. P. Putnam's Sons, 1887. Price, \$1.25.

This will prove a useful book of reference, for the diagnostic signs are clearly stated, and in some cases repeated over and over again. The plan of the book is to take one disease, *tinea circinata* for example, and to state that it may be confounded with either squamous eczema, seborrhœa, psoriasis, or erythematous lupus. The leading characteristics of *tinea circinata* are then compared with those of each of these diseases in succession, so that their differences can be easily recognized.

In *tinea*, the eruption is circular; in squamous eczema, it is usually irregular. In comparing *tinea* with psoriasis, we find that while the form of eruption is circular and annular in the former, in the latter it is circular but not annular. Although the only true way to learn to diagnose skin disease is by the constant observance of its different forms in a large clinic and under competent teachers, still, a book of this kind may prove useful to those who are obliged to forego these advantages.

MANUAL OF CLINICAL DIAGNOSIS. By DR. OTTO SEIFERT, of Wurzburg, and DR. FRIEDRICH MULLER, of Berlin. Third edition. Revised and corrected by DR. F. MULLER. Translated by W. B. CANFIELD, A. M., M. D. With sixty illustrations. New York and London: G. P. Putnam's Sons, 1887.

The authors have given in a concise form the condition of the different methods of examination used in making a diagnosis of disease. They have collected many facts which, although they should be familiar to every physician, are often forgotten as to their details. To look them up in the different text-books required time and trouble. To avoid this in a measure is the purpose of this book.

Facts concerning the blood and its changed appearance in disease are first given; then the diagnostic points of the eruptive diseases. Under "Organs of Respiration," the topography of the chest, spirometry, the normal boundaries of the lungs, etc., are given; next the appearance of the sputum; the circulatory system; parasites, animal and vegetable. A valuable table

of the weight of the human body, a dose table, and a good index close a volume, which is well written, and which will prove of advantage to the physician consulting it.

A MANUAL OF THE PHYSICAL DIAGNOSIS OF THORACIC TREATMENT. By E. DARWIN HUDSON, JR., A. M., M. D., Professor of General Medicine and Diseases of the Chest in the New York Polyclinic, etc. New York: Wm. Wood & Co. San Francisco: W. S. Duncombe & Co.

After looking through the work carefully we come to the conclusion that it is the best one extant upon the subject for its size. It is fully and excellently illustrated, containing nearly a hundred illustrations, some of which are from photographs taken by the author. Were we teaching this branch of medicine we should certainly use it for a text-book. With most of the views expressed we are in accord and with none more so than with the criticism upon the relative values of the single and double stethoscope. Speaking of the latter the author says: "Its use is discouraged by many English and continental writers. Their criticism is that it not only intensifies sounds, but also materially changes them, altering their pitch and quality. While this criticism is in a measure true, yet the relative properties of different chest sounds, normal and abnormal, as heard by the stethoscope can be compared, and the modification due to the instrument, as well as adventitious sound developed in the instrument itself, come to be excluded by the practised ear. The intensification of sound then becomes a desideratum and the localization of sound by the instrument is of equal value."

It is to be regretted that the author suddenly died soon after the proof sheets were placed in the printer's hands, but he has laid the foundation of a work which can easily be revised from time to time, and which we believe in consequence will reach a number of editions before it is abandoned for something better.

TEXT-BOOK OF THERAPEUTICS AND MATERIA MEDICA. Intended for the use of students and practitioners. By ROBERT T. EDES, A. B., M. D., formerly Professor of Materia Medica in Harvard University. Philadelphia: Lea Brothers & Co., 1887.

The author states that he has aimed to present a concise, practical, working view of the present state of Pharmacology and Therapeutics. He has also endeavored to harmonize the data of experimental physiology and chemistry with those of thoroughly digested experience.

Although a text-book of Therapeutics and Materia Medica, only those facts of materia medica are given which are deemed

essential. The author, rightly in our opinion, judges that heretofore too much time is given to *materia medica*, which is taught at the expense of far more important branches.

Dr. Edes has succeeded in his endeavors and has given the profession a book which cannot fail to be of value. It is interesting reading, for the important action of the drug is always brought forcibly before the mind except in cases in which there is none, and even then this fact is made prominent by means of a certain non-expectorant humor which the author cannot conceal. Concerning, for instance, liquor ammonii acetatis, he says very truly: "This long and well known solution, useful, if for nothing else, for the harm it has not done, etc." Again he speaks of brown mixture as a convenient expectorant as owing its effect in reducing cough largely to the camphorated tincture of opium, which he remarks is not an expectorant at all.

We believe the work will well pay perusal and study.

A MANUAL OF ORGANIC MATERIA MEDICA. Being a guide to *Materia Medica* of the Vegetable and Animal Kingdom for the use of students, druggists, pharmacists and physicians. By JOHN M. MAISCH, Phar. D. Third edition with 257 illustrations. Phil.: Lea Brothers & Co., 1887. San Francisco: W. S. Duncombe & Co.

This might well be used as a companion to the last, for it deals with that which was wanting in Professor Edes' work. It is written by one who is an authority on the subject of *Materia Medica*, and it is illustrated freely with most excellent drawings of the different drugs, or of the different parts of the plants from which they are derived. It will probably be used by the pharmacist more than by the physician.

TRANSACTIONS OF THE ASSOCIATION OF AMERICAN PHYSICIANS. Second Session, held at Washington, D. C., June 2nd and 3rd, 1887. Phila.: Printed for the Association.

Among the articles contained in this volume are a number on Bergeon's Method. Some of the others are as follows: Hepatic Cirrhosis in Children; by R. Palmer Howard, M. D. Direct Functional Murmurs and Obstructive Safety-Valve Action in the Heart, by John Guiteras, M. D. Pneumatic Differentiation, by Hosmer A. Johnson, M. D. Methods of Research in Medical Literature, by John S. Billings, M. D. The Antipyretic Treatment of Fever. By H. C. Wood, M. D. In all there are seventeen articles which together make an interesting volume.

TREATISE ON HUMAN PHYSIOLOGY. For the use of students and practitioners of medicine. By HENRY C. CHAPMAN, M. D. Phila.: Lea Brothers & Co., 1887.

This treatise is offered by the author notwithstanding the fact that there are a large number of excellent works in various languages, from the fact that after an experience of eight years in teaching he feels the want of a "systematic work representing the existing state of physiology and its methods of investigation, and based upon comparative and pathological anatomy, clinical medicine, physics and chemistry, as well as upon experimental research.

A number of the illustrations are familiar friends, having been copied from Dalton, but there are also many others which are new and original, while others are taken from well known authorities. The work is evidently well up to the knowledge of physiology of to-day and must prove a formidable competitor of Dalton's treatise.

DISEASES OF THE FEMALE MAMMARY GLANDS, by TH. BILLROTH, M. D., of Vienna, and **NEW GROWTHS OF THE UTERUS**, by A. GUSSEROW, M. D., of Berlin. Illustrated. These two works constitute Vol. IX of the "Cyclopædia of Obstetrics and Gynecology" (12 vols., price \$16.50), issued monthly during 1887. New York: William Wood & Co.

A HAND-BOOK OF GENERAL AND OPERATIVE GYNECOLOGY. By Dr. A. HEGAR and Dr. R. KALTENBACH. In two vols. Illustrated with 248 wood engravings. New York: William Wood & Co. San Francisco: W. S. Duncombe & Co.

These works constitute Vol. VII and Vol. IX of the "Cyclopædia of Obstetrics and Gynecology," which has been frequently noticed in these columns, and which contains such an interesting collection of monographs upon topics relating to these subjects. Both the monographs in Vol. IX will always be valuable and worthy of being consulted for years to come. We cannot say as much for the Hand-Book, by Drs. Hegar and Kaltenbach. It seems to be a slightly revised edition of a work by the same authors, which appeared a dozen years ago, and being in the main a book of operative procedures, is, therefore, barely up to the great advances which have been made in this direction during that time. The "Cyclopædia" as a whole, however, will prove a great addition to any medical library.

A REFERENCE HAND-BOOK OF THE MEDICAL SCIENCES. Illustrated by chromolithographs and fine wood engravings. Edited by ALBERT H. BUCK, M. D. Vol. V. New York: William Wood & Co., 1887. San Francisco: W. S. Duncombe & Co.

This work is steadily approaching completion. The present volume includes all between the letters L and Q, and contains over 800 double-column pages. The authors of the various arti-

cles are men well known to the medical world as being particularly well fitted for the work assigned to them. The articles are consequently well written and authoritative. Messrs. Wood & Co. deserve much praise for the manner they are conducting the undertaking, and we hope that it may rapidly come to a successful issue.

SCRIBNER'S MAGAZINE. Vol. I. New York: Charles Scribner's Sons.

We take pleasure in noticing the receipt of this excellent magazine for the year 1887. Each number is full of interesting sketches and essays, and the short stories are particularly bright and clear. In the Christmas number double the usual number of illustrations are presented. Among the articles in this number is a posthumous essay entitled: "In Dickens Land," by Edwin Percy Whipple, the late critic and lecturer. A story by H. C. Bunner, entitled "The Zadoc Pine Region" is written to show off the absurd ideas which many workingmen have about labor and capital. It is filled with humor and should be read by the workingmen especially.

Bret Harte has written an excellent story: "A Drift from Redwood Camp." The hero is "Skeesicks" by name and is an interesting type.

The work of illustration is by noted engravers, among whom are Robert Hoskin, Frank French and Elbridge Kingsley.

From Messrs. P. Blakiston, Son & Co., we have received their well known "Physician's Visiting List," for 1888, this being the thirty-seventh year of its publication. Different sizes are issued, in which there is room for the names of from twenty-five to one hundred patients. The larger sized editions are issued in two volumes. An inter-leaved edition is also published, as is also a perpetual one. The latter being without dates, can be begun at any time and used until full. This visiting list is sold by all book-sellers and druggists.

THE TRUE NATURE AND DEFINITION OF INSANITY. By C. H. HUGHES, M. D., St. Louis. Reprint from *The Chemist and Neurologist*, October, 1887.

HAY FEVER. By SETH S. BISHOP, M. D. Reprint from *Journal of American Medical Association*.

BIOGRAPHY OF ALBERT NEBINGER, M. D.

FOUR MONTHS AMONG THE SURGEONS OF EUROPE. By N. SENN, M. D., Ph. D., of Milwaukee, Wis. Deing a series of letters to Dr. Fenger. Reprinted from the Journal of the American Medical Association.

COMPARISON BETWEEN THE DISEASES OF THE WHITE AND COLORED RACES. By LOUIS MCLANE TIFFANY, M. D. Reprint from Transactions of the American Surgical Association.

THE MEDICAL NEWS VISITING LIST, 1887. Philadelphia: Lea Brothers & Co., 1887.

A neat, convenient visiting list—one which we have used to our satisfaction for a number of years.

ELEMENTARY MICROSCOPICAL TECHNOLOGY. A manual for students of Microscopy. In three parts. Part I. The Technical History of a Slide, from the crude materials to the finished mount. By FRANK L. JAMES, P. D., M. D. St. Louis, Mo.: *St. Louis Medical and Surgical Journal Co.*, 1887.

FUNCTIONAL NERVOUS DISEASES: THEIR CAUSES AND THEIR TREATMENT. Memoir for the concours of 1881-1883. Academie Royal de Medicine de Belgique. With supplement on the Anomalies of Refraction and Accommodation of the Eye and the Ocular Muscles. By GEORGE T. STEVENS, M. D. Ph. New York: D. Appleton & Co., 1887.

DIFFERENTIAL DIAGNOSIS. A manual of the Comparative Semeiology of the more Important Diseases. By T. DE HAVILLAND HALL, M. D., Assistant Physician to the Westminster Hospital, London. Third American edition. Thoroughly revised and greatly enlarged. Edited by Frank Woodbury, M. D. Phila.: D. G. Brinton, 1887.

THE PRINCIPLES OF THEORETICAL CHEMISTRY, with special reference to the Constitution of Chemical Compounds. By IRA REMSEEN, Professor of Chemistry in the John Hopkins University. Third edition, enlarged and thoroughly revised. Phila.: Lea Brothers & Co., 1887. San Francisco: W. S. Duncombe & Co.

PASSAGE OF A SPOON THROUGH THE ALIMENTARY CANAL.—Dr. C. C. Stockard, of Columbus, Miss., writes: "Yesterday, a three-year old child of a prominent citizen of this city passed from the bowels a teaspoon. About ten days before a little negro girl had told the family that the child had swallowed a spoon, but they thought it impossible, and paid no attention to it. Yesterday, on removing the child from the vessel, the spoon was found embedded in the fæces. During the time of its stay in the alimentary canal the child had complained slightly a few times of pain in the stomach, but outside of this no symptom was produced, and the spoon passed through the anus without causing pain. The spoon was very much discolored from sulphur."—*The Medical Record.*

Translations.

By DR. D. W. MONTGOMERY, M. D.

Subcutaneous Injection of Blood, Salt-Water Infusion, and Intravenous Transfusion.

By H. v. ZIEMSEN.

The ordinary intravenous transfusion is followed by so many unpleasant and dangerous symptoms, such as fever, chills, albuminuria, and hæmoglobinuria, etc, that we cannot speak of the operation as having a beneficial effect, but, on the contrary, it must be ranked among those things which are dangerous to life. But these severe symptoms are not the results of the mere introduction of defibrinated human blood into the circulation, but solely depend upon the method of intravenous injection; in which the dying blood (for the blood is *in articulo mortis* the moment it is removed from the vessels) with its ferments, and the unavoidable admixture of shreds of fibrin and bubbles of air, is injected directly into the vessels. It will be seen that all these dangers are avoided in injecting the blood into the subcutaneous cellular tissue.

The following is a short account of the operation:

The blood should be well defibrinated in the usual way, great care being taken here, as well as throughout the entire operation to keep the blood as aseptic as possible, and it should also be kept at a temperature between 98 3-5 and 104° F. The hypodermic syringe should be one containing about four drachms, and the injections should be made deep down, and well into the subcutaneous cellular tissue. The thigh is a favorable situation for making the injections, and immediately after injecting the blood, the place ought to be vigorously rubbed by an assistant. This massage is a very important part of the operation. When large quantities are injected, the pain is so great as to necessitate putting the patient under the influence of chloroform, which is a very disagreeable feature of the operation (I suppose ether could be used, but the author, being a German, uses chloroform). Each injection is made in a different part of the body, and they may be continued till the supply of blood is exhausted—v. Ziemssen has himself injected 350 grains of blood in fourteen injections at one sitting. After the operation an ice-bag may be applied to ease pain, and the patient kept quiet.

This operation is almost without danger—only twice has supuration been observed at the point of injection, and this was owing to slight and easily avoidable mistakes in carrying out the operation. In no case has the patient suffered from chills, fever, albuminuria, or hæmoglobinuria. The subcutaneous cellular tissue serves as an excellent filter to hold back clots, bubbles of air, and ferments, while on the other hand, the red blood corpuscles are allowed to pass along easily; for after a few drops no free blood can be found at the point of injection, whereas in the circulating blood an increased quantity of hæmoglobin can be demonstrated. In the first twenty-four hours the quantity of hæmoglobin in the blood is sometimes doubled, but during the next four or five days the quantity falls off till a stationary point is reached, which, however, is always higher than the original amount before the injection. After the operation has been repeated several times, the quantity of hæmoglobin is increased till the normal is reached, and hand in hand with this increase of hæmoglobin goes an increase in the number of red blood corpuscles. In this way v. Ziemssen has cured severe anæmias of the most varied kinds, in the course of a month. The method has not yet been tried in acute anæmia, following large losses of blood, but it would be indicated in severe cases. When there is great and immediate danger, and from some cause the injection of blood cannot be made right away, the best thing to do under these circumstances would be to inject salt-water. The subcutaneous instead of the intravenous injection of salt-water has the advantages of being easily carried out, and of being absolutely without danger. It is quite unnecessary to use distilled water, for ordinary water, well boiled so that it is thoroughly sterilized, can be used without fear of danger. The subcutaneous tissue holds back all foreign material so long as it is not septic. In the injection of salt-water the etherization can be dispensed with, because the water is very easily and painlessly dispersed by rubbing. A larger quantity of fluid than in the injection of blood can be used, for instance in four or five injections 400 grams of water can be thrown under the skin. If in this way the immediate danger of sudden anæmia, which consists in the emptying of the heart-pumps, be met, then the injection of blood can be carried out more at leisure; for, as is taught by experience, the injection of salt-water in cases of very severe hemorrhages only wards off the

immediate danger. In such cases new blood must be introduced into the body, and so let us hope that also for acute anæmia this method may prove itself efficacious.—(*Clinical Lectures, 1887, No. 8.*) *Central blatt fur Chirurgie.*

Sublimate Paper as a Surgical Dressing.

Filter paper prepared in the following way has been found useful as a surgical dressing. It is first steeped in a solution consisting of sublimate 0.2, glycerine 5.00, and water 100.00, and then dried. It is not alone useful in small superficial wounds, but even large wounds and major operations may be dressed with this material.

From personal observation Gedeke comes to the following conclusions.

(1) That filter paper saturated with a 0.2 per cent bi-chloride of mercury solution makes a good material for surgical dressings.

(2) That according to the size of the wound, from a single layer up to eight ply should be used, and the whole held in place by a dry bandage.

(3) That such a dressing is particularly adapted to fresh wounds.

(4) In complicated injuries of the fingers, this dressing has the advantage of acting as a splint as well as a dressing.

(5) It should be changed every two or three days.

(6) When other antiseptic surgical dressings cannot be had, suppurating wounds can be kept aseptic for a short time with this dressing.—*Central blatt fur Chirurgie.*

NOVELISTS' MEDICINE.—Lady writers of fiction, sometimes dose freely with poison and the dagger, but rarely venture on strictly anatomical details. The most unfortunate *lapsus calami*, however, which has come under our observation, is the following: The hero, with great difficulty, has succeeded in saving the heroine from falling over a precipice. The lady has fainted and is apparently lifeless, but the hero finds, to his intense relief, "by the pulse in her femoral artery," that her heart still beats.—*Bristol Medico Chirurgical Journal.—The Medical Record.*

Extracts.

Ablation of Ovaries for Nervous Disease.

By DR. LUCAS CHAMPIONNIERE, Surgeon to the Hopitaux St. Louis, Paris.

The extirpation of healthy ovaries is still a subject of medical controversy, although the operation has been performed on numerous occasions. When done for the purpose of relieving hemorrhages dependent on fibrous bodies, it is well received as a welcome relief, but as a remedy for local or general nervous diseases the operation has a less good reputation. Meantime, I am convinced, *on my part*, that in these cases this method of interference is excellent. I was one of the first to adopt the operation, having only been preceded by two operations of Dr. Payne in 1882 and 1883. My first operation was made in October, 1884. I was unfortunate in that case, but now so firmly convinced that the bad result was due to exceptional circumstances, that I operated twice since then with perfect success in both cases.

My first two operations were reported in an excellent thesis of Dr. Ami Maguin, the third is unedited. In this thesis 77 cases were collected, with three deaths, and included almost all the material published on the subject up to that time.

Certain facts, relative to indications, to after-treatment, and operative medicine, appear to merit a discussion before the Society.

When is it right to operate? Is it necessary to remove the ovaries simply because our patients have convulsive crises or because they have acute abdominal pains, in the hope that castration will avert the crisis, and that, the ovary removed, the neuralgia will disappear? This is claimed, and with the appearance of reason, that the operation performed, the convulsive crisis may be renewed, and the abdominal pains not having an exclusive rest in the ovaries, may render the operation useless.

This is true in a certain measure, and, if these crises and pains have not an exceptional tendency, the operation is not in the least justifiable. But there is a point at which we may attempt methods whose efficiency is not absolute; there are subjects who suffer an exacerbation of pains; sometimes hemorrhages inducing anæmia and aggravating the symptoms from

month to month. We may hope legitimately in such cases that the induction of an artificial menopause will possibly induce the relief of a true change of life. Under such circumstances we have several reasons to operate.

I operated on the first patient who presented this double condition, *i. e.*, exceptional intensity of nervous symptoms and menstrual disturbances. She was 32 years of age, not greatly troubled with hysteria, but having an extraordinary sensibility—acute pains in this region that assumed an extreme intensity at times. She had been constantly confined to her bed for the space of three years. During several months I had her under observation at the hospital, and she did not rise from her couch, the atrocious pains from which she suffered scarcely permitting an examination. The patient declared her intention of suiciding if unable to obtain medical relief.

I operated on October 27th, 1884, with the aid of my colleague, Dr. Perier.

The operation presented some real difficulties, as when I touched the ovary the patient awakened; quietude of the muscles on the right side was not obtainable at any time. However, the two ovaries were removed with the corresponding tubes.

The patient died the second day after the operation, without having had any vomiting; but she had acute pains, tendency to syncope, and very rapid pulse; the temperature was but slightly elevated before death. The results of the autopsy were negative. The cause of death in this case was that usual in certain cases where a great portion of a nervous plexus is included in ligation; as after hysterectomy, certain grave reflex symptoms, that should be avoided, if possible, by tact on the part of the operator.

My second patient was 39 years of age, with the same sensitiveness and pain in the abdomen, the same crises and neuralgias, with an exacerbation of all local and general symptoms at the approach of the menses, aggravated at each new period to such a degree that she only endured life six days out of each month. The symptoms in this case were constantly aggravated until alimentation became impossible; for the rest, each menstrual period determined a greater and increasing condition of anæmia.

After treating this case for more than a year, I proposed operating, so as to reduce to a minimum, if possible, the reflex

ovarian symptoms. I commenced by giving the patient injections of morphine. She supported the medicine badly at first but afterwards became accustomed to its use in small doses; to the day of the operation, until two hours before, the drug was continued. The calmness during the operation was perfect.

I had resolved to limit the ablation of the ovaries, leaving the tubes intact; I succeeded perfectly, and the two organs were removed, the pedicles being secured with catgut ligatures. The ovaries were healthy, with the exception of considerable venous development around the right one and a very small cyst in the left.

The after treatment was very simple. To-day, fifteen months have elapsed since the operation; the result, without being complete, is perfectly satisfactory.

The patient is still hysterical, with occasional attacks, but they are attenuated in intensity and duration. Alimentation is now easy. The pains have almost entirely disappeared. Standing and exercise, however, induce return of neuralgia. But the malaise and the menstrual disturbance have entirely disappeared, and the periods of abdominal congestion are short. As time passes all the good results are accentuated. It is only recently that she could support an examination of the cul de sac. This was impossible formerly. It also seems to me that the volume of the uterus has diminished. I hope that by this artificial menopause a natural menopause may be induced, and that such a condition may be quickly established with the lapse of time.

In the third case, which is recent, I can only cite the operating success, for the results of the operation can only be fully observed later; there has already been some improvement.

This patient was a woman aged thirty-four years, who had borne children at an early age, the first in her sixteenth year the second in her twenty-sixth year. She was a marked subject of hysteria; she rarely has violent attacks to-day, but suffers from exquisite sensibility over the abdomen; it is impossible to touch the skin on her belly without making her spring from the bed; examination is almost impossible. She has all the symptoms of nymphomania, to which she half confesses. She has exasperating pains every month, and following, a true menorrhagia, inducing anæmia. She has used all manner of ordinary remedies to cure this nervous condition, under the skillful

direction of Dr. Ourtin, who sent her to me. All such medicines were futile. After treating her for several weeks I decided to operate and extirpate the ovaries.

She submitted to preparations for eight days, taking injections of morphine, and I performed the operation on March 31st, 1887.

Chloroformation was easily induced. I tried to separate the ovaries from the tubes, but those organs were so closely connected on all sides by voluminous and friable vessels that I was obliged to remove both ovaries and tubes. After attempting to make only an ovarian pedicle, I resigned myself more easily to this operation, as, on the left side, the ovary was very long, and in seeking to spare the tube, it was found impossible not to leave a small portion of the substance under the silk ligature that enclosed the pedicle. The after treatment was extremely simple; the woman was really in better health than before the operation. I add here the very complete history of this case written by my *interne*, Dr. Callst; it gives a complete narration of the operation and its results as so far observed.

“Madame Bertha Morlet, 34 years of age, workwoman, entered hospital on March 9th, 1887.

“Born of syphilitic parents, and treated for the disease in her childhood by specific medication, she has merely had the usual symptoms of the congenital malady. Her mother was an excessively nervous woman, but never had well-marked hysterical attacks to the knowledge of our client.

“The patient is a middle-sized dark brunette, with a very expressive face and eyes of rare vivacity—a woman of remarkable intelligence.

“She first menstruated at the age of fourteen years and a half. Her courses were regular at first, afterwards becoming painful, tedious, difficult; the pains were distributed over the ovaries, but were most particularly intense at the level of the left iliac fossa over the region of the corresponding ovary. In the intermenstrual interval the pains persisted, although sometimes slightly diminished, but yet violent and painful enough to prevent any active occupation.

“The patient had her first infant in her sixteenth year, and a second baby at the age of twenty-six. The pregnancies and deliveries were easily endured and the children healthy, but they brought no relief nor real modification to her sufferings.

“The patient, as before stated, is of a very nervous temperament; she complains of choking sensations and more or less painful feelings over various parts of her body, and she becomes easily morbid and irritated. At the age of twenty years she had a severe attack of hysterics, and subsequent crises every two or three days. This great attack only lasted about one year. The patient attributed her aggravated symptoms at that time to misfortunes suddenly heaped upon her. She had never had such severe attacks as at that period save at longer intervals, say several months apart. The last severe attack dates back to December, 1886. These attacks only came on at the menstrual period.

“The painful sensations generally experienced by the patient increase manifestly at each catamenial epoch. At such times profuse menorrhagia obliged the lady to keep her bed; in the interval the patient's life was almost unendurable.

“It may be easily understood why the subject had constantly claimed the care of physicians. Bromide of potassium, baths, changes of scene, absolute repose—all had been tried only to be abandoned. Desperate at her defeat in obtaining relief, the patient entered the hospital determined to have Dr. Championniere perform a surgical operation. ‘Life is a burden,’ was her constant song.

“On her entrance, March 9th, 1887, her general condition is about what might be expected in one whose symptoms we have just described. The strength of the patient has been gradually failing, but a more careful examination of the various organs reveals no manifest lesion.

“The examination of the genital organs is only made under difficulties. The vaginal touch induces agonies that cannot be borne by the subject, although she uses a strong will power to assist examination. She states that her sexual passions are very strong, but that pain on coition is so intense that she has been obliged to forego marital impulsion to her husband for some time.

“Dr. Championniere, after a careful examination, decided to treat this nervous dysmenorrhœa by ablating the ovaries.

“The operation was performed on March 31st, with the assistance of Dr. Routier and Dr. Paul Championniere. An incision was made on the median line from the umbilicus to the pubis.

“The epiploon was separated. The right ovary was easily

brought into the opening with its corresponding Fallopian tube; the attempt was made to remove the former alone, but as it was found joined to the tube by large and friable vessels, we were obliged to seize the latter at the level of its middle portion and remove it at the same time as the ovary. Two silk ligatures included the pedicle, and the same operation was performed on the left ovary and tube. No hemorrhage of consequence ensued. Sutures applied. Duration of operation, forty minutes. Ordinary dressings applied. The ovaries and tubes removed appeared to be perfectly healthy.

“The after-results of the operation were most favorable and the cicatrization of abdominal wound progressed favorably.

“During the second and third day following the operation a slight febrile movement was noticeable; at the end of the third day the patient, who expected her courses the following week, lost a little blood, followed by menstruation a few hours afterwards. The appearance of the catamenia was the signal for a febrile defervescence. For the past three weeks the patient has been up and walking around, and is about to be discharged from the hospital.

“The modifications experienced up to this point by our patient permits us to hope for a speedy and complete cure. She walks and works in the main hall without feeling the least pain. Her character is less irritable, she is calmer and more gentle. She has entirely lost her sexual impulse. Sleep has returned with a good appetite; her strength has notably increased—in a word, to quote the woman’s own words, ‘It is only since this operation that I feel it is truly sweet and happy to live.

“On May 11th, the condition of the patient is entirely satisfactory. Menstruation, which was expected last week, has failed to appear, and she has not felt the slightest sensations of local or general congestion.”

One thing must be insisted on in these cases, that is the necessity of specially preparing these patients, in order to ward off subsequent reflex symptoms. In these two cases, and others, the preparation for operation by means of morphine injections have been a success, and I shall use the same remedy in future cases.

It is possible to obtain a menopause by extirpating the ovaries alone, and with the menopause comes the relief from pain.

In my second case the menopause was instantaneous, and the instantaneous disappearance of menstruation has been mani-

fested in my third case. This is always the result in cases where the ovary is *entirely* extirpated. There is no case on record where *complete ablation* of the ovaries has not been followed by the menopause. In saying this I exclude the cases of fibrous bodies, because in such instances it is not menstruation that is noted, but metrorrhagia.

What explains, according to my judgment, the apparently contradictory cases, in which menstruation persists after double ovariectomy, is the extreme facility with which a portion of the ovary is left in the abdomen.

I lately, in an operation for a fibroid body, made two pedicles, because, although the operation was easy and I had removed the tube, I found I left a lengthened portion of the ovary in my first pedicle. I accordingly extirpated the rest of the organ, making a second resection of pedicle, not wishing to leave any portion of an ovary intact.

When both ovaries are completely ablated, we sometimes observe irregular congestions, sometimes even hemorrhages such as I have before described; but these congestions result from organic habit, which rapidly disappears and soon returns no more forever.

The indications for this operation are much more numerous than at first thought when we come to more carefully study the relations of menstruation with hysteria; relations which, it appears to me, it is impossible to deny. However, we will not always find, in such cases, an absolute and complete cure, and should not make too many promises. The operation modifies the individual without totally extinguishing the previous temperament; moreover, a certain amount of time is necessary to accustom a patient to the sudden and rude induction of an artificial change of life.

A very remarkable result of the operation is the change of character observed and described by the patients themselves—a certain weakness, a deficient nervous reaction—although, in the last-named patient, the return to good spirits and health was remarkable.

As regards sexual aptitude, the question is far from being simple; but it seems to me that such are not profoundly modified; this is the opinion, at least, of those who have observed and studied numerous cases where both ovaries have been removed with or without the womb. In these cases it is like the natural menopause which immediately extinguishes sexual appetite, because the latter ceases to be solicited.—*The Cincinnati Lancet-Clinic.*

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