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Operations on the Thyroid Gland.

By Theodore A. McGraw, M. D., Prof. of Surgery in the Detroit Medical College.

THERE is in the Museum of the Detroit Medical College, contributed by a distinguished surgeon of Western Michigan, a pathological specimen of the trachea and thyroid gland of a child who had died of suffocation consequent upon thyroidal enlargement. Another instance of death from the same cause is reported to have occurred within a few years in the city of Detroit. Probably neither of these deaths would have taken place, had the attending physicians not been deterred from operating by the exaggerated accounts, which are copied into all the text books, of the extreme danger of operative procedures on this organ. Whatever may be the perils of such operations when undertaken for the removal of old goitres, or the large bronchoceles of Graves' disease, there can be no question that the profession have greatly erred in supposing that these dangers were common to all operations on the thyroid gland. While my own experience in such operations is small, it is nevertheless large enough to convince me that the risks of incising or removing the thyroid body are not greater than those which attend similar procedures on other tumors of the neck which have attained equal size.

My first operation of this kind was on the person of Mrs. X., a colored woman who entered the college clinic with a cyst as large as a hen's egg in the right half of the thyroid gland. It was not only unsightly, but also threatening in character as it caused occasional severe breathing. I cut down upon it, separated it easily from the surrounding tissues, tied the right superior and inferior vessels and cut through the isthmus, removing one-half of the gland. There was almost no hemorrhage, and excepting for a slight keloidal development in the scar, recovery was rapid and complete.

In the winter of 1879 a French girl of 20 entered St. Mary's Hospital with a cyst as large as a walnut in the thyroidal isthmus. I incised it, removed its anterior wall and destroyed its base with carbolic acid. No bleeding point required a ligature, and healing by granulation took place in two week's time.

The next case was Mrs. N., living near Washington, Macomb County, Michigan. This patient, 37 years of age, consulted me in June, 1880, about a cystic enlargement of the whole thyroid gland. The principal, central, tumor, was surrounded by numerous smaller cysts. It had been growing for two years, had reached the size of an orange, and had of late caused a difficulty in breathing which at times was quite serious. On the 12th of July, assisted by Drs. Yates of Washington, Chamberlin of Romeo, and Boice of Detroit, I removed the entire gland. There was almost no hemorrhage, though fourteen ligatures...
were left in the wound. The patient was a feeble woman, but recovered, nevertheless, without a bad symptom.

Finally I operated on Christian Metzer, of Detroit, a boy of 14 years, for the removal of a bilobular cystic tumor of the thyroid gland of many years growth. I had tried in vain to destroy it by electrolysis, and it continued to grow in size until it interfered seriously with his breathing. When I operated on March 7th, 1881, the tumor projected like two base balls on both sides of his neck. There were present Drs. Kiefer, Reynolds, Henderson, Cleland and Boice. The dissection was tedious, but otherwise without serious difficulties. The bleeding was not at all profuse. Thirty-one ligatures were left in the wound. The operation was performed under the carbolic spray, and was dressed antiseptically. He recovered as rapidly as could have been expected after an operation of that magnitude. Total loss of voice followed the operation, probably from some injury done to the laryngeal, not from incision, for it was not exposed, but probably from traction. This patient has regained his strength but slowly. His voice has returned, but is feeble. His face seems somewhat bloated, and he complains of lack of strength and some rheumatic soreness of the muscles. The wound healed in about four weeks, but now, after seven months, he seems dull and listless and indisposed to exertion. I am unable to discover any organic disease, and have faith that time will bring full recovery.

The operation for the removal of the thyroid gland is not very difficult, nor, in my opinion, excessively dangerous. If the surgeon, indeed, proceeds in its conduct as did the late Wm. Warren Greene, he may expect terrific hemorrhage, and bring his patient to the very gates of death. The thyroid gland is very vascular, and is connected with the surrounding connective tissue, by numerous fragile blood vessels. If these are broken they will bleed furiously. Now, the secret of removing the thyroid gland without loss of blood is to proceed with great deliberation and caution, and tie every blood vessel, even the smallest, between two ligatures, before either cutting or breaking it. This method of procedure is neither brilliant nor rapid, but it is eminently safe. The thirty one ligatures left in the wound in my last case corresponded to the thirty-one left on the tumor when removed. Sixty-two ligatures made a tedious operation, but the patient lost almost no blood.

I would not be misunderstood as regards the dangers of thyroïdal incision. The removal of the tumors in Metzer's neck left an immense wound, extending deep into the neck on both sides of the trachea, and exposing most important structures. Such operations must always be dangerous. This I feel warranted in saying; that the danger will be in most cases in direct proportion to the size of the tumor, other things being equal, and that it will not be greater than in operations for tumors of the same size and situation, but of different anatomical character. In every case the dangers of the operation must be balanced against those of the disease, and the surgeon must act accordingly.

On the Abuse of Local Treatment in Nasal Disorders.

By E. L. Shurly, M. D., Professor of Practice and Principles of Medicine and Laryngology, Detroit Medical College.

In all the walks and pursuits of life, we find many individuals who possess a strong tendency "to ride hobbies," they seem to be ever ready to straddle any innovation which may chance in their way, especially if it be fashionable. Such persons in the medical profession are easily taken with some new instrument, apparatus, or medicine, and energetically apply the same to the treatment of every form of disease with which they come in contact. Thus laryngoscopy and rhinoscopy—most valuable aids in the diagnosis and treatment of the diseases of the respiratory passages—have undoubtedly led many hobbyists into the practice of applying local treatment to all, or nearly all cases which seem to show disturbance of these passages. Now, improper local treatment of any region of the body is apt to be mischievous, but especially is this so when the nasal passages are concerned. The nasal passages, it will be remembered—
functionally concerned—may be divided into two parts—the lower passage (each side), or pituitary portion, and the upper or olfactory portion. The olfactory portion is especially sensitive, and in a normal state bears ill the contact of any extraneous substance; and as it is but imperfectly separated from the pituitary portion by the ridge called “the agger nasi,” becoming adjusted to the septum, it is obvious that any careless local treatment is capable of doing much harm, not only to the parts in question, but to the adjacent “side cavities” or the nervous system, which is contiguous through the agency of the olfactory nerves. Besides this the less sensitive, but yet delicate mucous membrane of the lower portion, can be easily made to suffer irrevocably from harsh treatment of this sort. Within my own observation have come quite a number of cases of severe nasal catarrh, facial neuralgia, irritation of the maxillary sinuses, inflammation of the middle ear, conjunctivitis (?), pharyngitis, etc., which have unmistakably been wholly; or in great part produced by the use of strong solutions of nitrate of silver, chloride of zinc, irritating snuffs, etc., in the nasal passages.

There are sometimes present, signs of local disease in the nasal passages, which amount simply to a local expression of a systemic disorder, such as malarial poisoning, strumous and other dyscrasias, the examathemata, rheumatism, influenza, etc. In such instances, of course, local treatment is not often necessary. Even in some conditions of local disease, when the mucous membrane is hyperemic and very sensitive, local applications (although it be only medicated air), should be withheld. In illustration of the point, I will briefly narrate two cases, although, if space would allow, I might give several interesting ones.

J. L., æt. 30, clerk, healthy appearance, family history good, except that an aunt was insane; not especially subject to “colds.” Says he took cold three months ago, had some fever, pain in bones, and neuralgia of right side of face, with free discharge of thin fluid from both sides of nose, no cough, sense of smell was good. Treated himself for catarrh with a nasal douche, using a solution of salt; strength not known; afterwards not getting better, went to a physician, who used “injections of tincture of iron,” strength not known: discharge kept up; had more headache, and considerable sneezing. Physician now used, he says, a spray of nitrate of silver every day; while the patient at home used a “snuff” twice daily, which, he says, made him sneeze, made his head ache severely, and reddened for hours his eyes. Not getting better, his physician applied with a swab a “mixture of nitrate of silver” to the nasal membrane every day. He was taken to bed with a fever, which lasted a week, and the local treatment was suspended. Upon getting up again, a snuff, and the daily use of a douche of a solution of tannin was used. His nasal passages became “stopped up,” and the headache continued. When he came to me, I found the nasal mucous membrane very much swollen and hyperæmic; so sensitive that the lightest touch of a smooth rubber probe caused pain, lacrimation, and sneezing. There was considerable discharge; his appetite was poor; suffered a sense of debility; was constipated; urine highly colored; was often chilly, and at times had fever; teeth appeared in good condition; was nervous, and slept poorly.

All of this the patient attributed to “catarrh.” Suffice it to say, that quiet, in a warm room, suspension of all local treatment, with cathartics and quinine, cured the headache and catarrh in about a week. Of course, it was about a month before the thickening of the nasal membrane became reduced.

T. B., æt. 40, merchant; thin and tall; nervous temperament; temperate habits; no cough; no fever, has suffered from indigestion for last two years; hawks considerably, but has very little discharge; noticed frontal headache and discharge of watery secretion from nose for about a year and a half, which is not so bad when he had diarrhœa; has been constantly under treatment (local) during this time. Says he has never taken much medicine by the stomach, as the “catarrh” caused the indigestion.

Examination showed the nasal mucous
Psoriasis Affecting the Scalp, Chest, Legs and Arms, and also all the Nails on the Fingers and Toes.

By A. E. Carrier, M. D., Professor of Anatomy, Detroit Medical College.

Among the commonest diseases of the skin is psoriasis, ranking in frequency next to eczema and diseases of the sebaceous glands. It occurs among all classes, rich or poor, well nourished or those that are badly nourished, among all occupations, and affecting in about the same proportion, both sexes.

The following case has points of some interest. I will give the history as taken from my notes. I am sorry that I was unable to keep patient under my care for a longer time so as to have been able to complete its history, but her removal from the city made it impossible.

Mrs. B., a stout, healthy Irish woman, aged 23 years, has always enjoyed good health. There is no history of any disease of the skin affecting any member of her family, nor is there any history of venereal trouble either in her husband, or herself. She has a very fine, clear, white skin. Has been married five years, and is the mother of three children. The youngest about a month old.

One month before the birth of her first child, (about 4 years ago) she noticed a pimple on her right breast. It was red in color and about the size of a split pea, and covered with dry, white scales, which were easily removed. There was some itching, but at no time any vesicle, or moisture. Soon after the birth of the first child, she noticed that her hair was full of dry, white, shining scales. This eruption was accompanied with intense itching. At about the same time patches on her chest, legs and arms, had attained size varying from a ten cent silver coin to a silver dollar. These were round, or oval, and covered with scales, white and shiny, and on removal, the skin underneath was red, but dry. These patches were sharply defined, and resulted either from the union of several pimples, or, from one gradually spreading from its circumference. Under treatment the eruption entirely disappeared. When pregnant the second time the eruption again made its appearance lasting until after the birth of the child, when under appropriate treatment it again disappeared.

Mrs. B., came to the clinic for skin diseases at St. Mary's Dispensary, Aug. 23, 1881, with an eruption on chest, shoulders, legs and arms, consisting of round or oval, coin sized patches, with sharp cut borders, and covered with white glistening scales. These could be easily removed, and the skin underneath was bright red in color, and dry. There was only little itching. The scales were abundant. The eruption on the scalp was different, in that on removal of the scales the skin underneath was normal in color. At the outer border of the scalp, on the forehead and extending on either side as far back as the ears, was a border, dark red in color, and raised above the surrounding skin and covered with thick crusts of a light yellowish white color. This border made its appearance after the eruption had completely covered the scalp, and at this time the nails began to be discolored commencing at the tips, a brownish color, and extending about two thirds the length of the nail. The nails then became thickened and raised from the matrix, and underneath the nail was a whitish honey-combed substance easily removed and breaking readily between the fingers. After this the nails became brittle, thickened, scaly and misshaped. She was under treatment at the Clinic for about
four weeks, and during that time there was marked improvement. The eruption on the scalp seemed less benefited than the other portions affected, while the nails were softer, thinner, regaining their normal color. The case was peculiar in that all the nails of the toes and fingers were affected, and that it made its appearance three times during the patients pregnancy, and in its yielding so readily to treatment. The border of eruption looked much like the eruption of tinea favosa and until I had examined it under the microscope I was not positive in my diagnosis.

31 State Street.

Bacteria.

By O. W. Owen, M. D., Instructor in Morbid Histology in the Detroit Medical College.

SINCE the advent of Listerism it is the fashion to ascribe all infectious diseases to bacteria. When we consider the number of theories brought forward by eminent men in support of this doctrine, we are sometimes at a loss to decide in either direction, so we must be able to study these living germs ourselves, and establish a basis from which to build up or pull down bacterial poisons, in so far as they relate to disease and diseased action. To study germs we must, of course, have an intimate knowledge with the microscope and microchemical examinations. Then, too, some classification of germs is essential, and in this article I shall follow the classification as laid down in Billroth's Surgical Pathology. Bacterial germs are then subdivided into first, micrococcus or monad; second, coccoglia or glaococcus; third, streptococcus; fourth, bacteria; fifth, vibrones; sixth, streptobacteria. All Bacteria multiply by budding and segmentation. All bacteria have motion during active life. All bacteria have life inherent in themselves during division, motion, and dried or passive condition. They are of vegetable origin and belong to the family of the Algae. How then are we to examine them in their different forms? And, first, where do we find them? We can at times (under different conditions of the atmosphere and vitality) find them in all the fluids of the living or dead body, in all decaying animal or vegetable matter, whether attached to or apart from their original stems. We find them floating in the air under every condition of atmospheric change, and in all stagnant water, cess-pools and sewers. From this extended origin we can obtain all the material necessary for examinations.

To obtain them from the air, place a clean sheet of glass in a sheltered nook on a clear day and leave for a few hours; then carefully brush the dust collected into a growing cell and add a small quantity of water. Place the cell in a warm room for twenty-four hours, and then remove a drop of this mixture with a drop tube, place it upon a clean glass slide, put on cover glass and examine with a $\frac{1}{4}$ or a $\frac{1}{8}$ objective. Place a strip of brass one-fourth inch wide and six inches long on the slide, one side of cover-glass and heat the overhanging end with a spirit lamp, in this way we are enabled to keep up an equable temperature and allow the multiplication of bacteria to go on. To feed them place a small amount of albumen in water and drop it on the slide near the cover glass. It will run under, and in this way we are enabled to keep the bacteria alive indefinitely. Water must be added from time to time to supply waste from evaporation. The heat must be regulated, as a boiling point kills the germs and prevents observation by obscuring the cover glass.

Bacteria multiply very fast in infusions of hay, and it is perhaps the best method of examining them aside from fluids of the body. To make it, place a handful of hay in an open vessel, pour over it a quart of tepid water, place in a warm room for twenty-four hours, and examine a drop under the microscope. Here all the types of vegetable bacteria will be seen from vibrones, monads, and bacteria to streptobacteria.

The warm stage may be used and the feeding process be again resorted to, when we shall have to a certain extent, a change in the nature of our germs.
Bacteria may be obtained from the mouth by rinsing with a small amount of water, and ejecting this into a clean dish from which a drop is transferred to the slide for examination. In examining diphteric membrane we must moisten with tepid water and tease out any thick portions of membrane, then cover the specimen and keep moist with warm water outside of cover glass. Alkaline urine affords us an easy method of examining germs, and one that every physician should be familiar with, as we are called upon to make urinary analysis very frequently. When examining urine for bacterial germs remove the drop from the center or just above the sediment in the receptacle; in this way a large proportion of other ingredients are left behind. Ordinarily no warm stage is needed in urinary examinations. Pus, from local ulcers or cavities exposed to the air give us a large number of germs, and here the warm stage should be used, as we can then watch the action of bacteria upon the pus cell. Before going farther a few words of caution may not come amiss. Do not mistake moving phosphates, particles of dust, cilia, or small fat cells for bacteria, and to distinguish them acquaint yourselves with bacteria as found in the hay infusion before examining other fluids. Billroth claims (page 103) that all bacteria start and multiply from one plant, which he calls "coccobacteria septica," and concludes that it develops from the fine dust floating in the atmosphere. Other observers, however, claim a distinct number of plants or algae, and from the study of hay infusions I am of the opinion that there are at least three separate and distinct plant growths. As I have not as yet been able to discover glaciococcus in the fluid, I cannot accept the theory of one germ held together by the slimy cement (glia). On the contrary the three different germs, bacteria (rods) vibriones, shaped like a cigar, with clubbed extremity, strepto-coccus or chains either round or ovoid, are distinctly present as separate plants. Streptobacteria or rod-like chains have more the appearance of bacteria which have not undergone division or segmentation, and are probably not distinct plants. On the other hand we have in support of the simple plant life some of the minute infusions, notably the volvox globator, wherein we have a large number of perfect cells held together by an external envelope, that upon ripening, bursts, and each minute spore has a separate life and existence. If we could find a cell of this kind in all fluids we would, of course, at once ascribe all so-called bacterial germs to one plant, but as we find the subdivision of vibriones produce only vibriones, and rods only rods, we are at once at a loss to find the connecting link between the different cells which would prove their single origin, and must content ourselves with that which can be proven, namely, that cells of one kind divide into like cells only.

In this article I have not undertaken to write anything particularly new, but have endeavored to give a few simple hints in examining these very entertaining plants, and to reawaken an interest in their study, if so be it, it has even flagged. At some future time I will give methods of staining germs and action of different so-called antiseptics, with results as seen under the microscope.

A CASE OF QUININE RASH.—Dr. Sweetman published a peculiar case in the December number of the Canadian Journal of Medical Science. A machinist, aged 24, suffering from phthisis, was given quinine sulphate gr. jjs, three times a day for three weeks. At this time stimulants being required, whisky, 3 j, was given, which was followed in fifteen minutes by difficult breathing, cardiac discomfort, redness of buccal surfaces, dryness of throat, etc. Five minutes afterwards red spots appeared upon the hands and feet extending upward. The rash first looked like urticaria, afterwards like erythema. Quinine being discontinued and 3r. cinchona co. substituted, no eruption followed. We are of the opinion that quinine had very little to do with this eruption, but would be inclined to the belief that constitutional disease, i. e., phthisis was the cause, and the whisky the motor.
The Detroit Clinic.
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GEO. S. DAVIS, Medical Publisher, Box 64.

THE Detroit Clinic is to be a weekly exponent of Clinical Medicine and Surgery. With that object in view, it will not burden the profession with lengthy editorials nor voluminous extracts from other journals, but will give to them—as its name indicates—clinical reports of cases in all departments of medicine and surgery. The editorial staff assure its readers, that they will utilize to that end not only the vast clinical resources of the hospitals and dispensaries of Detroit, but also, as they hope the vast practical experience of the general practitioner.

Another purpose of The Clinic will be the consideration of measures which may establish medical education on a higher basis. All personalities will be strictly excluded from its columns; our work is legitimate medicine and surgery only.

In this undertaking we solicit the hearty cooperation of the profession, as subscribers and contributors.

As our space will not admit of exhaustive articles, it is, therefore, suggested that our contributors send us short, concise, and practical reports of cases. With this brief introduction we send to you our first number, in the hope that it may meet your approbation.

We feel more than gratified at the welcome the Clinic has thus far received.

Words of cheer and congratulation come to us from all quarters, and our subscription list has already assumed pro-

portions that much older journals might be proud of. Thanking our friends for the hearty support given us, we wish you all a Happy New Year.

CHAS. SEDGWICK MINOT; S. B., S. D., in a recent article in the Boston Med. and Surg. Journal, entitled "A Grave Defect in our Medical Education," justly emphasizes the importance of teaching medical biology, a course that is lamentably neglected, as a part of the curriculum in all Medical Colleges. The writer argues that as the medical student of to-day is to become the investigator of the future, why not make this special course obligatory on medical students, and let it take the precedence of his medical education. These suggestions of Dr. Minot will undoubtedly meet the approbation of all supporters of higher medical education.

CHICAGO is making pretensions to that of a Medical Centre, that is, it looks that way, as two New Medical Colleges are about to be started, making of the various kinds eight in all, located in Chicago. A writer in the Chicago Medical Journal and Examiner facetiously says "We may indeed pride ourselves that we not only lead the United States, but all creation in the matter of medical education, and assure ourselves that the time is not far distant which will truly be the millennium, when every citizen of Illinois will be a doctor of medicine, and every practitioner of the noble art a professor as well."

SIX million dollars represents the amount of money received by the United States Government as the stamp tax on proprietary medicines. This again represents the sale of $240,000,000 of these so-called medicines. Efforts are now being made, and if we are correctly informed, a bill has already been introduced in Congress to do away with this stamp tax. It is sincerely hoped that this bill will not pass.

A second edition of this little work so soon, shows that there is desire for light upon the subject matter. The typographical appearance of the work is excellent.

G. P. Putnam's Sons, 27 and 29 23rd St., N. Y., have a number of new books in press, among which, is a Treatise on the Science and Practice of Medicine, by A. B. Palmer, M. D., LL. D., Professor of Pathology and Practice of Medicine in the University of Michigan. This work the author states in his preface, is to be strictly American and especially adapted to the wants of the general practitioner. We hope before long to make a more extended notice of this new work.

The Eighth Annual Report of the Michigan State Board of Health is gotten up in its usual methodical form, thanks to the able Secretary seconded by the members. Our space will not allow a more extended notice, although we should advise all physicians to read its able reports and articles and wish we could give a lengthy notice.

The Medical Register of New York, New Jersey and Conn., Wm. T. White, M. D., Editor, 130 East 50th St., New York. Station F, Vol. XIX.

This publication is an annual registered list of physicians in N. Y., N. J., and Conn. Aside from this, it contains other valuable information regarding the various hospitals and charitable institutions of the above named states, together with sketches of certain defunct medical colleges. The volume is a credit to its author.

Books and Pamphlets.


Atresia of the Genital Passages of Women. A paper read before the Chicago Med. Society, July 19, '81, by E. W. Jenks, M. D., LL. D., Professor of Medical and Surgical Diseases of Women and Clinical Gynecology in the Chicago Medical College.

Carbolized Catgut Suture for Laceration of the Cervix Uteri.—Dr. Reeves Jackson, of Chicago, writes that after six years experience with catgut ligature, he gives it the precedence over silver wire, silk, etc. His reason for so doing is its ready absorption, thereby obviating secondary operations for removal of stitches. He cautions the new beginner, however, to pare the edges of the wound so that they will lap easily, to obviate swelling as much as possible. He calls especial attention to the utility of this suture where ruptured perineum is complicated with lacerated cervix.—N. Y. Med. Record, Dec. 17, '81.
Clinical Department.

Surgical Clinic.

By H. O. Walker, M. D., Professor of Orthopedic Surgery, Genito-Urinary Diseases, and Clinical Surgery, in the Detroit Medical College.

TALIPES VARO-EQUINUS.

This little child, æt. 1 year, has what is commonly denominated club-foot, and the mother tells us that the deformity has existed ever since its birth, and is therefore congenital. Looking at it, you notice that the heel is drawn up, and the foot turned in, making what is technically termed a case of talipes varo-equinus.

Taking hold of it, I can readily relieve the varus, but the equinus remains, showing that the antagonists of the tibialis anticus and posticus are paralysed, and the tendo-Achilles is contracted. This case has been neglected a year, and if the application of plaster of Paris or some other support had been used together with manipulation, this deformity would have been well to-day.

Now, something a little more heroic will be necessary. We will divide the tendo-Achilles, a slight operation, and quickly done. Turning the little fellow on his face, while one of you holds the leg, I grasp the foot, and putting the tendon on the stretch, introduce this tenotome half an inch above its insertion, subcutaneously, and by a sawing motion cutting through, using care in withdrawing the knife so as not to admit air, then sealing it with a piece of adhesive plaster. The giving way of the tendon is recognized by the finger, and often by an audible snap. We will now place the foot in the natural position, and keep it there by a light dressing of plaster of Paris, until the space between the divided tendon is filled up with new tissue, sufficiently strong to admit of manipulation, which will be in about 13 days. Then we will remove the plaster dressing; in the meantime the mother will get a reasonably stiff shoe, to which we will attach a rubber muscle to take the place of the paralysed muscles, a procedure that is simple, and one that any of you can do. To the sole of the shoe fasten a piece of tin about opposite where the ball of the great toe is, to which is attached an eyelet made of wire, like the figure 8. The other eyelet is sewed to a strip of adhesive plaster, and this applied to the leg, extending from the ankle to the knee, and held in place by a bandage. You now have two points of attachment for the rubber muscle, which consists of rubber tubing of a size suitable to the case in which you wish to use it. The tubing should never be too tense, as you only need moderate elastic tension, just sufficient to overcome the antagonism of the opposing muscles. The rubber has at each end a hook with two or three
links of chain, so as to hook in the eye-
lets above and below. The other treat-
ment is friction frequently repeated, and
possibly electricity.

EXTERNAL PERINEAL URETHRKTOMY WITH-
OUT A GUIDE.

Our next patient is an English-
man, 54 years of age, a hostler by oc-
cupation, who presented himself at our
last clinic for the relief of a stricture of
the urethra, when we faithfully tried to
pass an instrument, and failed to even
introduce a small whalebone bougie,
since which time he has been in Harper
Hospital under preparatory treatment for
the operation which we propose to-day.
He gives us a history of gonorrhoea of
over 20 years ago, from which he never
fully recovered. Entering the army
shortly afterwards, the difficulty was
much aggravated by horseback riding.
During all these years the trouble had
been gradually getting worse, necessitat-
ing at three different times, operations,
the exact nature of which he is unable to
explain. At the present time his urine
passes in drops with great frequency, and
attended with considerable pain. I ap-
prehend in this case a troublesome task.
Strictures of the urethra are treated: 1st,
by gradual dilation; 2d, by rapid dilation,
or divulsion; 3rd, by cutting, either ex-
ternally or internally. While our patient
is becoming anesthetized, we will shave
his perineum, and tie his ankles and
wrists together on either side, putting
him in the lithotomy position. I now
throw into the urethra a quantity of warm
sweet oil, to facilitate the introduction of
this filiform bougie, if possible. You ob-
serve that it advances into the urethra
but four inches, where it stops, and we
are in the same dilemma we were a week
ago. We now propose to perform the
operation called external perineal ureth-
rotomy without a guide, a task of no
small magnitude. Please notice the steps
of the operation:

I first introduce a Syme's staff as far
as it will go, which one of you will hold
in the medium line, drawing up the scro-
tum well out of the way. Three other
assistants are necessary, one for each
knee, and the other to take charge of the
sponges and instruments. My first in-
cision is commenced at about half an
inch above the point of the staff, and
made down to the urethra, and extended
to the verge of the anus. Feeling for the
groove in the staff with my finger nail, I
open the urethra for about an inch, and
through the edges of the cut in the
urethra pass a well filled needle of
fine, but strong silk, and divide
it in the centre, thereby making a
guy on each side for the purpose of hold-
ing it in place. This precaution is a very
necessary one, for the tissues round the
urethra are extremely loose, and the least
movement after cutting into it, would so
displace it that it would be next to an
impossibility to commence where you had
left off, therefore, these guys held by our
assistants are essential aids. We will
now attempt carefully and gradually to
work our way through this cicatricial
canal, f.o.v that is what it has become as
the result of the gonorrhoea, and the repeat-
ed operations. I have only succeeded in
cutting through about two inches and a
half of it, and reached very nearly the
prostate gland without yet passing an in-
strument into the bladder, although quite
a considerable quantity of urine flows
from the opening made, and as we have
worked faithfully for an hour and a half,
and as our patient acts badly under the
anesthetic, we will desist for the time be-
ing. I do not consider the operation a
failure by any means, for I expect in a
few days that this man, after the inflam-
matory symptoms have subsided, will
pass a much larger stream of water than
he has done, and that the opening will
admit of a good sized instrument, when,
if necessary, we can complete the opera-
tion. The after treatment will be a dose
of morphine to relieve pain, and quin.
sulph. grs. 5, three times a day, together
with one drop doses of tinct. of aconite
to keep down the fever, and as soon as prac-
ticable introduce an instrument to keep
the canal patent, allowing it to heal by
granulation.
Optico-Ciliary Neurotomy.

By Eugene Smith, M. D., Professor of Ophthalmology and Otology in Detroit Medical College.

As a substitute for enucleation of the eyeball in appropriate cases, neurotomy of the optic and ciliary nerves has rapidly taken a position in ophthalmic surgery. No oculist of experience in that destructive disease, sympathetic ophthalmia, would think of replacing enucleation by a resection of the nerves posterior to the eyeball, if the sympathetic trouble is more than an irritation, or if there is a foreign body acting as the exciting cause. If, however, a case is presented with irido-choroiditis, the eye appearing nearly or quite normal but blind, painful or not, and affected with occasional or frequent hemorrhages into the anterior chamber, optico-ciliary neurotomy would be preferable to enucleation on account of its checking, probably, the danger of sympathetic affection of the fellow eye and also on account of its cosmetic effect. The same may be said in wounds of the ciliary region, and in painful cases of absolute glaucoma, in fact the operation is applicable in nearly all cases where the eye is blind and disorganized, though superficially not much altered. It has several times happened that the operation has proven only temporarily successful, enucleation being subsequently made; whether this has been due to imperfect division or to reunion of the cut nerves as in other resections of nerves, is still a question. An interesting case bearing on this point was reported to the ophthalmic section of the International Medical Congress in London, England, which I was so fortunate as to attend, this summer, by Dr. Poncet, of Cluny. He found in an eye enucleated after optico-ciliary neurotomy that the "scar-tissue produced by the enervation formed a fibrous mass, very dense, and containing many of the peripheral ends of the ciliary nerves. These nerves were affected by interstitial sclerosis with irritative compression of the nerve fibres." Of course, in such a case as the above, the continuation of the sympathetic mischief must be attributed to this lesion.

Nearly two years since, I published a new and simplified method of cutting the optic and ciliary nerves for enervation of the eyeball. The Annales d'Oculistique (Juillet-Aout, 1881) in a translation of the article commenéed as follows: "Ce procédé peut paraitre plus simple. Mais nous croyons qu'il est moins sûr que les méthodes préconisées par Schœler, Schweigger et d'autres encore."

That my method is not "moins sûr" (less certain) than those of the above mentioned well known oculists, and is less apt to be followed by excessive effusion of blood into the orbital tissues, and the dangers arising therefrom (exophthalmos, sphacelation of cornea, panophthalmitis, etc.) I am satisfied, as other surgeons will be if they will give it a trial.

At the time of publication I had operated in three cases only. Since then I have performed this operation in three more cases, all being successful except the one which was described in the first report.

I operate as follows: anæsthetizing the patient, I make a meridional incision through the conjunctiva and subconjunctival tissues, between the internal and inferior recti muscles, two or three lines long, beginning about two lines from the cornea. Passing scissors strongly curved on the flat through this opening and hugging closely the sclera, the lower posterior half of the eyeball including the optic nerve is denuded with successive snips. A similar incision is then made between the external and superior recti muscles and the opposite half of the posterior pole is denuded. These two incisions permit of a most thorough sweeping of the posterior half of the eyeball, and give ready exit to the blood, the flow of which in some cases is quite severe and in others insignificant. Tenotomy of either rectus, as in the operations of Schœler, Schweigger and others, complicates the operation and retards the healing. In the last case I operated upon, I was assisted by Professor T. A.
McGraw. The patient was a very plethoric lady, and one in which we might expect a free bleeding, notwithstanding which, there was but slight, if any, exophthalmos, and the patient was able to open the eye and move the eyeball readily in all directions, three days after the operation.

Complete anaesthesia of the cornea is looked upon as indicative of the division of all the ciliary nerves.

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Laceration of the Perineum.

A Clinical Lecture by N. W. Webber, M. D., Professor of Gynecology, Detroit Medical College.

WE PRESENT you to-day, gentlemen, a case that unfortunately is not at all uncommon in this rapid age of ours. I might perhaps qualify this assertion a little and say that the accidents of the past decade or two are accumulating upon us, representing an age less rapid and less scientific than the present. The certain relief we are able to give such sufferers as the one before us has become so apparent, to all alike affected, that they begin to seek the aid of surgery to rid them of discomforts they have endured for years. The obstetric forces in the hands of many practitioners of ten and twenty years ago are guilty of many of these rents, and like many other effective means for the relief of suffering their abuse has thrown a cloud of suspicion over them. It is not at all uncertain that quite a number of such cases are not of recent origin, for such accidents will occur to the best of physicians, yet a great many of them are of very long standing, and are the results of gross ignorance. You will have just such histories given you as we have here. All the trouble and years of suffering dates from the birth of a child, some twelve years ago, delivered by instruments. While she is being put under the influence of ether we will examine her, and we find the perineum torn nearly across. There is a narrow space of tissue separating the vaginal and anal orifices. The rent extends nearly to the rectum, not including the sphincter ani. It has been the practice, I might say dangerous practice of many, to make light of such rents as these, advising the bandaging of the thighs together and instructing the patient to lay upon the side trusting to nature to repair the breach. The original boundary of the vagina is well marked as you can see by the color of its mucous membrane, differing from the lighter citricial tissue posteriorly, and by the indistinct tubercle on either side which are formed probably by the bunching up of fibres of the sphincter vaginae after loosing their attachment from behind. If we bring these together so as to restore the perineum you notice the vaginal orifice presents a much different appearance. The two walls come together forming by their mutual contact one of the principle means of support of the uterus above. We remove our hands and the vagina gapes wide open, and from in front and behind you see the gradual slipping down of the walls of the passage so as to form two convex bodies. The posterior one, as you observe, is quite large, forming what we call a rectocele. The cystocele in front is not near as large, yet it produces more significant results than its larger companion behind. This is formed by the bladder which is dragged down so as to form a permanent pouch, into which the urine falls to become a stagnant pool. This, in time, decomposes and becomes an active irritant to the mucous membrane of the bladder and urethra, producing additional discomfort to the already suffering woman. The vagina, as you remember, is a musculo-membranous tube resting below on the ischio-pubic rami, and above is attached to the uterine cervix. It forms a gentle curve from above downwards, backwards and then forwards. It serves not only as a canal to the uterus, but also as one of its most efficient means of support. It is an elastic piller, springing from the rami below, propped from behind by the perineal body, supporting above the uterus, which rests upon it. Take away the prop from its weakest point, the convex surface behind, and this tube collapses, becomes everted, by
the pressure above, dragging in its course the attached bladder in front and rectum behind. We have, then, a falling of the womb, a rectocele, and all the concomitant discomforts and suffering that such a condition implies. If to the bearing down pains in the uterus, the backache, the irritation of the bladder and urethra, with all the train of nervous symptoms that this simple laceration brings about, should be superadded those that attend a rent into the rectum, then is the condition of the woman pitiable indeed. The action of the sphincters of both vagina and rectum are lost, air is sucked up into the former to be expelled again with audible report on every movement of the body, while from the rectum the faeces pass involuntarily, soilimg the clothing and giving forth an odor that renders them an object of disgust to themselves and what is worse of aversion to their families.

It has been my pleasure in several instances to restore hope to the victim of this more serious calamity, and from the hermitage of their own rooms sent them back smiling to their families and to society. These lacerations into the rectum you will not be called upon to treat as often as those of a less degree, because, in the first place, they are not so common. And then again when they do occur, they are recognized at once, and measures are immediately instituted to close them up. The slight, or partial lacerations, are frequently overlooked by the accoucheur, or if recognized, are often considered of such slight importance that they are left to nature. Sometimes nature will effect a cure, but is content more often to imitate the doctor by half way work, leaving a patulous vagina, and after that the other conditions I have named.

If you meet with this unfortunate accident in your obstetric practice, as you most undoubtedly will, repair the injury at once. The parts are then benumbed, your sutures can be introduced with but little pain to your patient, and at the end of her childbed sickness, or before, the the parts are united and she has lost no time. If you wait trusting to nature, you will find, if she has enough confidence in you to perform the operation, that she will bear her confinement in bed with great impatience, and with a lingering distrust that you have not done your duty. This operation is very easily performed, and is almost uniformly successful. Our patient being sufficiently under the influence of ether, we will place her in the lithotomy position in front of a good light. One gentleman on either side will support the limbs with one hand, while with the other you pull gently outwards upon the labia to render them steady, and the parts we wish to cut somewhat tense. By taking a chair I am enabled to work at ease, and with considerable rapidity. Thrusting the index and middle fingers of the left hand into the rectum, I obliterate the transverse rugæ, and bring the septum into a position for easy denudation. With a pair of sharp pointed, slightly curved scissors I nick the membrane in the center, just at the integumentary margin. By a rapid movement you see I pass them under the membrane, and you can watch them as they cut their way up the center, now upon the right, and now upon the left sides, well upon either labia. Withdrawing one blade of the scissors out of the opening, I am enabled to pass rapidly around the denuded surface, and remove in an entire piece the membrane. The size of this membrane depends somewhat upon the size of the vagina, and the extent of the laceration.

To Professor E. W. Jenks, my predecessor in gynaecology, is due the credit of this operation, about as I have performed it. In my opinion it is much easier, more rapid, is attended with less hemorrhage, and is more uniformly successful than when performed as you find it described in your text books. We now have a raw surface which has been compared in appearance to a red butterfly with the tail cut off. The hemorrhage having ceased, I pass my fingers again into the rectum as a guide, and this long-handled perineum needle, armed with silver wire, I thrust straight back into the tissues of the right side, on a level with the anterior margin of the anus, at least half an inch outside of the raw surface.
Now, depressing the handle, I direct the point toward the vagina, bringing it out in the middle of the denuded space just above the lower margin. With a tenaculum I remove the wire from the eye, and pull out the needle. On the left side, exactly opposite, I plunge in the unarmed needle, passing it in exactly the same way, I push the point out through the opening beside the remaining wire. Passing the wire into the eye again, and bending it sharply so it will not slip, I withdraw the needle, and with it I bring the wire. A second wire is passed in about a half inch above the first, and brought out on the opposite side in the same manner. Where it comes out in the center of septum, it is not best to have it as far away from the first, as it is on the outside at entrance and final exit of wires. A third suture is passed through with this long straight needle, and brought out on the opposite side without entering the septum. The two first sutures are the main ones in the operation, and should be of good strong wire. Lightly touching the denuded surface again with a sponge to remove all blood, we proceed to finish the operation. As this wire is perfectly pliable, I tie up the sutures just as though they were silk. By a little care with silver, you are able to make as perfect apposition of flaps or surfaces with a knot, as you can with perforated shot, quills, or any other means. The only point to be observed is not to tie down too tight. A little space must be left for the swelling of the tissues. Cutting off the wires so as to leave an inch in length, I twist them together down to the knot, and bend over the ends so they will not prick the skin in the movements of the patient. I now draw off the urine with a catheter, which is simply an act of accommodation to the patient. Wash out the vagina with carbolated water, tie the thighs together and put her to bed. The after treatment in these cases is simply to keep them quiet upon their sides, washing out their vagina freely with carbolated water every time they pass their urine, and rendering their bowels costive by opiates. It is advised by many to draw the urine with a catheter every 6 hours to prevent it by its distention of bladder from pressing down upon the labium, and to prevent the urine from dribbling over the raw surfaces, and thereby prevent union. One of the main troubles in carrying out this plan is the already irritable urethra and bladder, which is very intolerant to the repeated introductions of a catheter. By great care in flushing the vagina with large quantities of water, you may permit your patient to pass her urine whenever inclined, and you can hope for as good results as though you attended faithfully to the introduction of the catheter. At the end of the seventh day you may give an injection, and after the bowels have been moved freely, you can remove the sutures and look for a complete success. Sometimes you will fail, owing, perhaps, to the intractability of your patient, or to causes inherent in her constitution. On the whole, however, no operation in surgery is attended with better results than this simple one we have just described.

Correspondence.

A Report of a Case of Placenta Praevia.

To the Editor of the Clinic.—Dear Sir:—

The lady who is the subject of this brief article is at 40 years, of a malarious nervous temperament, and the mother of eleven children, and has had one miscarriage at five months. I have attended her in her last eight confinements without much trouble. On the fifth of this month I was called in great haste at two o'clock in the morning, the messenger stating that he would drive me over, and announcing that he was afraid that his wife would die before we could get there. On the way he told me she had been taken with severe labor pain at 12 o'clock followed by terrible hemorrhage. Fearing placenta praevia, I told him to urge his horses. On our arrival I found my patient in a semi-conscious condition, and it was with great difficulty that she could articulate. The bed upon which she was lying was saturated with blood, and a great pool of it on the floor.
An examination revealed a thick heavy mass in the vagina protruding from the uterus together with a portion of the funiculus umbilicalis. Introducing my right hand, raising the cord near the os uteri, and grasping the placenta removed it, placing the mass in a basin of hot water, which I had previously ordered for the purpose. Then for the child dead or alive, and to my surprise after following the cord with my index finger into the mouth of the uterus I could find no trace of the child. Shaping my hand like a cone I gradually dilated the os, and pushed my way upwards until I felt the dorsum of the child, with the breech presenting, passing my fingers between the thigh and abdomen, I made quick traction and delivered the mother without further trouble. When I immediately deluged the uterus with hot water, internally, which brought on contractions. During all this time, which was about five minutes, I do not think the mother was conscious, at least she afterwards told me so.

Turning my attention to the child (which I supposed dead) I discovered a discernable pulsation in the cord, which I tied and cut, putting the child in hot water, when signs of life were quite manifest. To-day both mother and child are doing well, though the mother secretes but little milk, and the prospects for a speedy recovery are good, believing that she will soon be able to attend to her domestic affairs. Now, Mr. Editor, I do not claim priority in the use of hot water as a therapeutic agent in obstetrics, but would suggest, considering the sudden transition from cold to heat at birth, that it is a sufficient reason for obstetricians to use it in most cases, instead of cold.

During a practice of thirty-three years, and in attendance upon about three thousand cases of labor, I have never been able to save the child under circumstances as related above, according to the usual teachings. Since the occurrence of this case, I have attended five other cases of normal labor, and have had the hot water ready when the child was making its exit, and after the first cry, it would become quiet by using warm cloths over its whole body. I also made the same application over the abdomen of the mother prior to the removal of the secundines.

Si l'é travail bon fait peur-que la recompense vous animi.

J. L. VALADE, M. D.
NEWPORT, MICH., DEC. 21ST, 1881.

THE PROSPECTS OF CASES OF VALVULAR DISEASES OF THE HEART.—A paper read before the London Medical Society (Lancet, American reprint, Dec.) Dr. Fothergill objects to the unfavorable prognosis commonly expressed by physicians in heart troubles, and believes that no one has the right to predict certain lesions. He does not wish to be misunderstood in his statements as regard gravity of heart troubles, but thinks that the patient is often needlessly frightened by practitioners who mistake mild lesions for grave, and so give unfavorable reports. A number of cases are given where the diseased condition lasted from four to fifteen years, and the patients were either still living, or died, from intercurrent disease. Having been told off and on for the last twenty years that we had heart disease, and warned not to overdo under any circumstances, and being still alive and well, we can fully agree with the doctor in his belief.

SOME PHENOMENA OF LABOR.—A translation of a lecture delivered by Professor M. Dépaul, Faculty of Paris, appears in the Medical and Surgical Reporter. A few hints are there given well worth remembering. Uterine contractions, he says, should not be confounded with the pains, as contractions may take place without pain. Neither do they present the same character during different periods of labor. For tetanic contractions not due to ergot, etc., bleeding, baths emollient injections, and belladonna are recommended. Attention is called to arrest of labor from mental excitement, also the treatment by chloroform of hysterical patients and women unable to bear pain.
The Detroit Clinic.

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GEO. S. DAVIS, Medical Publisher, Box 641.

U. S. Examination Board.

DR. W. B. PLATT, of Baltimore in a paper which appears in the Boston Medical and Surgical Journal for November 3d, suggests that Congress devote $50,000 annually for the purpose of a United States Examination Board to meet at stated times each year in the various capitals of different states, to examine candidates for the practice of medicine and surgery, independent of the Medical Schools of the country, and that the board consist of ten army and marine hospital surgeons. The suggestion is a good one, and serious food for reflection. Such a board with full power to pass on the qualifications of candidates equal to that of entering the army and navy would materially enhance the standard of our profession. We cannot see why the public of this country should not be as well protected medically and surgically as are the army and navy.

The undertaking may seem prodigious, but a united energy and effort on the part of the profession could bring about the result.

Atmospheric Influences.

WHEN the barometer registers 29", the physician need not see his patients to be able to say they will, without exception, be worse to-day. The chronic rheumatic patient can tell the changes with the regularity of clock work. The nurse in the sick room notices that the sick person commences to droop, and a few hours after a wind, rain, or fog tells why. In the spring and fall malarial troubles with epidemic or endemic catarrhs are prevalent. In the summer intestinal and in the winter zymotic diseases, all attest the influence of temperature and atmosphere. When we have what the laity call a "muggy day" and as they say the air is heavy because the smoke falls, we have low barometer, that is the air is lighter than normal and a vacuum is formed into which smoke, insects and floating spores fall. Upon such a day as this the swallows come close to earth for their prey, and the insect world "stick" to the earth very close because they cannot fly in the rarefied air. So to with diseased germs, the rooms are filled with them and they lie low down. This kind of weather is most frequent during the spring and fall, and it is during this time that we have our greatest sickness. During the hot, dry weather of summer disease germs are propagated more freely than at other seasons, but still malarial fevers are not nearly so frequent then, as later, simply because we have a constant interchange of air from above downwards. The heated air being displaced by the colder air above, and the same thing takes place after low barometer the vacuum is filled with a rush. Hurricane, thunder storms and hail clear the air, the barometer rises and our patients brighten, and the chronic rheumatic says, "The air aint so heavy to-day and I feel better."

Book Notices.


RECENT PROGRESS IN SURGERY. Report to the Wisconsin State Medical Society. By N. Senn, M. D., of Milwaukee, Chairman of Committee. Reprint from the Transactions of the State Medical Society of Wisconsin.
Obstruction to the Free Passage of Air Through the Nose and Pharynx. —Cases, Treatment, Surgical Interference. *

By J. W. Robertson, M. D., Lecturer on Laryngology and Physical Diagnosis in the Detroit Medical College.

It is not my intention to go into a protracted examination of the etiology and pathology of the numerous conditions found in connection with obstruction of the nose and pharynx. This has been thoroughly discussed by many of my predecessors for me to make such an attempt. The methods of diagnosis have also been perfected, and a correct discrimination of the diseased conditions can be readily made in these regions as in other parts of the body.

The diagnosis, etiology and pathology are, to a certain extent, understood by the profession generally. Still with this knowledge before them, there is a decided reluctance on their part to prescribe, or even recommend any treatment for many of the diseases of the nose and pharynx. It is therefore to be wondered at, that the laity have come to consider these diseases as incurable and seldom consult physicians unless the symptoms become very alarming indeed. The profession are equally backward about taking up any new line of treatment, especially where operative procedures are advised. It may be because so many remedies have been recommended, tried and found wanting.

Even in the few years since the introduction of the galvano-cautery as a therapeutical means in the treatment of chronic diseases of the nose, there has been considerable influence brought to bear against it; not open opposition through the press, but by quiet insinuations that it was gotten up by a few specialists for their own emulation, and as soon as the furore over a few apparently successful cases abated, the cry in its favor would soon subside, and the battery would be stored away with the other instruments and remedies, which have already found their way into the dusty garret. For my part I care not how soon that time arrives, but first let there be in the hands of the profession some instrument or remedy that will at least take the place of the cautery as a curative measure in these chronic diseases.

It is in behalf of the surgical usage of the galvano-cautery as recommended by some of our best specialist on rhinoscopy that the following cases are reported. Obstruction to the upper air passages may result from many pathological conditions, and the indications for treatment...
are not the same in all cases; some requiring simple medical treatment, while in others extensive medical operations are necessary to relieve the obstructions. For convenience I have divided these conditions of obstructions into three classes:

CLASS I.

a. Acute swelling of mucous membrane of nose and pharynx, as in acute coryza, eczema, erysipelas, etc.

b. Subacute infiltration and general thickening of pharyngeal and naso-pharyngeal mucous membrane.

c. General hyperemia of mucous membrane.

d. Swelling of tissues due to syphilitic gummata.

e. Secretions collected in nose and pharynx.

CLASS II.

a. Hypertrophy and follicular enlargement of tonsils.

b. Follicular enlargement of glandular tissue of vault of pharynx and follicular pharyngitis.

c. Hypertrophy and hyperplasia of tissue covering the turbinate bones, especially the erectile tissue of lower turbinate.

d. Chronic edema of membrane of septum.

e. Abscess.

CLASS III.

a. Polypi and other tumors.

b. Deflection of nasal septum, cartilaginous or bony.

c. Exostosis and projections into nostril of nasal spine of superior maxillary.

d. Deformities due to fracture of the bones of the nose, etc.

e. Stenosis due to congenital deformity.

f. Foreign bodies in nose.

g. Necrosis due to struma or syphilis.

I will not take up separately the treatment of all these cases of obstruction of the nose and pharynx, but will report a few typical cases, giving as concisely as possible the conditions observed, symptoms, treatment, results, etc., dwelling more particularly upon the surgical uses of the galvano-cautery.

Case 1. Alex. S., æt. 19; Detroit. Patient came complaining of chronic catarrh of about a year's standing.

Examination.—The anterior ends of inferior turbinate bones appeared like red tumors at the entrance of the naries; this swelling extended the whole length of lower turbinate bones, and could be seen with the rhinoscopic mirror, as large, grayish colored polypi, like tumors protruding from the posterior nares. The patient complained of a profuse discharge of mucous from nose and pharynx, and also a liability, at each change in the weather, to attacks of acute coryza.

Treatment.—Using the straight electrode* of the cautery a linear incision was made the whole length of the inferior turbinate on either side, cutting the membrane quite freely. No hemorrhage followed. A spray of carbolated petrolina was thrown into the nose daily until the wounds healed. Two settings were all that were necessary for the operation. Patient discharged in about ten days, cured. Saw the case again about a year after the operation and no recurrence of the swelling had taken place; was no longer subject to repeated attacks of coryza.

Case 2. John D., æt. 18, druggist; Detroit. Mucous membrane over lower turbinate bones was so hypertrophied that the nostrils were entirely obstructed; membrane red and irritable posteriorly; mucous membrane of septum edematous; membrane of middle and inferior turbinate very much swollen, forming tumors that pressed against each other in such a manner as to be moulded into peculiar shapes. The tumors were of a dark grayish color and nearly insensible when touched with a probe. Patient complains of a profuse muco-purulent discharge from pharynx, also an inability to sleep soundly, owing to the obstruction to respiration.

Treatment.—Made application of oil to nostrils for a time to allay the irritability of membrane. Operates as in the former

*The galvano-cautery as a therapeutic agent in chronic nasal catarrh. E. L. Shurley, M. D., Detroit, 1880.
case, using the straight electrode introduced through the nostril, burning the lower turbinated on either side at the first sitting; applied sprays of oil daily until wound healed; then operated on both sides of septum by applying the flat knife to the swollen membrane and turning on the current. The middle turbinated were likewise slightly burned. Eight sittings were necessary to properly finish this case; has since been perfectly free from nasal obstruction, and the discharges are normal.

[Concluded in our next number.]

Case of Chronic Chorea in a Child a Year and a Half Old.

By Henry J. Reynolds, M. D., Orion, Mich.

In the following will be found a case of quite unusual occurrence and one in which the history presents some striking peculiarities.

On the 20th day of February, 1881, I was called to see a little girl about eighteen months old which had always previously been quite healthy, fontanelles nearly closed, unusually brilliant intellect, and healthy parents. Found patient suffering from pain in the head which I attributed to inflammation of the ear. This I treated in the usual manner by hot fomentations, etc., and in due time it broke and discharged pus quite freely, but no sooner had it done so than the other ear was taken in the same way and went through the same process. These attacks recurred every few days for several weeks, the child being in great agony each time but obtaining ease as soon as the discharge took place. About a month after the first attack my attention was called to an un easiness of the child which struck me as being almost choreic in character but which owing to the youth of the patient I attributed to the pain in the head. Case, however soon showed unmistakable evidence of chorea, which in a child that age, sick in the cradle would be quite an unlooked for occurrence and a little difficult to diagnose with positiveness as one that age naturally rolls and tosses about considerably, especially if in distress or restless from any cause. The child had previously been weaned but owing to its disinclination to take food it began to become quite emaciated, and I was obliged to again feed it with the bottle. After treating my patient carefully and nearly three months with arsenic, cannabis indica, different preparations of zinc, nux vomica and in fact almost all the remedies usually prescribed for the affection, I resolved to rely entirely on treatment upon general principles by means of tonics, supporting measures etc., which I was in fact obliged to do or lose my patient from emaciation and exhaustion. I ordered large quantities of milk, and prescribed tonics, together with remedies, to regulate the stomach and bowels, and to secure the best possible digestion and assimilation. I very shortly began to notice quite an improvement in my patient's general condition, though not any with regard to the choreic symptoms. In the course of three or four weeks patient became so enormously fat that the family became alarmed with regard to it. The head and face appeared so large that I began to question in my own mind with regard to hydrocephalus, but upon examination, the head proper was not only too large for the rest of the body, fontanelles mostly closed, etc., but the face, limbs, and body generally were loaded down with fat. I then cut down on the amount of milk, and in due time patient appeared more natural again. During all this improvement in patient's general condition, the choreic manifestations remained about the same, it being almost impossible some of the time to keep any bed clothing on her, or to even keep her from tossing herself out of the cradle. The treatment has now been mostly discontinued for several months, and at the present writing (Dec., 1881), patient's general condition is quite fair, but the chorea remains very much the same all the time, still in the cradle, unable to stand up, hair all worn off the back of her head with the rolling and tossing, does not laugh nor pay any attention, apparently neither hears nor sees, and is, in fact, to
all appearances, unable to do anything under the influence of the will, unless to, perhaps, once in a while turn over upon hands and knees.

Would say with regard to the teeth, that the gums became quite swollen at different times, and several of the teeth were lanced through, the last of them having come through several months ago.

Report of Case of Hepatic Abscess.

By David Inglis, M. D., Adjunct Professor of Principles and Practice of Medicine in the Detroit Medical College.

On January 7th I was called to see C. H., a young man aged about 20 years, of temperate and correct habits, who had not been subject to any illness, but was not of a robust build. He had been exposed to cold drafts and thoroughly chilled, and during the night had been seized with sudden and very severe pain in the right hypochondriac and epigastric regions. This was accompanied by a hard chill and succeeding fever. The family administered warm stimulating drinks and applied hot embrocations by means of which considerable relief had been obtained.

When seen in the morning there was still some fever, vomiting had occurred, the liver was not enlarged but was sensitive to percussion or palpation. The diagnosis of hepatic congestion being made, opium with salicin were given and hot fomentations continued. Under the use of these measures the pain and febrile symptoms abated, but nausea and vomiting of bile occurring on the following day gave a few calomel powders and saline laxatives which relieved this. The pain was now nearly gone, and the appetite being fair I considered the patient as convalescent, prescribed a gentle bitter tonic, warned him not to go out of doors, for he was up and dressed, and on the 12th made no visit. On the next day was sent for and learned that the rigor had recurred in the night with fresh access of pain and fever, complaining much of headache and intolerance of light. He was very restless. I therefore gave bro-
of fair strength, and at no time above 80 beats per minute.

The diagnosis of hepatic abscess was made, and on the 26th day of the disease Dr. H. A. Cleland was called in consultation, who also concurred in the diagnosis and suggested as a reason of the slow pulse that the abscess was so deeply seated as to cause little peritoneal irritation.

On the 28th day of the disease other symptoms being about the same, the pulse became more rapid and the pain sharper and more distinctly localized over the epigastrium.

Believing that the abscess was probably nearing the surface, and that the rapid pulse was due to peritoneal irritation, Dr. McGraw was called upon to consult as to the advisability of aspiration.

Upon careful palpation no fluctuation could be detected, and although the pain was greatest over the epigastrium, yet the pain was so generally diffused that it was deemed best to await more definite signs of pointing. The next day the fever left, delirium and pain nearly ceased, no rigors nor vomiting. This sudden improvement continued for four days, during which doubt was naturally thrown upon the diagnosis.

On the fifth day a severe rigor with sharp fever and followed by very excessive perspiration and rapid defervescence occurred. Again for four days patient was free from fever and rigors, and had but little pain. On the fourth night a sudden and very severe pain took place at the point of the left scapula, which soon spread and involved the left hypochondrium. From this time the fever recurred, the vital powers rapidly failed, and death took place on the 37th day of the disease.

A post mortem was held eight hours after death. On opening the abdomen the large intestines were found somewhat distended and smeared with a yellowish turbid substance which was not adherent. An increased but not excessive amount of abdominal serum, the liver smooth of normal color and apparently simply enlarged the enlargement of the left lobe being quite noticeable as it lay in situ.

There were no adhesions either among the intestines nor of the capsule of the liver. On attempting to remove the liver it was found that the left hypochondrium contained a large quantity of pus stained with bile which was seen pouring out of an opening in the upper and posterior surface of the left lobe. The opening was about half an inch in length and showed no signs of adhesive inflammation in its proximity.

The tissue of the liver shone through the capsule with a dark brown, inclined to purple color. On removing the liver it was seen that the upper and posterior surface of the right lobe presented the same appearance over a large extent, and on making an incision to the depth of one and a half inches thick pus was reached which oozed out through many channels in the hepatic substance.

The diagnosis was thus confirmed. My object in reporting the case thus in detail is two-fold.

1st. What light can be thrown on some difficulties of diagnosis of hepatic abscess.

2d. What bearing does this case have upon the matter of surgical interference. As to the first point; the diagnosis was based upon the irregularly recurrent rigors, the irregular but continued fever, the delirium and excessive sweats with pain and swelling manifestly of hepatic origin against the diagnosis were the facts:

a. That the causation was obscure, the only cause assignable was chilling of the surface by drafts.

b. The fact that the pulse remained uniformly below 80, and indeed was almost invariably at 70 until the 28th day of the disease; and, c, that the intensity of the pain was not confined to one point, but at first most intense over the gall bladder, became afterwards more intense over the epigastrium, and lastly, under the left shoulder and side.

The post mortem is instructive as confirming the opinion that the slow pulse was due to the fact of the inflammatory action being for a considerable time far from the peritoneal coat.
It is also interesting as showing that the sensations of the patient are not a safe guide to the locality of the abscess. As the event proved, the peculiar pain darting to the occiput occurred when percussion was made over the point where the primary abscess came nearest to the surface, yet the patient did not complain of pain at that point at any time, while if a trocar was introduced at the points in front, where pain was complained of, it would not have reached the abscess unless directed upwards toward the highest point of the liver.

As to the bearing of the case on surgical interference, the first lesson is that if it is deemed advisable to operate, the surgeon should begin, prepared to penetrate deeply into the hepatic substance if need be. This fact was strongly impressed upon me by a similar case occurring in the practice of my father, the late Dr. Richard Inglis, who, having made a diagnosis of hepatic abscess, on introducing the longest aspirator trocar, and not, as he at first expected, reaching the abscess at the surface, pushed it in its entire length, when at a depth of from 4 to 5 inches, he reached and drew off a pint of pus. Consideration as to the advisability and mode of operation is deferred until a later number.

21 State street.

Abstracts.

A Case of Anuria of Seventeen Days Standing.—This remarkable case of suppression of urine is reported by C. A. Bryce, M. D., of Richmond, Va. The victim in this case was a colored man, and consulted the doctor for a pain in the "bottom of his belly," when he stated that he had not passed water for seventeen days. A pint of high-colored ammoniacal urine was drawn off with a number eight catheter, since which time he passed a normal quantity daily. During all this time he did not complain of any thing but the pain.—Southern Clinic.

Lumbo-Colotomy in the New-born for the Relief of Imperforate Rectum, is the subject of a paper read by Wm. A. Byrd, M. D., of Quincy, Ill., before the Tri-State Medical Society, St. Louis, Oct. 25, 1881. This paper is a report of a case of imperforate rectum operated upon by the author with a successful issue, adding one more laurel to the doctor's many in the department of abdominal surgery. The child was two days old and tympanities had already set in, together with the vomiting of meconium. After attempting to establish an opening from below, and failing he performed lumbo-colotomy on the left side. Three weeks afterward another operation was made establishing a channel for the natural passage of the faeces, which was kept open by means of a No. 10 Jacques catheter, with one end protruding from the anus and the other from the artificial anus. After waiting for the subsidence of the shock, which came near being fatal, a piece of rubber tubing a foot long and half an inch in diameter was invaginated at one end, making a bulb somewhat larger than the tube itself. This was attached to the catheter by a stout ligature and drawn into the bowel by retracting the catheter, and as was expected, the bulbous portion of the tube caught against the contracted bowel below, carrying along with it the mucous membrane, there by causing the cicatricial canal to be lined with it. At last accounts the child was well and the operation a success.

407 Jersey St., Quincy, Ill., Nov. 17, 1881.

Surgery of the Pericardium.—Dr. John B. Roberts, of Philadelphia, says that the operative procedures permissible upon the pericardium are aspiration, injection of antiseptic solutions, and incision either as a diagnostic or therapeutic measure; that the operation is not as formidable as it was once thought to be. When it is discovered that medication fails to disperse the pericardial effusion and there is embarrassment of the heart's function, then is the time to operate, and not to wait too long. If a purulent degeneration of the fluid takes place, a secondary aspiration is necessary and possibly
the insertion of a drainage tube, afterwards washing out the cavity daily. The most suitable point for the introduction of the aspirating needle is at the fifth interspace just above the sixth rib, about two and a quarter inches to the left of the median line of the sternum. The trocar that he uses is a hollow needle, within which is a canula, flexible at the end, so that as soon as it enters the pericardium and the fluid begins to flow the canula can be pushed forward and injury by the point of the needle avoided.—Annals of Anatomy and Surgery, December, 1881.

A NEW METHOD OF EMBALMING BODIES AND PRESERVING TISSUES.—Dr. Virodzeff of St. Petersburg, gives the following as an efficient preparation for embalming bodies and the preservation of tissues:

Thymol.......................... 5 parts.
Alcohol.......................... 45 "
Glycerine........................ 2.160 "
Water............................ 1.080 "

This preparation has the power of preserving bodies and tissues indefinitely, keeping them soft and lifelike. The amount to be used in injecting a body, is half its weight of the fluid.—The Medical Record, Dec. 31, 1881.

A MODIFICATION OF LISTER'S ANTISEPTIC DRESSING.—The subject of a paper read by Dr. James L. Little before the New York Surgical Society, Nov. 5th, 1881. He states that he still had confidence in Mr. Lister's antiseptic method, yet the minute details were often impossible to perform, especially by the general practitioner. He had often wished that a simpler method might be devised, which would be just as efficacious. Dr. Markoe's "thorough drainage" was a step to that end, but in many cases this was unnecessary, and of such a nature as to obviate its general use. He had also discovered that the antiseptic gauze frequently lost the odor of carbolic acid, even when kept in rubber cloth. In the place of this he had been using for the last six years in small injuries the following anti-septic dressing: After putting the parts in condition for the dressing he applied a thick layer of borated cotton bound firmly in place by non-carbolized cheese cloth, which was afterwards kept wet with a solution of carbolic acid, one to a hundred parts of water. The dressing not be removed for several days, unless there should be a discharge of pus through the dressing, together with pain and increase of temperature. In about three hundred cases treated by him in this manner, none gave any evidence of inflammatory symptoms.—Boston Medical and Surgical Journal.

The late Prof. Wm. Warren Green, in his remarks before the International Medical Congress upon the subject of "The Causes of Failure in Obtaining Union in Operation Wounds, and on the Method Best Calculated to Secure it," concludes as follows:

1. The greatest possible cleanliness in every respect from first to last.
2. The use of asceptic animal ligatures in sufficient numbers to control all hemorrhage.
3. Thorough drainage, used with discrimination as to different methods in different cases, and as to time of retention of drain.
4. The maintenance of the normal temperature of the parts during the operation. For which purpose use warm water—better to have been boiled—with some article in solution of germicidal strength, as chlorine, boracic acid, salicylic acid, etc.
5. Accurate, firm apposition by a sufficient number of sutures of some non-irritating material, such as hair, perfectly waxed silk, metallic thread.

6th and finally. The perfect covering of the parts with light compresses of pure cotton wool, supported by proper bandages. When there is to be much oozing, absorbent cotton should be applied next to the surface to take up the contents of the drains. Otherwise, nice wadding is sufficient.—American Medical Digest, Jan., 1882.
Is Vaccination as Successful Now as in Earlier Days?

To answer this fully, vital statistics of years gone by should be at our command, and as they are impossible to get, we must rely upon tradition. This much, however, is a fact, that for a long period of years no great epidemic, of small-pox swept over or through countries where compulsory vaccination has been practiced. This year however in Chicago, we are having a return of this loathsome disease, and no power seems to stay it; vaccination at least has not done so, and although great care has been exercised, no abatement of the disease is manifest at this date. Families are stricken down with impartial favor, and without seeming difference, as to whether vaccination has been practiced or not. In Minnesota the so-called "black" small-pox has made its appearance and the old plague as described by the ancient writers seems to have broken out.

The Southern and Eastern States report the disease, and our own state is not behind. In this city, last spring, vaccination was ordered and practiced by the Board of Health under whom a corps of physicians visited every house in the city, and all the inmates were inoculated. We shall watch with great interest the result, and see whether the disease will gain as strong a foothold here, proportionally as in Chicago. If it does then vaccine virus has lost its power, or else, improper propagation has, with careless use, deteriorated this boon, and our physician must insist upon careful propagation and themselves use care in vaccinating.

New Remedies.

The great manufacturing chemists of the New and Old World are striving to collect and prepare all the known and unknown drugs and remedies of the earth, but to a gentleman of Canada is entitled the crown of glory, for taking us back in this the year 1882, to the dark ages. He came to a druggist in this city and had him catch all the large cockroaches he could find. In fact, the druggist was collecting them about a year, then a water bath extract was made of them, and the gentleman took his new remedy for ague, for which he claims it to be a specific. We call the attention of the pharmacists of this country to this "new remedy."

Book Notices.

The Medical News.—A weekly journal of Medical Science, Saturday, January 7, 1882. Published by Henry C. Lea’s Son & Co., Philadelphia. Subscription price, $5.00 per annum.

The Medical News is a conversion of the Medical News and Abstract, from a monthly to that of a weekly. The editorial staff are composed of men eminent in the profession, and with the well-known publishing house of Lea’s Son & Co. at the helm, the News cannot fail to be what it promises, the leading medical weekly of this country.


Atlanta Medical Register.—Atlanta Medical and Surgical Journal.) Editors: John Thad. Johnson, M. D., James B. Baird, M. D. Published by H. H. Dickson, at $2.50 a year, in advance, Atlanta, Georgia.

Climatology of Florida.—By Charles J. Kenworthy, M. D., Jacksonville, Florida.

This pamphlet is a paper read before the Florida Medical Association, session of 1880, and information of value can be obtained by its perusal for those who are looking about for a change of climate, for health as well as pleasure.

Diseases of the Eye. Dr. H. D. Noyes. Wm. Wood & Co., Publishers. Being No. XII of Standard Library Series of 1881; 354 pages, gotten up in the same style of binding as the preceding numbers; has 111 wood cuts and plates.

The volume is one of the best of the series for the general practitioner. Perhaps the specialists may not look upon it as giving them anything new, but as it is intended for the busy doctor, we think that the book will find pretty universal favor. Looking back over the whole of this year's series, we think them better, on the whole, than the 1880 series, and very far ahead of the 1879 edition.
Obstruction to the Free Passage of Air Through the Nose and Pharynx. — Cases, Treatment, Surgical Interference.*

By J. W. Robertson, M. D., Lecturer on Laryngology and Physical Diagnosis in the Detroit Medical College.

[Concluded.]

Case 3. John D., æt. 28, banker, Detroit. Hypertrophy of membrane over inferior turbinated bones thickening of membrane of septum. Disease of long standing. Membrane nearly white in color, and some considerable atrophy of middle turbinated bones. Tonsils were greatly hypertrophied and the patient was subject to frequent attacks of supplicative tonsillitis. Enlarged follicles and dilated blood-vessels could be seen on the posterior wall of the pharynx.‡ Patient had suffered for years with more or less obstruction to the respiration, and a muco-purulent discharge from pharynx. A spray of acid carbolic and soda bichromate, gr. iii, and gr. X, to aqua 3 j were daily used to cleanse the nose and pharynx. This patient greatly relieved in the few weeks he was under treatment and has since that time enjoyed good health.

Case 4. D. C., æt. 34, druggist, Detroit. Patient was sent to me by Dr. Hawes, of this city, on account of a general catarrhal inflammation of the nose and throat, and a decided deflection of nasal septum.

Examination:—Found nose somewhat deformed, and the left nostril completely obstructed by angular deflection of the cartilaginous septum. Right nostril correspondingly large and the mucous membrane over lower turbinated bone very much swollen, easily compressible with probe. The tonsils were greatly hypertrophied, nearly concealing the pharynx. Membrane of posterior wall of pharynx completely covered with enlarged follicles and bathed with a muco-purulent matter which continually dropped from the vault of pharynx. The whole membrane had a relaxed, thickened appearance.

Examination posteriorly revealed membrane of inferior and middle turbinated bones very much swollen, and membrane of septum œdematous. Bony septum somewhat deformed but not to an extent sufficient to produce obstruction. There was also a chronic inflammation of the

*An accepted thesis submitted to the council for fellowship in the American Laryngological Association at their meeting, held June 11th, 1881.
‡Tonsils were excised with a tonsillice in the usual manner, enlarged follicles and dilated vessels were destroyed with a blunt pointed electrode. Burned the membrane of the septum on either side with the straight electrode; also the membrane of the turbinated, being careful not to destroy too great a surface of the mucous membrane.
†Author prefers McKenzie's instrument.
membrane of eustachian tubes and middle ear with considerable tissue hyperplasia. Tympana drawn in, and of a dull appearance. Tinnitus aurium very distressing. Hearing distance for watch less than half an inch for both ears. Most of the conditions the patient had for years, and they were gradually increasing.

_Treatment:_—Tonsils were first excised with tonsilotome. Pharynx washed repeatedly with solution acid carbolic gr. iij, to aqua ⅔ j until wounds healed. The follicles and dilated vessels were next destroyed by means of the blunt electrode of the cautery, astringent sprays being applied daily.

Cartilaginous septum was next removed. Chloroform was administered, a sharp-pointed, narrow-bladed knife was passed under the bulge of the septum along the floor of the nose. An incision was made upwards, at the same time drawing the knife outwards, cutting through the mucous membrane and the cartilage. Considerable haemorrhage followed the incision, but it soon ceased. It was then found quite an easy matter to dissect the cartilage up from the membrane of the right side, leaving that membrane entire. Nearly the whole cartilaginous portion of the septum was quickly removed. The haemorrhage was easily controlled by packing the nostril with prepared cotton. The wound was afterwards allowed to heal by granulation, being dressed daily with cotton dipped in carbolated cosmoline.‡ The thickening of lower turbinated and septum were burned as in the other cases reported and the swellings were in a short time greatly reduced, and after a time the muco-purulent discharge gradually diminished in quantity.

By means of the air douche, medicated air, spray, etc., daily applied, the tinnitus aurium has to a certain extent ceased, and hearing distance for watch considerably increased.

It will be noticed that the deflection of the septum and consequent construction to the nostril was entirely relieved without any perforation.

The author has made this operation four times and prefers it to Blandins method of perforating, so much in use at the present time.

Where the deviation is simply a sharp edge of the cartilage or vomer it can be readily planed down with the flat knife of the cautery.

Case 5. T. J., æt. 19, of Saginaw. Hypertrophy of glandular tissue of vault of pharynx, also a few enlarged follicles on posterior wall. Tonsils slightly hypertrophied. The membrane from the vault hung down in loose folds covering the eustachian orifices, and interfering considerably with respiration on account of obstructing the posterior nares. Heavy discharge of thick tenacious mucus from pharynx.

_Treatment:_—Using the bar electrode, devised by Dr. Shurly, it was passed up behind the soft palate and the flabby membrane cauterized in lines across the pharynx. Every two weeks for nearly two months this burning process was gone through with. Astringent sprays used continually. The membrane gradually contracted until it resumed the normal tension. Have seen this patient about every two months since, and there is no recurrence of the disease.

Case 6. Walter S., æt. 35, engineer; Detroit. Complained of obstruction to both nostrils. During the past five years has had five polypi removed by evulsion, but they always recurred in about three months. Examination with rhinoscopic mirror revealed two tumors hanging behind the palate and completely filling the post nasal space. A portion of the tumor could be seen through the left nostril.

_Treatment:_—Gave chloroform; passed a small double platinum wire through the left nostril into the pharynx, bringing it out of the mouth; making a large loop by separating the wire, it was again drawn back into the pharynx up behind the tumors; being directed with the finger, it was worked into place around the pedicle of the growths. The ends of the wire were then run through a double

‡Since the above was written Dr. Steel, of St. Louis has invented an instrument for operating upon the deformed nasal septum, which seems to fill all the indications.
canula and the attachment made with the handle of the cautery. Slight traction was made and the current turned on. In a few moments the pedicle was burned through and the tumors pulled out through the nose. No hemorrhage from the operation; neither was there any damage done to the surrounding mucous membrane. The growths proved to be a group of polypli; two large fibroid and five smaller gelatinous polypli. They had their attachment from a common pedicle to the posterior end of the left middle turbinate bone. Five months have since elapsed and there has been no recurrence of the trouble.

From the foregoing cases, it will be seen that the galvano-cautery can be used in place of all the caustics now in general use. What other agent can be produced that will as rapidly and thoroughly relieve these conditions of obstructions as the proper use of the galvano-cautery?

Prof. Schroetter claims that direct application to mucous membrane of argentum nitrate in substance will bring about a change for the better. But the difficulties in the way of making the application, even with his protected caustic holder, are hard to be overcome. The caustic must be applied again and again, and oftentimes both patient and surgeon become discouraged long before the completion of the cure.

The same objections can be brought against chronic, nitric, acetic and other acids now in use. Of course, a certain amount of care must always be experienced in all operations with the galvano-cautery.

The cases where this agency is contraindicated are about as follows:

1. All acute diseases of nose and pharynx.
2. All syphilitic inflammations and thickening of the mucous membrane.
3. Scrofulous swellings affecting the parts.

In operation upon scrofulous persons, ulcerations and necrosis may be produced by very superficial burnings.

Again, care must be used while operating, not to burn too extensively for fear of producing necrosis.

Also, great damage may be done by destroying too much of the mucous membrane, thereby making the openings through the nostrils too large, allowing a too free circulation of air through the nose, which will, in time, produce that condition of the pharyngeal mucous membrane known as pharyngitis atrophica.

We, however, must needs be satisfied with the cautery until a more efficient instrument or remedy be discovered, which will make the services of so potent an agency as controllable heat unnecessary.

How to Amputate a Leg.

By Theodore A. McGraw, M. D., Prof. of Surgery in the Detroit Medical College. Clinical Lecture delivered at St. Mary's Hospital on October 15th, 1881.

GENTLEMEN:—Two years ago this young man, previously healthy acquired constitutional syphilis. I do not know how he had been treated nor why the disease should have assumed so intractable a form. When he entered the hospital a month ago, he was suffering as he now is from caries of the left ankle and both right and left sternoclavicular articulations, from white swelling of the right elbow and from an ulcer in the back. Ninety grains of iodide of potassium have been given him every day for three weeks without avail in arresting the disease, and the ankle has become so intolerably painful and is so thoroughly disorganized that we have decided upon amputation as a means of saving his life. And simple as an amputation may seem to you, there are many things to consider. First of all as we have the privilege in this case of electing our place of amputation, we have to ask whether the patient can afford an artificial leg, or whether he will have to content himself with a wooden peg. In the latter case we would serve his interests best by making a very short
stump which would not project inconveniently far behind him nor be in his way. In the latter case, we would make the stump longer so as to give a better support for the artificial leg and yet not so long as to occupy all the space above the ankle. The mechanism which moves the ankle and other joints of the foot in an artificial leg is usually placed in a hollow part of the apparatus below the stump. It would be a mistake therefore to amputate so low down as to occupy all such available space and to force the artificer to use other and less suitable expedients for accomplishing the purpose. In this case, I will choose the middle third of the leg, and make a stump to which either a peg or a leg may be adapted as circumstances may require. In the next place I will endeavor with this amnestic patient to save every drop of blood and for that purpose will use an Esmarch bandage beginning to wind it however above the seat of disease in order that no pus nor putrid material may be forced into the circulation. By means of this bandage the circulation can be perfectly controlled and all the main arteries and veins of the leg be tied without any hemorrhage whatever. This does not however always make a perfectly bloodless operation for you will often find that the removal of the constricting cord will be followed by quite a stream of blood, part of which regurgitates through the open mouths of the untied veins and part of which flows from arteries which have escaped notice. This is especially the case with robust plethoric patients and where long standing irritations have produced enlargement of the collateral vessels. Now the patient is ready, we will apply the bandage and prepare for operating. I will make two skin flaps, each of which consist of the skin of half the circumference of the leg and about three inches long. These being retracted without pulling the patient down upon the table at all, I cut the muscles through with this long narrow knife passing the blade between the bones and cutting the flesh entirely away.

I wish you to notice particularly how easy it is to amputate a leg quickly and neatly without disturbing the position of the patient on the table. My assistant throws the limb to the side of the table and I apply the saw to the fibula first, and then to the tibia. You see that I dispense entirely with the three tailed retractor. Commonly used it is altogether unnecessary and takes up unnecessary time. Now that the leg is off, I take up first the anterior and then the posterior arteries, and after that their respective veins. Upon loosening the constricting cord, however, you see a free hemorrhage which requires further ligation of veins and arteries. I will now wash the stump with hot water and bring the flaps together with sutures, having first put a rubber drainage tube through the wound. In dressing the stump we will press the flaps firmly on to the cut surfaces and bandage them snugly. Carbolized oakum being first applied as an elastic compress.

Now that the patient is removed I wish to call your attention again to two points in which my procedure differs from that of the books. 1st. I did not draw the patient off the table. This habit dates from the days before anesthesia, when the skill of the surgeon was reckoned inversely as the time occupied in operating. Nowadays with unconscious patients, it is far easier and altogether neater and less confusing to draw your patient near the side of the table, to have the leg elevated by an assistant, and to proceed quietly with the operation. Why should one hurry when a moment's delay causes neither shock, pain nor loss of blood?

2nd. I dispensed with the altogether unnecessary retractor. I might say in addition a word of warning, and that is, to avoid a method of operating which also dates from an ancient time. Never amputate a leg by making a posterior flap from the calf. Such flaps can be made with the utmost celerity but their weight makes them afterwards unmanageable. They drag away from their anterior attachments and rarely heal by first intention. I have seen multitudes of such stumps, and I have never yet seen one that seemed to me satisfactory when healed.
Deeath from Hemorrhage in Scarlatina,

Inaugural paper read before the Detroit Academy of Medicine, by Lewis E. Maire, M. D., Director of General Clinic, Detroit Medical College.

MR. PRESIDENT AND GENTLEMEN OF THE ACADEMY:—I have taken as the subject of my inaugural paper before you this evening, the following history of an interesting and unusual case of scarlatina. Interesting from the prominence of the usual symptoms characteristic of scarlatina maligna, unusual in the complications of sequelæ which followed, as well as in the manner of its fatal termination:

On the 4th day of June last, little Norma S., æt. 4 years, was taken sick with a chill, burning fever, and great indisposition, not enough to keep her in bed, however; the parents of the child supposed her to be suffering from a cold.

On June 5th the above symptoms, instead of abating, were intensified. She complained of soreness of the throat and loss of appetite, nausea, and vomiting, with the appearance towards evening of a scarlet rash upon the extremities, upon the discovery of which she was placed in bed.

On the following day, June 6th, I was called in to attend the child. I found her suffering from what seemed to be an ordinary attack of scarlatina. The throat symptoms were moderate; the child did not complain much of it; the fauces and tonsils were somewhat swollen, reddened and congested; there was no exudation present. The rash which had made its appearance the night before, was out well over the whole body, and intermingled with the erythematous blush were numerous papillæ, especially well marked on the arm and lower extremities. The temperature was not taken on account of the excessive irritability of the child at the time, but it must have been high, judging by the touch.

The child was ordered to be kept in bed, well protected from drafts, to drink three pints or more of milk daily, to be sponged twice a day with tepid water and vinegar, and to be given internally the following prescription:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Quantity</th>
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<tr>
<td>Quinidize sulph.</td>
<td>9 j.</td>
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<tr>
<td>Potassii brom.</td>
<td>3 j.</td>
</tr>
<tr>
<td>Sulphur</td>
<td>3 ss.</td>
</tr>
<tr>
<td>Syrup. tolu.</td>
<td>3 j.</td>
</tr>
</tbody>
</table>

M. Sig. Teaspoonful every two hours.

On June 7th, the third day of efflorescence, the case was progressing finely, the rash was out well, the throat symptoms were the same as the preceding day. I did not see patient on the following day.

Saw patient on the 9th, on which day she presented symptoms of a more serious nature. The left parotid and submaxillary glands were swollen and inflamed, also the cervical cellular tissue which encircled the neck. The overlying cutaneous surface was of a deep scarlet hue, while the efflorescence elsewhere began to disappear, especially from the upper and lower extremities, the skin imparting a hot, dry, and rough sensation to the hand. With the advance of this complication, the child became very restless. I ordered the application of hot poultices every half hour until relieved from pain; the poultices were applied over the inflamed glands and neck, and were followed by a marked relief of pain and uneasiness about the neck, thereby enabling the child to take considerable nourishment in the way of milk and eggs. Prescribed a saturated solution of potassæ chloras, to be used as a gargle for the throat, which was now becoming annoying by an abundant secretion of mucous, whose presence in the fauces interfered very much, at times, with the function of respiration. The bowels and bladder were evacuated twice during the day. The character of the evacuations from the bowels was soft, and, at times, watery, and being evacuated with the urine, I was unable to obtain a sufficient quantity of urine to make an analysis of it.

June 10th.—Rash still disappearing; swelling of glands increasing, and becoming hard and indurated, especially the cervical cellular tissue which encircled the neck like a hard, indurated band, interfering to a marked extent with the functions of respiration and deglutition; fever high, slight delirium, and marked restlessness; unable to take much drink on account of swelling of neck, and move-
ment of jaw causing great pain; bowels and kidneys acting well; mucous in throat very annoying. Prescribed the following:

**R Acidi muriatici**.................... 3 j
**Mel**.......................... 3 vii.

**M. Sig.**—Use on probang to swab out throat.

Also

**R Uagt. potassii iod**............... 3 j.

**Sig.**—Use externally over neck and glands three times a day, and cover with a layer of linen and flannel.

June 12th.—Swelling of the glands and cellular tissue very hard and tense, but not larger; efflorescence reappearing over body; child resting easy; the swabbing of the throat with the above acid mixture affording great relief; treatment continued.

June 13th.—Patient about the same as day preceding, except the urine, which is less in quantity. Ordered the following prescription:

**B Potassii bi tartras**.............. 3 ij.
**Ft. pulv. No. xii.**

**Sig.**—One every 4 hours, in water.

Also, inunctions of oleum olivae over the skin, the cuticle of which was now beginning to exfoliate.

June 15th.—Patient doing well; swelling of glands and cervical fascia still hard and tense, but much less in extent. Exfoliation still progressing; patient taking nourishment consisting of 3 pints of milk, one egg and an ounce of brandy a day. Kidneys acting again. Prescribed:

**B Quinidiae sulph**................. 5 ss.
**Tr. digitalis**....................... ni.xvij.
**Syr. tolu**.......................... q. s. 5 ii.

**M. Sig.**—Teaspoonful every 3 hours.

(Concluded next week.)

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A Short Labor and Quick Recovery.

By J. M. Sligh, M. D., Grand Rapids, Mich.

On Saturday evening (the 7th inst.), a woman applied at police headquarters in this city for a place to stay a day or two, saying she was lately from Kalama-zoo; a widow of two months; had been searching for work, but had found none, and was without money or friends. The Chief of Police sent her to the Beckle House, with a request to the proprietor to keep her over Sunday, and on Mon-day he would send her back to Kalama-zoo.

She was given a bed with one of the servants of the house, and retired about 9 o'clock P. M. About 11 P. M. she informed the woman whose bed she shared, that she had a pain in the stomach, arose, took a light, and went to the water closet in the house, and remained not to exceed 15 or 20 minutes, and returning went back to bed, soon falling asleep. About 5 A. M. next morning her room-mate had occasion to go to the water closet, and there found a dead body, sticking head down in the closet pan. The coroner was notified, who called on me to make a post mortem, with a view of determining, if possible, whether the baby was born alive or dead.

Upon my arrival at the house, I found a well developed boy baby about seven pounds in weight, to which was attached the cord and placenta intact. The mother was at this time in bed, but had been up a short time before my arrival. To ques-tions she replied that she was 30 years of age; had never been pregnant before; that the foetus and attachments came away almost immediately after she sat down in the closet; that she arose, held the lamp, saw that the baby was lying head down, not crying or moving, and coming to the conclusion it was dead, left it there; that she had not lost much blood after its birth, and felt pretty well at present. Her pulse was 90 and fairly full, and general appearance good. This morning (6th inst.), the coroner went to the hotel for the purpose of having her detained pending an investigation, but found that she had folded her tent and silently sped away between 5 and 7 o'clock this morn-ing, unknown to any of the inmates of the house. This manner of labor should not be encouraged, else the obstetrician’s practice will suffer.
The Detroit Clinic.
A WEEKLY JOURNAL.
Issued Every Wednesday.

H. O. WALKER, M. D., Managing Editor,
177 GRISWOLD STREET.

DETROIT, MICH., JANUARY 25, 1882.

GEO. S. DAVIS, Medical Publisher, Box 64.

The Future of Medical Education in the United States.

The future of medical education in the United States is one that is exceedingly difficult to forecast. The laws of many states are so very generous in respect to the organization of degree conferring institutions that any man or set of men may, on complying with a few formalities, establish a medical college and confer M. D. ad libitum. For the exercise of this privilege, it is not at all essential that there should be a medical man in the faculty, nor that the graduates, who receive the degree, should have studied medicine a year, or a month, or a day. As regards the obligations of colleges, medical or otherwise, the laws are wholly silent, and every corporation is legally entitled to confer its honors as its trustees and faculty may determine. The degree that is sold or given away has legally the same value as that which is conferred as the crown of a long and successful course of study, and nobody may question its validity. Under such conditions it is not strange that professional honors are held cheap, and that laymen venture to dispute with physicians on medical topics. Even with our regular schools, which profess to some kind of professional standing, the standard of learning is so low as to excite the contempt of Europeans and the shame of sensitive Americans, who know of better things. How to remedy the evil, is not clear. That the laws of the several states will ever compel the general adoption of a high standard of collegiate education, is more than doubtful. The Americans, professing great regard for education, more than any other people hold learning in contempt, regarding with admiration only such branches of literature and science as may be learned by a boy of fourteen in a public school. To the average citizen, the science and art of medicine is a matter of a few recipes, and, in surgery, of a little mechanical skill and nothing more. He estimates the success of a medical college not by the quality, but by the multitude of its pupils. The average student of medicine begins his course of study with the ideas of the average citizen, and can not be made to comprehend that a knowledge of his art is essential to his future practical success. The school which will give him his degree the quickest and cheapest is the one for his money. Is it strange that medical colleges, whose very existence depends upon their fees, should ponder in fierce competition to the popular will? We have faith that in some way, out of this disreputable chaos, there will be evolved a system of medical education which will not be a dishonor to the American people; that the time will come when an American degree will not everywhere excite contempt and derision, but where is the prophet who can tell when, and how, we may hope for relief?

PIROGOFF.—Prof. Nikolaus Pirogoff is dead. He was Professor of Surgery to the Medico-Chirurgical Academy at St. Petersburg, also Consulting Surgeon to various hospitals in that city. His name is best known to us through his method of amputating the foot. He wrote several valuable treatises on different subjects pertaining to anatomy and surgery.

Book Notices.

Office of Board of Health of the City of Detroit, Mich. Statement of Mortality with an enumeration of the cases for the month of December, 1881, accompanied with an abstract of meteorological observations. O. W. Wight, M.
D., Health Officer. The total number of deaths not including premature and still-born children, 216; of this there were 63 male minors, 46 adult males, total 109. Female minors 60, adult 47, total 107. The largest number of deaths occurred from phthisis pulmonalis (18), convulsions (17), diphtheria (14), and pneumonia (10). Besides the above 216 deaths there were still births, 13; premature births, 5; total, 22; being 21.177 per thousand of population per annum. The largest number of deaths occurred on the 3rd, 4th, 10th, 12th, 17th, and 25th of the month, and these dates precede or succeed the lowest barometric and thermometric changes. The highest barometer on the 12th, lowest the 6th of month. Highest temperature 6th, lowest 10th. The report is a credit to the workings of the new Board of Health.


Abstracts.

Milk Sickness.—Dr. S. S. Gray, of Ohio, gives cases and treatment of milk sickness. It seems to the Doctor to be a poison generated on uncultivated ground entirely, as, in places where animals have died and human beings poisoned by drinking the milk. After cultivation no recurrence of the disease, either in animal or man, is apparent. Toxicodendron has been rooted out of infected pastures, and still the poison remained, as shown by diseased animals. The symptoms of milk sickness are vomiting and trembling, with acute gastritis. The remedies used have been whisky and turpentine, but no specific has been found, and relapses are common.—Ohio Med. Journal, January.

MANAGEMENT OF THE PERINEUM DURING PARTURITION, is the subject of a paper read before the Cincinnati Academy of Medicine by its President, Thad. Reamy. He first reviewed the different methods of supporting the perineum, when he proceeded to demonstrate on the mannikin his method, which consisted of what might be called the towel management. Two assistants are needed, and the patient being placed in the lithotomy position, a towel is passed around the thighs, and the two ends being held by the assistants, the linen perineum is held firmly against the parts. The Doctor claims excellent results from this method.—Cincinnati Lancet and Clinic, January.

TREATMENT OF SCIATICA BY INJECTION OF NITRATE OF SILVER.—Dr. Greslon reports a radical cure by this treatment. A lady, æt. 53, had a severe attack, and after all other remedies had failed, the doctor injected 5 drops of a 25 per cent. solution into the calf of the leg. Neuralgic pains ceased at the end of three days; 8 drops was then injected over sacro-sciatic foramen, and in one week the patient was discharged cured. Great pain followed the first injection, but no abscess formed. There has been no recurrence in three years.—La France Medicale—Cincinnati Lancet and Clinic.

RENAL LESIONS IN PREGNANCY.—Mayor, of France, believes in a constant existence of nephritis, and that in eclampsia there is always manifest disease of the kidneys. The pathology of the disease is, first, congestion; second, inflammatory anaemia, with formation of casts and dilatation of the tubules. Albuminuria may be absent during pregnancy, and appear later during febrile condition.—Chicago Medical Review, Jan., 1882.
Original Department.

Relative Merits of Circular and Flap Amputations.*

By Edward Batwell, M. D., Ypsilanti, Mich.

The subject of amputation is one that has received so much attention, and elicited such diversity of opinion, that at first sight you may be led to imagine so hackneyed a theme can not afford any interest. The relative merits of the circular and flap operations, was a subject to which, during four years of very active service in the field, I had directed particular attention, and yet without being able to satisfactorily determine, which was the best operation. I may here say that all other modifications of these proved complete failures, and were not permitted to be made in our field hospital. The impossibility of finding two constitutions exactly similar with equal recuperative powers, made the attempt to prove the superiority of one over the other an abortive effort. Within a short time, it has been my fortune to be called on to perform double amputations in three cases of railroad accidents, and I determined on the last occasion to endeavor to settle in my own mind, at least, the mooted question of superiority of these two oper-

* A paper read before the Washtenaw County Medical Society.

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ORIGINAL DEPARTMENT.

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Relative Merits of Circular and Flap Amputations. By Edward Batwell, M. D...

Death from Hemorrhage in Scarlatina. By Lewis E. Maire, M. D. Concluded...

SOCIETY PROCEEDINGS.

Meeting of the Detroit Medical and Library Associations, Jan. 9, 1882.

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Esmarch bandage, and not over an ounce of blood was lost. The stumps were both dressed with a solution of carbolic acid in water, with eucalyptol added in equal proportions. In the afternoon reaction was slowly, but surely coming up, and in the evening was fully established. As he had much pain in the stumps, particularly the circular, I gave him ¼ gr. of morphia every two hours until he fell asleep.

Nov. 14—Found that he had a comfortable night after 12 o’clock, though still some pain in the stumps, and most of it in the circular. Ordered to continue the morphia, and to take his usual food, with strong beef tea between meals. Pulse 96; temperature normal. In the evening there was very little pain felt, and that in the flap or left leg.

Nov. 15—As the primary dressings had become hard from blood, assisted by Dr. Owen, we removed them, both flaps looking well. Though inflammatory action seemed higher in the flap stump. It was redder and hotter, more tender and painful and its dressing caused more pain than the right. Morphia, as needed to allay suffering, was continued.

Nov. 16—All pain referred to left stump; suppuration established in the right or circular; pulse good, and appetite good. Very little morphone needed, and I gave in the evening a hypodermic injection of ¼ gr. to anticipate the pain which was worse at night.

Nov. 17—Had a good night’s sleep; not much pain, and that referred to the left limb; both stumps looking well; suppuration abundant and healthy in the circular, whilst over half of the flap had united by first intention; several sutures removed.

Nov. 18 and 19—Everything progressing favorably; some discharge from one corner of flap, which, on removing the suture, increased, affording much relief to the patient; bowels moved by sulph. magnesia; appetite good, and feeling in good spirits; pulse 89.

Nov. 20—After the dressing he was moved to a lounge and his bed thoroughly renovated. No great tenderness in right stump; suppuration diminishing; incision looking clean and healthy; granulations becoming abundant; can move right (or circular) without pain, whilst the left is decidedly more tender and not so easily handled.

Nov. 21—Was removed back to bed, causing no pain or uneasiness, stumps both looking healthy, though decidedly the circular is progressing more towards healing; general health of patient is superb.

Nov. 22—“Everything is nicely,” as was reported from Washington of President Garfield.

Nov. 24—On dressing the stumps found that suppuration from circular stump had almost ceased and that the incision was skinning over. The ligatures of all the vessels tied came away, and the stump could be handled without pain. The flap operation was progressing favorably, though the circular was fully from six to eight days ahead in healing; the suppuration was copious; the tenderness and pain on moving the stump considerable, but if it was not for the greater advance towards healing made by the circular I would have thought its progress was remarkably favorable and rapid, as it was but 11 days from the operation.

Nov. 26.—On dressing the wounds this morning the patient was enabled to help himself considerably, and to raise the stump, without assistance, particularly the right, which caused no pain, but in the flap operation there was some pain and considerable tenderness experienced on motion—suppuration had lessened, and both were healing rapidly, though still the circular had the advance.

Nov. 30.—The ligatures of the flap operation came away to-day. The circular stump is nearly all healed.

Dec. 4.—Patient able to sit up in a chair, both stumps are healing nicely, the circular is very much ahead. It is only three weeks since the operation was made, and to-day I have given up the dressing to the family.

On reviewing this case I beg to direct your attention to the rapidity of the healing process, also the entire absence of pain after the first twelve hours in the circular operation. The rapidity with
which suppuration was begun and ended. The absence of tenderness and the great facility with which he could move the circular stump. The shorter time in which the ligatures came away, and the final healing of the stump some six or eight days ahead of the flap operation, go far in my mind to prove its superior merits. Flap operations have in my judgment much to detract from their efficiency. They are more painful, owing doubtless to the nerves being, as if it were sliced off, and not the clean cut of the circular operation, and also the pressure of the flaps on the nerve extremities. The process of healing is slower, owing to its larger cut surface. Suppuration is more copious, and drainage less facilitated. Of course, the chance of the flaps sloughing is less than in the circular, and also the chance of making a good stump for an artificial limb is decidedly less. The last point is one of most vital importance, and should not be lost sight of.

The use of eucalyptol as a dressing for amputations, or any contused or lacerated wound cannot be too highly commended. That its efficacy in separating dead from living tissues, cannot be excelled, or its power to lessen suppuration exceeded, is a fact that its use will demonstrate to all. It is decidedly the best dressing for recent wounds that I have ever tried, and its results in a case of railroad accident, which recently came under my care, fully bear me out in the opinion I expressed, that the local use of eucalyptol in contused wounds can not be, too forcibly dwelt on. In this case the right arm, the left leg, and removal of all the toes except the great one, of the right foot, together with a compound dislocation of two fingers of the left hand besides several minor wounds, occurring in an old gentleman of 74 years of age, afforded ample field to test its qualities as a local application. He is fully recovered and able to move as well as his maimed condition will permit, and what is left of him, is in sound bodily health.

Death from Hemorrhage in Scarlatina,

Inaugural paper read before the Detroit Academy of Medicine, by Lewis E. Mairie, M. D., Director of General Clinic, Detroit Medical College.

[Concluded.]

June 17th.—Swelling of glands and cervical fascia much reduced, but quite painful; ordered hot bean poultices, which soon relieved pain, enabling child to again take nourishment. Treatment given above continued. I did not see patient again until June 20th, on which day I found that the inflammation of the parotid and submaxillary glands had subsided that the inflamed cellular tissue about the neck had resulted in the formation of an abscess, which had broken open and was discharging a considerable quantity of pus. The opening of the abscess was situated just below the angle of the left jaw. The left hand and wrist joint were inflamed and swollen from rheumatic complication. Skin still exfoliating. The occurrence of these complications causing the child great suffering and uneasiness. I ordered the wrist joint to be painted over with tr. iodine twice a day and then to be carefully wrapped with cotton batting and flannel. Ordered the neck dressed with cotton batting wraps, using slight compression.

June 21st.—Found the right elbow joint very much swollen, inflamed and sensitive from rheumatic inflammation; the wrist joint was still in the same condition; fever very high; child taking, notwithstanding, considerable nourishment.

Prescribed the following:


M. Sig.—Teaspoonful every two hours. Cuticle still desquamating; pus still discharging from the abscess, although less in quantity.

June 23rd.—Saw child early in the morning; she was suffering greatly; the left knee joint had become swollen and inflamed during the night, and to make matters worse the superficial veins around the seat of abscess became ulcerated, re-
sulting in a profuse hemorrhage, producing extreme exhaustion. Upon discovering the existence of hemorrhage, I immediately applied ice and dusted over the bleeding veins powdered sub sulphate of iron; with these agents I succeeded in forming a clot and preventing further hemorrhage. Recognizing the severity and dangerous condition of the case, I called in Dr. Spalding in consultation, who, upon examination of the case, suggested a continuance of treatment.

June 24th.—Hemorrhage occurred twice during the day, but was immediately arrested by the above treatment.

June 25th.—An alarming hemorrhage occurred to-day, which was finally restrained by a liberal use of iron dusted over the bleeding veins. It occurred to me that if the cervical veins could be reached and tied, the child's life might yet be saved; then, on the other hand, the condition of the child was such as to cause grave doubts, as to whether the child could withstand the severity of so tedious an operation. Under these circumstances, I requested Dr. Geo. P. Andrews to see the case with me, and give his opinion as to what was best to be done. We saw the patient on the afternoon of June 25th, 1881. The ulcerated opening presented a large soft pulsating mass of clotted blood and iron, pulsating from the underlying contiguous carotid.

We found the wrist joint which had first been attacked by the rheumatic complication to have reduced very materially, with also indications of its subsidence in the remaining affected joints. Large flakes of cuticle were still exfoliating. She was also very irritable and anaemic, the above mixture of sodi salicylas having been kept up unremittingly up to date.

Dr. Andrews suggested the internal administration of iron in the form of tincture, and a continuance of the use of iron externally as a hemostatic. He did not favor the operation of tying the cervical veins, on account of its severity and the exhausted condition of the patient. The salicylate of sodaë mixture given above was accordingly dropped, and the following prescription substituted:

R. Tr. Ferri chlor.....................
Glycerine..............................
Syrp. lemoni...........................

M. Sig.—Teaspoonful every 3 hours.

On the following morning, June 26th I was informed by the parents that she had had another violent hemorrhage which was impossible to control, and from which she died but a few moments before. Upon examination, I found the patient lying in a pool of fresh blood with a large soft fungous-looking clot of blood plugging up the ulcerated opening.

Such a termination of scarlatina is indeed very rare, having been met with in but two cases by Dr. West, author of West's Diseases of Children, and thrice by Dr. Kennedy, of Dublin, who had a large experience during the Dublin epidemics. Dr. Flint does not mention death from this cause in his practice of medicine. I have never witnessed a similar case before, nor do I wish to see it; but from my observation of this case, if I should ever be so unfortunate as to meet the like again, I should unhesitatingly endeavor to pick up the bleeding veins and tie them.

Society Proceedings.

[Reported for the Detroit Clinic.]

Meeting of the Detroit Medical and Library Association, January 9, 1882.

Owing to the absence of Dr. N. W. Webber, the President, Dr. H. O. Walker presided. The minutes of the last meeting were read and approved. Dr. J. H. Carstens read the paper of the evening upon "Menorrhagia and Metrorrhagia." He regarded these diseases as symptomatic of some morbid condition, either constitutional or local. Syphilis, scrofula, etc., were considered as some of the constitutional causes. Diseases of the uterine mucus membrane, tumors and foreign substances in the uterus, such as a retained placenta, pessaries, beads, etc., might be looked upon as local causes, and that uterine displacements added very much to the aggravation of the trouble.
In this connection he reported the following cases:

Case 1. Mrs. L., æt. 27, mother of two children, had profuse menstruation for two years, the last six months almost constant. Examination revealed a mucus membrane denuded of epithelium, together with a dilated and engorged condition of its blood vessels. The treatment consisted of the application of 95 per cent. carbolic acid solution to the diseased membrane, and, although the hemorrhage ceased from the first application, it was repeated twice more at intervals of a week. The woman made a good recovery.

Case 2. Mrs. T., æt. 46, had never borne children. Saw her first Oct. 16, 1880, when she informed me that she had had profuse hemorrhage for two months. Diagnosed the case as one of chronic cervical metritis, and effected a cure by the application of the carbolic acid.

Case 3. Mrs. L., æt. 27, mother of three children, the last one 2 years old. She complained of dizziness, trouble with the stomach, bowels and bladder, with a painful and profuse hemorrhage. On examination found stenosis of the internal os, which the doctor dilated with a Nott's dilator, at the same time removing numerous fungosities and applying glycero-tannin. The after treatment was a continuation of dilatation just before each menses, in the meantime applying tincture iodine compound with the administration of general tonics. The cure of this case was somewhat tedious, but she ultimately made a good recovery.

Case 4. Mrs. K., æt. 42. Mother of three children, youngest three years. Was called to see her April 21, 1881, she stated that her health had been good up to ten weeks ago, when a painful and profuse hemorrhage set in increasing in severity. Making a digital examination the os was found patulous, admitting the finger without difficulty into the uterus where the remains of a placenta were found, and as much as possible of it removed at that time, ordering the vagina to be washed out with carbonized water. Next day returned armed with a placental forceps, when the remainder of it was removed. From this time the hemorrhage ceased, although there were symptoms of septic poisoning. Continued treatment of the day before, with tonics of iron, quinine, and nitro-muriatic acid.

April 23rd, she seemed much better, and continued to improve slowly until May 4th, when the visits were discontinued, requesting to be sent for if any untoward symptoms arose.

May 15th, was sent for in haste, and learned that she had not passed water for 24 hours, also that she had been growing gradually worse since the last visit. The urine was drawn off, and it was quite evident that peritonitis existed together with effusion in the peritoneal cavity. In spite of every effort she gradually sank and died May 17th. This case in many respects was peculiar, as the woman was not cognizant of pregnancy, although the history was not clear, with the exception of the presence of the placenta. The ultimate cause of death was unquestionably chronic peritonitis.

Case 5.—Mrs. F., æt. 37, mother of three children, youngest five years old. Had three miscarriages before giving birth to living children. Treated her four or five years ago for profuse menstruation, and retroversion, relieved the former but not the latter. Did not see her again until Dec. 14, 1881, when she informed me that she had flowed more or less for the past two years. It stopped five months ago for nine weeks, during which time there was severe pain in the lower part of the abdomen, and as soon as the hemorrhage commenced again, the pain ceased. For the last two months has been steady, and she is much exsanguinated. Temporarily introduced a glycero-tannin tampon and ordered ergot that a further examination might be made next day. December 15th found the vagina and uterus very sensitive, so that I deferred further examination until the 20th, when she was put under the influence of an anesthetic and a thorough examination made, which revealed in the lower part of the abdomen a little to the right of the median line a tumor quite hard and movable in all directions. The probe indicated the uterine canal to be three and a half inches long, axis normal. Diagnosed the tumor as a subperi-
toneal fibroid at the fundus and to the right. The different methods of treatment offered in this case, are ergotine hypodermically, which in my experience has proved futile. Enucleation was impossible, extirpation hazardous, and only justifiable in extreme cases. Battey's operation seems the only one that presents any satisfactory means of help, and is reasonably a safe procedure.

Dr. Warner remarked that the last case was peculiar, in as much as subperitoneal fibroids did not, as a rule, interfere with menstruation.

Dr. Chaney asked for information relative to the method resorted to by Dr. Carstens in intra-uterine injections, stating that he had recently used Dr. Molesworth's uterine syringe in several cases. Dr. Carstens replied that he considered injections into the uterus for the treatment of uterine disease, as an extremely hazardous procedure, especially where there was stricture of the os uteri.

Dr. Warner thought the swabbing out of the uterus just as effective and not attended with danger.

Dr. Jennings reported in this connection two cases of severe uterine hemorrhage following abortion, one flowing for a whole month, and at the next menstrual epoch lost as much blood as at the time of the abortion. In both cases he had used various hemostatics, together with rest and elevation of the foot of the bed without avail. He finally used suppositories of opium which immediately checked the hemorrhage.

Dr. Walker spoke of the use of viburnum prunifolium in arresting hemorrhages, not only following, but often preventing an abortion, and thought that many of this class of hemorrhages were due to retained placenta.

Dr. Robertson reported a case to which he had been called, where a woman had been flowing for several weeks, and on examination he discovered a retained placenta which he removed with a sharp curette, followed with immediate relief.

Dr. Chaney reported a case of puerperal fever where the temperature reached 105° and remained so for several days. Among other measures employed, he administered quinine, commencing with 30 grs. during the twenty-four hours, afterwards increasing it to 80 grs., and continuing for two weeks without any marked cinchonism.

[Reported for the CLINIC.]

Michigan State Board of Health.

The regular quarterly meeting of this Board was held at Lansing, Jan. 10, 1882. The secretary's report of the last quarter gave evidence of being a very busy one, owing principally to the numerous outbreaks of contagious diseases in various parts of the State.

A statement was made by the secretary, of the introduction of typhus fever in Benzie county, by Norwegian immigrants. The disease made its appearance over 60 days after the arrival of the immigrants, and spread quite freely (not being reported as a contagious disease by the local authorities), causing many cases of illness, and, at least, three deaths.

The importance of inspection of immigrants at Port Huron, and of keeping those believed to be liable to spread communicable diseases under surveillance until their destination is reached, and placing them in the watchful care of the local board of health, was freely discussed. As this board has no funds available for such a purpose, the subject was referred to the president, secretary, and Dr. Lyster, to confer with the National Board of Health, and take such action as is possible.

A report by Hon. Le Roy Parker, relative to duties of health officers in verifying diagnosis of contagious diseases, was read and ordered printed in the annual report.

Mr. Parker reported the following: In Gaines township, Genesee county, a child of Mr. B.'s died of what a doctor called malarial fever, and did not report the case to the board of health, though it seems probable that it was really diphtheria. A neighbor and wife, Mr. and Mrs. B., assisted in preparing the corpse for burial. About the same time a child of Mr. S. died from "sore throat," not reported as "dangerous to the public health," and some of the children of Mr. B. attended the funeral. Soon after Mrs. B. was taken sick with diphtheria, and in turn 13 out of 14 members of the family had it, and 7 out of 10 children died. The board of health promptly isolated this household, but the attending physician's error in diagnosis, or failure to report the first case was fatal to the hopes of that family. In this connection the Board adopted the following preamble and resolutions:

WHEREAS, It is often difficult to recognize mild cases of diphtheria or to distinguish such cases from a simple pharyngitis or laryngitis, and,

WHEREAS, Such mild cases of diphtheria often communicate a dangerous and fatal form of diphtheria.

Resolved, That it is the duty of physi-
cians and householders in reporting diseases dangerous to the public health, and of local health authorities in their efforts to restrict such disease, in every case to give the public safety the benefit of the doubt.

Resolved, That suspected cases of dangerous diseases should be reported and precautionary measures should be taken.

The next regular quarterly meeting of the Board will be held April 11, 1882. There will probably be a special meeting of the Board in connection with the sanitary convention at Ann Arbor, February 28 and March 1, 1882.

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Sanitary Convention.

A sanitary convention will be held at Ann Arbor, Mich., February 28 and March 1, 1882, under the auspices of the State Board of Health. At each session papers will be read on subjects pertaining to the public health, followed by discussion. Manufacturers and dealers in sanitary apparatus are invited to exhibit. All papers are expected to be original contributions and are the property of the convention.

Addresses and subjects to be presented and discussed.

1. Welcoming address, by the Mayor, Dr. Kapp.
2. Address by the President of the convention, Judge Cooley.

Among the subjects to be presented and discussed are the following: (1) Ventilation; (2) Causes of Insanity; (3) Injuries to Health from Overflowed Lands and from Mill-dams and other Obstructions in Rivers; (4) Water Supply and Disposal of Waste Matter; (5) School Life and Hygiene.

Committee from the State Board of Health.


Local Committee.

W. F. Breakey, M. D.; J. Kapp, M. D.; Philip Bach, T. J. Keech, Israel Hall, Hon. E. D. Kinnie, Judge W. D. Harriman, O. Eberbach, Prof. Olney, Judge Cooley, Prof. Prescott, Dr. George.

Further information may be obtained by addressing either of the following members of the sub-committee: W. F. Breakey, M. D., Ann Arbor, Mich.; Henry B. Baker, M. D., Lansing, Mich.; V. C. Vaughan, M. D., Ann Arbor, Mich. V. C. Vaughan, M. D., Secretary.

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only, and that is, by a systematic and careful examination in every autopsy, and full notes and records kept, and when this is done and adhered to, the lawyers will be unable to pick flaws in the testimony of physicians, and post mortem examinations will be needful, and not useless procedures, as it is now in a great number of instances. When a physician is called upon to make a post-mortem, let him stand on his rights, and have the body removed to a convenient room, let him insist on being left alone, except by the officers of the law, let him take his own time, and make a complete examination, and then when he is called upon to give in his testimony, he is in such a position, that no matter how hard he is assailed by the counsel, he can give a clear and impartial statement of the facts, and let him be a friend of the court, neither for or against anyone.

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**Book Notices.**


The Gazette started its career as “New Preparations” issued quarterly, and continued so for two years, when it was changed to a monthly. Two years later it assumed its present title, with the veteran medical editor of Michigan as its captain. The Gazette has had a healthy growth since birth, and its subscription list is second to no medical journal in the world, which speaks significantly for the manner of its management, both editorially and otherwise.

**The American Journal of the Medical Sciences.** Edited by I. Minnis Hays, M. D. Published quarterly by Henry C. Lea’s Sons & Co., Philadelphia, Pa. Price; $5; and with the Medical News, weekly, $9.

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**Abstracts.**

**A Contribution to the Treatment of Uterine Lesions by Iodoform, Cot-**

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**TON AND MECHANICS.**—Dr. Ephriam Cutter, of New York, reviews the different preparations of this drug and gives a cut of microscopical appearance, and two cuts of instruments for its application. The best method of using it, in uterine therapeutics, is the capsules, made for Dr. Cutter by Parke, Davis & Co., of this city, they being prepared under the doctor’s direction. Gelatine capsules of 7½, 15, 30 and 60 grains, respectively, at $2.50, $4.50, $8.50 and $10.00 per hundred. The patient can introduce these herself, and then by applying the salicylated pledgets of cotton made by the same firm, to the vagina, no odor is perceptible, and no annoyance given the patient or her friends from its use. The remedy is of great service to control pain, heal ulcers and correct bad odors in the vagina, or uterus, and after its use stem pessaries can be introduced and worn without discomfort. Where, before the use of iodoform, the most delicate manipulation brought on excessive pain. It can be used to advantage in hyperaesthesia where there is inflammation, ulceration, with metritis and hyperplasia, and versions, with ulceration. Even in cancer of the womb great benefit and relief from pain and discharges are derived. The author claims that in these cases it has an advantage over the galvano caustic, actual cautery, or scraping with the curette. Cases, are related where the different diseases of the uterus given above have been relieved and cured by this drug. In one or two instances the doctor had to discontinue its use from the bad symptoms following its exhibition, but this is no argument against it. Iodoform seems in some cases to have been absorbed, as the patient could taste the drug after application. It acts upon the nervous system, controls irritation, the rapid waste of tissue, and quiets irritated nerve fibres and ganglia.

The following formula is for iodoform crayons given to Dr. Cutter by Dr. C. W. Stevens:

- Iodoform........................................... 3viij
- Pulv gum tragacanth................... gr. xvi
- Glycerine..........................................
- Muc. acacia.................................illi q.s.

M. Sig.—Roll into pencils one and one-eighth inch in diameter. Dry. The trouble is they smell. P., D. & Co., however, cover them with gelatin, which isolate the odor.—*Therapeutic Gazette,* Jan. 1882.

*Read before the Gynecological Society of Boston, November 5, 1881.*
Original Department.

Cataract.

Clinical Lecture by Eugene Smith, M. D., Professor of Ophthalmology and Otology in the Detroit Medical College. Reported by J. Chase, M. D.

GENTLEMEN:—We present to you today some cases which admirably illustrate two varieties of cataract.

Case 1. Mr. B., æt. 73 years. The patient has been losing his sight, gradually, for several years until now, when he is unable to get about alone. On examining the eye we find the pupillary space occupied by a yellowish grey body, completely filling it, although the pupil has been dilated with atropia. The slow growth of the cataract, its uniform, yellowish tint, and the age of the patient leads us to diagnose senile cataract. The present appearance and history of the cataract is so similar to others which have been presented to you and fully discussed during the present session, that we shall make no further comments upon it, but proceed immediately to the operation. We have tested the eye as to tension, and the vision as to extent and acuteness, and find nothing to contraindicate the operation.

The patient now being under the influence of the anaesthetic we proceed to make a Græfe's modified linear extraction.

On attempting to evacuate the lens we find that it is very large, necessitating an increase in the size of our corneal incision, which we easily make with a pair of blunt pointed scissors. The lens now easily escapes and the operation is concluded without further complications, by the usual bandages.

Case 2. George McC——, æt. 13 years. We call your especial attention to this case as it is one upon which mistakes are liable to be made. The boy's mother tells us that he has "always been troubled with his eyes." On examining them after the instillation of atropia we find an opacity occupying the same relative position as in the previous case, but still presenting characteristics so marked that no mistake should occur in distinguishing them. We notice that in this case the opacity presents a bluish grey instead of a yellowish tint. On close examination we see that the opacity does not fill the entire lens but is surrounded by a zone of perfectly clear lens matter. When the pupil is dilated the patient can obtain vision by bringing the object close to the eyes, by this means bringing the inner portion of the transparent zone into the line of vision. If we should examine the eye with the ophthalmoscope we should find that the transparent vein returned a bright red reflex and the nucleus a pale pink, thus differing from the previous case of mature serile cataract where no peripheral reflex could be obtained and the
nucleus appeared of a dark yellow color. We call these cataracts zonular or lamellar. These cataracts occur in the majority of cases congenitally, or in early youth. They are either progressive or stationary, and it is of importance to determine their condition in reference to treatment. If progressive, small strips or dots can be seen running over into the clear margin. If stationary, the edge of the opacity is sharp and clearly marked against the transparent lens. Two lines of treatment have been laid out:

First, where the opacity is but slight in extent, some have advised the use of atropia, but this treatment has now been generally abandoned, as the prolonged use of atropia is very apt to produce conjunctival irritation.

The second method is by iridectomy. This method is applied to the stationary lamellar cataract. You remember, gentlemen, early in the session, I called your attention to the fact that iridectomy is the most called for major operation upon the eye, and may be divided into three general groups:

1. Antiphlogistic, when made with a purely therapeutic aim, for the purpose of subduing an inflammation which we cannot otherwise quell with such favorable prospects for vision.

2. Prophylactic or combined, as in the extraction of cataract to-day, when joined to another operation, with the view of facilitating its execution, or rendering the consequences less grave.

3. For optical purposes, or artificial pupil, as in this case, where, by removing a portion of the iris we open up a new path for the rays of light to reach the retina. In this third class the iridectomy should be small, and, if possible, inwards.

If the transparent margin in lamellar cataract is not sufficiently broad and clear to warrant an iridectomy the lens itself must be operated upon. The course usually followed in such cases is to puncture the lens with a needle, allowing the aqueous humor to enter, and, when the entire lens has become opaque, to remove it by a Græfe’s operation. The boy’s mother tells us that the operation has been already attempted upon the left eye by some oculist, but for some reason was unsuccessful. It must be remembered in this operation that the greater part of the lens is in a normal condition and will swell up very large when punctured. In our judgment there is a sufficient broad margin of lens to lead us to expect a fair degree of vision after an iridectomy, and we therefore proceed to operate, being careful to make our incision within the cornea, and to remove a very small portion of the iris; in this way avoiding to a great extent the irregular refraction of the edge of the cornea and lens.

149 Lafayette Ave.

Clinical Lecture, Fibroma, or Molluscum Fibrosum.

By A. E. Carrier, M. D., Professor of Anatomy, Detroit Medical College.

GENTLEMEN:—The first case that I shall show you to-day is a striking one, and a typical illustration of a peculiar and rare form of disease of the skin.

The case is a patient of Dr. Inglis’, and I am indebted to him for the pleasure of showing it to you. This little girl, aged 7 years, comes to us with the following history: A little over a year ago her mother noticed a number of tumors, on the patients back, they were round, and about the size of a pea. The child had at no time made complaint of pain, no itching in the part occupied by the tumors, in fact had not known of their existence until they were discovered by her mother. In a little while it was found that other similar growths were making their appearance and spreading to other parts of the body, until the neck, shoulders, arms, breast and legs, were thickly studded. The tumors seemed to make their appearance in successive crops, a little time elapsing before another crop appears. At no time was there any pain, or other subjective symptoms. The only trouble was the discomfort occasioned by the number of the growths.

We will now examine the patient, and you notice the immense number of the growths. The back, breast, arms, and legs, being covered with them. There
are you see only a few upon the face and neck. In color they are a little darker than the surrounding skin; they are mostly the size of a pea or small bean; occasionally one is found as large as a filbert; some are round, some are flat on the top, and all are firmly attached to the subcutaneous structures. The skin covering the tumors seems perfectly normal, is not atrophied, nor stretched. They are not encircled by an areola, nor are they accompanied by any signs of inflammation. They are absolutely painless. The older growths feel quite firm, the younger ones are softer, but do not give the feeling imparted by a cyst, or fatty growths. I wish you to notice also that they are not umbilicated, nor are they situated in the sebaceous glands. They are not now, nor have they ever been the seat of an ulceration. There is no history of specific disease. The child is apparently in good general health. Father and mother are healthy Germans, and have several children besides this one, all in good health. The disease before us is called fibroma, or molluscum fibrosum, and is a new growth of connnective tissue, having its origin in the deeper structures of the skin, or in the subcutaneous tissue. It occurs in both sexes, and is not limited to any race or climate, manifesting itself as in this case before us, in great numbers of small tumors, or, as in other cases, a single tumor, or two, or three. The disease is rare, occurring about once in every two thousand cases of skin disease. It is sometimes inherited. Further than this its causation is unknown. The growths are benign in character, and the disease usually lasts through life. Sometimes they grow to enormous size, weighing forty or fifty pounds. They are never painful, unless from the ulceration of opposing surfaces, and do not interfere with the general health. They are firmly attached by their bases and cannot be enucleated. When they attain large size they are very vascular. The only trouble they occasion is discomfort from numbers, or deformity and disfigurement when occurring upon the face or head. Usually the growths grow to a certain size and remain without increase or diminution during the course of the disease. The disease is very easy of recognition. The only other disease with which it might be confounded would be molluscum sebaceum; from this it would be diagnosed by the absence of umbilliation, and being seated beneath the skin, and not occupying the seat of a sebaceous gland. In the sebaceous form the contents of the tumors can be expressed, producing collapse of the tumor. Absence of pain would diagnose it from the neuromata, or canceroid growths.

In a matter of treatment little care can be done. You cannot relieve or cure by external medication. The general health should be attended to, but usually this is not affected. If the growths are few in number and small, they might be removed with the knife, or ligature, always remembering their liability to bleeding, and the danger of their removal being followed by erysipelas. Sometimes the disease works a spontaneous cure, the growths gradually diminishing in size and finally disappearing altogether. In this case we can advise nothing only hoping that it may be the exceptional one and nature may work a cure unaided.

ECZEMA.

Of far more interest and importance to us, as the next case that I shall show you, because it is one of the most common forms of skin disease, and while you might pass a life time without seeing a case of molluscum fibrosum, you will hardly pass a day without meeting eczema, in some of its forms. Mrs. A., healthy Scotch woman, about 51 years of age, states that about six years ago she had an eruption on the tops of her feet, commencing as small water blisters quickly rupturing and forming scales, and accompanied by intense itching, especially at night. She was cured of this, and had no return of the disease until last summer, when she came to the College clinic. At this time her whole body was covered with a light red eruption, with thin scales, on removal of which there was left a moist surface. The scales were much thicker on the flexor surfaces of arms and legs. Patient complained very much of
the itching which was much worse at night, and almost prevented any sleep. We found that the disease had developed suddenly as the result of over exertion on a very hot day. Sulph. magnesia $\frac{3}{j}$ to aque $\frac{3}{j}$ was ordered, to take a tablespoonful before breakfast every morning, and to wash with bran water. She returned in three days and was a little improved, the eruption not quite so bright in color, and all inflammatory symptoms less, but the itching still intense. Continue magnesia sulph. and apply following every night.

B Bismuth subnit., grs. xx
Cosmoline, $\frac{3}{j}$.

I have not seen the case since until to-day. You notice that the eruption has disappeared from face and neck, but that the arms are covered from shoulder to the wrist with it, that the scales are quite thick and hard around the edges of the patch, but thinner in the centre. On removal of this you see the moist patch beneath, the itching still intense. Patient states that the weeping is so great from this surface that it moistens several thicknesses of linen during a single night. Patient says her bowels are constipated, and you notice her tongue is thick and heavily coated.

Eczema is a very common disease, occurring in about fifty per cent. of all diseases of the skin. It is found as frequently among the rich as the poor. It attacks both sexes in about equal proportion, and the old or young suffer from it alike. It is not contagious; in some instances it is hereditary.

The disease manifests itself in a variety of lesions. It may be an erythema, or a vesicular eruption, or it may make its appearance as a pustular eruption, or as a papular eruption, or all of these lesions may be found in the same patient, but by whatever lesion or lesions manifested, it is this same disease. There is no other disease of the skin that assumes such a variety in its lesions, and very few it does not simulate in some part of its course. The disease is inflammatory, and when it exists for any length of time there is more or less thickening of the skin. In the vesicular and pustular forms the exudation is considerable, as we have seen in the patient before us. Ordinary in these forms more crust formation is observed than in this case, but here the weeping seems so great that it does not have time to dry up, and form scales, the vesicles on rupturing giving place to new crops instead. The itching is intense, and the desire to relieve by scratching is irresistible and numerous secondary lesions are formed as a result. The disease tends to become chronic; sometimes, however, it may run its course in a few weeks and disappear entirely. It varies in amount of surface that it attacks sometimes a spot as large as a silver dollar will measure its extent, or it may cover the whole surface of the body. The disease generally is curable, but it requires a vast amount of patience on the part of physician and patient. It is often dependant upon disease of the stomach, bowels, or the kidneys. Rheumatic or gouty patients are liable to its attack, and treatment in any case to be curative should be directed to the removal of the cause as well as the local affection. Medication should be both local and constitutional. Arsenic, mercury, and other so-called alteratives, are useful, but the cases must be selected. An indiscriminate use of either is productive of more harm than good. There are cases in which none of these remedies are called for, cures being effected by other means. The itching or burning is sometimes a very troublesome symptom in the vesicular or erythematous forms, requiring for its relief the trial of many remedies. Powders of zinc oxide, grs. xx to $\frac{3}{i}$, to starch $\frac{3}{i}$, dusted over the surface, or bismuth, subnit. grs. xxx, to starch $\frac{3}{i}$ with grs. v. camphor or buckwheat flour finely ground may relieve, or ointments of cosmoline, with zinc sulph. grs. v, and acid carbolic grs. v to the ounce, or camphor and chloral $\frac{3}{i}$, glycerine $\frac{3}{s}$, ol. olive $\frac{3}{i}$ ss. A cardinal point in the treatment of all skin diseases is to get rid of secondary products, as scales, crusts, etc., before applying local medication. These are sometimes very thick and require patience in their removal; for this purpose you may soak with almond oil for 24 hours, and then if not easily removed, use potash, soap and water. After these are removed apply, thinly spread on cloth, vaseline or diachylon, and keep in place by roller bandage for 24 or 36 hours; it may be necessary to repeat the applications for a long time before effecting a cure. When dependent in some measure upon varicose veins, the elastic bandage should be used. Patients should be cautious about over-eating or drinking. In the case be-
before us we will order the scales to be thoroughly removed and have applied, after this is accomplished, its emplast dracynin; we will also continue the saline, giving her $\frac{3}{4}$ soda et potass. tart. before breakfast each day, and will use a dusting powder of bismuth subnit. grs. xx, zinc oxid. grs. xx, starch $\frac{3}{4}$ to be dusted over the eruption every night.

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**Neglected Stricture.**

By Henry J. Reynolds, M. D., Orion, Mich.

The difficulties to patient and physician in neglected urethral stricture are illustrated considerably in the following case:

D. P., æt. 30, had gonorrhoea nine years ago terminating in a persistent gleet which lasted several months and was followed by a notable deficiency in the size of the stream of urine. Some three years after the attack of gonorrhoea he began to experience at times a difficulty in urinating, soon after which time I made an examination and discovered several strictures at different points along the entire length of the urethral canal, a No. 4 sound passing with difficulty. I at this time strongly recommended instrumental treatment but patient delayed the same, taking at times the various medicinal remedies, until the evening of the 16th day of June, 1881, when I was called upon, and on arriving at the house found patient suffering from all the symptoms of retention of urine, having voided scarcely any in twenty-four hours. I at once proceeded to relieve my patient by catheterization and after trying almost all kinds of instruments, from a filiform bougie up, without being able to enter the bladder I administered chloroform and again labored patiently for an hour or two, when, having entirely failed in my efforts I aspirated the bladder above the pubes. I then left patient under anodyne remedies with instructions to remain quiet. Next morning, the bladder becoming again quite distended and being yet unable to effect an entrance to the bladder, I decided if case was not more favorable in the evening to perform external perineal urethrotomy. In the evening I again saw the case together with my brother Dr. T. N. Reynolds, of Detroit, and found patient, whom I had kept slightly under the influence of anodyne remedies, moderately comfortable and the bladder quiet distended, but quite a little dribbling taking place. We were again unable to enter the bladder but as the urine was dribbling away a little at a time and the patient not suffering very acutely, we decided to defer the external perineal operation still longer, hoping that in time we might effect an entrance to the bladder and thereby overcome the difficulty by an operation much less hazardous to the patient, viz: one within the urethral canal. I saw the patient as often as once or twice a week from that time on, but not until the 9th day of August did I succeed in getting into the bladder, at which time I opened the urethral passage by divulsion, passing a No. 16 sound with ease after the operation, patient having been unable to pass more than a few drops of urine at a time from my first visit until after the operation, a period of more than two months. With the usual line of after-treatment patient recovered with a urethra of normal calibre.

The most noteworthy points in connection with the above case were the numerous unsuccessful efforts of getting even a filiform bougie into the bladder and the long period of time during which the patient was unable to pass more than a few drops of urine at a time. In conclusion I might mention two points which I believe it to be a very important duty of the physician to observe, 1st, to thoroughly instruct patients recovering from gonorrhoea to consult a physician at once upon noticing a subsequent impediment in the urinary stream, and secondly to never be too hasty, in cases similar to the above, in making the external perineal operation for the relief of stricture, but to defer it till after aspirating at least once or twice and not even then if there be any dribbling of the urine with a moderate degree of comfort to the patient.

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**Endometritis, Hyperplasia, and Consequent Ovarian Irritation.**

By J. M. Sligh, M. D., Grand Rapids, Mich.

Mrs. L. P., æt. 24 years, married 5½ years, and the mother of one child 4½ years old, applied to me for treatment August 15th, 1881.
She complained of a constant bearing down pain in the back, low down; sharp shooting pains at intervals, in either groin, running to the crest of the ileum and thence down the hips, frequent nausea, no appetite, and an almost constant ache on the top of the head. At her menstrual periods she suffered most intense pain, being compelled to keep her bed for three or four days, the flow being scanty, dark colored and stringy for about three first days, when it became lighter in color, more abundant and the pain much relieved for the remainder of the period. For several months she had been unable to do any housework, beyond making her own bed, and was obliged to ride whenever she ventured more than a square or two from her house. She stated that she had been under medical treatment (?), for over three years by two irregular practitioners, and was now in a worse condition than when she began treatment. She was anemic and her face wore a drawn discouraged appearance. She had never been pregnant since birth of her first child, although nothing had been done to prevent conception. Digital examination per vaginam revealed general tenderness with pain in region of ovaries, although no distinct induration could be felt.

Through the speculum the neck of the womb appeared about the size and shape of an ordinary apple, very red and sensitive to touch. From the os protruded a whitish, glairy mucous, which when caught upon a sponge and withdrawn, strung out to nearly the length of the vagina before it became detached from uterus. Introduction of the probe caused considerable pain, entered 3½ inches, and showed retroversion of the organ.

I ventured a guardedly favorable prognosis, and treatment was begun at once. The first indication was to relieve soreness and deplete the pelvic organs, before attempting to correct displacement of the uterus. To accomplish this tr. iodine (Churchill's) was swabbed over interior of uterus, and painted over ovarian region in vagina, and the vagina packed with absorbent cotton saturated with pure glycerine. A tonic mixture was prescribed and the patient instructed to remove all cotton from vagina on following morning, and immediately thereafter receive a vaginal injection of two quarts hot water, in which was to be dissolved chloral hydrate 3 iv, and another hot water injection before retiring at night. She was also instructed in the knee-chest position, and was to assume it twice each day, forcibly pulling the perineum backward by two fingers introduced into the vagina, retaining the position each time as long as her strength would permit.

I saw her again on the 18th; found her somewhat improved, and repeated previous treatment. On the 21st tenderness had almost entirely disappeared from the vagina, the membranes were lighter in color, and but comparatively little pain experienced on introduction of probe. Placing the patient on her left side, the uterus was antverted very easily, and with but little pain to patient. Glycerated cotton was packed around the neck of the uterus, the greater quantity in front. She was instructed to avoid standing any more than was actually necessary, and to assume the frontal decubitus most of the time when lying down.

On the 24th the uterus remained antverted, and the presence in os of tenacious mucous was notably decreased.

I now began the application twice weekly of the following ointment, the formula of which I obtained from Dr. O. E. Herrick of this city:

B Ung. petrol. 3 j
Chloral hydratis 3 i j
Ac. tanici 3 i j
Tr. acon. rad. 3 i j

Applications made as follows: First swab out uterus with Churchill's iodine, and then inject into the uterus about 3 i j of the ointment through a syringe constructed for the purpose, immediately after packing the upper part of the vagina with the ointment on absorbent cotton; to remain twenty-four hours and be followed by hot water injection. This treatment faithfully followed, together with such remedies internally as her condition from time to time seemed to indicate, she frequently practicing the knee-chest position, brought about steady improvement, so that in two months she was discharged a well woman, so far as her sensations were concerned. Absence from pain, rosy cheeks, good appetite, natural sleep, easy menstruation and ability to do her own housework, were the results. Last week she came home, saying she had gone a week over her menstrual time, was suffering from morning sickness, had a lump in one of her breasts, and was sure she was in the family way.
The Detroit Clinic.
A WEEKLY JOURNAL.
Issued Every Wednesday.

H. O. WALKER, M. D., Managing Editor,
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GEO. S. DAVIS, Medical Publisher, Box 64.

Is Crime on the Increase?

AFTER every great crime, whether a murder or bank robbery, some knowing mortal rushes into print with the idea of the increase of crime in the world at large. Our grandparents sigh and shake their heads, and give vent to their opinion that the world is growing bad. That insanity is on the increase. The young people are getting depraved, and the community is but a festering sore of crime. We do not believe this; we believe on the contrary, that the world is growing better year by year, and we think we can, by the light of history, prove it. Let us take the most enlightened countries of Europe one hundred and fifty years ago. England was overrun with thieves, highwaymen, and robbers. It was not safe to walk the streets of London at twilight; murders were committed in broad daylight, on the principal streets; duels were fought on slight provocation; women were insulted and dared not walk the streets without an escort. Criminals were hung or beheaded for crimes, not now even recognized; for stealing a rabbit many a poacher has been hung. Morality was at a discount, and as Shakespeare hath it, "It is a wise child that knows its own father." Why in some of the counties of England the second son inherited, because the first night after marriage the lord of the manor slept with the bride instead of the lawful husband. could such a state of immorality go unpunished to-day? Leave England and go to France, the polite nation. Read of the Bastile, look at the record of crime, glance at the galley slaves, study the list of murders during the revolution, think of the carnival of crime which numbered its victims by thousands. Go through the prisons and look at those of the present day. See the instrument of torture in the museums and then say we are worse today as a whole than even one hundred years ago. When we pick up our morning paper we read of every crime committed in the known world; we read it within twelve hours, thanks to our telegraph and press. If President Garfield had lived in 1781 it would have been six months before the city of Detroit would have known of his assassination instead of fifteen minutes as was the case. Ponder on this before calling the world a crab. For we are moving up the ladder instead of down.

DR. T. N. Reynolds, of this city, was recently appointed as one of the attending physicians to St. Mary's Hospital.

THE surgeons of the Wabash, St. Louis and Pacific Railroad met last week at Decatur, Illinois, for the purpose of organizing a surgical society. We understand that the attendance was large, and the meeting was a success professionally and socially. Dr. J. T. Woods, of Toledo, O., surgeon-in-chief of the road, was elected president for the ensuing year.

Errata.

IN the article of Dr. Maire the formula on page 35 should have read 3 instead of ² for the first three ingredients. Page 36—tinct. ferri chlor. and glycerine ± 3 iss instead of ½ iss.
Book Notices.

Practical Observations on Ovariotomy, with Notes of Ten Recent Cases. By Donald MacLean, M. D., Professor of Surgery and Clinical Surgery in the University of Michigan. Reprint from Physician and Surgeon, Dec., 1881.

Aside from the history and management of each particular case, the Doctor draws attention to the following practical points:

1st. Anaesthesia, for which he uses chloroform, and regards it as safe as any other anaesthetic.

2d. Antiseptics. Does not think the use of the carbolic spray necessary, but urges the arrest of all oozing, and the thorough drying out of the peritoneal cavity before closing up the wound.

3d. Management of the pedicle. He formerly transfixed the pedicle with a double threaded needle, ligated and dropped it into the pelvis. Latterly he prefers Keith's method, that is, by the actual cautery at a black heat.

4th. Treatment of adhesions. These are carefully ligated with carbolized catgut.

5th. Drainage of the peritoneal cavity. This is done, if deemed necessary, by a glass tube resting in Douglas cul de sac, and when any signs of purulency are exhibited, the cavity of the peritoneum is washed out with a weak solution of carbolic acid or salt at a temperature of 100° Fahrenheit.


This paper is an appendix to paper on the same subject read the year before at New York.


Abstracts.

The Eye and Sexual Excess.—Under the above caption Dr. M. Landsberg writes an article replete with facts which every physician should be acquainted with. Cases are given where complete or partial blindness occurred from unlimited sexual indulgence, and cures were effected by abstinence. One case cited gives the following history: A young man, aet. 19, had been living with two girls, and having intercourse twice or more times each day with both. He came to the Doctor with failing sight, intense neuralgic pain and nausea. He was entirely cured by a sea voyage to Lima.—Medical Bulletin, Jan.

Rare Dislocation of the Upper Extremity of Ulna Inward, the Radius Remaining in its Normal Position.—Dr. Geo. Wright, demonstrator of anatomy, etc., Toronto School of Medicine, reports this rare form of dislocation as occurring in a girl, aet. 9 years, the result of a fall on the elbow. For various reasons the attempt at reduction did not take place until twenty-eight days after the accident. At this time, on careful examination by several members of the hospital staff, it was agreed that there was dislocation of the olecranon process inwards upon the condyle of the humerus, with the head of the radius in its normal position. No weight could be carried owing to rotative inwards when arm was extended.

One hour and a half's faithful attempt at reduction failed. The doctor explains as a reason of failure that the patient had received, when two years of age, an injury to this same elbow, causing separation of the epiphysis, the external condyle being broken off, thereby favoring the inward displacement.—The Canadian Journal of Medical Science.
Original Department.


By E. L. Shurly, M. D

November 9, 1881, George Hanahan, aged 3 years, 8 months, a native of Windsor, Ont., was presented at the outdoor clinic of St. Mary's hospital, with the following history: Second of three healthy children, of healthy parents. Patient had always enjoyed good health, and was quite robust till seven weeks previous, when, while eating a piece of chicken, he was suddenly seized with a severe fit of coughing and dyspnea; complained to his mother that he had swallowed a bone, and maintained this opinion till the time of observation. The mother stated that, after a hard spell of coughing and crying, during which he became black in the face, he fell asleep. The coughing and dyspnea recurred frequently, and were so alarming to the parents, (the paroxysms lasting twenty minutes sometimes), that a physician was called. Treatment for croup was instituted, (the parents say) followed by treatment for phthisis. In spite of this, emaciation began and continued to increase. Parents say he has lost half his former weight.

Cyanosis was present and continued all the time, and was increased during the paroxysms of cough and dyspnea, which continued unabated. At times he could be heard breathing nearly across the street.

Patient was presented at Dr. Shurly's clinic on the fifty-second day after the first attack of coughing. Emaciation and cyanosis, with labored and jerky respiration, were observed. Auscultation showed an almost complete absence of vesicular murmur on the left side. Moist rales present on both sides, and very marked over the trachea, with a sonorous rales over the suprasternal region.

Drs. Shurly and Cooper were of the opinion that a foreign body was present in the air passages; were not positive, but that it was located in left bronchial tube.

Immediate operation was the only treatment deemed advisable. The parents consenting, the mother and child entered the hospital. The operation was performed the same day at 3:30 P. M., by Dr. Shurly, assisted by Dr. Cooper, of Brooklyn, N. Y., and Drs. Webber and Jennings, of this city. The patient was put on a table, and speedily put under the anaesthetic influence of chloroform, administered by the author. The head bent back over a small pillow, an incision was made through the skin and superficial fascia in the median

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THE DETROIT CLINIC.


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line, 2 1/2 inches long, extending from the
hyoid bone to the lower border of the
thyroid isthmus. A thyroid vein being in
the way, was tied twice and cut between
the ligatures.

Still deeper dissection was made on a
director, a small thyroid artery was cut
and the hemorrhage stopped by torsion.
The deeper structures were parted with
the handle of the scalpel, only the fascia
being cut. The sterno-thyroid muscles
were pushed apart, and the thyroid isth-
mus pushed down out of the way. An
opening was then made through crico-
thyroid membrane, cricoid cartilage, two
tracheal rings, and the mucous membrane.
It is deserving of notice that not more
than half an ounce of blood was lost,
owing to the careful dissection. The
opening into the trachea now being made,
a considerable quantity of mucus im-
mediately passed out through this open-
ing, by acts of coughing.

A tracheal tube was now inserted and
the patient soon breathed more freely.
After allowing him to rest a few moments,
the tube was removed and a small pair
of forceps were passed down into the
trachea; but no foreign body could be
felt. Dr. Shurly then passed his finger
into the larynx per via naturales; but dis-
covered nothing, and then he passed his
finger down the trachea through the
opening. Still finding nothing he passed
his finger upwards into the larynx, and
he felt something just below the vocal
cords. He took a small pair of forceps
and succeeded in getting hold of a hard
substance; but it being impacted, the
forceps slipped off having only loosened
it. 'Upon applying the forceps again he suc-
ceded in removing the foreign body
which proved to be a bone. The longest
measurement being 11.16 inch, another
side 9.16; the third 5.16 of an inch, the
thickest portion being about 1.10 of an
inch.

This being removed the boy could
breathe quite freely through the larynx
but owing to the danger that might follow
from oedema glottidis it was thought best
to re-introduce the tube and let it re-
main till all danger was passed.

One suture was then applied between
the lower angle of the wound and the
flange of the tube; and the tube fastened
by taped passed around the neck. The
patient was put to bed and several
thicknesses of gauze (mosquito netting)
placed over the mouth of the tube to
strain the air and keep it moist.

The respiration was now 32 per min-
ute, and somewhat irregular, due to the
influence of chloroform. Pulse 135 per
minute. The cyanosis which had been
increased by the anaesthetic and manipu-
lations now gave way to the bloom of
health on the respiration having estab-
lished. Now a teaspoonful each of
brandy and paregoric were administered;
Two hours afterward another half tea-
spoonful was given. The patient
continued to rally; took a little
walk at 9 P. M., three hours after
being put to bed. One grain of quinine
was given and was shortly followed by
vomiting; and in about an hour more
vomiting ensued.

10.45 P. M. Temp. 101.8°, pulse 140.
Gave another grain of quinine in milk.
Patient also took about three teaspoon-
fuls of milk. 11.45 repeated the quinine
with a little more milk.

Nov. 10, 1 A. M. Patient has slept
some, breathing and resting very well.
The air continues to be charged with
moisture by means of a steam atomizer.
Temp. 101.2°, pulse 140. 3 A. M. Patient
has slept, being only occasionally disturbed
by cough to get rid of the secretion.
Temp. 100.8°, pulse 140. Thus the
temperature has been reduced a degree in 4 1/2 hours I think from the effects of
the quinine. One grain of quinine was
ordered every three hours. 6 A. M.
Temp. 100.4°. Has taken nearly a tea-
cupful of milk since the operation. Has
slept and been quiet. 9 A. M. Has been
awake since daylight, and quiet. Temp.
99°, pulse 130, appearance favorable.

Nov. 11, 8.00 A. M. Temp. normal,
pulse 120, respiration 22. Rested well
through the night; a little fretful this
morning. Takes plenty of milk. Expec-
torates considerable tenacious mucous.
Removed and cleansed the inner tube.
12.00 M. Temp. normal, pulse 108. Re-
moved tube; but patient could not breath freely through larynx, so replaced it. General appearance favorable. 6.30 P. M. Normal temperature; pulse 112; secretion from respiratory tract less; appetite good. 9.30 P. M. Temperature 98°; pulse 109, weaker.

Nov. 12, 9 A. M. Temperature 98°; pulse 120, being accelerated a little from having vomited at 8.45; cause of vomiting, apparently an overloaded stomach; tongue a little coated, with white fur in spots; somewhat restless through the night; bronchial secretion diminished; can vocalize with tube in situ; tube cleansed once through the night.

Nov. 13, 9.30 A. M. Temperature 98.8°; pulse 116; cough loose; secretion less tenacious; rested well through the night; tube cleansed; appearance improved. 6 P. M., temperature 98°; condition about the same; cleansed tube.

Nov. 14, 8.30 A. M. Temperature normal; rested quite well through the night.

Nov. 16, A. M. Cough diminishing, though the mother states he has coughed more this A. M. (room was rather cool); sits up; took out tube; breathes well without it; dressed wound with small piece of cotton, on which was applied a little cosmolime, and which was held in place by small compress and adhesive plaster.

Nov. 17. Dressed wound morning and evening; granulations rather exuberant; opening and closing well; temperature normal; pulse 96.

Nov. 18. Still doing well; granulations still large and pale; opening about size of medium size penholder; dressed wound once.

Nov. 22. Opening into trachea closed; applied alum to the granulations, and dressed with cosmolime as before, with compress and adhesive plaster; patient allowed to go home and report in 3 or 4 days; vesicular murmur diminished at lower part of left lung, probably due to collapse of vesicles rather than consolidation.

Nov. 25. Wound nearly healed; patient feeling well and lively; vesicular murmur still diminished on left aide, but clearing up some; the following was ordered:

**Revised**

<table>
<thead>
<tr>
<th>B Ammon. mur.</th>
<th>Syr. glycyrrhiza.</th>
<th>Aque, q. s. ad.</th>
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<tr>
<td>5 ss.</td>
<td>5 ss.</td>
<td>3 ij.</td>
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</table>

Sig.—Teaspoonful every four hours.

The question presents itself, should not operation be performed oftener than has been the custom in cases of foreign bodies in the larynx, trachea, and bronchi?

The operation, though a formidable one, is altogether different in point of danger under these circumstances, than when resorted to in case of diphtheria or croup, even though the body has been retained for a considerable length of time in the respiratory passages. In diphtheria (and probably in croup), we have besides the local effects on the respiratory tract, a constitutional poison, and an adynamic, or asthenic tendency to combat; while in the case of a foreign substance, we may have only emaciation, and a more or less general inflammation of the respiratory tract, which is usually no more severe than an ordinary idio-pathic affection of similar extent.

The results of such operations compare favorably with other capital operations; thus, while of 544 cases collected by Durham, 42 in 100 died without operation, the proportion fell to 24 in 100 with operation; or to put it in another form, out of 167 cases in which tracheotomy was performed, 130 were successful; nor must we ascribe the remaining 37 cases to the effects of the operation. The majority of these must have been due to the effects which the foreign body had already brought about.

**Tolerance.** When death does not immediately result or follow in a few hours after a foreign body has entered the respiratory tract, a sort of tolerance is obtained; for while the immediate symptoms may have appeared very alarming and highly dangerous, they may subside in a short time to return at greater or less intervals or not at all. For example, a case reported by Hartz, in Dental Cosmos for 1873, (see Wood's Lib. for 1880, "Foreign Bodies") in which a female 26 years old expelled, after a violent fit of coughing, the crown
of a tooth, five weeks after an attempt to extract the tooth from the mouth, (while the woman was anæsthetized) the patient was seized with a sudden fit of coughing, which was repeated at intervals, until the fragment was expelled. Another case, where a piece of bone remained in the left lung of a soldier ten months, who, after a time was well enough to join his regiment. (Poulet, vol. 2, p. 40, Wood’s Lib., 1880.) Other cases of interest might be cited, but time and space forbid.

Diagnosis of location. This is sometimes extremely difficult, because of the variations in size, shape, etc., of the body, the time it has been in the passages, and its fixation or mobility. Pain is only of value as regards fixation, and then not positive alone. Early in the disease, and when the foreign substance is in the larynx, or upper part of the trachea, pressure will be likely to increase the pain and dyspnœa. When lodged below the bifurcation of the trachea, pain will only be confirmatory to physical signs; and, in fact, the objective signs are the essential elements of diagnosis, though I would urge not to be totally indifferent to the patient’s senses and opinions, for in the above case the physician first in charge overlooked or did not heed the persistent assertions of the boy that he had swallowed a bone. This has also occurred in other cases. When the foreign body is lodged in the larynx or upper part of the trachea the laryngoscope may be of use in making a diagnosis.

Prognosis. Although many cases of recovery from foreign bodies having entered the respiratory tract, which have been primarily treated by tracheotomy, have occurred, yet we must protect ourselves by explaining to the friends or patient the dangers of the operation as well as that of allowing the foreign body to remain.

The operation. I refer to a previous paragraph for directions about position of patient. If weak and emaciated, a stimulant should precede the anæsthetic, and a full dose of quinine should usually precede the operation a half hour or so. Two or more assistants will be necessary, warm water, sponges, towels, etc. The instruments needed will be a sharp, rather broad-bladed bistoury, or any kind that the operator can use with greatest ease; sharp-pointed scissors, two or more tenacula, pair of forceps with long arm, needles, silk, trachea dilator, if at hand, though the opening may be dilated by forceps or blunt hooks, a trachea tube, and tapes to secure it in position. Sometimes the tube will not be necessary, but ordinarily it will be safest to insert it for at least 24 hours, owing to oedema glotidis being set up, or increased, if present. No one should hesitate because he does not have all these instruments. He may get along with only a knife, needle and thread, and a pair of forceps, or a piece of pliable wire or silver probe, and instead of the trachea tube, a strong thread passed through the tracheal wall on each side, and tied behind to keep the trachea open, if necessary. After the operation, and the patient is put to bed, a piece of gauze or mosquito netting of several thicknesses should be placed over the wound, the air kept moist with a vaporizer, a large kettle of water kept boiling, or slacking lime near the bed. The patient should be kept quiet. Liquid food only should be allowed for a week or more, at least; stimulants and tonics as indicated. The wound will generally heal in from 8 to 20 days.

Sequela. Bronchitis, catarrhal, or croupous pneumonia, chronic phthisis, and in children especially, pulmonary collapse are most common.

Detection of Vesical Calculi by Urinary Examination.

By O. W. Owen, M. D., Instructor in Physiology and Morbid Histology Detroit Medical College.

The detection of vesical calculi by chemical and microscopical examination is neither impossible or difficult, and if we are in doubt as to symptoms it is one of the safest and best methods we have, and under all circumstances should
be resorted to. In the course of the last three years I have been called upon by members of the medical profession to examine and diagnose from urinary analysis, eleven cases, seven of this number subsequently undergoing operation either crushing or cutting, and thereby sustaining the diagnosis. Three refused to be further examined, and one is still in doubt. The patient should procure two new four ounce bottles; they are to be washed out with hot water and dried. Instructions are then given to pass the urine just before retiring into a clean vessel which should then be covered. In the morning another vessel should be used and covered, both are then allowed to stand in a cool place until afternoon, when the superpatient fluid should be racked off, and the bottles filled from the lower portion. The bottles are then to be labeled, corked and given to the physician for examination. The chemical analysis should be made first, and we will find the phosphates and urates diminished. Albumen and mucous are both present, with blood coloring matter.

The microscopical examination, however, is the one we depend upon. We take a drop of the fluid from the top, middle, and bottom of both bottles, and placing each upon separate slides, put on cover glass and examine with a \( \frac{1}{4} \) objective. The specimen from the upper fluid will contain fat, epithelium, and floating dust; a few crystals will probably be present, consisting of uric acid and phosphates. We will rarely, however, find casts unless we have renal complications. The drop from the middle will consist of mucous, pus, blood and bladder epithelium, with some fat usually present. In the lower specimens, from the thick sediment, we find crystals, and if the stone be composed of oxalates, phosphates, or uric acid, beautiful crystals of one or all of these chemicals will be found. The diagnostic feature is the bladder epithelium. Where we have acute or chronic cystitis, the epithelium is found full of pus, and broken down, each cell being thrown off by itself, and no basement membrane is apparent. The blood cells are also more or less disintegrated, and a putrefactive odor emanates from the slide. Epithelium torn off, however, by a stone has the following characteristics, never met in cystitis: Very few cells are found isolated, the epithelium is ploughed up by the edge stone, and two or more cells are cast off, held together by basement membrane. The cells will be found rolled together, very much like shavings from a plane. They can be unrolled by using fine needles, and a lower power objective. When we have unrolled them, we find that the epithelium is natural in appearance, and the cells are in normal relation to each other (i.e., attached at their sides). Corpuscles of blood will be found in the basement membrane, fresh in appearance, and comparatively uncharged, and although we may have an acute vesical catarrh, still enough cells will be found in the above condition to warrant us in saying that there is some foreign body in the bladder, and that it has ploughed up the membrane and given us the above condition. As the only foreign bodies found in this viscus are calculi, we are of course at once able to make our diagnosis. Let me say here that some exceptions may be taken to the above statement that all foreign bodies in this situation are calculi. Where we have no traumatic lesion, as a bullet, etc., this is the case, and even then the bullet, end of catheter, etc., if left in the bladder, forms the nidus around and upon which crystals are deposited, and our statement then becomes true. Foreign bodies of any kind, and introduced by any method will produce this unfortunate condition. Straws, hairpins, and even hair itself have been the centres of vesical concretion. The methods of diagnosing are the same in all cases, so that we are not tied down to deposits of urinary crystals alone. Surgical procedure will differ in the different cases only, so far as the ability to crush is manifested by the character of the foreign body.

Foreign bodies set up inflammation of a more acute kind than simple deposit of urinary ingredients, and this is one of the points we must remember in excluding vesical catarrh.

The peculiar appearance of the epithe-
Removal of the Astragalus After Injury to Foot and Ankle Joint.

By Samuel Catlin, M. D., Tecumseh, Mich.

The last of August, 1880, I was called to a boy at 13, who, in attempting to board the cars at our village, missed his hold and fell, the wheel of the car passing over his right foot, crushing all the metatarsal bones. In this condition he was brought to my office, and as soon as his condition warranted, administered an anaesthetic. On examination found the injury of such a nature that it was questionable whether any portion of the foot could be saved, but at the solicitation of his mother, who was quite frantic, I concluded to make the attempt to save the heel by Symes method, taking one flap from the front and the other from the sole of foot. Assisted by Dr. H. Peters and my son, then a student in my office, I made the flaps and removed all the bones of the foot except the calcaneum.

The tendo achilles drawing this bone back so much, and the flaps being useless from infiltration of blood with probable sloughing, that I concluded to remove the astragalus. In making my dissection for its removal, I was very careful to hug the bone closely with the scalpel, and at last I took my elevators and managed to work around the bone and removed it from its place. Knowing the circulation was good after removal of this bone, I took the chance of ankylosis taking place between the calcaneum and tibia, therefore I removed the malleolus and brought the parts in position, stitched it up, as it would now just close, taking the precaution by drainage and position to prevent the collection of any pus. The case progressed finely and was all healed up in six weeks, except one or two small sinuses. The patient is now walking upon the stump, using a thick heel on boot.

This case is not reported to instruct or enlighten any one, only to show a man can deviate from ordinary rules of surgery without impunity, even if he learns his lesson from accident, as I did mine. I will explain. Some five years ago I was called to see a boy about 9 years old, who had had his ankle caught in a horse power (one used for sawing wood), crushing, as in a vise, the astragalus, and injuring the soft part so much that the ankle bones were laid bare from sloughing. The slough was more extensive on outer side, though both were affected. A portion of the integument was not involved, and the arteries were intact. The case was a tedious one. The astragalus all came out in small pieces by ulceration. The calcaneum became attached to tibia, and the wound healed by granulation. He made a good recovery; the leg is shorter than its mate, but serves him well, and allows him to play as lively as his fellows.

Correspondence.

To the Editor of the Clinic:

Dear Sir,—In your issue of January 25th, an article from the pen of Dr. McGraw, entitled, "How to amputate a leg" appears, and, as his writings are remarkable for candour, conciseness, and above all, good, reliable common sense, we feel some hesitation in briefly reviewing the procedure as inculcated by him. His remarks on the point of selection are worthy of note, as the operating surgeon is more apt to think of a "pretty stump" than of a useful one. The idea of using an Esmarch bandage above the seat of disease is the first point we desire to differ with. The object is to avoid loss of blood, whereas by the mode of use prescribed, all the blood below the diseased part is left to embarrass the operator and to be lost to the system.

As to forcing pus into the general circulation by an Esmarch bandage, we do
not believe such a thing possible, when we reflect it has to be done by the absorbents, and not by mechanical means. But the point we decidedly differ with Prof. McGraw in, is where he directs the attention of his students to the ligature of veins. From our first entry into the profession, and from the teachings of such men as Cooper, Guthrie, Lawrence, Colles, and others of world renowned reputation, the fact has been inculcated in our mind never to tie a vein if we can avoid it. The danger of phlebitis from such a proceeding and the care necessary to separate the artery from the vein, before applying a ligature, have been so forcibly laid down as ‘the rule and guide of our faith,’ that it seems like heresy to be told such a proceeding is necessary. Necessary it is not, for we never saw a case in which venous hemorrhage gave rise to any trouble in an amputation.

Filling a wound with extra ligatures and drain tubes, or any extraneous substances to prevent primary union, we look on as decidedly questionable.

The graphic description given by Prof. McGraw of “drawing your patient off of the table,” so as to complete your operation, savors so much of the absurd that we cannot entertain the idea that anything but a joke was meant.

As to dispensing with the idea of a retractor, we agree it may be got rid of, provided we have a good assistant who can draw back the flaps, but as it is always easily obtained, and far more efficacious, we will still adhere to its use, until we see some more reliable method proposed to keep the soft tissues out of our way whilst using the saw.

Edward Batwell, M. D.

Book Notices.


The initial chapter is a brief and comprehensive resume of the pathology of pulmonary consumption.

The chapter on home treatment points out what is known of remedies that have stood the test of experience; the author drawing especial attention to the necessity of keeping up nutrition to the highest point possible.

In the matter of climatic treatment the reader is presented with a general knowledge of meteorological and terrestrial factors that enter into this method of treatment, and is left to judge which climate will be most suitable for the patient that may be under consideration.

This little book cannot fail to be of benefit to whoever may read it, especially the busy practitioner.


Wood’s Library of Standard Medical Authors.

This method of giving to the profession choice medical literature of eminent authors evidently meets with decided approval.

The prospectus of 1882 is now out, and comprises a list of new, and some of them original works. The first two volumes of the series are illustrations of Dissections, by George Viner Ellis, Prof. of Anatomy in University College, London, and G. H. Ford, Esq.

No. 3. Rheumatism, Gout, and some of the allied diseases, by Morris Longstreh, M. D.

No. 4. Practical Medical Anatomy. By Ambrose L. Ranney, A. M., M. D.

No. 5. Mental Pathology and Therapeutics, by W. Greisinger, M. D.

Nos. 6 and 7. Materia Medica and Therapeutics, by Charles D. F. Phillips, M. D., F. R. C. S. E.

No. 8. A Treatise on Veterinary Medicine as applied to the Diseases and Injuries of the Horse, by F. O. Kirby.

No. 9. An index of Surgery, by C. B. Keetly, F. R. C. S.


No. 11. Lectures on Diseases of Children, a Handbook for Physicians, and Students, by Dr. Edward Henock.

BLEPHAROPLASTY SINE PEDICEL. By Eugene Smith, M. D., Prof. of Ophthalmology and Oto-logic in Detroit Medical College. Reprint from Transactions of the American Medical Association. 1881.

The above is the report of the successful transplanting of a piece of skin one and a half by two inches from the arm to the right upper eyelid, which had been previously destroyed by facial erysipelas.

DETROIT BOARD OF HEALTH.

The second month's report of the Detroit Board of Health is before us, and indicates that the Health Officer, O. W. Wight, M.D., is the right man in the right place.

The mortality report numbers 192 deaths aside from still-births and premature births. Among zymotic diseases there are 48 deaths, and of this number 10 died from diphtheria. Constitutional diseases 52, of which 17 died of consumption. Ninety-one died from local diseases; convulsions, 17; bronchitis, 10; pneumonitis, 12. Eighty-one deaths occurred before five years of age. Monthly mean barometer, 30.154'. Mean temperature, 31.0°. Prevaling direction of the wind, southwest. Rainfall 1.97 inches.

Abstracts.

INTESTINAL INOCULATION FOR TYPHOID FEVER AND PHthisis.—Dr. T. H. Buckler in a communication to the Boston Medical and Surgical Journal suggests the value of the above as a means of modifying the great fatality of these diseases, especially so of typhoid fever. He regards this disease as rarely fatal in young persons, while those of advanced age are rarely saved. The non-recurrence of typhoid fever in comparison with other specific diseases is almost absolute. Such being the fact, it would seem that the inoculation of the young with the materies morbi of typhoid fever might be a great boon to the public, knowing, as we do, its great fatality.

The manner in which he proposes to effect this inoculation is similar to that occurring in epidemics where the virus has been carried by drinking milk containing the germs of the disease, sometimes denominated "milk sickness," or any other medium attainable.

FIDDLE-STRING BOUGIES.—Dr. T. E. Jackson, unable to pass a small bougie in a tight stricture, tried a small fiddle-string, which passed without trouble; being withdrawn it was found swollen to twice its former size. A larger one was then passed, and allowed to remain fifteen minutes; this being withdrawn, a No. 4 bougie was passed. A second case was equally successful.—Mississippi Medical Weekly—Chicago Medical Review.

A NOVEL AND SIMPLE METHOD OF REMOVING INSECTS FROM THE EAR.—Dr. B. F. Kingsley, U. S. A., relates a number of cases where soldiers sleeping on the plains have come to him to have bugs removed from their ears. Accidentally he discovered that by holding a lighted candle near the ear, the insects would at once leave the cavity and come forth. The patient should be in the dark when this is done. It is worth remembering.—Medical Record.

EFFECTS OF TOBACCO ON THE FETUS AND THE NEW BORN.—In the Paris Medical Dr. Jacquemont reports a series of cases touching the above. A strong woman had given birth to several normal children, afterwards she began work in a tobacco factory. She subsequently gave birth to two children at regular intervals, both of which died at once after birth. Nicotine was found in the amniotic fluid. Several other cases of the same kind are given, showing the fatal effects of tobacco on the new born.—Rocky Mountain Medical Times.

FUNGOID ORIGIN OF DIPHTHERIA.—Dr. Michael Taylor in an article published in the British Medical Journal, expresses the belief that this disease may spring from fungoid growths. Three children were taken with the disease, and on examination the water supply was found all right, but in their bedroom a large number of toadstools (Caprinus) were found growing from the wall of the sleeping room, as well as a fine bluish mould. This belief is shared by Prof. Laycock, whose theory is that diphtheria depends on oidium, or potato fungus.—Canada Lancet.
Cyst of the Broad Ligament Complicating Labor.

N. W. Webber, M. D., Professor Gynecology in the Detroit Medical College.

The various complications and difficulties which render labor dangerous have been classified in such a manner by writers of the obstetric art, that when once met with they are easily recognized. To the student, and to the practitioner who has not struck upon any of these rocks, the charts offered for their guidance appear perfectly plain, and they are ready to encounter any danger that may arise. Occasionally, however, an unknown danger, or one not mentioned in their books, appears, and they learn at the expense of the mother or of the child's life, that their charts are not complete. Experience and observation will teach them that the resources of their profession are not always apparent, but that masked behind a clear head and a steady hand there must be a reserve that can be called into action when unknown exigencies may arise.

Last summer I received a letter from the Rev. Mr. P., asking me if I would take charge of and operate upon his wife, who was suffering with an ovarian tumor. He resided in the Lake Superior region, and was anxious to place her where all the council and assistance I might desire could be made available for her good. I secured a private room in St. Mary's hospital, and on her arrival learned from her and by letter from her former physician the following history: In June, 1880, during her accouchment, its progress was interrupted by what the physician in attendance first mistook for a mass of fecal matter in the rectum. After several unsuccessful attempts to remove it by injections, he made a more thorough and careful examination per rectum and vagina, and discovered a tumor. "This tumor was being rapidly forced down before the foetal head (i.e.,) it was being forced down between head and sacrum, until it took up a position before the foetal head. After making frequent examinations, during which time more and more of it became tractable, I concluded that the only way delivery could be accomplished was by using instruments. I applied them without the use of anaesthetics, and could not deliver." He then sent for counsel, but before its arrival the funis came down, and could not be replaced, resulting in the death of the child. On the arrival of the consulting physician, the forceps were again applied without avail. At this time the tumor, as described by the doctor, "was about as large as a man's hand, and about twice as thick, pressed flat." They then performed craniotomy and delivered.

Mrs. P. suffered much afterwards from...
cystitis and inflammation of the soft parts, so much so that at one time her life was despaired of. After a tedious sickness, she finally recovered from the effects of her confinement, when she was examined by two other physicians, and they decided she had an ovarian tumor, and that operative procedure was warranted only after the tumor had proven sufficiently large. In June, 1881, one year after her confinement, she entered St. Mary’s Hospital, and upon examination I found a medium sized tumor in the pelvis pressing well down into the posterior cul de sac. At the same time I discovered what she had feared that she was at least four months advanced in pregnancy. From the soft fluctuating character of the tumor and other conditions observable in bi-manual examination, I doubted the correctness of the diagnosis of her former physicians. With my section of students of the Detroit Medical College as assistants and spectators I put the patient under the influence of ether and with a large sized aspirator needle I punctured the tumor giving exit to six ounces of the clear limpid fluid peculiar to cysts of the broad ligament. Besides this several ounces were lost by drainage after the needle was withdrawn. By careful examinations no evidence of this or any other tumor was discoverable after the needle was removed.

There were no untoward symptoms following this slight operation except perhaps a little irritability of the uterus which was quieted with opiates, and in a short time she left the hospital for the home of her parents on the Lake Huron shore. She, however, in letters to me, complained of a sense of weight in the pelvis, and I had some difficulty in trying to convince her that the tumor would not return. Up to the time of her confinement she was apprehensive that “there was something there,” fully expecting a severe time like her last. She returned to Detroit in November, and on the 27th of that month she was taken in labor. On my arrival at her house, I found the os uteri fully dilated with the child in the natural position. I immediately ruptured the membranes and within fifteen minutes thereafter she was delivered of a fine large healthy boy. Owing to malformation of one of her nipples she suffered from a broken breast. Her convalescence was quite slow, during which she suffered from paralysis of motion of the left lower extremity. Under the use of electricity applied by a small pocket battery, she soon recovered from this. Under date of Feb. 10, 1882, I received a letter from her husband, in which he says: “Mrs. P., is better than she has been for some years, though she still has some question whether there is not some difficulty that has not been entirely removed.” While in the hospital she exhibited unmistakable nervous symptoms, and to this I refer her paralysis of motion as well as her apprehensions of some difficulty that has not been entirely removed. After the birth of her child I made careful examination of the pelvic organs and I could discover nothing like a tumor. There is no doubt but what the cyst I discovered was the cause of all her trouble in her first confinement, and had it been punctured at that, time craniotomy would not have been necessary, and the severe cystitis and inflammation of the soft parts would not have occurred. I do not mean by this to cast any reflection upon her former physicians, for I know them both to be skillful men in their profession, and are entitled to great credit in carrying the case to a successful termination. This was simply one of the complications in labor that we do not find mentioned in all our text books, yet like many other unmentioned troubles, causes sometimes, great anxiety and serious consequences. What is not mentioned in the books is often of more importance and interest than many of the details that ordinary common sense would comprehend were they left out.

Eye Clinic.

Prof. Eugene Smith, M. D., Detroit Medical College.

GENTLEMEN:—The first case I will show you this morning is one of choroiditis disseminata. This young lady,
Gentlemen, nil believe tilted have not have progressive, of the white spots choroid you.

In the thinning of the choroid which have taken place in this case. These changes are characteristic and very striking, and cannot fail to interest you. The white or whitish-yellow spots are atrophic in character, and due to the absorption of exudations, the white sclerotica shining through the thinned choroid. The dark or black spots and fringes are due to pigment deposit, or pigmentation of an epithelial proliferation.

In cases of this character, vision is more or less affected according as the disease encroaches more or less upon the macula lutea, or region of the yellow spot of Sömmering, and the prognosis depends upon the same fact.

In this case, the lower portion of the region of the yellow spot is invaded by the disease, consequently the upper half of the field of vision is troubled. Several spots of a pink color lead me to suppose the disease is progressive, and I will prescribe an alterative for her, hoping to check the disease, and to retain for her the amount of vision she now enjoys, which is sufficient to enable her to earn her living. She will have hydragr bichlor. in 1-16 grain doses.

Case 2. Gentlemen, this little boy, æt. 11, is brought to us to-day by his mother, to "have something done for him." You observe how very large his left eye is; it is a condition technically called hydrophthalmos, or buphthalmos—a staphyloomatic condition—an ectsasia of the anterior part of the eyeball. As the little patient stands before you, you observe through the hazy, ground-glass-like cornea, a round, white body, looking not unlike a round piece of chalk, lying against the cornea, at the lower part of what should be the anterior chamber. But as you see when the patient's head is tilted backwards, or when he lies down, there is no division between the anterior and posterior chambers, for the round, white body sinks directly backwards and downwards, and consequently the interior of this eye is essentially but one chamber. This chalk-like white body is the lens which has become detached from its suspensory ligament and is floating around in the liquified humors of the eyeball. It acts exactly as a foreign body, and no doubt has much to do with the symptoms of irritation in the fellow eye.

These symptoms of irritation are asthenopic in character, the boy being unable to study; close applications of the eye causing blurring, pain, lachrymation, etc. There is also intolerance of light. I have no doubt all of these symptoms will disappear after enucleation of the diseased eye, and I believe if the eye is not removed they will increase to the point of sympathetic inflammation and cause total and hopeless blindness.

Gentlemen, it seems entirely unnecessary for me at this time to explain to you the modus operandi of enucleation of the eyeball. I have already done so so many times this winter that I have no doubt each of you can explain it as well as I can, and even make the operation as successfully as can any body. The eye being removed, cold compresses are all the dressing it requires.
Case 3. This patient, gentleman, you will recognize as the one from whom we remove the epithelial cancer of the right upper eyelid ten days or two weeks since. You remember we covered the large wound with a flap taken from the forehead and brow, and you see how perfectly it answers the purpose of an upper lid; doing away entirely with any apparent loss of substance, and preventing any deformity. Time will obliterate the scars, and we have probably succeed saving the lids from total destruction.

Ovariectomy During Pregnancy.

By Theodore A. McGraw, M. D., Professor of Surgery in the Detroit Medical College.

CASES of ovariectomy performed during pregnancy are sufficiently uncommon to justify their being put upon record. Mrs. James McC., of Wyoming, Ontario, consulted me in April, 1881, in regard to an abdominal tumor of eight months duration. She had first noticed it in July, as a swelling in the right groin. She had previously borne two children, the youngest of whom was then twenty-one months old. In September, 1880, her menstrual periods returned, and she was regular until February, when she ceased again to menstruate. The tumor had grown rapidly, and in April had extended to within two inches of the ensiform cartilage, occupying nearly the whole abdomen. Examination revealed an abdominal fluctuating tumor, dull on percussion, excepting in the loins. Auscultation gave only negative results. The aortic impulse could be distinguished communicated through the tumor, but there were no fetal heart sounds nor any bruit of any kind to be heard over any part of the abdominal surface. The tumor could not be felt through the vaginal roof, on account of the intervention of the uterus which, enlarged and soft, lay across the pelvic brim. The os was soft and patulous and was jammed beneath the pubic arch. There was no ascites. The urine was scant but free from albumen. The countenance in its pinched and wan aspect indicated the nature of the disease, and the lower extremities were swollen and oedematous; the diagnosis of ovarian tumor complicated with pregnancy was established, and on April 12th, 1881, I proceeded to operate. There were no adhesions, and the multilocular cyst was removed without much trouble, although it broke in handling and permitted some of its syrupy contents to escape into the peritoneal cavity. The left ovary appeared to be healthy. The enlarged uterus evidently contained a fetus of about three months. The operation was performed under the carbolic spray with the strictest antiseptic precautions and the peritoneal cavity was most scrupulously cleansed. The pedicle was secured by a clamp. The patient afterward suffered very little pain but complained even to the fourth week of her convalescence of distress from flatulence. The first two days the temperature ranged at 101° F., after that went down gradually to nearly normal until the 8th day, when it made a sudden jump to 104° F. This continued for three days without apparent cause and then slowly subsided again. On the eleventh day the clamp was found to be detached and the pedicle seemed to be healing, but two days afterward there was a sudden hemorrhage from it that was quite copious and alarming. It was checked, however, by pressure and persulphate of iron and did not recur. About the middle of May she went home and on the eleventh day of last October she was confined. She had a very rapid and easy labor, which she accomplished before the arrival of her doctor, and convalesced rapidly and thoroughly. She is now in the best of health. I regret to say that she lost her baby on the eleventh day after its birth by hemorrhage from the naval.

[Reported for The Clinic.]

Meeting of the Detroit Medical and Library Association, Jan. 16, 1882.

President N. W. Webber in the chair. The minutes of last meeting were read and approved.

Dr. Webber exhibited an accephalic monster, which he had delivered from a.
woman the day previous, at about the seventh month of pregnancy. There was nothing unusual in the labor, with the exception of a large amount of amniotic fluid, and some difficulty in making out the presentation, but when the waters broke, the finger became engaged in the mouth, and he came to the conclusion that he had to deal with a monstrosity which was quickly delivered. The specimen presented on examination a bifid spine, with absence of brain, and imperfect development of its membranes. The parietal, frontal and occipital bones were absent, except at their lower portions. The other bones of skull were much thickened. The eyes projected and at the upper portion of the spinal column there was a pulpily enlargement of the spinal cord. Had a similar case some years previous; was not able to state from the history of both any assignable cause for their occurrence.

Dr. Jennings reported having seen several cases of varicella; nothing peculiar in connection with them, except in one child two and a half years old, where an attack was ushered in by a convulsion which he thought was a rare symptom. Did not think the teeth had anything to do with it, as there was no evidence of irritation.

Dr. Walker reported a case of intestinal flatus occurring in a woman twenty-four hours after delivery. The labor had been tedious but normal. The usual remedies given in such cases proved of no avail, when the patient was put in the knee-chest position and the intestinal gas rolled away in volumes, followed by immediate relief.

Dr. Webber, related a case where an amputation of a conical neck of the uterus had been performed two years ago for the relief of painful menstruation.

Examination by the speculum revealed a stellate appearance where the os ought to be. Was unable to introduce the smallest sized probe. He enlarged the opening with a tenetome and menstruation followed in a day or two, and when the flow ceased he completed the operation by making a crucial incision, introducing a dilator. Previous to the amputation of the neck, menstruation had been excessively painful and was followed by great relief for a time until the cicatrix began to contract, when it was as painful as before. The doctor said it was the fashion some years ago to amputate in these cases with the écraseur, and as far as he knew the operation had not been attended with good results, but the opposite. It had occurred to the doctor that an operation similar to that of phymosis might prove beneficial, that is, by dissecting up the mucous membrane and then removing the muscular structure of the neck and afterward's stitching over the mucus membrane. It would at least do away with the possibility of the cicatricial contraction.

Dr. Chaney said that in a case of this kind he had been able to prevent the pain by the introduction of a lamina tent just previous to menstruation, but as soon as the use of the tent had been discontinued the difficulty was as bad as ever.

Society Proceedings.

(Reported for the Clinic.)

The twenty-ninth annual meeting of the North Eastern Medical and Scientific Association was held at Rochester, Michigan, Jan. 26, 1882.

Morning Session.

The society was called to order at 10:30 A. M., by the President John L. Caulkins, M. D. Members present: Drs. Andrews, of Romeo, Knight, of Utica, Caulkins, of Thornville, J. E. and J. C. Wilson, Wilcox and Deats, of Rochester, McColl, of Lapeer, Yates, of Washington; Lincoln, of Armada, and H. J. Reynolds, of Orion.

The minutes of last meeting together with reports of various officers were read and approved. The following officers were elected for the ensuing year. President, J. E. Wilson, M. D.; Vice-President, H. J. Reynolds, M. D.; Secretary and Treasurer, Albert Yates, M. D. The society then adjourned for dinner.
### AFTERNOON SESSION.

On reassembling the society listened to the address of the retiring President, subject, "Röthel or German Measles."

The doctor considered this disease as one of the true exanthemus, contagious, usually mild, and that it was often mistaken for a mild case of scarlet fever or measles. The above being a tabular statement of the comparisons of the most prominent points of these three diseases:

This disease does not require very active treatment, usually something to allay the intense itching is all that is necessary.

Dr. Yates then read a report of three cases of puerperal eclampsia treated successfully by the hypodermic use of \( \frac{3}{4} \) to \( \frac{3}{2} \) gr. sulph. morphia.

The discussion upon "Tuberculosis" then took place, which proved decidedly instructive. After some business matters relating to the society were discussed, it was decided that the next meeting be held at Lapeer, subject to the call of the president and secretary.

**ALBERT YATES, M. D.**

**J. E. WILSON, M. D.,** Secretary.

**President.**

### Table: Comparison of Measles, Scarlet Fever, and Röthel.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Measles</th>
<th>Scarlet Fever</th>
<th>Röthel</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subjects</strong></td>
<td>All not protected. Old and young</td>
<td>Mostly children.</td>
<td>Mostly children.</td>
</tr>
<tr>
<td><strong>Prodromics</strong></td>
<td>Malaise, catarrh for several days</td>
<td>Almost none.</td>
<td>Almost none.</td>
</tr>
<tr>
<td><strong>Cough</strong></td>
<td>Severe, and almost diagnostic.</td>
<td>Slight or none.</td>
<td>Slight or none.</td>
</tr>
<tr>
<td><strong>Sore Throat</strong></td>
<td>Slight or none.</td>
<td>Severe and often gangrenous.</td>
<td>Considerable, but never gangrenous.</td>
</tr>
<tr>
<td><strong>Eruption</strong></td>
<td>After several days fever coarse and crescentic; with patches of healthy skin; beginning at the temples and traveling downwards.</td>
<td>Coming on in 12 hours after attacks; fine and diffused showing everywhere, a paling after pressure.</td>
<td>Coming on within 24 hrs. resembling scarlet fever, but not so fine.</td>
</tr>
<tr>
<td><strong>Temperature</strong></td>
<td>Maximum about 104° for four or five days.</td>
<td>Mean about 104°. Very high for a week.</td>
<td>Mean not over 103( \frac{1}{2} )° for two days:</td>
</tr>
<tr>
<td><strong>Desquamation</strong></td>
<td>None.</td>
<td>Extensive.</td>
<td>Slight.</td>
</tr>
</tbody>
</table>

A New Purgative.—Dr. Rabuteau has experimented with sulpho-phenate and sulpho-crepylate of soda, and has obtained good purgative effects from both doses of 20 to 25 grammes (3v to vi gr. xv) will induce seven or eight stools a day. These salts are eliminated without much change, and their use is advocated in fetid diarrhoea.—*Med. and Surg Reporter—Concours Medicale.*

How to Aid Injured Persons—A committee, with Gen. McClellan as its chairman, has been formed in New York for the purpose of teaching people of all classes how to give the first aid to the sick and injured, before the arrival of a physician, and also to instruct them in the art of nursing and the laws of health, Eighteen classes have already been formed. —*Medical News.*
The Detroit Clinic.
A WEEKLY JOURNAL.
Issued Every Wednesday.

H. O. WALKER, M. D., Managing Editor,
177 GRISWOLD STREET.

DETROIT, MICH., FEBRUARY 22, 1882.

GEO. S. DAVIS, Medical Publisher, Box 64.

Are Wooden Pavements Unhealthy?

Given a large amount of vegetable product, rain, heat, snow, and insufficient drainage, the result will be decomposition with the exhalation of large quantities of noxious vapors and gases, wherever we have the conditions as above, there do we also have disease. The pavements of our cities as now constructed, become in a few years just such great breeders of disease. The blocks are laid on hard clay bottoms then filled in with sand and the drains placed at the sides in such a manner that although they carry off a certain amount of surface water, still in the centers we have stagnant fluid. The road beds are usually neglected until the blocks have sunk or become worn out in spots and here water stands for days, it becomes foul from the dirt thrown or blown in, and the result is that in every block we have disease-breeding holes. The hot weather of summer dries up the fluid portions of these sink holes and sets free any germs that may have grown in them, then clouds of dust are borne through our streets and into our houses, loaded with death, this may seem over drawn, but it only takes a little yeast to leaven the whole flour, and so a very few disease germs dropped in such a pool multiply with great activity, and it takes but a short time to breed an incredible number. Each one if planted in the right kind of human soil, and by this we mean a person in a low state of vitality, will set up its own particular ferment, and the disease is established.

Any one doubting this statement can easily verify it by taking a little water from one of the stagnant pools in our pavements, and place it under a microscope, enough vegetable spores will be found to instruct or disgust him for some little time. We believe that this is as great a source of sickness in our paved cities, as the garbage heaps, and almost as great as sewer gas. To remedy it, the streets should be kept clean, all sunken spots repaired at once, and center drains used when the blocks are laid.

Detroit Medical College.

The Commencement Exercises of the Detroit Medical College will be held Thursday evening, March 2d, 1882, at Whitney's Grand Opera House. Hon. D. Bethune Duffield will deliver a poem entitled "De Arte Memendi," (or concerning the art of healing,) and Col. John Atkinson an address upon "The Relations of the Medical Profession to Society."

Book Notices.


The editor in his preface states that the object of this work is to furnish a comprehensive treatise on the various departments of surgery, each topic to be entrusted to a distinguished writer who is especially qualified to speak with authority upon the subject which he undertakes. The typographic appearance of the work is excellent.


The subject matter of the work is considered from a clinical standpoint, and the views presented are the very latest.
Another important feature is the illustrations, which are numerous. The author is to be congratulated on the terse and comprehensible style in which he presents this important subject.

Abstracts.

A New Disinfectant.—Take half a drachm of nitrate of lead and dissolve in a pint or more of boiling water. Dissolve two drachms of common salt in a bucket of water, pour the two solutions together and allow the sediment to subside. The clear fluid will be a saturated solution of chloride of lead. A cloth dipped in this and hung up in a room will sweeten a fetid atmosphere at once, or the solution thrown into a sink or vault will produce a like effect. It is inodorous.—Progress of Science—Canada Lancet.

Surgical Operations and their Relations with Diabetes, and the Origin of the Latter.—M. Verneuil made a study of this lesion and reported a number of cases the Académie de Medicine in which glycosuria either followed or was the cause of surgical complications. His conclusions were that "malarial infection is frequently engendered by glycosuria, which assumes two forms. One contemporaneous with access of fever and transitory, the other slow in development, independent of febrile exacerbation and of permanent duration. "When in such cases surgical operations are performed a fresh impetus may be given to either the malaria or the glycosuria, preferably the former."—Bull de l'Acad. de Med.—N. Y. Medical Record.

Disinfection of Clinical Thermometers.—Dr. Hassall draws attention to this subject in a letter to the Lancet, Jan. 14, 1882. He advises the washing of clinical thermometers in solutions of potass. per-mang., or carbolic acid, after using. In this way no contagious disease can be transferred from one patient to another.—Medical News.

Excision of the Knee in Early Life.—Dr. Wm. Stokes, in a paper published in the British Medical Journal, draws the following conclusions:

1. Excision of the knee should not be looked upon as a last resource, but should be undertaken, if possible, before any profound organic changes take place.

2. Expectant treatment, to be efficient, must be undertaken at an early stage of the disease, and extend over a period of at least two years.

3. No better result than ankylosis can be looked for by this method.

4. In a patient with a predisposition to secondary tuberculous developments, the possibility of the recurrence of the disease after expectant treatment must be borne in mind.

5. In cases attended with prolonged suppuration, the chances of the occurrence of visceral, especially renal disease, must not be lost sight of.

6. Where the skin is unbroken, the disease limited, an efficient method of fixation applied, and a rigid system of antisepic dressing of the wound adopted, primary union may, in the majority of cases, be anticipated.

7. When these latter conditions are fulfilled, excision of the knee-joint cannot be longer regarded as the formidable procedure it was formerly held to be.

8. The alleged unfavorable results of excision of the knee-joint in early life are opposed to more extended clinical experience.—Cincinnati Lancet and Clinic.

Leprosy in Minnesota.—A leper, at 26, died in Minneapolis Feb. 1. He went to that city six years ago, when the disease first appeared. He suffered great agony before death relieved him.—Medical News.
## ORIGINAL DEPARTMENT.

**Local Medication in Diphtheria.** By J. R. Jones, M. D. 

Case of Fracture, with Remarks. By Dr. Henry J. Reynolds

Case of Pneumothorax and Consequent Emphyema. By David Inglis, M. D.

Venereal Ulcers—Cases. By James W. Robertson, M. D.

**EDITORIAL—**

Medical Editors of the Daily Press 

Greeting

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### Local Medication in Diphtheria.


The diversity of means employed in the local treatment of diphtheria as recommended by leading authors is, to say the least, confusing to the general practitioner. Local medication insisted on by some as absolutely necessary to successful treatment, is condemned by others as injurious.

Granting that many cases recover without swabbing, brushing or spraying the throat, or local treatment of any kind, aside from that afforded by the swallowing of medicine for general effect. I am satisfied from experience that judicious local treatment aids decidedly in restoration to health, and if commenced early will check the disease and prevent the danger from systemic infection. Having treated during the last six months 106 cases, in each of which there was the fever, exudation and unmistakable evidences of diphtheria, there was ample facility for testing the advantages of local over the let-alone treatment. Forty-five of these were boys; 38 girls, and 23 adults. Out of this number there were five deaths. Three of these five had diphtheritic croup and were pronounced hopeless cases when first visited. Of the other two, one case (a boy of 11 years) had passed through the active stage of the disease and was considered convalescent for several days, but died suddenly one morning after eating a hearty breakfast, presumably from cardiac paralysis. There was, therefore, but one case left whose death occurred during treatment where there were supposed prospects of recovery, but she (a girl of 5 years) grew weaker, and died in spite of all we could do. But the local treatment in her case was not extensive not sufficient to cause death. The stomach would not retain either food or medicine from the first. In addition to those enumerated, I saw (but did not treat) seven other fatal cases which had already been given over by other physicians, in none of which had there been local treatment. Having used lactic acid, chloral, lime water, salicylic acid, sulphides and sulphurous acid, as recommended by their various advocates, as well as the astringent salts of iron, I obtained much the best results with the latter, and the object of this paper is to draw attention to the use of Monsel's solution of the sub-sulphate of iron as a local remedy in diphtheria. My attention was first called to its use in this disease three years ago, by Dr. Inglis.

Dr. J. Lewis Smith in his latest edition of "Diseases of Children," speaks of it in these words: "In most cases of diphtheritic inflammation of the fauces, the spray suffices for local treatment, but
the following mixture applied by a large camel's hair pencil is also very effectual, immediately converting the pseudo-membrane into an inert mass, and putting a stop to all movements of the bacteria which swarm in it, as I have repeatedly observed under the microscope:

B. Acid carboic .......... gtt. viij.
Liq. ferri. subsulphat. ...... 3 iij-iij.
Glycerine ................. 5 j.

M.

This may be used two or three times daily, between the spraying, or oftener without the spraying. It is not irritating (such an effect would condemn it), but it is dreaded by most children on account of the unpleasant 'puckering' which it produces.

That it will cut short the local trouble in a large number of cases, I am well satisfied, and if care is taken to obtain a pure preparation which will answer to the description given of it in the U. S. Dispensatory, there will be no complaint of its causing irritation. On the contrary, patients invariably say they feel better, and one might easily imagine so, from the facility with which they can clear the throat. It coagulates the albumen of the false membrane which it readily penetrates, and exerts a healthful astringent effect on the engorged blood-vessels beneath. One application daily for 2 or 3 days, either undiluted or mixed with glycerine, is generally sufficient, and a weak solution of the same used as a gargle or swallowed frequently keeps the breath free from the odor of decomposing tissue. Having seen such good results from its use, I am steadfast in my faith, and would urge others to give it a trial. Some of these cases were very severe ones, and a few were seen in consultation with me by Drs. H. Kiefer and N. W. Webber. In every case attention was given to the general supportive treatment and the free use of quinine, stimulents and tinct. of chloride of iron, continued throughout, the local medication being auxiliary only.

Case of Fracture, with Remarks.
By Dr. Henry J. Reynolds, Orion, Mich.

On October 15th, 1878, was called to see a gentleman aet. 70, who had been an invalid for a number of years, having been stricken with paralysis once or twice, from which he had never fully recovered, leaving him unable to get around without a cane in one or both hands. Patient's mental condition was also bad and had been for a number of years very much below par, redering him quite imbecile.

I found he had fallen and fractured both bones of the leg at the junction of the middle with the lower third. After reducing the fracture and leaving it in wooden splints for six days, I removed the dressing and secured the limb in a plaster of paris bandage. Owing to general breaking down and wearing out patient gradually failed, and died on Nov. 10th, between three and four weeks from time of injury.

The particularly interesting features in this case were that owing to the mental condition of the patient he had no regard for the broken member whatever, but would toss himself about the bed in all shapes and even get right out of the bed and use the leg pretty much as if nothing had happened to it whatever. His wife, a lady about the same age, living in the house alone with him, that she should not be obliged to remain constantly with him, strapped him to the bed, but all to no avail; he was bound to go right along as if nothing had happened, and did so most of the time. Under these circumstances, together with the frail condition of patient's system and the short duration of time from date of injury to time of death, I had little or no hopes of obtaining any union, or at least, if any union, great displacement; but, to my surprise, on removing the plaster of Paris splint after death, I found a firm, solid, bony union with perfect apposition. Union in this case took place in a little over three weeks from date of injury, or a little over two from the application of the plaster splint.

The above case I think illustrates clearly
that any great force or firm pressure in such cases after the fractured bones are brought into perfect apposition is not really required, if only gentle, uniform and equal support be given to all the tissues surrounding the fractured bone for a certain distance above and below the point of injury. In almost all of the fractures of the long bones I think the plaster of Paris splint properly applied, with the right amount of uniform pressure, renders displacement almost impossible. I might say one word more in this connection, that I think the young surgeon is liable to bandage to tightly in applying splints to a fracture, thereby impeding the process of repair and producing swelling below, sloughing, etc.

Case of Pneumothorax and Consequent Empyema.

By David Iaglis, M. D., Detroit, Mich.

On Dec. 14, 1880, was called to see R. C., a powerful, robust and temperate man by occupation captain of a steam barge, aet. about 30. Summoned in haste I found him suffering from extreme dyspnœa even to the extent of cyanosis and complaining of intense pain in the right side. An examination revealed heart sounds normal, exaggerated respiratory murmur on left side and total absence of murmur on right side with marked tympanitic percussion sound. Diagnosis. Rupture of lung with pneumothorax. Subsequent inquiry showed that although enjoying excellent general health the patient had been subject to dry cough with rather persistent pains in the right chest and had been having a hard coughing spell when sudden dyspnœa set in. It would seem evident that he had had pleuritic adhesions and in coughing had torn the lung.

The dyspnœa yielding to stimulants and anodynes, the case was watched with much interest. For some time no change could be observed. Save for increased rapidity of breathing the patient expressed himself as well. Percussion however showed beginning effusion which slowly increased until it had risen as high as the third interspace, when the chest was aspirated and three pints of serous liquid were removed. After this, aspiration was repeated whenever the effusion interfered seriously with the expansion of the sound lung, each time in the hope that the communication between the plural sac and the bronchus might have closed and that the lung would expand with the withdrawal of the effusion, but each time proved that the air followed unhindered. Finally the effusion growing more distinctly purulent and it being evident that the lung was probably bound down and the rent still open, for the patient expectorated the same semi-purulent fluid, although in relatively small quantities, it was determined to make a free incision and effect drainage. After one attempt, which proved ineffectual owing apparently to a deposit of organized lymph so great that an incision carried to a depth of 3½ inches sailed to reach the cavity, the operation was repeated by Dr. ———, of Algonac, whither the patient had meantime gone to his home, and with entire success. Dr. ———, after thoroughly emptying the sac, injected enough antiseptic solution to fill the sac again, and by repeating this process and keeping up thorough drainage the hectic symptoms, which had latterly shown themselves, disappeared. The cavity has gradually become smaller, and when my patient last called upon me the discharge of pus had diminished to less than an ounce a day, and the captain was ready to take his boat in charge, depending solely upon his left lung to carry on respiration. The right chest had fallen in to some, although not to a great extent, and percussion showed a large area of dullness, which, as it could not be caused by effusion, would seem to be the sign of an enormous deposit of organized lymph. The cavity was rapidly diminishing in size and would receive only a small quantity of the disinfectant injection, and everything indicated an excellent prognosis.
Venereal Ulcers—Cases.

By Jas. W. Robertson, M. D., Detroit, Mich. Read before the Detroit Academy of Medicine.

M. R. President and Gentlemen of the Academy:

After listening to the interesting discussion on the differential diagnosis of venereal ulcers, it would seem quite an easy matter, taking into consideration the clinical history and general appearance of the respective sores, to differentiate between them.

There are, indeed, many points of difference both in history and the pathology to make the diagnosis almost certain.

Theoretically this is correct, providing the ulcer has the typical characteristics of its class.

Practically these differences do not always exist, and the physician must needs be a prophet who could in every instance make a correct diagnosis. I will grant there are certain cases in which the typical characteristics are so prominent and the clinical histories are so plain that the diagnosis could be made with a great degree of certainty. Still it is circumstantial evidence, and there is always room for a doubt.

The following cases will illustrate clearly the necessity of time as a helper in the diagnosis of these very common disorders, and will give ample reason, for the position I have taken during the discussion.

Case 1. Edward S., at. 19, clerk, came Sept. 16th, 1879, complaining of an ulcer just behind the glands penis, a little underneath and near the frenum. It had been there about two weeks.

The sore was about the size of a five cent nickle, excavated, indurated, edges raised above the surrounding surface, of a dark redish brown color, and a serious secretion could be seen in the cupped ulcer. Inguinal glands considerably enlarged.

Being quite positive, judging from the general appearance of the sore, that the ulcer was syphilitic. I so informed the patient, but at the same time advised him to wait for the appearance of the secondary symptoms before taking any constitutional treatment. This he decided to do. Gave only a local application of a mild solution of sulphate of zinc, and the ulcer disappeared in about a week. The swelling in the inguinal glands also subsided. We have been waiting patiently ever since for the secondary syphilitic developments, but none have as yet put in their appearance.

Case 2. Aug. 25th, 1880. J. LaB., at. 22, clerk. Presented himself for the treatment of a large ulcer upon the penis. The sore occupied most of the right side of the cervix, a portion of the glands penis. The frenum and a considerable portion of the forehead skin being destroyed. The edges of the sore were ragged, and somewhat undermined. The surface was covered with pus, and there was little or no induration. The inguinal lymphatics on both sides were considerably swollen, those on the right being red and doughy.

When asked concerning the length of time since the beginning of the ulcer, the patient gave about the following history: Had been keeping a woman for nearly a year, she being the only individual with whom he had had sexual intercourse during that time. She had always kept herself neat and clean. About seven days previous had noticed a slight abrasion of the mucous membrane behind the glans penis. He immediately washed the sore, and applied a little calomel. In spite of his endeavor to control the ulcer, it gradually increased in size, and he felt obliged to apply for relief to a physician. The girl was discharged from his service. After a very careful examination of the parts, I was convinced that the ulcer was chancroidal, and of a phagedenic character. Made local application of a solution of sulphate of zinc; advised the use of poultices to the inflamed lymphatics. The sore healed in about 8 days, leaving a red indurated scar. The glands in the groin suppurated, and were incised about the tenth day.

On about the fifteenth day the patient was discharged, apparently well, but with the instructions if at any time an eruption should make its appearance upon his body he should return immediately, as
there was a possibility of his having syphilis. He did return in about four weeks with a well developed hard chancre right in the middle of the cicatrix. Inguinal glands nearly all involved in the swelling. This ulcer would not succumb to local treatment.

In about two weeks a beautiful papular syphilitic eruption made its appearance over the body, and mucous patches on both tonsils. Being now assured that the disease was syphilis, I put the patient upon constitutional treatment and continued with it for fifteen months. No other symptoms of the disease ever developed.

Case 3. R. V., æt. 19, clerk, came Sept. 12th, 1880, complaining of an ulcer under the prepuce behind the glans penis. He had had sexual intercourse with LaB.'s girl, and a few days afterwards there appeared in the fossa behind the glans three small superficial excoriations in the mucous membrane. They gradually increased in size until they united and formed one sore about the size of a twenty-five cent silver piece. Inguinal glands in left groin swollen, red and somewhat oedematous. He had been unsuccessfully treated by a druggist. This being before the discovery of syphilitic symptoms in the case of LaB., I naturally called this a chancroidal ulcer, and treated it accordingly. Sore healed in about four days. Bubo in left groin suppurated and was opened as soon as fluctuation could be detected. Patient discharged, all right, on the 22d of September.

After discovering the condition of LaB., I again sent for case 3, but after a very careful examination I could find no syphilitic lesions about him. Told patient that it would be necessary to have him under observation for some time, as I suspected syphilis in the individual with whom he had been cohabiting.

Have seen patient every month since that time, but no syphilitic symptoms ever developed.

Case 4. C. M., æt. 24, clerk, came October 10th, with a very small ulcer on the fore-skin about an inch back from the glans penis. He had also had sexual intercourse with LaB's girl shortly after she left LaB.'s employ. His attention was called to a papule upon the penis, about twenty days after the coition, by a sense of pain in the part. This he thought was a pimple, and as he had often had them on the penis before and no bad results had followed, he was not in the least alarmed. But now, as the inguinal glands were enlarging rapidly, and hearing that LaB. had syphilis, he came immediately for an examination.

Found ulcer as before stated; it was about the size of a pea, hard, and slightly indurated. A superficial ulceration of the most prominent point had lately occurred. Lymphatics on both sides enlarged. Secondary eruptions and sore throat came on in about two weeks. All symptoms gradually vanished under a mild mercuerial treatment, which was continued for a long time.

Case 5. After the manifestations of the syphilitic symptoms in cases 2 and 4, I was very desirous, if possible, of examining the woman who was the originator of all this trouble. After considerable difficulty I succeeded in prevailing upon Mr. C. M. to bring that individual to me for the purpose of examination. I saw her for the first and only time Oct. 20th. No syphilitic eruption could be detected upon any portion of the body, but on the inner margin of the right labia majora a hard indurated scar could be plainly seen and felt, indicative of syphilitic chancre. A large recent cicatrix covered the whole of the fossa navicularis and posterior commissure of the vagina. Patient explained that there had been quite a large sore in that portion of the vagina, which had come on about three weeks before the upper one, and that it had given her a great deal of trouble at that time. Had had a suppurating bubo. Inguinal glands still considerably enlarged. No mucous patches could be discovered in the vagina or around the anus, but on the inner margin of the lips; on both tonsils and sides of the tongue, mucous patches could be plainly seen. She said she was under treatment for syphilis, and seemed to be doing nicely.
Comments. Case 1 was undoubtedly only a simple, or possibly a chancroidal ulcer, but it had the typical characteristics of a true syphilitic chancrere with the concomitant glandular enlargement. Having had promiscuous sexual intercourse, the patient was unable to give any date of exposure. But merely taking into consideration the general appearance of the sore, I should, at that time, have felt myself justified in putting the patient immediately upon constitutional treatment. Had I done so, the patient would have gone through life with the conviction that he was syphilitic, greatly to his inconvenience and discomfort.

It is my opinion that case 5 had two distinct diseases, probably contracted on or about the same time, but each disease following the natural order of its development appeared at different times. The chancroidal ulcer, coming within a short time after coition, ran its natural course and recovered. The syphilis had the usual course of incubation and then developed the primary lesion, and was followed by the usual secondary symptoms of the disease. The lower scar being the resultant remains of a typical chancroidi, while the upper induration was the degraded cells of a true primary syphilitic ulcer. And I don't think that their existed at any time that lesion known as a mixed chancre.

LaB., having possibly frequent intercourse with that individual, did not take the diseases until he, by some accident, got an abrasion of the mucous membrane of the penis, and then he took both diseases at the same time and at the same point of inoculation. Still this could hardly be called a mixed sore, as the one developed and disappeared before the other came on. It was not possible to diagnose syphilis before the usual symptoms developed, neither would I have been justified in beginning constitutional treatment without a positive knowledge that the disease existed.

The peculiarity in the case of R. S. was that while being inoculated with the chancroidal virus, he did not get the syphilitic along with it. The lesson taught me in that case was that the clinical history of a case does not always point to the right disease. Had I put this patient upon syphilitic treatment, he would never have known but what he had had the disease.

Case 4 got syphilis without contracting the chancroid. This I think may be accounted for from the fact that he did not have intercourse with the woman until after the chancroidal ulcer had passed its virulent stage. Without proper examination of the woman, I might have been led to believe that from a syphilitic lesion we might have developed at one time syphilitic, and at another time a chancroidal sore; but after a careful examination of the woman this unilistic idea was at once dispelled. That there are two distinct diseases I have not the least doubt, and I do not think that they are in any way allied to each other except in so far as they may occur as lesions on the same individual at or about the same time.

A point I wish to bring out just here is this, are we justified in making so grave a diagnosis as syphilis without first taking every precaution to be absolutely positive.

Would it not be far better to wait in every instance for secondary developments, rather than even one individual should suffer from our haste or possibly an eagerness to display our unusual skill as diagnostitions?

The profession are now nearly a unite in believing that the former treatment of the primary sores, by severe caustics or excision, with a view to early eradicate the disease from the system, is altogether uncalled for, in fact bad treatment.

As there is no great hurry about beginning the treatment of syphilis, I think it advisable in all cases to wait until we are positive as to the diagnosis before administering any specific remedies.

I have followed this course for several years, and can assure you that I have been surprised many times to find supposed cases of primary syphilitic ulcers turn out only simple sores.
Medical Editors of the Daily Press.

If the physicians were to inform the editors of the daily press how their papers should be edited, what a whirlwind of editorial spleen would sweep down upon their devoted heads. Every editor, however, of any two cent sheet believes he has a right to abuse any physician he may see fit. And let a medical society composed exclusively of medical men, refuse admittance to a representative of a newspaper, and no matter whether the editor knows anything about the society or not, ye gods, what vials of wrath are poured out upon its members, “quacks,” “wizards,” “impostors,” all faint words, to express his ideas of their unworthiness. He will tell them how to conduct their own meetings, how to cure their own patients, and how to carry on their own business, and do all this without a blush for his own ignorance of medicine, or without a doubt of his own fitness to be an instructor, of the disciples of the highest and noblest profession on earth. How easily the word “quack” is rolled out from under his truthful pen. How brightly he illumines the darkness, that he claims all medical men are grovelling in. How much he knows about human life, its diseases, fancies, and vagaries. Let him but leave behind the pen, and take the scalpel or the medicine case, and what a change (in his own estimation) would come over the medical horizon. Women would never be forced to have children with pain; oh, no, that is out of sight; he would so change it, that children would be born into the world from some place on the female, where all the world might see, and family secrets, confidential communications, and all human ills that come to the ears of the professional man, would be made as light as day, and published in his paper, so that he who runs might read.

Greeting.

COMMENCEMENT days are near at hand and from all the colleges stream forth the aspirants to medical fame, each one armed cap-a-pie and ready for the conflict. Well, to all these new and young aspirants to medical fame, we hold out the right hand of fellowship and wish them all success in their new profession.

Abstracts.

EXTRIPATION OF THE KIDNEY.—Dr. T. G. Thomas has successfully removed a kidney from a female who was supposed to have an ovarian tumor. When the abdomen was opened, a large, partly solid and partly cystic kidney was found, which was taken out, and after treatment, was same as used in ovariotomy.—Medical News.

LOCOMOTOR ATAXY IN SEWING MACHINE OPERATORS.—M. Guelliot in L’Union
THE DETROIT CLINIC.

Medicale, has made a study of two cases, from which he draws the following conclusions:
1. That in cases of hysterical women, in whom a predisposition to locomotor ataxy exists, work on the sewing machine may occasionally be the cause of the development of the disease.
2. The symptoms appear first in the lower extremities, and gradually ascend. The darting pains occurring in flashes in the limbs from below upwards.
3 Under the influence of repose, a rapid improvement, which may be of long duration, is generally observed.—*Medical News.*

PROLONGED INSTRUMENTAL COMPRESSION OF THE PRIMITIVE CAROTID ARTERY AS A THERAPEUTIC AGENT.—Dr. J. Leonard Corning describes two instruments of his devising for compression of the carotids during epileptiform attacks, convulsions, congestive headaches, etc. Compression seems to be of great value in cases of this kind, and the doctor relates the cure of violent convulsions in from three to eight minutes. We give in the author's own words the description of his "carotid truss": "The chief features of this instrument are two curved metallic armatures, to each of whose extremities is attached an adjustable pad. The object of this latter device is to permit of so arranging the pads that the artery is compressed away from the jugular vein, and in the direction of the spinal column. A handle, to which are attached the other extremities of the armatures, allows the operator to exert his strength to the best possible advantage, during the act of compressing."—*N. Y. Medical Record.*

JOAN HARVEY'S EPITAPH.—A. D. 1605, Nov. 8. Dyed in ye 50th yeere of her age, Joan, wife of Tho. Harvey, mother of seven sones and two daughters; a Godly harmless woman, a chast loving wife, a charitable quiet neighbor, a comfortable friendly matron, a prudent diligent hyswyfe, a careful tenderharted mother, decree to her hysband, reverenced of her children, beloved of her neighbors, elected of God, whose soule rests in Heaven, her body in the grave; to her a happy advantage, to hers an unhappy loss."—*Medical Gazette.*

THE PROGRESS OF MEDICINE.—In a recent article from the Westminster Review on the above, the Lancet makes the following comments: "Medicine, though not strictly a science itself, yet rests upon several sciences, and is truly scientific in its processes and results.

POLLUTED WELL WATER AND TYPHOID FEVER.—Dr. C. R. Agnew, of New York, in a letter to that city, says that people in Kentucky and Tennessee, where typhoid has been epidemic, who drank cistern water were free from the disease, but that out of eighty-one cases in the practice of Dr. W. O. Sweeney, the drinking water was taken from springs and wells in every case.—*Medical Record.*

COMMUNICATION OF SYPHILIS BY SKIN-GRAFTING.—M. Féréol, of Paris, relates a case where the skin for the grafts were taken from the son and used on the father. Syphilis developed, when it was found the young man had had a chancre eighteen months before.—*Canada Med. and Surg. Jour.*

BEEF TEA AND URINE.—Mr. G. F. Masterman has shown by analysis the identity between Lebig's extract and urine. The extract contains urea, creatinine, creatine, isoline, and hæmatine; all found in the urine in about the same proportion.—*Canada Med. and Surg. Jour.*
MR. PRESIDENT: MEMBERS OF THE GRADUATING CLASS AND LADIES AND GENTLEMEN. In bidding these young gentlemen God speed on their journey as members of a great and learned profession it may not be amiss to call their attention and the attention of the audience to the relations of that profession to society.

They cross the Rubicon to-night. They must leave behind them boyhood and tomorrow face the duties and responsibilities of men. They will no longer have the pleasant companionship of each other, or the learned professors at hand to solve knotty questions and guide them through arising difficulties. Like the young birds thrown out of the nest they must try their own wings. They must depend upon themselves.

No doubt this thought is to them, as it was to all of us on leaving school, anything but pleasant. It is like closing a short but delightful book, never to open it again, like leaving the hills and valleys in which we were born never to look upon them any more and to move on into a new and unknown country.

They are at a time of life when men feel very old. They have been thinking during the period of rapid development which they have passed through in the college, when every day bore witness of mental growth, of lost time and opportunities which can never come again.

They have been taught possibly to think their school days their happiest days. If so they will find themselves mistaken. To those whose lives are well regulated every year is happier than the one preceding it.

To the worker there is no danger or weariness. We ride on time as we would upon a horse. He ambles gently with us in youth, reaches a full gallop in middle life and comes down the home stretch in old age, a little broken winded but intent upon the goal.

In youth we have time for reflection and contemplation. We do not feel hurried. We take time to admire whatever we see upon the way side. It is the period of promises. We expect to work, but are not quite ready to begin.

Our efforts increase with our power and in manhood we enjoy life’s battle for itself and forget its surroundings. It is then life becomes grand and glorious in the performance of duties. And the years glide by like days.
Whatever we may say to these young men on this occasion must be as outsiders. To most of us their science is entirely unknown. We do not trouble ourselves with its study but depend for its benefit entirely on others. We have however, great expectations and they must not disappoint us. We expect them to be all that doctors ought to be. We expect them to be

IN THE HIGHEST DEGREE HONORABLE.

Of all men they should be above suspicion. Even ministers only see us in our best dress. Lawyers only deal with our affairs, and at a safe distance. But the doctor has the key of the side door of our houses. He visits us at will in the very inner sanctuaries of life in the very holy of holies. There is nothing hidden from him, not even our sins. To him life has no mysteries. He approaches the lady in her chamber with the same freedom as he does the child in its crib. He ushers us into life and helps us out. He is the witness of our first cry and our last groan. From the cradle to the grave he is our constant attendant, and knows all about us. No farther confessor ever carried such dread secrets in his breast as the physician in full practice. And to the lasting honor of the profession, be it said that it is seldom in the history of society that any member has violated his honor and disclosed the secrets thus entrusted to him. They see conflicts in the courts and conflicts in society; they see lawyers, judges and gossips puzzled over facts with which they are familiar, and to which they hold the key, but they preserve the seal unbroken which covers the secrets in their breasts.

No doctor could retain the respect of his brothers for a moment after it was known that he disclosed a professional secret. Many have gone to prison rather be guilty of such an offense. Until recently doctors were not protected as witnesses in refusing to tell what their patients had disclosed in confidence. But the last few years have been years of rapid progress in that direction, and in all or nearly all intelligent states, the doctor is not only protected, but obliged to refuse to state anything which has been told him to enable him to prescribe for a patient. We expect the doctor to be a man of conscience. In every community, and our own is no exception, he is the witness of constantly occurring crimes. He is often asked to participate in them. He is not infrequently requested to stop life's current near its fountain head, or to so divert it from its course, that it will be like the river that never reaches the sea, but lost among the marshes becomes a stagnant pool, breeding miasma and causing disease and death. He is often asked to commit crimes in the most tempting way, to cover sin, to protect reputations, to preserve families. These requests come from his best patrons, sometimes from his best friends. He may comply and by his science cover up all traces of his crimes. If he refuses, he often offends persons whose patronage he desires and whose friendship he values. His virtue receives no acknowledgment, except from his own soul. He must keep it as other men do their vices, hidden from human sight. To parade it would be to ruin others and disgrace himself. In this great temptation he must fight alone. He must save society in spite of itself, and incur men's hate because he loves his kind.

Society shouts loudly against the physician who is known to yield to this temptation without much reflection on the alluring way in which the temptation is presented. But society cannot be reached. The remedy lies almost entirely with the physician, and in administering it the angels will be his witnesses and God will not leave him unrewarded. We should remember, however, that society itself is the tempter, and is even more to blame than the instrument which it employs.

The doctor should be brave. He is called upon to act when every one around him is unstrung by distress and sufferings. He has no time for hesitation or consideration, but must act at once. He must be able to see the flesh quiver and yet
remain cool and collected, so that he may do that which under all the circumstances is best. He should be generous and sympathetic. A kind word is often the most efficacious remedy. Many people are cured by a little sympathy. No man can understand the human body without understanding to some extent the human mind. They are inseparable. Much may be learned in books, but a good heart gives one an intuitive knowledge of others which he can never have without it.

The sympathetic side of his nature will assist him as no amount of learning can in making his diagnosis. We all recognize the "smile of joy, the puckered features in pain, the stare of astonishment, the frown of anger." These are mere facial expressions to which we have become accustomed. The eye, the lips, the chin, all speak to us in a language of their own. But to the doctor every muscle of the body speaks and tells him the story of its suffering or its joy. If he be warm and sympathetic, he will understand suffering much more readily than if he is cold and heartless.

He will, too, be often called upon to exercise his care and skill in behalf of persons unable to pay him for doing so. He cannot and must not refuse. He must treat the pauper with the same consideration that he does the prince. His reward must be the gratitude of the poor, and the satisfaction of having relieved pain.

We insist upon his being skillful. No matter at what sacrifice of time or industry, he must keep abreast with the throbbing, feverish age in which he lives. He must study and make the experience of others his own. He must be familiar with all new methods of relieving pain; all new remedies for diseases; all advance in surgery. There is no room for the ignoramus in this profession. It is criminal to be ignorant, for in ignorance he may cause death, when his duty is to preserve life. He can never hope to rest—all his days must be spent in study, for he is a growing science, in which every day and hour brings new improvements and new knowledge.

We expect him to be a gentleman. The diplomas given to these young men to-night will, like the officers uniform, be a passport to good society, wheresoever they go. They must so behave themselves as to preserve the respect and good opinion of those with whom they come in contact. If there ever was a time when rudeness was mistaken for skill, that time is past. The professions are no longer the depositaries of all learning. Their members are mere specialists, dealing with men and women who on all other subjects are their equals. I would have these young men remember that it is a grand thing to be a member of this learned profession. That to be a good physician is to fill one of the highest positions in life. It is to exercise the largest benevolence. The great soldier in building up his fame, fills the country with graves, and makes widows and orphans of wives and little ones. The great lawyer cannot help thinking in his success of his weaker brother, over whom he has triumphed. His skill often enables him, and his loyalty compels him to make wrong triumph over right, and he sees that instead of making his fellow men happier, he fills their hearts with bitterness, and sometimes with despair. When defending innocence, denouncing wrong, exposing crime, he plays a glorious part. But there is always a lawyer on the other side—as upon the stage, so at the bar, the villain always accompanies the hero, and plays the second part. But the Great Physician cures pain without inflicting it. He relieves suffering, he drives away sorrow, he rebuilds fallen human nature, without ever causing a tear.

I need not remind these young men of the struggle before them. Their professors, like old soldiers, proud of battles won, have undoubtedly told them of the long and weary marches between the student life which they are leaving and the fame which they see ahead. Some will accomplish the march in safety and remember it as a summer journey; some will faint, and some will fall by the way-side; some will go through it and come out the richer for suffering and tribula-
tion on the way. Much will depend upon themselves, but much more on the God who watches over them and the peculiar faculties which he has given them. They will separate and go different ways. In ten or twenty years some will reach prominence, perhaps fame, and his humbler brothers will delight to tell that he was in their class, and will probably add, not by any means, the brightest man in it. The leaders at West Point have never been the leaders in the army. Perseverance is a higher quality than brightness, and labor conquers all things.

Of these young men some will be great surgeons in large cities, and their opinions and achievements will be recorded and read in books. Others will find themselves at the four corners in some pleasant spot in the country, and will never see their names in print. Upon some fame will shower her laurels and fortune her gold. Others will lead simple lives, unnoticed save by those with whom they come in immediate contact. If I were to select for these young men, I would scarcely know which career would be best for them. "Give us fame to sweeten duty," is the cry of many hearts. Yet the doctor who finds himself in the country, merely realizing enough to live upon and educate his children, need not envy the famous surgeon, whose busy life almost shuts him out from his family. He has in the time for contemplation, for reading and introspection, an immense advantage over his city brother. He has the hills and valleys to look upon instead of the brick and stone walls of the great metropolis. The birds sing to him as he goes upon his ride, and every one knows and salutes him as he passes. He may bind hearts to him as his city brother never can; and his children, reared in a simpler way, are much more likely to perpetuate his name. The one will live in posterity, the other in books. The one will have peace and love, the other fame and fortune. Which are the better gifts?

If any word of advice from me were proper, I would say to these young men, avoid professional jealousies. Doctors are not as generous in this respect as they should be. Their conflicts are secret. The gossip acts as a spy in carrying bad reports between them, and is equally faithful and equally false to all. They should remember that no one has so much in common with them as their professional brothers. They should be companions and friends, and treat each other on all occasions with the greatest charity and respect. If one succeeds where another has failed, he should remember that the same thing may happen his brother next week. We do not make ourselves. Our power to improve our minds, or to persevere in study, is a gift for which we should be thankful, and of which it is blasphemous to be proud. The humblest member of your profession should be treated as well as the highest.

We wish you, gentlemen, success. May all who desire fame, possess it. And may all who are content with love and peace, possess them. In bidding you good-bye, we enjoin you by all that is sacred to remember your high calling. Be honorable, be conscientious, be brave, be generous, be skillful. If the rich require your aid charge well for your services, but if the poor ask you to heal them, remember Christ and follow his example.

DIABETES INSIPIDUS TREATED BY ELECTRICITY.—Dr. C. P. B Clubbe reports a case in the Medical News of a woman, aged 35, who was suffering from this disease, and in whom iron, nux vomica, etc., had been used without effect. Faradism over the kidneys was employed for twenty minutes every day for twenty weeks with marked improvement, but not entire cure.—Medical Summary.

Dr. Franzolini, an Italian, has successful extirpated the spleen. This makes six successful operations out of thirty.—Ann Arbor Physician and Surgeon.

Dr. Thompson has been successful in two out of three cases of tetanus by the hypodermic injection of 1-6 grain of physostigia.—British Medical Journal.
Detroit Medical College Commencement.

WHITNEY’S Grand Opera House was packed from dome to orchestra chairs on the evening of March 2d to witness the Fourteenth Annual Commencement exercises of the Detroit Medical College. Speil’s band rendered the overture, “Man to Man,” from March. Following this, the Rev. Geo. D. Baker delivered a short prayer. The President of the Board of Trustees, ex-Governor H. P. Baldwin, then read to the graduating class the oath to protect fraternal life, which, having been sworn to the degrees, were conferred upon the eleven aspirants, who filed up in front of the board of councilors, faculty and speakers, who had seats upon the stage. As each candidate passed Governor Baldwin, he was handed his diploma, and eleven young men had entered the medical profession; their names are T. H. Armstrong, J. H. Bartle, Samuel E. Cambell, George Duffield, Hugh Erichsen, T. D. Hiesordt, S. G. Miner, F. I. Phillips, F. W. Rowley, J. J. Value, J. A. Wessinger. When this ceremony was over and the new-made doctors laden with flowers had retaken their seats, the Hon. D. Bethune Duffield delivered an original poem, entitled “De Arte Medicini,” (concerning the art of healing.) After the reading, the orchestra rendered the “Singing Bird,” a piccolo solo. Col. John Atkinson was then introduced, and delivered an address upon “The Relation of the Medical Profession to Society.” At the close of Col. Atkinson’s remarks Governor Baldwin introduced Dr. Jerome of Saginaw City, President of the Board of Counsellors, who had consented to make some extemporaneous remarks. Dr. Jerome related the method of examination as conducted by the board, and said now it was no easy matter to pass through the Detroit Medical College and receive a degree, for the examinations being conducted by men outside of the college faculty, the student had to be well grounded in medicine before he could get his degree.

After Dr. Jerome’s remarks the audience was dismissed, and the medical fraternity adjourned to the Brunswick Hotel, where a reception was held, after which the guests to the number of two hundred, sat down to an elegant supper.

Meeting of the Alumni Association of the Detroit Medical College.

A MEETING was called by the secretary for March 1st at 5 P. M. at the Russell House. At that hour about twenty members convened and after a little sharp talk adjourned the meeting to the Brunswick Hotel parlors after the commencement exercises of the D. M. C., held March 2d. At that time forty-two members were present, and after the meeting was called to order by the president, all graduates of this college were declared members of the association. An election of officers was then held, which resulted as follows: President, Dr. T. J. Langlois; Vice-Presidents, the Presidents of the graduating classes; Treasurer, Dr. E. A. Chapaton; Secretary, Dr. A. M. Havas; Executive Committee, Drs. Inglis, Carstens, Cosgrove, Merritt and Robertson.

Michigan Medical College Commencement Exercises.

THE commencement exercises of this college were held at Whitney’s Grand Opera House, Wednesday evening, March 1st. Gen. L. S. Trowbridge and Dr. Wm. Brodie delivered the addresses. The graduating class numbered twenty, and they received their diplomas with be-
coming modesty. Spiel's band furnished he instrumental music and the College Glee Club sang two pieces. One lady, Miss Utter, was among those graduated. After the exercises at the Opera House a very enjoyable reception was held at Dr. Brodie's, where a fine collation was served the graduates and friends.

Book Notices.

An Index of Surgery, being a concise classification of the main facts and theories of surgery for the use of senior students and others. By C. B. Kedley, F. R. C. S. Senior Assistant Surgeon to the West London Hospital; Surgeon to the Surgical Aid Society, New York. Birmingham & Co., publishers, 1260 and 1262 Broadway; 1882.

This work is an alphabetical arrangement of all surgical subjects, and is designed for the use of the student just prior to graduation. As far as we are able to judge, the author has accomplished what he set out to do in this respect. Although designed for students, it cannot fail to be of value to the mass of surgeons.

Society Proceedings.

Meeting of the Detroit Medical and Library Association.

February 20, 1882.

The meeting was called to order by Dr. N. W. Webber, and the minutes of the last meeting read and approved.

Dr. J. H. Carstens then continued the reading of his paper on "Menorrhagia and Metrorrhagia."

Mrs. B., æt. 27, mulatto, mother of one child, 3 years old. Dr. J. W. Robertson requested me to see the case with him, and also furnished the following history: The patient was suffering from hereditary syphilis, manifested principally by ulceration of the pharynx, for which he had treated her, off and on, for some time. Her menstruation had been normal until about two months before, when she had commenced to flow, and which had not yet ceased; the abdomen was enlarged, and appeared to contain a tumor. We put her under the influence of ether, and made an examination. The abdominal walls were now relaxed, and we could detect an enlargement of some kind, very much like a uterus in a four months pregnancy. Conjoined examination proved this to be the uterus. As we had excluded pregnancy, a sound now introduced into the uterus, passed in, until we thought that the fundus would never be reached, when at last we found the uterine cavity to measure 7½ inches; no tumor or other remarkable condition could be found, and I gave the opinion that it was a syphilitic deposit such as a gummy tumor, or a number of them in the walls of the uterus. At the same time suggested large doses of iodide of potassium (15 to 20 grs.) and of ergotine (6 grs.) every two hours. The result was remarkable; in two days the uterine cavity was only four inches in length, and within a week less than three inches. I don't pretend to say that my diagnosis was correct, but the treatment certainly was.

Mrs. S., colored, æt. 60, never had children. Has had a steady hemorrhage for two years, and as a result is very weak and has all the ordinary symptoms of general debility. This is an unusual age for such prolonged hemorrhages to occur, except it is due to malignant disease. A careful examination revealed a uterine interstitial fibroid, the uterine cavity measured 4½ inches in length. I prescribed potassic iodide and ergot, but as she was a dispensary patient, soon lost sight of her.

May, 1881. Mrs. C., æt. 36; mother of two children; youngest six years old. Complained of coronal and occipital headache, backache, nervousness and other symptoms indicative of uterine disease, but especially of menorrhagia. A physical examination revealed retroflexion of uterus. This, like the preceding, was a case of the poli-clinic, passed from my care, and I cannot therefore give the result of the treatment instituted. This case I saw in June, 1881.

Mrs. B., 33 years old, mother of six children, the youngest being 3½ years old. She is very nervous, has a poor appetite, is
SOCIETY PROCEEDINGS.

weak, and has flowed for three weeks. August 8, 1881, I put her on 15 drops of fluid extract of ergot every three hours. The hemorrhage soon stopped, when I made an examination and found that she had a ruptured perineum, and sub-involution of the uterus. The uterine cavity was four inches long. I had some doubts in my mind as to the correctness of the diagnosis, because 3½ years after the birth of her last child. Such enlargement of the uterus is generally only found if an areolar hyperplasia has taken place. Compound tincture of iodine was applied thoroughly to the uterine cervix and mucous membrane lining the cavity every third day. Internally I ordered potassic iodide 10 grains, and fl. ext. ergot 15 drops every three hours. In the course of two months the uterus only measured three inches, and menstruation normal.

Mrs. M., æt. 26 years. This patient had one child 5 years ago, and another 1 year ago, both labors severe, although they did not require instrumental interference; she was attended by a midwife. Menstruation has been regular, but would be prolonged, that is, last from 9 to 11 days. Her general health was good except that she was somewhat anæmic. Physical examination revealed a stellar laceration of cervix and ruptured perineum. Two places of the lacerated cervix had healed and seemed to be all right, but the third and most severe tear was raw, and bled on the slightest touch. Of course nothing could be done except to sew up the laceration.

July 19, 1881, I went to the house and with the kind assistance of Prof. Webber and some student's performed Emmet's operation for lacerated cervix. I removed the sutures on the 9th day. Menstruation has since been regular and normal, until about two months ago when she skipped a month and I presume she is pregnant as I have not seen her for some time.

These different cases simply show the different causes of profuse and prolonged menstruation, and therefore the necessity of making in all cases a correct diagnosis, when treating patients with menstruation and metrorrhagia.

Dr. Johnson related a case giving a history as follows: Was called to a lady who was having slight bloody discharges from the vagina. On examination found her pregnant, which she said was of five months duration. The night before had had profuse hemorrhage. Was very anxious to become a mother, and had not taken any medicine or used instruments to produce an abortion. She had no pain with hemorrhage. Would like the opinion of those present as to the nature of trouble, as he does not know whether it is miscarriage or not. Dr. Carstens suggested the use of viburnum prunifolium; Dr. Johnson is giving it. Dr. Carstens thinks it may be placenta previa, but it is very hard to diagnose it at this time, and believes miscarriage is not indicated. Dr. Johnson thinks there is no placenta previa here, on account of age.

Dr. Walker reported a case where he was called to a woman with placenta protruding from os, delivered at once and found a three to four months fetus. The woman had been flowing very badly for several weeks.

The President, Dr. Webber, asks if there is any reason to believe that if a woman has one placenta previa, that in subsequent pregnancies the same condition will take place? He had one case where this complication took place twice in the same woman, and suggest that as twin pregnancies are liable to take place more than once in the same female, placenta previa may do the same.

Dr. Walker said he had seen reports of several instances of this kind.

Dr. Lauderdale said that Dr. James A. Brown had a case in his practice where two or more miscarriages took place in the same manner from this condition. Dr. Webber called attention to two cases of hemorrhage which took place from relaxation of womb, as no other cause could be found. The curette was used but no polyps or degeneration was found, and cure was effected in one by use of alteratives, chromic acid and tonics.

Dr. Shurly asked what was used in the second.
Dr. Webber: Nitrate of silver.
Dr. Webber thinks ordinary hemorrhages easy to diagnose, and prognosis can be given with reasonable certainty, but there are cases when it is both difficult or impossible to diagnose cause of bleeding.

Dr. McGraw exhibited two pathological specimens; the first was a cancer of the breast of two months standing; the patient, a lady aged 39; noticed a lump in breast about two months ago. It was freely movable in the tissues, and from its rapid growth the Dr. thought it was sarcomatous, but after removal it was found to be scirrhous. The fascia being removed knots of secondary origin were found all around the breast. According to Lucke, all tumors appearing in the breast after thirty years of age are cancerous, and the Dr. said his experience led him to the same conclusion. The second specimen was a larynx of a man whom he was called to see. Found him suffering with great dyspnoea, unable to keep quiet for an instant. Laryngotomy was decided upon, but as the patient was unable to take chloroform he was obliged to perform the operation without administering it. The first incision was followed by profuse hemorrhage from a small vein that was cut, but without stopping, the incision was carried into the larynx the patient at once breathed easier and bleeding was stopped by compression.

There was no diphtheritic membrane but thickening of mucous membrane was apparent. The next morning the membrane was swollen above the orifice, but no cause for apprehension. Erysipelas set in on the second day and patient died yesterday, from extension upward into cranial sinuses of the inflammation. On post mortem the membranes of trachea were found reddened and covered with reddish secretion, and the diagnosis of erysipelas of larynx was confirmed.

Dr. Shurly asked whether any enlarged lymphatics were observed. Dr. McGraw answered that none were observed, the cause of the dyspnoea was oedema of glottis, from erysipelas.

Dr. Shurly concurred in the diagnosis and said that erysipelas of larynx was a rare disease, in fact some authors deny its existence, but believe that it is a distinct disease, thinks this is a rare case, but hardly believes there was oedema enough to account for such a state of dyspnoea from the specimen exhibited.

Dr. McGraw said the length of time from operation would account for the decrease in swelling.

Dr. Walker reported three cases of tonsillitis with temperature ranging from 103° to 105° at the onset of the disease.

Dr. Shurly believes tonsillitis to be a constitutional disease which would account for the high range of temperature.

Dr. Reynolds: I believe tonsillitis to be a local disease, brought about by the non-elimination of excrementitious products. In my practice at Orion I had a large number of cases which I traced to inordinate feeding, or the want of active exercise on the part of the patient. Cured my cases by giving cathartics and making patients take out-door exercise. Robust and plethoric people are more apt to have it than anaemic patients. Was led to this belief while a student in college, my chum and I both having had the disease while dissecting and working hard at our studies; cured it in the same way.

Dr. Carstens: Tonsillitis is both constitutional and local. Scrofula has also something to do with it. In its local manifestation suppuration almost invariably follows, and I give iodide of potash for it.

Dr. Lauderdale: Iodide of potash does no good in strumous children.

Dr. Shurly moved that Tonsillitis be the subject for discussion at the next meeting. Carried.

A New Danger in Anaesthesia.—Dr. George Fischer relates a case where a patient died from swallowing some chewing tobacco which lodged in his larynx and suffocated him. At the University Hospital in Philadelphia the month is always searched for "quids" before administering anaesthetics, as one patient nearly died from the same cause.—Med. Progress.
**The Detroit Clinic.**

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**De Arte Medendi.**

By D. Bethune Duffield.

Thro’ long millenial years our World has swung,
And gloomy Death, with iron hand and tongue,
Man’s grave has digg’d, and doleful requiem sung—
“Earth unto earth,” “dust back again to dust.”
The evil man, the good, the wise, the just,
The tottering child of age, the babe at birth,
Must find alike, their rest in Mother Earth.”
Death reigns, not only in her caves of gloom and night,
But thro’ her open valleys, fair and bright,
For fount of endless Youth not yet is found
Amid her rocks, or dells with flowers crowned.

Wise Æschylus,† two thousand years ago,
Spoke the one truth this world has ever known:
“Death only of the Gods, cares not for gifts;
For Him, no altars sacrifice uplifts.
Nor hymn of praise from mortal lips ascends.
Since sweet Persuasion ne’er before him bends.”

And Seneca, while speaking of the dead

*Deliv. red at the Fourteenth Annual Commencement of the Detroit Medical College, March 2, 1882.
†Æschylus Frag.

In Christ’s own century, sublimely said: “There’s no one but can snatch man’s life away,
But none from man, grim death can turn or stay;
A thousand gates stand open wide that way.”†

And so, the wail of pestilential woes,
That in the early ages first arose,
Sweeps on, in chorus pitiful, and low;
Humanity’s sad wall, as on its echoes go,
That man is not immortal here below!

Afar in Egypt, men’s strong love essay’d
Death’s crumbling power to check, if not evade.

And by embalming arts, whose secret lay
Hid with the generations of their day,
They sought to hold the body from decay,
Till back the spirit came, in some far distant day;
While o’er their mumied forms, with wond’rous skill
They piled the caverned pyramids, which still
Hold fast the black’ned visages of Kings,
Behind the symbol of expanded wings,
And other strange and hieroglyphic things,
That hint of far off flights for those hence flown.

Within the limitless and deep unknown.
Yet they, who with the Surgeon’s skillful knife,
Opened the veins, thro’ which this fancied life,
(Steep’d in sweet spices, frankincense and wine,
Was well embalm’d; fled from the Temple’s shine

†*Et me vivam nemo non homini potest
At nemo mortem mille ad hancaditus patent*.†
With curses hot pursued, and showers of stone,
For thus profaning Egypt's flesh and bone;
While down amid the lowest depths of caste,
These early surgeons of the world were past:
The priestly superstitions of the time,
Which often since, in many another clime,
Held struggling Science then, in iron fetters fast.
And so in later Greece, the same stern rule
Still held its sway in every new-born school;
Tho' Homer, in his ancient battle-song,
Sings of the Healer's deeds in War's wild throng,
And says in words, we here may quote again,
"A Healer's worth a hundred other men!"
Yet brave Hippocrates, whose heart was fired,
And with Humanity's own love inspired,
Tho' by the laws, dissection of his kind
Was contraband, with penalties assigned—
Discounted Darwin, and the Law's red tape,
By keen dissection of th' Ancestral ape;
And so began the myst'ry to unfold,
Of bones, and nerves, and muscles manifold—
And soon he hazarded th' amputation,
Set close the fracture and dislocation,
Ventur'd beneath the ribs with bloody blade,
And talter'd not, tho' friends stood back dismay'd:
Cauteries, and cruel Moxa with its brand,
And bandaging of wounds with gentle hand,
Were so by him in his dark age display'd,
That he the coming centuries shaped and swayed;
And so to-night, back on the stream of Time,
We send a cheer, for this Old Man Sublime.

And Rome, for full 600 years or more,
When her grand soldiers daily dripp'd with gore,
Found no one standing in her martial van
A healing helper of poor stricken man,
Till Celsis rose; who, when the soldier bled,
Stript off the batt'rd helmet, bound up the bruised head;
Tied up the ruptur'd arteries with skill,
And left a name, the Ages cherish still.

But lo! the Christian Star ascends the sky,
The World's Great Healer to the World draws nigh;
Walks forth among the smitten ones of Earth,
And by His deeds, discloses Heavenly birth.
He healed the lame, the halt, the blind,
And "cast out devils" from the shatter'd mind;
Bade trembling Palsy, from the limbs be gone,
Made straight the withered arm and shrunken bone,
And from foul Leprosy's infected cave
Forth drew the men accurs'd, and cleansing gave;
Then, reaching down the grave, all dark and cold,
He snatch'd his mould'ring friend from Death's stronghold,
And ages still stand aw'd, at deed so bold!
His skill we see, but whence His mighty power
We know not yet, e'en in Earth's latest hour;
Save that He seem'd all Nature's laws to know,
And how to turn their currents' mystic flow
Along the burden'd body's crippled form,
And lift the sick to health,
With all its joyous wealth,
The sleeping dead to life, all fresh and warm.
Himself, He humbly styled, "The Son of Man!"
Yet, King of Life was He, ere yet the World began.

Oh! for the day, say, shall it ever be,
This side the fathomless eternity,
That Nature's Kingdom, with her hidden laws
And all their power with every secret cause,
And every undevelop'd latent force,
In knowledge ample, from their buried source,
Shall be revealed to Scientific scan.
As once they were to His, this "Son of Man?"
But with His Star's approach, as by a spell,
From off the feet of Truth the fetters fell,
And onward, onward she was bade to go,
Walking divinely, all the wide world thro'.
And soon fair Science creeping from her hold,
Grew daily more inquisitive and bold;
And tho' the early church still frowned the while,
And vain Astrology came with her smile,
Still did "the healers" slowly press their way,
And gather wisdom with each new born day;
Till Alchemy, and all its magic arts,
And martyr relics from the church's marts,
And senseless nostrums, vanished to the night,
As to the front came Science, in her might.
And as the schools arise on Europe's plains,
Fair Science, calmly entering there, explains
To those who turn on her their wond'ring eyes
The secrets of her newborn mysteries.
Arabia trims her golden lamps to shine:
Then Spain; and France, and Italy conjoin
To throw their light far out upon the world,
And over land, and over sea 'tis whirl'd,
Till grand old England's towers reflect its beams
And a new glory on her banner gleams.
Rudely at first the Surgeon there appeared,
As we behold him sketch'd and high uprear'd
By Poet,—first in England's royal line,
Good Master Chaucer, full of wit and wine;
Who more than full 500 years ago,
When poetry was in its vernal glow,
Paints in his "Pilgrims," the Doctor of his time;
Hark how he gives it in his rough old rhyme—
"With us there was a Doctor of Physike—
In all this world there was not one him like,
To speak of physic and of surgery—
For he was grounded in astronomic—
He watch'd his pa ti ent a full great deal;
in hours by his magyk naturel,
Well could he foretell the ascendent
Of his images for his pa ti ent;
He knew the cause of every malady,
Were it of hot, or colde, or moiste, or drye:
And where they were engender'd, and what humor;
He was a very perfect practisour!
The cause he knew, and of his harm the roote,

Anon he gafe the sicke man his boote.*
Full ready had he his apothecaries,
To send him drugs and lectuaries;
For each of them made other for to wynne—
Their friendship was not new for to beginne—
Well knew he the olde Esealapius,
And Deysonde and eek Risus,
Old Ypocras, Haly and Galyen,
Serapion, Razis, and Avycen,
Averrois, Damascien and Anstotyn,
Bernard and Gatesden, and Gilbertyn;—
Of his diet, measureable was he,
For it was of no superfluitie,
But of great, nourishing, and digestible;
His studies were but litel on the Bible;
In colors red and blue he clad was all,
Lined with Taffeta, and with sendal;
And yet he was but easy of dispense
He keepit that he won in pestilence;
For gold, in phisik, is a cordial,
Therefore, he lov ed golde in spe ci al."

And now, a half millenium of years,
I light me down this world of dust and tears,
And halt in humble village of my birth,
Where gaily sped my early years of mirth;
Full fifty years (or thereabouts) ago,
We had a doctor there—right well I know,
For unto him my debut into life I owe.
How shall I sketch this lofty, stern old man,
Who handled these first years when life began?
Severe of manner, tall, and dressed in black;
Methodical as Greeley's almanack;
A watch chain pend'nt, with red corne lian key,
That shone (as oft it dangled down his knee),
Like Mars on lonely midnight's dusky dress,
Or phosphorescent light in wilderness—
And Phebus! what a hideous, druggg smell,
Within his garments, there was wont to dwell!
A small apothecary shop I'm sure
Was hidden there; enough "to kill or cure."
I smell it yet, thro' all this lapse of years,
Tho' then, I smelt it generally with tears.
For whatso'ere our ailments chanced to be,
"Calomel and Jalap," was the remedy—
Tho' why this union I could never see.
For if the cal'mel was to stay all down,

*Remedy.
And work that fearful purpose, all its own,
Why put the nauseous jalap in the cup,
When that was bound, straitway, to bring it up?
And were there time, I believe I'd almost dare
To put this same connundrum to the Chair;
And also this, Why was this Doctor always prone
To bleed us ever on the ankle bone?
And ample proof have I for all I say,
His scars I carry still,
And doubtless will,
Down to my dying day!
I feel a faintness now, as I recall
The bowl, the lance, the spurt upon the wall,
The ribbon-bandage, and that sickening sense of woe
That slowly crept my wounded system through,
And seem'd to spread thro' every plaintive toe!—
Since naught like this, to-day our boys befall,
I wonder why 'twas ever done at all!
As boys we thought it, (and 'twas no mean guess)
The very "mystery of ungodliness!"

And yet this same old man was kind and good,—
I see him now, as more than once he stood
Within the heavy curtain'd silent room,
Laden with pure Farina's choice perfume,
And draw aside the damask hangings round the bed,
To show a little black-haired sleepy head,
That lay beneath our wearied mother's eye,
Who smiled upon us with a tender sigh,
And kissing each upon his forehead bow'd,
She whisper'd thro' her lace's snowy cloud,
"The Doctor, boys, last night a present brought,
Which he somewhere among the roses caught.
A little brother for you—now each one come
And kiss him welcome to our own dear home."

Oh, sainted mother, dear mothers of us all!
As we in manly years your pangs recall,
Your patient feebleness, your loving smile,
While near to Death's dark door ye lay
the while;

We thank the Healer who stood sentinel,
And check'd the tolling of the passing knell,
And spared thee till thy work with us was done;—
But now that ye afar to Heaven have flown,
And into holy angel forms have grown,
Look down this night on each surviving son;
Look down in love,—and bless us every one!

But here we turn the Past's dull, dingy page
And stand illum'in the present age.
What glories now does happy Science pour
Around the Doctor's path and crowded door!
Behold the learned doctor of to-day!
Versed in all knowledge of those schools that sway
The modern mind in Learning's crowded way.
The telephone hangs in his open hall,
Thro' which he promptly speaks to those who call
From towns a hundred miles and more away,
Prescribing pills and potions for the day;
And diagnosing distant babes with croup,
By wheezings heard on telephonic loop;
"Use iodide potasse, or glycerine,
Wet cloths, with streaks of goose grease laid between;"

These are the Doctor's words in full direction,
Then bangs the button to cut off "connection;"
And turning to his drowsy wife in bed, He says,
"That babe's all right; they'll grease his throat and head,
To-morrow morning round the floor he'll creep;
God bless th' invent'rs of telephones and sleep."

And what a boon the modern doctor finds
In these new Capsules of Gum Arabic rinds,
The sugar pills—the little and the big—
(Tho' first esteemed a little "infra dig"),
On ancient styles of dose had got the rig;
And tramps who cure incurable disease,
In order all their customers to please,
Put up bread wads, and many such like simples,
In this shrewd form of sugar-coated pimplies.
And so cod liver oil, and oil of castor,
(So often followed with a swift disaster),
And ipecac, and jalap in a spoon,
Mixed up with currant jelly, jam, or prune,
Were straight adjudged unfit for gentle throats;
As assafoetida, or hick'r'y pick'r'y roots;
When just in time these ancient drugs to save,
The capsule man appeared, and kindly gave
This armor gelatine to-day we see,
And Dr. Bolum now stands cap-a-pic! Why now, a dozen doses sly are hid,
Within this little shell with gummy lid,
And one of good fat size might carry down,
Med'cine enough to cure a country town. Farewell the stormy strife with boy and spoon,
The mother's peace has come, and not a day too soon;
For if a boy was ere inclined to swear,
And pull his loving mother by the hair,
'Twas when she poured down his reluctant throat,
Those drug-shop horrors, on which the doctor wrote,
With caballistic marks some scrawl like this:
"Signa; misce aquis pluvialis,
Et rec'pe. cochl mag. alter-nis horis;
Sed dum precatus, bene quassatus."
But all the same, what ere the learned note,
The mix was sure to prove both bane and antidote!

And then what wonders now, our eyes behold!
Strange mechanisms, of curious shape and mould,
That fill the fancy Druggists' show case bright,
And set our brains all swimming at the sight.
The various sorts and kinds of microscope,
Optalomic, otiscope, and stethoscope,
And scopes for every organ known to man,
And twisted tubes, and globes on every plan,
With strange injecting, and expelling pumps,
And artificial limbs with cushion'd stumps,
And ivory pipes and gutta percha rings,
And as Hans Breitman says, "all various kinds of dings,"
Such things as no one but a Surgeon knows,
With names as long as cross-barred Highland hose;—
I wonder if these doctors, "just for fun,"
Don't sometimes, when their working day is done,
Take hold, and with the very best intent,
Full "diagnose" each curious instrument;
I'm sure the laymen would like well to see
The learned ones of this fraternity,
Take earnest hold of each and every one,
And in succession, bravely "try them on."
That so, as back they laid them on the shelf.
Each man would know "just how it was himself."

But time forbids that we should longer stay
In pointing out these wonders of to-day;
And yet, there gleams, the wonder of them all,
Bright as the sunny sea round Oceans' wall;
Mercy descending as an angel fair,
With smiles as soft as Summer's gentle air;
To check and soothe Humanity's wild
pain,
And lull the tortur'd nerves to sleep again;—
Oh, Anaesthesia! stern Surgery's fair saint,
Still hear our smitten Earth's distressful plaint,
And come, come ever to the patient's bed,
And sway thy magic wand, and downward shed
Thy gentle drowsy dew from Lethe's stream,
And lift and bear away the sufferer in a dream;—
While Surgery's sharp blade goes flashing down
To regions where abnormal roots have grown,
And lapp'd and wrapt with cords, both flesh and bone.

See, yon sad woman, trembling, pale and weak,
Tho' now a blush comes creeping o'er her cheek,
As modestly she draws her dress aside,
And yield's the surgeon what she faintly would hide,—
Her bosom fair, the source in years far flown
Of loving life to children, now upgrown;
Their bright young mother's flowing breast,
Where oft she pillow'd their frail heads to rest!
But there,
(Alas, that such dread things should ever be),
Yes, there the keen eyed Surgeons quickly see
The devil plant has lodged; and vainly tried
Its cursed sprouts and tentacles to hide
In what was once that gentle woman's pride!
She nerves her trembling spirit for the strife
And bloody struggle of the cruel knife,
Lifts up a prayer to those she loves in Heaven,
That strength to her may in this hour be given;
When lo! sweet Anaesthesia appears,
Checks the wild tumult of her fears,
And with a loving hand restrains her tears.

"For Pity runneth soon in gentle heart,"
And, with a sister's sorrow, bears a part.

She speaks, reminding her of earlier days,
When she was struggling in that dizzy maze
Wherein brave woman, tho' by torture torn,
Rejoices that her strong man-child is born;
And how she once had safely led her thro'
That demon-like, convulsive fever-throe,
And anchored her when all the storm was past
Within love's arms, by Home's own cable fast;
Then bids her rise and with her fly afar
In wing'd journey to some distant star,
While the good Surgeon does "what he thinks best;"
Then back again to sweet release and rest!
She yields; and Anaesthesia's 'kerchief white
Drops o'er her face, and now she's on her flight,
While the bright knife, with busy whirl and flash,
Runs its wild round, with bloody thrust and gash,
And lo! 'tis done!
The demon-plant is gone!
And not a scream, or agonizing groan,
Escaped the sleeping form, all strapp'd and prone.
No, not one troubled sigh or moan!
And as the wand'ring women Earthward come,
Softly descending from the Starry dome,
They meet the smiling Surgeon's "welcome home!"

God bless the Doctor, who can smile away
His patient's tears; and kindly to her say,
"'Tis over now! I pray you do not weep."

* Chancre.

"But lay you down, and drop away to sleep."
"Good deeds thro' Heaven," tis said, "ring clear, like bells."
And word is deed, when it dark dispers,
And sootheings words like these, fall soft and sweet,
When they poor wounded, trembling woman greet;
Sweet as the dew from Heavens' own crystal urns,
And happy he, who their full benediction earns!
For Life is sweet to those who love and are belov'd,
Death, welcom'd only, when Life's loves are all remov'd.

Nor does this Saint yield only to the call
Of those who dwell in lordly grounds and hall;
She follows marching armies to the field,
And bears the wounded Soldier on her shield
From out the battles' roaring storm and flood,
To some rude hut, or overshadowing wood,
Where the Green Sash essays to stay the tide,
That flows from wounds, the Red Sash opened wide.
Brave are the heroes, girt with sash of red,
Who in th battle oft find bloody bed,
But brave as any such that e'er were seen,
Are they who serve beneath the sash of green;
Who take War's holocaust within their tent,
And there, with tourniquet and instrument,
And lotion, lint, and liniment,
Staunch the life-flow from shattered trunk or limb,
And put on lips of dying men a hymn—
A hymn of praise for life; when all was dark,
And scarcely visible the vital spark
Within the sinking soldier's drooping eye,
Whose prayer was only that he "quickly die."
But there the surgeon and assistants stand,
A pile of severed limbs on either hand;
And Anaesthesia, ever at their side
To check the pain, and staunch the purple tide
On those who lay beneath the Surgeon's knife,
And look to him and her alone, for life.
Oh, well for them that she is on the
field,
Or they of shattering wounds would ne'er
be healed;
Well for the Hospitals of War and Peace,
For war and pestilence will never cease;
Well for the World at large that she ap-
pears,
And every suffering mortal sooths and
cheers;
Reviving hope and dissipating fear,
And thousand thanks to those who brought
her here!
Such names as Warren, Jackson, Morton,
Wells,
Will live as long as suffering Manhood
dwells
Within this weary world of death and
funeral knells.

And now young Scientists, to you I turn,
Well knowing how your youthful spirits
burn
To pluck the laurel wreath that somewhere
blooms,
Adown the track of Time, but not yet
looms
Within your far off telescopic range
Of things unborn, the curious and strange
Which future years hold fast and unre-
vealed,
Till you yourselves the casket have un-
sealed.
Your Oath this night, as solemnly it fell
Before this cloud of witnesses, keep well;
Keep bravely well, with all your mind
and strength,
In all its parts, thro' all its breadth and
length;
And shield not only sacred Motherhood,
But helpless, unborn life, from deeds of
blood;
As you would shield a gentle sisters life,
Or guard a brother from th' as'sassin's
knife;
And ever let the voiceless babe still find
In you, the God-appointed Saviour of its
kind.

At Learning's shrine still bend the rever-
ent knee,
Disciples now ye are, and long must be,
Children forever in Wisdom's nursery;
For so it is with all, who fain would find
The mighty mysteries of her mighty mind.
Yet this you know (as we have seen to-
night),
The Past's great tidal wave in power and
might,
Is here; and bears you off in its embrace,
To those fair hills crowned with her tem-
pies' grace;
A new horizon breaking on your view,

Wide as the one which on Columbus
grew,
As near our shores his storm-tost shallop
drew.

What let me ask you, can you yet make
plain
Of that dark mystery, the silent brain?
Whose corrugated, complicated folds.
In some strange way, our active life up-
holds,
Yet answers not to Surgeon's knife or
probe,
Tho' deep he thrust them thro' each pulse-
less lobe?
Were I a Painter, or a Sculptor true,
I know a subject I should lift to view;
The student,—in the dark dissecting room,
Alone within the candle-lighted gloom,
Pondering above some fellow mortal's
brain.
In earnest search, to find that subtle chain
Which, catching Life's bright spark from
out the sky,
And thrilling it thro' pulse and artery,
Kindles to smiles young beauty's lovely
face,
Braces the Athlete for his panting race,
Wakes in its strength the Statesman's
mighty power,
Or Poet's harp, in his inspired hour;
Gives Man not only life, but thoughtful
Soul,
Till the last hour, when breaks the
golden bowl,
And God's eternal silence settles o'er the
whole!
There stands the student, pondering, pon-
dering still;
How long think you before my statue
will
Give place to him, who glad "Eureka"
cries,
And solves this riddle of the earth and
skies?
But you, who thro' your coming life
must stand
And labor in this shad'wy borderland,
Have this and other themes to tax your
thought,
As on you toil, and labor in your lot.

The Chemists' World behold! how wide
its range,
With combinations endless in their
change,
That drop their new results with every
day,
To help poor sufferers on their weary way,
And show the Miner how to draw the
gold
Hid in the mountains from the days of
old;
And drags the murderer to scaffold stand,
By tracking poison to his cruel hand.
Twas by her flashing arrows, deftly sped,
That grim Astrology fell with the dead,
With all her quips and quirks, and skulls and bones;—
And of her famous "philosophic stones,"
The only one that Modern Science knows,
Or over which a single thought bestows,
Is that gray Granite stone at her grave's head;
Of her, "Hic jacet," is the best word ever said.

And yonder Foral world in dewy bloom,
That flings on every breeze its rich perfume,
Invites you to her many buds and flowers;
And by the aid of Chemistry's rare powers;—
Bids you distill,
Whate'er you will,
Of balm or poison, from her rosy bowers;
The gates of this new world just now expand,
Go enter in, possess the golden Land;
Your Medica Materia enrich,
With no Shaksperian stew of hell-born witch.
But medications rare, and well refined,
To soothe the body, and compose the mind;
Perchance some plant may bring to you a cure
For all the woes,
And all those torturing throes,
That Alcohol's and Opium's slaves endure!
These we expect thro' Chemistry's high art,
And in it you should bear a noble part.
For wealth untold in Nature's bosom lies
If only sought with cunning hand, and eyes.

And tho' in grand old Job's poetic book,
(On which no eye irreverent can look)
We read those startling questions put to man,
"Declare! where wast thou when this fair world began?"
"Have Death's grim gates been open'd unto thee?"

Hast thou e're enter'd the deep springs of the sea?
Or in thy hands the glorious day-spring held?
Or all the gloomy doors of death beheld?
Hast thou perceived the dwelling of the light?
Or found the home of darkness and the night?
Can'st thou
The influence sweet of Pleiades ere bind?

Or cast Orion's bands upon the wind?
Know'st thou where Heaven's high ordinance had birth?
Cans't set dominion to it, from the Earth?
Or lift thy voice up to the clouds of rain,
And call down waters to the thirsty plain?
"When all the morning stars together sang,
And Sons of God their lofty chorus rang,
Gird up thy loins, and answer if thou can
Where wast thou then O trembling son of man?"

Yet still,
Frail Man, in searching out Earth's mystery,
In which lies hid his own high destiny,
Has boldly push'd keen Reason's eye afar;
Far as Alcyone, yon mystic star
That hangs a central pivot strong and high,
Round which revolving worlds go circling by,
Like 'blazing chariots thro' the starry plain,
And pathless depths of Deity's domain;
But finds not yet, in all the heavenly zone,
Just where the mighty God has built His throne;
Or where, the habitation, call'd "His own!"

But other wonders, man has yet to find,
Within that darker world, the world of Mind,
Beyond whose cloudy portals you must go
With careful glance, and cautions steps, and slow,
If you its mysteries would solve, and know:—
And so, into that weird and spectral sphere,
Where we are told, our dead ones reap-appear,
And some stand wondering, while others jeer,
We bid you in your time, to enter here;
And with fair Science and her plummet line;
Sound fearlessly these depths, and bid light shine
Thro' all this Shadowy Land, that we may see
If Truth be there, or only Jugglery.
This we should know; for if there be a law,
Which from the facts unflinching Truth may draw,
Then publish it to all the Earth abroad,
Theo' creeds be shaken, and old idols nod; Truth cannot suffer, for she's born of God.

Thus clad with armor from beyond the skies, Go forth, as Adam went from Paradise, Forbid the tree of knowledge, yet still intent To make the best of his sad banishment, And thro' all Nature's wide expanse, To send a keen and penetrating glance, That he might know all he had power to find In voiceless Nature, that could bless man kind—

Be this your purpose as you say farewell, And pass beyond your Alma Mater's bell; Pursue the laws of Truth, where ere they lead, Theo' roads be rough, and feet may sometimes bleed, Theo' friends deride, and angry zealots plead; Who knows but Truth herself, in some near day, May drop, with folded wing, along your way, And in your hand the golden key of knowledge lay.

Then struggle on, and on, with all the zeal you can. Your motto, "Love to God—Love to your fellow-man."

The Effect of Ergot in a Case of Polyuria.

By W. N. Case, M. D., Marengo, Mich.

In the Medical News of Saturday, January 7, 1882, there was published under the head of Original Articles the details of several cases of diabetes insipidus successfully treated with ergot, in which there were reported five recoveries out of six cases by Prof. DaCosta. Such a favorable report from so eminent a source induced me to try the treatment in a case that presented itself a few months ago. Although knowing that in medicine we cannot depend on any one drug at all times in the same disease to produce a cure, yet in this case the normal physiological action of the drug was so vigorous it could not be given in the stated quantity, or continued long enough to produce any effect on the disease.

Mr. A., a large, fleshy man, age 66, of temperate habits, who has been a hard-working farmer, was taken with the following symptoms: Skin dry and harsh; has no sensible perspiration. There is an excessive thirst that is so great at times he cannot sleep. Water, tea, coffee and the acids will not quench it. Is obliged to wet his lips every fifteen or thirty minutes. Complains of being very tired on slight exertion. Since the attack with good nutritious diet has retained his usual weight. There is an incessant urination. At night a want of control over sphincters. Patient thinks that for the last five years the quantity of urine has gradually increased. Urine, clear; faintly acid. Sp. gr. 1005 to 1010, usually ranging 1010. Quantity in 24 hours, 7 to 9 pints. By repeated examinations no sugar or albumen have been detected. Bowels rather loose. Tremor has gradually come on with the polyuria.

Jan. 9. 1882.—Patient took one-half drachm of the fl. ext. of ergot. Half an hour from the time of taking he had a severe pain in his back and abdomen. Bowels moved 8 times during the day. Urinated ever ten or fifteen minutes. In the evening pain not quite so severe.

Jan. 10.—Says he feels lame and sore as if he had been lifting heavy weights. This morning has taken 1/2 3 of the ext. One hour from taking had a severe back ache in lumbar and sacral regions.

Jan. 11.—Took 1/2 3 of ergot at breakfast time. Complained of a good deal of backache all day.

Jan. 13.—Took 1/2 3 of the fl. ext. in the morning and at noon it was followed with colic. Frequent and painful micturitions. Complains bitterly of his back. Had control over vesical sphincters during the night.

Jan. 14.—Only took 1/2 3 to-day. Was tolerably comfortable.

Jan. 16.—Has taken 1 3 to-day. Was in much pain. Had a very restless night.

Jan. 17.—Took 1/2 3 to-day, and was quite comfortable.

Jan. 18.—Has taken 2 3 to-day. Was in so much pain that I gave him viij gr. of comp. powd. of ipecac twice.
Jan. 19.—Has a dizzy headache this morning. Says all the muscles in his body are lame and sore. Has taken ½ 3 of the fl. ext.

Jan. 20.—Feels much better to-day. Has taken ½ 3 of the fl. ext.

Thirst has not abated. Quantity of urine the same and the sp. gr. unchanged. Patient says he is no better. Will not continue the treatment any longer.

It is claimed the drug should be given in decided doses, at least 1 3 of the fl. ext. taken three times a day, and better, if well borne twice that quantity. It should be continued for some considerable time, until a cure is effected with the drug alone or the disease practically broken up, than to be followed with other remedies, as the indications may suggest. The time for the drug to show a decided influence is about one week. In this patient there seems to be an idiosyncrasy in regard to the action of the medicine that it could not be pushed to the desired extent.

Since the above treatment patient has been better pleased with gallic acid, as it will relieve his thirst for an hour by taking 3 grs. of the dry powder on his tongue.

St. Mary's Hospital.

SERVICE OF PROF. T. A. McGRAW, M. D.

Reports of cases of Intra-Capsular Fracture of the Neck of the Femur. By Stanley G. Miner, M. D.

MICHAEL B., æt. 64; Irish; generally debilitated; has a femoral hernia on the right side, and has always been intemperate. Had a fall 3 weeks ago, striking on the right trochanter, and has not been able to walk since. Examination showed a shortening of ¾ of an inch on the right side, joint slightly stiff, eversion of the foot, and a very apparent flattening of the injured hip. No crepitus could be detected. Diagnosis: Intra capsular fracture of the neck of the femur.

The patient was placed on a hard mattress, and extension produced by applying strips of adhesive plaster on both sides of the leg and foot, to hold a cord passing over a pulley at the foot of the bed, and attached to a weight of about 6 or 8 pounds. Counter extension was had by elevating the foot of the bed about 6 inches, thus having an inclined plane, causing the weight of the body to act directly opposite to that of extension. Cirrhosis of the liver manifested itself shortly afterward, which necessitated the removal of all appliances, and the placing of the patient in the most comfortable position. The patient continued to get worse, however, and died the seventh week after receiving the injury. An autopsy was held, and the neck of the femur found greatly shattered, pieces of bone being readily picked out from the surrounding tissues; the periosteum and capsular ligament considerably lacerated. The fracture extended slightly outside of the capsule.

John B., æt. 93; chronic drunkard; native. Fell from a chair while asleep, striking on the great trochanter of the right side. Examination showed eversion of the foot, shortening of 1½ inches of the right leg, slight flexion of the thigh and leg, and limb has a peculiar dangling appearance when in the standing position. Patient suffered greatly from the shock, and complained of intense pain in the groin and knee, which was greatly increased by the slightest movement. He was placed in the most comfortable position, and stimulants and tonics administered, but he continued to get worse, falling into a typhoid condition, and died on the ninth day following the injury. An autopsy revealed an oblique fracture of the neck of the femur, entirely intra-capsular, rupture of the periosteum and ligamentum teres, compact structure of bone very thin, and the entire cervix greatly softened. The capsular ligament was normal.

Michael R., æt. 55; has always drank slightly; general condition fair. While getting off a wagon the horses started, causing him to fall on the pavement, striking on his left side; but it did not cause him much pain, and he was able to get up and walk to his home with but very little assistance. Examination showed eversion and fixation of left limb, shortening of a half-inch, pain in the posterior
aspect of the left hip and in the groin. Diagnosis: Impacted intra-capsular fracture of the cervix femoris. No treatment was instituted, as patient left the hospital next day. I saw patient three weeks later, and found the shortening increased to one and a half inches, the fragments having become disengaged; crepitus, limb greatly emaciated and the patient quite feeble and depending upon stimulants to "keep up."

Ann K., æt. 66; Irish. While going down stairs slipped on the second lowest step, falling upon her hands and knees. Examination revealed eversion of foot, shortening of one and three-eighths inches on the left side, and slight crepitus. Diagnosis: Intra-capsular fracture of the cervix femoris. Patient also received a Colles' fracture on the same side. She was placed in bed, extension and counter-extension produced, which was continued for seven weeks, but with no attempt at union. She then left the hospital, unable to bear the slightest weight upon the injured side. The Colles' fracture united in about four weeks.

Mrs. L., æt. 81; French. While getting out of bed her foot became entangled with the bed covering, and giving a sudden jerk, she felt something "give way" at the hip; since which time she has not been able to walk without assistance. Examination showed a shortening of one and a fourth inches, marked eversion and distinct crepitus. Diagnosis: Intra-capsular fracture of the cervix femoris. Patient was placed in bed, and extension and counter-extension produced, which was continued for about seven weeks, but with no union; crepitus being easily had by slight manipulation. Patient left the hospital unable to walk without the assistance of crutches.

Mrs. C., æt. 82; English. While descending the stairs she slipped on the lowest step and fell, striking on the left hip. Examination showed a shortening of one inch, eversion and crepitus. Patient being very feeble, no local treatment was used; tonics and stimulants were given internally, and everything done to build up the general condition of the patient. She left the hospital seven weeks after receiving the injury with the fracture still ununited, but with a firm determination "to have that bone heal."

Abstracts.

Sir Erasmus Wilson, President of the R. C. S., has given $50,000 to the University of Aberdeen to found a chair of Pathological Anatomy.

A statue is to be erected to Claude Bernard by the Municipal council of Villefranche, (Rhone) in the place which now bears his name, all honor to this great physiologist.

Dr. Martin (Med. Times and Gazette) uses fresh parsley leaves for drying up the flow of milk. They should be renewed several times a day.

A case of fatal poisoning by 300 grains of bromide of potash is reported by Dr. Christain Frenger. A patient in Cook County Hospital Chicago took the above amount of bromide of potash. His pulse was 64, respiration 20, temperature 98.1°. Stupor for twenty-eight and one-half hours and death.

Dr. Grass says never open a gumma no matter how soft, you will only make a fistulous opening which is difficult to heal, endeavor to obtain absorption with iodine, etc.

Dr. Lacerda, claims to have discovered an antidote to snake bites in permanganate of potash using a one per cent. solution injected under the skin. This is at variance with Drs. Taylor and Brunton, who made their experiments at an earlier period.

According to Meissonier of L-ipsic, Mosquitoes carry parasites from one human being to another, through blood sucking.

Areataeus of Cappadocia is credited with the first description of diphtheria. He lived A. D. 100. The first known epidemic of this disease was in Holland, A. D. 1337.
Drs. Keith and Bantock, of England, have renounced the use of carbolic spray in operations in and around abdominal cavities.


The Board of Health of Arcade, N. Y., has served notice on a farmer living near that village to wash himself. He has not done so, it is claimed, for 40 years, and so filthy had be become that a committee was appointed to abate the nuisance if possible—Boston Med. and Surg. Journal.

The Influence of Meteorological Condition Upon the Causations of Croupous Pneumonia.—Dr. August Seibert, of New York, has collected records of a large number of cases brought to the German Dispensary. Seventy-eight per cent. show the origin of the disease coincident with marked fall in barometric pressure; 84 per cent with a minimum temperature of below 50° F.; in 50 per cent. with northerly winds. The report goes still deeper, and should be read carefully by physicians.—American Journal of the Medical Sciences, Jan., 1882.

Iodoform in Orchitis.—The Union Medicoal recommends the following: Iodoform, four parts; vaseline, thirty parts. Rub this upon the testicle; use a suspensory bandage. If mercurial ointment has been used, it should be carefully washed off, as iodide of mercury might be formed.—Med. and Surg. Reporter.

Iodine in the Treatment of Malaria. —Dr. Morrison (Maryland Med. Journal) states that tincture of iodine in fifteen minim doses three times a day, equals, if it does not surpass, cinchonidia in its action in acute malaria. It was tried in 250 cases at the Baltimore Dispensary in 1881, and was found to be more effectual than cinchonidia and arsenic. It is believed that this effect is produced by its power of killing organisms or malarial germs in the blood.—Candida Lancet.

An Application in Small Pox.—Mr. C. W. Thorp writes that he has used carbolic acid glycerine, (B. P.) diluted with four times its weight of glycerine, for this disease. It lessens the amount of pitting. It should be applied as soon as the pustules begin to fill and continued until they desquamate.—Brit. Med. Jour. —Med. Record.

Salicylic Acid as a Dry Surgical Dressing.—Dr. F. E. Daniel has had remarkable success with this drug, having used it in a large number of cases after operative procedure, and finds it to be useful in controlling or overcoming pain. It is a good antiseptic, clean, and in the Doctor's hands has proved of very great value. After operation the wound is covered with the acid, used in natural state, a dry powder, and the usual dressing applied. No air is allowed to get into the wound if possible. Entire absence of pain is the most noticeable feature.—Miss. Valley Med. Monthly.

The Pathology of Malaria.—Dr. M. A. Laveran has found in the blood of malarial patients very definite and remarkable parasites. They are of different shapes, some being curved, cylindrical bodies, with painted extremities with pigment granules in the centre, making a dark spot. Others were spherical and about the size of blood corpuscles, also containing pigment. Fine filaments could be traced on these bodies about three times the length of a red corpuscle. The first, or cylindrical corpuscle had no motion; the spherical, however, owing to the filaments, had an oscillating movement.—London Lancet.

Insane People in the United States. —It is estimated that one person out of every 777 is insane, making in all about 63,000 insane people in the United States. Twelve million dollars is expended annually for their care.

Subscribers will pardon delay in the issue of this number, owing to a disease (peculiar to printers) cropping out in the publishing department. We understand fumigations have been thorough, and the new force dont do such things.
Syphilis in Asia Minor.

By P. Gaidzokyan, Adana, near Tarsus, Asia Minor

**SYPHILIS** is a very old disease, known to all nations in the World, Asia Minor has not escaped, the disease being very common in the large cities. It is rarely found in the smaller ones. Before 1850, it was rarely met with, after that year, it began to increase and is now very common in the large cities as stated above, it also seemed to appear in a more severe form; Adana is a large town in Asia Minor, and has a population of forty thousand. Twenty years ago about two per cent. of the population had syphilis. The frequency of the disease increased steadily so that to day from fifteen to twenty per cent. are infected by this horrible disease. Three years ago I began to practice medicine in Adana; since that time I saw from three to ten cases of hard chancre every week, occurring mostly in young persons of either sex. In some of these cases there was an entire destruction of the palate and uvula, in others necrosis of the nasal bones took place, in others again aphonia, and so on. In one case under my observation the penis was destroyed. In every instance the health of the affected indi-

Individual was damaged. I attribute the increase of this disease to the following three causes: 1. The increased consumption of alcoholic liquors. 2. Increase in the number of prostitutes. 3. The carelessness of the patients. The latter in the majority of cases not applying in time to the physician for proper treatment. Two years ago, the Turkish government appointed a committee to investigate the matter. Seventy-five prostitutes were sent to the City hospital of Adana, but this preventive measures provided to be of little avail, the disease occurring as often today as ever.

Idiopathic Rupture of the Ulnar Artery in a Boy of Eighteen.

By Theodore A. McGraw, M. D.

The following history, besides its many points of pathological interest, may illustrate the ease with which mistakes in diagnosis may be made even by experienced surgeons: Patrick Cratty, aged 18, was brought to the clinic of the Detroit Medical College on Sept. 21, 1881, by Prof. Spalding, under whose care he had been for a few days. He seemed exceeding pale and weak, was covered by a profuse sweat, and exhibited as the origin of the trouble an immense swelling in the bend of the right elbow. The only history that he
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gave was to the effect that six weeks before, without apparent cause, he had been seized with a sudden pain and swelling, which since then had grown steadily worse. His appearance was that of a man suffering from a huge phlegmonous abscess, and the red, angry, fluctuating tumor seemed to confirm the diagnosis. Without further ado, I cut into it before the class, and found to my mortification, that I had opened a false aneurism of large size. The brachial artery was immediately compressed, the incision enlarged, a mass of black clots emptied out of the cavity, and search made for the bleeding vessel. This was found to be the ulnar artery, which had an opening in it nearly a line in diameter just at its origin from the brachial. I tied the brachial, radial and ulnar so as to prevent all recurrent hemorrhage, with carbolized ligatures, and washed the cavity out with a carbolic aqueous solution (1 per cent). A drainage tube was introduced, and the arm bound with absorbent cotton. The liq. ferri persulph had to be applied to certain portions of the wound to stop the capillary hemorrhage. The wound healed well, the ligatures came all away at the end of a week, and we had hopes of a speedy recovery when, on Oct. 4th, secondary hemorrhage occurred, which necessitated reopening of the entire wound. The bleeding point seemed to be the distal end of the ulnar artery, which was accordingly tied in the wound.

Oct. 6th, 1 P. M., patient had a severe nose bleed, which could be checked only by plugging the nostrils. Internally ergot four times a day in 3 j doses. Ligature came away on Oct. 8th.

Oct. 10th and 11th, nose bleed recurred, requiring nasal tampon.

On Oct. 12th, the brachial burst in the wound and was tied above in the middle of the arm.

Oct. 17th, hemorrhage occurred from wound of last ligature, and also from the original wound, the latter proceeding apparently from some small vessel. Examination of the wound at the elbow revealed considerable erosion of the bones and destruction of the joint. Acu-pressure needles were placed under the brachial in the middle of the arm above and below the bleeding point. As experience had shown the futility of even carbolized ligatures when applied to the fragile arteries of this man's arm. I asked Dr. Gailey to make some kind of a compress which could be applied to the artery above without constricting the whole arm. This he did very ingeniously by utilizing the spring of an old truss and thus making a tourniquet which pressed upon the arm at two points only, compressing the artery without interfering with the venous current. By this means the hemorrhage was henceforth nearly controlled as regards the arm. Acetate of lead was given internally, also nitro-muriatic and sulphuric acids.

Nose bleed recurred on Oct. 23d, 24th, 25th, 26th, Nov. 9th, 12th, 19th, 24th, Dec. 6th, 7th, 8th and 14th. In all he had twenty-five hemorrhages from the nose, No more bleeding of consequence took place from the arm, and on Nov. 28th the pressure was removed from the artery. On Dec. 17th, at his own request, he was discharged from the hospital. His condition then was such that he could walk about with ease, although anaemic and pale. The extreme fragility of his blood vessels made every attempt to hold his arm at a right angle, during the process of healing, futile, and we were obliged to allow the contracting scar to draw the forearm into a very acute angle on the arm. It healed in this position with an ankylosed elbow.

I subsequently got a full history of the early stage of his trouble from Dr. James Yates, of Roseville, who had then attended him. It seems that he had been mowing for some time previous to his trouble, but had been two days at rest when the first hemorrhage took place. There was then an acute pain and immediate sudden swelling in the bend of the elbow. As subsequent hemorrhages took place, there would be an immediate increase of pain and swelling. Pulsation of the tumor and bruise were at first very perceptible, afterwards less so. I could probably have detected them had
SOCIETY PROCEEDINGS.

I looked for them. Dr. Yates diagnosed the case correctly, and gave the patient a letter to me, which he failed to deliver. The rarity of idiopathic arterial ruptures in young subjects, and the lack of any history of traumatic cause misled me into a quick superficial and false diagnosis. In this case there was no symptom of syphilis or other constitutional disorder, nor could any history of such disease be elicited from himself or his parents. It seemed rather to be an exaggeration of that condition of the blood vessels which we meet with in some kinds of purpura, which are due not so much to a peculiar constitution of the blood as to a softness and fragility of the arteries. The blood first removed was black and clotted, a condition, by the way, which I have frequently noticed in concealed arterial hemorrhages. As the progressed and repeated bleedings occurred, the blood lost its coagulable properties and seemed more watery. Some idea of the extreme fragility of the blood vessels may be obtained when we recall their reaction under carbolized ligatures. Carbolized silk will frequently remain several weeks around an artery, firmly imbedded in the tissues, without causing irritation. In this case the first ligatures came out at the end of a week, and none of the subsequent ones remained longer that five days.

Society Proceedings.

[Reported for the Clinic.]
Quarterly Meeting of the Calhoun County Medical Association held at Battle Creek, Mich., March 7, 1882.

The meeting was called to order by the president, Dr. George H. Greene, at 3 P.M. in council chamber. The minutes of last meeting was read by the secretary, Dr. W. B. Sprague, and approved. Under the head of reports of committee on epidemics and endemics, Dr. S. S. French, health officer of Battle Creek, reported having seen three cases of diphtheria occurring in the same family, the oldest 11 years and the youngest a babe. The hygienic surroundings were bad, together with general destitute circumstances of the family. As far as able to ascertain, there had been no communication with the people of the neighborhood. The two oldest had died, while the babe made a good recovery. Dr. French regarded these cases as endemic, and the origin of the disease due to filth. He also reported another case where a young man coming from the north woods was taken down with a severe fever and sore throat, with an eruption resembling scarlet fever, but owing to the dark complexion of the individual, was unable to make out positively the nature of the eruption, and as a matter of precaution, he directed that the other members of the family be kept away from the room. This was on Friday, Feb. 24th. Sunday, 26th, two of the children of the family presented well marked symptoms of scarlet fever, the eruptions well out, and in the evening the youngest had brain symptoms, dying the next day. The peculiarity of these cases was the short period of incubation.

Dr. Greene had recently seen diphtheria occurring in a single member of a family where none of the others were attacked, the surroundings were good, and he had every reason to believe that the case was sporadic, and had not been exposed to contagion.

Dr. Cox: Had seen eight cases occurring in the same family, and was at a loss to account for the origin of the disease, as the hygienic condition of the premises were first class, and no others in the neighborhood had the disease, neither could he trace the disease as being brought from a distance.

Dr. French: Mentioned that Dr. Hawkshurst a member of this society had recently died in Paris from small-pox, and the president appointed Drs. French, Cox and Millsbaugh as a committee to draft suitable resolutions to the memory of deceased.

Dr. Case then read a report of a case of polyuria treated by ergot.
Dr. Anna Stewart read an interesting paper upon the "effect of tight lacing in women."

Dr. Walker, of Detroit by invitation made some remarks upon the subject of "syphilis in relation to marriage." He stated that the subject was one of more than passing importance, as it was often presented to us in such a manner as to call from us an opinion. This opinion might be fraught with good or evil.

The individuals contemplating marriage presenting themselves for our advice were of two kinds: the one who would abide by our decision, the other who had made up his mind to marry at any cost ere he had crossed our threshold, but who came with the view of wrestling from us something that might possibly soothe his conscience in the future should any bad results follow his contemplated union.

We as physicians can only decide this matter as physicians, on pathological grounds only. Our knowledge of this dreaded malady is such that we are lothe to give our consent to the union of a syphilitic with a healthy woman. Yet, we are cognizant of hosts of instances where these unions have been attended with no untoward results whatever. Therefore, it does not become us as guardians of the public to inderict in all cases the marriage of a once syphilitic, but let us look well into the conditions of this man who contemplates matrimony ere we give our consent.

A syphilitic is dangerous in various ways. First, to his wife, either directly or through his offspring. A wedding gift of the pox to a young wife is sad to contemplate. A man may not effect his wife directly, but by diseased spermatozoa taint the impregnated ovum and that again the mother; secondly, he is dangerous to his offspring, either directly or by first giving it the wife, and they jointly the offspring; third, he is dangerous, owing to the later syphilitic accidents, whereby he becomes incapacitated from business, loses his competence, and a burden rather than help to his family.

**Under what conditions then may a syphilitic marry?**

1. A prolonged absence of syphilitic symptoms.
2. The mildness of the attack, and
3. Very much will depend upon the regularity of the treatment.

Just how long after an absence of symptoms before marriage is permitted is a mooted question, yet we are of the opinion that the interval should be at least eighteen months, and much better if the time was prolonged beyond that.

The treatment of syphilis is a matter of vital importance, both before and after marriage. Syphilis once recognized as such should receive systematic treatment. Irregular treatment is almost paramount to no treatment at all. The duration of the treatment will be determined by the obstancy of the disease, and this should be prolonged long after all symptoms have subsided. The remedies that have best served us are some preparations of murcury in the primary and secondary stages, and liberal doses of iodide of potash in the tertiary stage, modified more or less by the condition of the patient treated.

[CONTINUED IN NEXT NUMBER.]

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**Meeting of the Detroit Medical and Library Association.**

**March 6th, 1882.**

Dr. Webber in the chair.

Minutes of previous meeting read and approved.

Drs. Pratt and Bissel introduced to the society.

In discussing tonsillitis, the subject for the evening, Dr. Reynolds said a person might have tonsillitis without its being the result of injury, as well as an inflammation in any other part of the body, for example, inflammation of the lung. Others supposed it was part of a febrile condition of the whole body. It often occurs in debilitated persons. They are bad eliminators and tonsillitis occurs in them as the result of defective elimination, apart from any special diathesis. He believed chronic cases were amenable to treatment, and that local applications should be made within and without. He
also advised plenty of fresh air and outdoor exercise. Many cases had been cured in this way.

Dr. Shury said the tonsils consisted of a bunch of follicles, ten to twenty in number similar to the follicles in the tongue. In the normal state there was no prominence between the pillars. The tonsil contained closed sacks rich in nuclei. Some believe the tonsil served a useful purpose only in infancy, and it did seem that its true function belonged to early life. In children it was prominently projected but in adult life it was a depression in the mucous membrane. Some persons claimed it had some connection with the virile power but such belief had been proved to be perfectly absurd. It was an organ entitled to its special diseases. One variety of tonsillitis was simply a surface inflammation with no special swelling and it was often secondary to general pharyngitis, another variety began ab initio in the tonsil. In phlegmonous tonsillitis, all the tissues of the gland were inflamed. This variety of inflammation in the gland did not spread by contiguity, and thus it would point to a specific poison. Tonsillitis was often associated with rheumatism, patients with rheumatism being subject to frequent attacks. The disease occurred independently of season, in June, July, etc. In the phlegmonous variety he believed there was some change in the internal normal state of the system, and constitutional treatment was needed. If the disease followed rheumatism, rheumatic treatment was indicated. In the variety associated with erythematous sore throat, local astrigent, and anodyne treatment was to be used. In the phlegmonous variety, local treatment was to be made subsidiary to general. In the scrofulous variety, he believed there was not so much a hyperplasia of parenchyma as an increase in the number of ducts, an increase of function. In this form the knife was the proper treatment, removing part of the tonsil, the cicatrix would cause the absorption of more. No other local treatment under the canopy of heaven would relieve this condition. Another form of tonsillitis, characterized by flabbiness, was not a hypertrophy, but an increase in the venous circulation, as indicated by the dark purple appearance. He did not believe excision was good treatment for this form; amputation of such a variety had been followed by an irritation kept up for years. He hardly believed it necessary ever to dissect out the gland, but preferred the tonsillectome.

Dr. McGraw had seen a number of cases where the ill health of children was attributed by the patients to excision of the tonsils. He believed we should follow up such operations and see the results.

Dr. Johnson was surprised to hear Dr. Shury say that the inflammation did not extend by contiguity. He believed it was the rule that there was more or less contiguous inflammation. In one case there was an abscess of the soft palate, which was certainly the result of inflammation by contiguity.

Dr. Reynolds had seen abscesses repeatedly after excision of the tonsils. He respected the crude ideas of horsemen, who talked about equalizing the circulation by external applications, in a horse coming down with inflammation of the lung, for instance. He had sometimes thought so about the treatment of the inflamed tonsil.

Dr. Babcock had heard aconite highly spoken of in the treatment of tonsillitis.

Dr. Shury believed aconite useful in the superficial variety.

Dr. Jennings reported the case of a little girl, sick,æ. three weeks, sick one week; performed laryngotomy for croupous symptoms. Three days after dressing the wound, he noticed a slight film, which next day developed a well marked diphtheritic membrane.

Dr. McGraw congratulated the doctor on his success. One of his cases had died a week after operation from neglect of the nurse. Constant attention was necessary to secure good results.

Dr. Babcock in one case, after receiving no benefit from the usual remedies, gave turpeth mineral and ipecac, which was followed by the throwing up of a cast.

Dr. Johnson, referring to a case reported at last meeting, said his patient had since given symptoms of blood poisoning; that he gave ergot and she was delivered of a foetus which had been dead a long time.

Dr. Reynolds reported a case of procidentia uteri in an old lady sixty years of age. She had had it fifteen years. It had not troubled her especially, though it was a most extreme case. The entire uterus was without the vulva. He relieved the condition with a Babcock supporter.

Dr. Webber had seen a case in which the procidentia gave the appearance of the male organ. The trouble did not, however, prevent the woman from earning her living by hard manual labor.

Society adjourned.

Willard Chaney, M. D.,
Secretary.
The Detroit Clinic.
A WEEKLY JOURNAL.
Issued Every Wednesday.

H. O. WALKER, M. D., Managing Editor,
177 GRISWOLD STREET.

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GEO. S. DAVIS, Medical Publisher, Box 641.

Trade-Mark Pharmacy.

THE venomous article from the pen of Dr. Horatio R. Bigelow, of Washington, D. C., in the February number of the New England Medical Monthly, entitled "Physicians, Pharmacists and the Therapeutic Gazette," savor somewhat on the hireling order, and not as the expression of an honest opinion.

We have been watching with some interest the progress of the fight between legitimate Pharmacy and Pharmaceutical Quackery under the guise of copyrighted trade-marks, and have been gratified with the results thus far obtained by legitimate Pharmacy.

The vantage ground thus gained has evidently had anything but a soothing effect upon the gentlemen of the copyright trade-mark, and upon the monkey-cat principle have pushed our friend Bigelow to the front.

An earnest and impartial discussion of any subject must needs meet with respect, though differing in opinion, but when the orator attempts to belittle his opponent's position with insinuations and personalities, he steps beyond the bounds of propriety, and must necessarily weaken the effect of his argument.

Dr. Bigelow assumes that "the resolution at Richmond" was presented at the suggestion of Messrs. Parke, Davis & Co., for the purpose of hoodwink the association, and thereby creating a manufacturing monopoly in behalf of P., D. & Co. We have not been able to see anything in the minutes of the association that point in that direction, neither do we think that the introducer of the resolution (Dr. E. S. Dunster) would lend himself to anything dishonorable. The text of the resolution speaks for itself on that point:

"Resolved, That the spirit of the code of ethics forbids a physician from prescribing a remedy controlled by a patent, copyright, or trade-mark. This, however, shall except a patent upon a process of manufacture or machinery, provided such patent be not used to prevent legitimate competition; and shall also except the use of a trade-mark used to designate a brand or manufacture, provided that the article so marked be accompanied by working formula, duly sworn to; and also by a technical, scientific name under which any one can compete in manufacture of the same."

This resolution was presented before the section on Practice of Medicine, and by that body referred to the general association, which, by the rules, must lay over for one year before action can be taken, so that the charge of "bribery, free cigars, free rum, etc.," for the passage of the resolution falls flat.

Although we may deprecate the "junketing" principle which prevades all general meetings, yet we do not feel disposed to condemn the motives of an individual who may give or take of general hospitality.

Dr. Bigelow has overstepped the mark; his motives we fear have not been true, and his whole discussion of the trade-mark pharmacy has been anything but honest.

Abstracts.

The Physiological and Therapeutical Action of Ergot.—In the March number of the New York Medical Journal and Obstetrical Review Dr. Etienne Evetzky, of New York, concludes the publication of his Joseph Mather Smith prize essay on ergot. Although dealing mainly with the physiological and therapeutical actions of the drug, the author gives a comprehensive account of the history of the different varieties of ergot, their botanical relations, their microscopi-
cal structure, and their chemical composition; the methods of their production, collection, preservation, and preparation for medicinal use; the relations of ergot to other remedies, etc. In comparing the action of ergot with that of a number of other excito-motors of the organic muscular tissue, an arbitrary group of which, the author thinks, ergot may be taken as the typical representative, he remarks that strychnia is most closely allied to ergot in its effects, the main difference being that strychnia acts with far greater energy on the spinal motor centers of the voluntary muscular tissue. Digitalis is distinguished by its predominant stimulating action of the heart. The chief difference between the action of ergot and that of Calabar bean lies in the early occurrence of a paretic state of the voluntary motor apparatus after doses of the latter drug that are not quite toxic. Atropia and nitrite of amyl are mentioned as antagonists to ergot. For hypodermic administration we may use the extract, the fluid extract, or sclerotic acid, diluted in water, with or without the addition of glycerine or alcohol, which latter substances, the author thinks, do not improve the solution in the least. The solution should always be clear and not too old, and should be made somewhat alkaline if the injections are particularly painful. The solution should invariably be injected into the muscular tissue, and it is well to begin with small doses. The therapeutical applications of ergot are considered under five heads: 1. Disorders of the circulation and diseases or the organs of circulation. 2. Paretic conditions of the organs composed of organic muscular tissue, the circulatory system excepted. 3. Inflammatory and other morbid enlargements and growths. 4. Abnormal secretions. 5. Symptoms referable to the nervous system, and depending chiefly upon circulatory disorders within it. In regard to contraindications to the use of ergot, it should be used with extreme caution in patients with an enfeebled heart. Pregnancy is not an absolute contraindication. The use of the drug should be suspended during menstruation, unless it is given for some special condition of that function. To avoid disturbing the digestion it is best to give the drug by the rectum or hypodermically. The remainder of the article deals with the special diseases in which ergot seems capable of effecting good results.

**IODOPHOR IN GYNAECOLOGICAL PRACTICE.**—Dr. Frank P. Foster, editor of the New York Medical Journal and Obstetrical Review, publishes in the March number of that journal some clinical notes on the use of iodophor in gynaecological practice, especially in pelvic peritonitis and cellulitis of a chronic form. The cases are classified according to the abnormalities ascertained to be present:

1. Cases in which inflammatory action was supposed to exist, or to have existed, but in which the uterus was freely movable without pain.

2. Cases in which the mobility of the uterus was but slightly if at all impaired, but in which motion of the organ was painful.

3. Impaired mobility of the uterus, with little or no pain on moving it.

4. Mobility of the uterus decidedly impaired, with pain on moving it.

5. Uterus nearly or quite immovable, with little or no pain on attempting to move it.

6. Uterus nearly or quite fixed, with decided pain on attempting to move it.

7. Cases of palpable inflammatory deposit.

The most prompt and satisfactory results were obtained in the last group of cases—those of palpable pelvic exudation. Such cases, however, do better, according to the author's experience, under the more useful methods of treatment than those in which the exudation is not capable of detection by palpation, but is inferred to be present from conditions that can scarcely be explained on any other theory. But, while such is the case, it is quite as true, he remarks, that we now and then meet with bulky exudations that prove utterly rebellious to treatment. A good deal depends, no doubt, upon whether the de-
posit is of recent or of remote formation; and this question it is not always easily to settle in the cases of patients of whose past history we know nothing beyond what we may be able to elicit by questioning them. Taking the seven groups together, it seemed to him that the patients progressed more satisfactorily, on the whole, than they did without the use of iodoform. It is true, he adds, that in the great majority of them the use of vaginal injections of hot water was prescribed, but it is no less a moral certainty than in many instances they were neglected by the patients. Their proper use being assured, he would esteem the three great remedies for chronic extrauterine pelvic inflammation in the following order: (1) hot water, (2) iodoform, (3) galvanism. As to the best method of using iodoform in such cases, his preference is for its application to the upper part of the vagina, and his practice is to tampon the whole vaginal canal with wickiug. This prevents the application from being washed away with the discharge, and the tampon is often of great service by its mechanical action—steady- ing the uterus, sometimes exerting a gentle, even distension upon the deposit, and perhaps inducing muscular contraction. These tampons are almost always borne without pain or discomfort, and, from the fact that iodoform is an anti- septic, they may be retained for several days. His custom is, however, to direct their removal at the end of 36 hours. Not the least of their merits is that they effectually shut in the abominable odor of the drug. Used in this way, he has never known iodoform to betray the patient by its odor, although its taste is sometimes complained of immediately, showing that the substance occasionally makes its way into the uterine canal, or else is absorbed by the vagina more promptly than we are accustomed to expect in the case of medicaments introduced into that passage. For occasional use, as an anodyne; in acute cases, in which the patients are not likely to be asked embarrassing questions by strangers, and in which, as well as in cases of of vulvar hyperæsthesia, it is an object to avoid meddling with the genital canal; also with the patients who can not have continuous treatment by the physician himself, the employment of rectal suppositories is a valuable resource.

**Mercury and Other Remedies in the Treatment of Syphilis.**—In the "New York Medical Journal and Obstetrical Review, for March, 1882, Dr. George Henry Fox, Clinical Professor of Diseases of the Skin in the College of Physicians and Surgeons, New York, maintains that mercury, while undoubtedly our most valuable remedy in the medicinal treatment of syphilis, is yet an over-rated drug, and is not essential to the cure of the disease. It is best administered internally rather than by inunction, by vapor baths, or by hypodermic injection. The amount usually given is unnecessarily large, and its local irritant effects should be avoided. The duration of its use should vary according to the severity of the case: no absolute rule can be laid down. Iodide of potassium, the author thinks, should not be reserved solely for the late period of the disease, for there is no stage in which either iodine or mercury is incapable of doing good. Instead of the so called "mixed treatment," he prefers to give the two agents separately. Iodide of potassium ought not to be administered continuously for any great length of time. It does its work quickly or not at all, and when unnecessarily continued is sure to do harm. Very large doses should not be used without the very planest indications. They are not without their value in certain cases, but iodism has doubtless often been mistaken for the manifestations of syphilis. Iron deserves to be ranked with mercury and iodide of potassium, from its effect on the anaemia that invariably accompanies the early stage of syphilis. Cod-liver oil is another remedy of great value, especially where there is a strumous taint.
Original Department.

Scarlatina Sine Eruptions.

By P. S. Root, M. D., Monroe, Mich.

MARKED deviations from the ordinary course of scarlet fever are not perhaps of sufficient frequency as to bar recording the following case:

J. B., aged 6 years, was taken sick on the night of Feb. 13, previous to which the child had apparently been perfectly well. I was called on the afternoon of Feb. 14, when I found the patient very restless; skin hot and dry; temp. 104°; pulse 128, tongue coated; throat very sore and quite inflamed; somewhat delirious at times. The mother stated that the fever had been continuous for the past 16 hours; that the child had vomited in the night and early in the morning; that she had feared convulsions, etc. Thus having all the symptoms of scarlatina at this stage, I ventured the opinion to the family that such would be the disease, and that the eruptions would probably develop by the following morning. I prescribed pot. bro. and aconite.

Feb. 15.—Condition slightly improved, except the delirium, which was more marked and at times quite active. Temp. 103½°; pulse 120; no appetite. Bowels had acted well under a small dose of castor oil; no signs of eruption. I still added here to my diagnosis, but had to admit the eruption was wanting in confirmation. Continued bromide and aconite in small doses and added liq. am. acet. with mild measures to the throat.

Feb. 16.—Temp. 103°; pulse 116; great nervous prostration, but delirium not so active; pupils somewhat dilated, but responding well to-night; bowels moved twice during day; no eruption. Gave pot. bromide and tr. belladonna and ordered cold to head and sponging of surface with warm water, to which mustard was added, and under which treatment the patient became more quiet. During the day the case was accidentally seen by Dr. C. T. Southworth (but not examined closely), who informed me that in his opinion it was a case of meningitis and the prognosis likely to be fatal. The fact that the mother was consumptive and had previously lost two children with the last mentioned disease, gave much force to this opinion, coming as it did from so ably a source. In view of my friend's (Dr. S.) ideas, I put the patient on treatment directed to meningeal inflammation, and yet I must say that from the absence of constipation, muscular rigidity, convulsions, vomiting and marked change in pupils or pulse, I was unable to appreciate the diagnosis. The actual condition seemed rather to be one of profound toxemia in which the morbid element or elements, were especially directed to the brain, giving a state frequently seen in typhoid fever. But to return to our case:
Feb. 17. Patient manifested considerable improvement; skin somewhat moist, temperature 101.3°F., pulse 110; tongue clearing and leaving the typical strawberry appearance. There was, however, great nervous depression, characterized by delirium, picking at bed-clothes and reaching after imaginary objects. Treatment was varied according to indications from time to time.

Feb. 18. Symptoms greatly ameliorated; temperature 101°, pulse 100, a perfect "strawberry tongue," delirium much less, child at times rational; urine showed no albumen.

Feb. 19. Continued improvement with fair rest and no delirium. Mother stated that very little urine had been voided during the day and upon examination of same I found about 2½ albumen. Treatment now directed to kidneys caused a disappearance of the albumen in two days, and after which time the urine remained normal.

Without further reference to date I will state that a diligent search was made many times for some show of eruption but at no time was any seen. The throat only remained sore for two or three days and occasioned but little trouble. Desquamation began during the second week and was completed without untoward symptoms. The diet used was principally milk. Thus we have the disease pursuing its entire course with the absence of its principal diagnostic symptom.

Dr. J. Lewis Smith* refers to the irregular forms of scarlet fever and states that there is frequently an absence of the eruption in cases with entero-colitis. A case is also mentioned in which the disease only manifested itself in vomiting and purging. No reference, however, is made to any case where the disease seemed mainly to spend its force on the brain. In conclusion I would venture a few remarks regarding the origin of this case. We had had only a few sporadic cases of this disease, and to none of which had this child been exposed. Yet a hypothetical explanation presents itself, which may however seem a little "farfetched." A family living nearest had been afflicted with scarlatina some two years previously and a short time before the occurrence of the case I have recorded, this family moved to another part of the city and this house was reoccupied by another family who gave it a thorough cleaning, and placed the rubbish in the garden. This rubbish was resorted to, and played amongst on the day it was carried out and six days from which time this child was taken sick. Hence the query. If scarlatina be due to its own specific germ, the life of which being undetermined, may not such germ have been gleaned from this refuse matter?

Erythema Nodosum.

By E. A. Carrier, M. D., Detroit, Mich.

I was called Jan. 28, 1882, to Mrs. J. P., who was suffering, her husband said, from an attack of erysipelas. He was very anxious that I should see her at once, as she had had a similar attack some sixteen years previous, her life being saved only by the most prompt and energetic measures.

The patient was strong, apparently healthy, and had three children. I found, on inquiry, that she had been ill since the 20th of the month, at which time she first noticed a swelling about the size of a hickory nut situated a little below the knee on the left leg. It was hard, circumscribed, and of a bright red color. It gave, at this time; only slight pain. Other swellings followed, some as large as an orange, and after a little time (24 hours) they became painful. Cranberry poultices had been applied previous to my being called. I found, on examination, four swellings about the left knee, one above and three below, also one above and one below the knee on the right leg. The first node, or tumor, formed was now very painful and hard, the others were the seat of burning and smarting sensations, but not so painful. There was no tendency to run together, the skin between them being healthy. In color they

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had changed a little, becoming darker, no itching. There was also pain running up the thighs, and in both shoulders and wrists Pulse 98; temp. 99½°. Bowels constipated, and chilliness. Ordered:

R. Quinine sulph, gr. xxx.
Ext. rhei sol. gr. iiij.
Syr. acacia, q. s.

Ft. mass and divide into pills No. vi.
Sig.—One every four hours, also to apply cloths dipped in hot water.

Jan. 29.—Patient complained of severe headache, the first node felt to her like a commencing abscess, other tumors were more painful and the pain much increased if she attempted to stand. Would not keep in the recumbent position. Ordered saline cathartics and continued quinine. and, as she was anxious for the energetic treatment, painted the tumors with tr. ferri chloride.

Jan. 31.—Pain in first tumor less and it is getting a little softer; there is also less of the feeling of fullness in the limb; bowels relieved.

Feb. 1.—Much worse, owing to an attempt to do housework. All the tumors hard and painful; complained of chilliness. ordered rest and warm applications to relieve the pain. Another node has appeared above the knee on right leg, about the size of a hickory nut, and is painful and hard.

Feb. 2.—No marked change.

Feb. 3.—Great headache; flesh feels very sore; chilly; pain in all the joints. She has passed her menstrual period a few days.

General symptoms continued about the same until the 15th, when the tumors commenced to soften, and in the course of a few days were all absorbed, leaving a yellowish pigmentation of the skin.

The disease I recognized as erythema nodosum, and could I have kept the patient in bed, she would have been spared some pain, and might have shortened the duration of her sickness.

The disease requires, ordinarily, no active treatment, and I only painted the tumors with tr. iron that the friends might think everything was being done that could be to relieve what they supposed was black erysipelas. Quinine was given simply given as an antiperiodic.

31 State street.

A Case of Laryngeal Diphtheria—Laryngo-Tracheotomy—Recovery.

By C. G. Jennings, M. D., Detroit.

EMMA G., aet. 6 years, became ill February 8th with fever and a croupy cough. Her parents gave her syrup of ipecac and compound syrup of squills, producing emesis at intervals. This temporarily relieved the symptoms. During the night of the 11th, she became much worse, and at 2 o'clock in the afternoon of the 12th I was called to see her. I found her suffering greatly from the dyspnœa of laryngeal stenosis. Temperature normal; pulse 130. Tonsils a little swollen and red; no enlargement of the cervical glands; no diphtheritic exudation visible. My diagnosis was simple membraneous croup. I ordered two grains of quinine to be given every two hours, and the steam atomizer to be used continuously for a time. An hour later she was somewhat better, but after that she became rapidly worse, and at 5 o'clock I decided to operate. At half past 5, with the patient under chloroform, and in the presence of Drs. Shurly and Miner, I made a laryngo-tracheotomy. I attempted to perform the low operation, which I think is preferable in croup, but was prevented by a large isthmus and numerous dilated veins. The plexus completely filled the space over the trachea, and every attempt at dissection was attended by quite alarming hemorrhage. I abandoned this and went above the isthmus. Here I found a large crico-thyroid artery and several branches, which caused some trouble. I incised the cricoid cartilage, and two or three rings of the trachea, and inserted the tube without much difficulty. The canula did not cause much irritation, and respiration went on well. Nine P. M.—Patient bright and cheerful. Temperature 103.5°; pulse 140; respiration 24 Ordered two grains of quinine every six hours, and the steam atomizer used at times when the tube became occluded.
February 13.—Temperature 101 3/2°; pulse 140; respiration quiet and easy.

February 15.—Removed the tube for the first time to dress the wound. The two stitches in the lower part of the wound removed. It appears to have healed by first intention. Temperature 99 1/2°; pulse 108.

Feb. 16. Is not so well to-day, temperature 100 1/2°. Tonsils swollen and each covered with diphtheritic exudation. Glands under the angle of the jaw swollen and tender. The wound and several abrasions around it are inflamed and covered with the deposit. I ordered the tincture of the chloride of iron with the quinine and dressed the wounds with carbollized vaseline and absorbent cotton.

This late appearance of the diphtheritic membrane upon the wound and tonsils is a point of considerable interest. It shows, first, that a diphtheritic exudation may exist in the larynx for several days without producing constitutional symptoms; and second, that it is absolutely impossible, in many cases, to clinically distinguished it from simple croupous inflammation of the larynx.

Without a doubt many cases, dying before the exudate has extended beyond the larynx, are designated membranous croup when in reality they are cases of laryngeal diphtheria.

Feb. 19. General symptoms are about the same. The exudate has separated the healing surfaces of the wound, and from the superficial sloughing, the larynx, trachea, and thyroid body are laid bare.

Feb. 20. Found the larynx perfectly free. In a severe fit of coughing the child had expectorated a large piece of membrane, and after that breathed through the mouth. Removed the canula and left it out.

There was no trouble after this. In a few days the wound cleaned off and began to heal, and the exudate disappeared from the throat. Cicatization was complete March 10.

544 Jefferson Avenue.

Society Proceedings.

[Reported for The Clinic.]

Quarterly Meeting of the Calhoun County Medical Association held at Battle Creek, Mich., March 7, 1882

[Concluded from page 96.]

The fact that mercury in these cases judiciously administered, acts as a tonic has been fully established, and when we recognize the “tonic dose” (Keyes) this being determined by its effect (as some patients bear mercury better than others) it should be kept up continuously until all syphilitic accidents have ceased.

When syphilis has consummated the marriage act, with syphilitic accidents still existing, it becomes us to combat as best we can all, symptoms that arise in either the husband or wife, and this should be done quickly and heroically. All lesions whether of primary or secondary origin should receive immediate attention by active cauterization, and this is best done by the thorough application of acid nitrate of mercury, at the same time not forgetting active internal medication, being careful not to push it to that extent as to get the bad effects of the remedy.

The interdiction of sexual intercourse should necessarily be a part of your prescription. But the position of your patient is such as to prevent its being followed out, owing to the desire to prevent the wife from a knowledge of his condition.

It is not necessary that a lesion exist, (as it is from a secondary lesion that a syphilitic most frequently contaminates his wife) for we have already shown that the wife is occasionally affected through the fetus.

Whenever we find that the husband infects the wife and she becomes impregnated, then it is that judicious treatment often times proves efficacious. This can possibly be best illustrated by the report of a case.

Mr. D., during a drunken debauch
contracted syphilis and five months afterwards came under my care with marked evidence of extensive secondary accidents, such as mucus patches on the tonsils, mouth, tongue, arms and prepuce, together with a pretty general papulo-pustuloseum syphilide. Shortly after this he informed me that he had infected his wife, when she came for treatment. Impression upon both of them the great danger that might befall their offspring should impregnation occur, in spite of my injunction the wife became enceinte about nine months after she had contracted the disease. I expected nothing less than either a premature birth or a full term child, shortly afterwards manifesting syphilis, but to our surprise a healthy child was born, and from its birth, now very near a year, there has been no evidence of the disease. In this case we attribute our good fortune to the proper and energetic treatment of the father and mother before and at the conception, and to its continuance upon the mother during the carrying of her child.

We have considered briefly the dangers of a syphilitic and how these may be best encountered. Our duty as members of society carry us still farther, that is, in the prevention of the spread of this malady, or, as Fournier designates it, the "social prophylaxis." Unfortunately our sphere in this respect is limited, and we can only point out to those with whom we come in contact, who may have the disease, its nature and results to be feared. This, however, should not be done mildly, but in a manner that shall express its extremest horror.

Dr. Cox, in this connection, reported a case of syphilis occurring in a sailor, some years ago, who brought it to his wife, and she again gave birth to a syphilitic child, and the child transmitted to the grand-parents, illustrating the dangers of a syphilitic. In this instance the father died in consequence of the disease, while the others made a good recovery, the child now living, a healthy girl of fifteen.

Dr. French reported a case where he had treated a patient for two years, who then married, and the wife gave birth to a healthy child, afterwards another that was affected with syphilis and shortly died. Fourteen years afterwards he treated the father for severe tertiary symptoms.

Dr. Kellogg asked if it was not possible to transmit syphilis through the tertiary symptoms?

Dr. Walker thought not, as it was generally conceded by the large majority of authorities that the disease could not be transmitted in that way. Although the offspring of persons with tertiary syphilis oftentimes present evidences of general debility and readily succumb to intercurrent diseases.

Dr. Kellogg was of the opinion that mercury in the treatment of syphilis did not act as an imminence of the disease, but rather arrested the development of symptoms, and that many cases where the disease was said to affect the bones of the patient, might be attributable to the mercury and not the disease. In support of this he referred to experiments of Bennett, where dogs had died from the effects of mercury, and evidences of the mercury found in their bones. He believed in eliminating treatment alone, or in connection with mercury was the better treatment. He had recently treated a case suffering with the worst forms of secondary accidents with the eliminating process, that is, by drinking large quantities of water, together with baths, and milk and vegetable diet, affecting a cure of the disease.

Dr. Seely exhibited to the society a young lady, aged 22 years, with an irregular enlargement on the right side of the neck; first made its appearance about three years ago, and continued to grow to its present size in spite of all treatment, such as the iodides both externally and internally, and electricity. Two or three soft points on the tumor had been opened at different times, discharging a sero-flocculent fluid, never purulent or cheesy, and would close up in a short time.

Dr. Kellogg was of the opinion that the tumor was benign and merely hyperplasia of the glands of the neck, and he had found that these enlargements were
often relieved by the alternate applications of hot and cold.

It was suggested by other members of the society that the tumor had its growth as the result of the dilation of the lymph channels and advocated its removal if it continued to grow.

Dr. Kellogg then read an interesting paper upon the "Rational Treatment of Consumption."

The first indication in the treatment of this disease was the check of febrile action. Just before the fever set in he would have the patient kept warm with bottles of hot and well covered with blankets, and kept in bed until the fever had gone down. Would give them plenty of warm water to drink, at least six bottles full at stated intervals during the day. 2d. Improve nutrition by means of milk, eggs and fruit, also using the sunbath as often as practicable. 3rd. For the night sweats he advocated salt sponge baths, together with electricity. 4th. Cough was often relieved by gargling with hot water. 5th. Exercise of the lungs, repeated several times a day, also artificial respiration and electricity. This treatment in many instances had worked surprising results in the treatment of the inmates of the Sanitarium (Battle Creek.)

The society then adjourned to hold their next meeting at Marshall.

Meeting of the Detroit Medical and Library Association.

MARCH 20, 1882. In the absence of the president, Dr. Reynolds was called to the chair.

The minutes of last meeting were read and approved.

PATHOLOGICAL SPECIMENS.

Dr. Walker exhibited to the society a fibroid tumor of the uterus weighing 11 pounds, which he had removed post mortem, giving the following history:

Mrs. H., widow, æt. 40, mother of one child. First came under observation in the latter part of December, 1881. Had always good health until 1876, when she noticed an increased size of abdomen, with a sensation of heaviness, which continued to increase in size until death. First abnormal hemorrhage did not occur until a year or so afterward; the hemorrhage steadily increased in quantity at intervals until the last few months, when it became almost at times exsanguinating. Has been diagnosed at different times both ovarian and fibroid tumor. At the first examination, the tumor extended well up above the umbilicus, and quite movable under the abdominal walls; probe could be readily passed its full length to the left. The finger was easily introduced into the uterine cavity, and the lower attachment of tumor felt distinctly at posterior lip with broad base extending to the right. Ordered morphia (which I found she had been in the habit of using for relief of pain, which was quite severe at times), together with 15 drop doses of fluid extract ergot three times a day, with the hope of exciting uterine contractions so as to cause enucleation if possible.

Dr. Webber saw the case with me some days afterwards, confirming my diagnosis, and ordered continuation of treatment.

The use of the ergot became so painful that it was discontinued, and the tinct. mur. terri in 10 drop doses given instead.

Saw her again Feb. 12, 1881, when her suffering was so great that she was willing to undergo any operation that we might see fit.

Feb. 23, at St. Mary's Hospital, where she had been for a few days undergoing preparatory treatment, Dr. Webber and myself, in the presence of several members of the senior class of the Detroit Medical College, attempted the removal of the tumor. Dr. Webber succeeded after persistent effort in enucleating from the posterior lip, a distance of 3 or 4 inches, when with some difficulty one blade of an obstetric forceps was introduced with the hope of pulling down the tumor, but it proved futile, and further attempt at removal was abandoned for the time being. The patient never fully rallied from the operation, and she gradually sank, and died the fourth day afterwards.
The examination of the tumor after death revealed that it was attached firmly to the walls of the uterus for fully three-fourths its surface, and that it would have been an impossibility to have enucleated it, although that portion of the posterior lip peeled off quite readily.

Dr. Campau reported a case of diphtheria occurring in a child 22 months old. Saw the case the Sunday previous for the first time. Was unable to determine its nature. There was only slight increase of temperature, about 9°. Fauces slightly reddened, and the child breathed through its mouth. Ordered quinine, with directions to notify him of the progress. Monday, Tuesday and Wednesday—day reported child doing nicely. Thursday he was sent for with the statement that it was much worse. When he arrived he found well marked diphtheritic exudate covering the whole of the fauces and extending well forward on the palate. Child died in a few hours, as he believed, from asthenia. Case was interesting from the fact that the exudate was not apparent until quite late, and the suddenness of the death.

Dr. Carrier stated that he had been able to diagnose diphtheria before the exudate made its appearance by the color of the throat, almost indescribable, but resembling a bluish red cast. Had seen a number of deaths from this disease, but none dying from suffocation, but had noticed sudden death in two cases during convalescence.

Dr. Johnson thought that these sudden deaths during convalescence were due to failure of heart's action.

Dr. Reynolds made mention of albuminuria, and otitis media following a mild case of diphtheria, the ear trouble being followed by a mastoid abscess. Also reported another case where sudden death took place as the result of basilar inflammation with quick effusion, consequent upon a slight ear trouble.

Dr. Hawes reported a case of a monstrosity where there was entire absence of all the phalanges of the left hand, with the exception of the thumb, and there only one phalanx was absent.

Dr. Owen reported a case of placenta previa. Primipara, age 19, healthy. Was called at 9 o'clock March 11th. Found the woman very restless, and flowing. On examination per vagina, two large clots were found which upon removal were followed by a rush of blood. The os was dilated to about the size of a quarter of a dollar. Placenta found attached over the os. The vagina was abnormally small. Called in Dr. A. E. Carrier as counsel, and we tamponed the vagina. Had great difficulty in doing this, on account of small size. At 4:30 A.M. we detached as much of the placenta as possible, but being unable to introduce the hand, were forced to puncture through the placenta, which was a matter of great difficulty, on account of thickness of membranes. After this had been accomplished the head engaged in first position, and bleeding was arrested. Delivery was then accomplished. Upon removal of placenta we found it shaped like a melon seed, and the cord attached at the apex, the placental sinuses being ruptured by passage of head. Immediately after rupture of membranes the cord protruded. The child was still-born. The peculiarity of this case was the shape of placenta, attachment of cord, thickness of membranes and size of vagina, with unusual point of uterine attachment.

Abstracts.

Vaginal Ovariectomy.—In the March number of the "New York Medical Journal and Obstetrical Review" Dr. W. H. Baker, Instructor in Gynaecology in Harvard University, relates a case in which he removed a suppurating dermoid cyst of the ovary per vaginam, and remarks that the success which now attends ovariectomy by abdominal incision renders the cases very few in which removal by the vagina would be the better method. He would limit it: First, to cases where the cysts are small and their contents bland, so that removal can be effected without difficulty, and without great danger of septic peritonitis from the escape.
of any of the fluid into the peritoneal cavity. Second, to dermoid cysts so small as to be removed through the vaginal incision without evacuation. In the case of an ovarian cyst firmly adherent in the pelvis, he believes the best operation to be that of drainage into the vagina, with subsequent destruction by suppuration or by the cautery.

**Removal of the Uterus in Ovariotomy.**—In the New York Medical Journal and Obstetrical Review for March, 1832, Dr. Andrew F. Currier, House Surgeon to the Woman’s Hospital, relates a case of removal of the uterus in connection with a multilocular ovarian cystoma, performed by Dr. T. Gaillard Thomas, and remarks that to remove a simple, free ovarian cyst is not a difficult operation, but that such tumors are not to be looked for in the majority of cases. From the record of more than fifty laparotomies performed at the Woman’s Hospital during the twelve working months, he finds only nine done for ovarian tumors unattached to surrounding viscera. In several of these, other serious complications were present. The adhesions in the remaining cases were more or less firm, involving the necessary risks of hemorrhage, septicemia, and peritonitis. Three out of the entire number held such intimate organic relations to the uterus as to call for the removal of that viscera. In one other case the uterus was removed on account of a growth developed from it. In others the portion of sac attached to the uterus was left. The ovariologist should be prepared to take the bold step of removing the uterus when it is called for by such complications.

**Genital Irritation.**—Dr. Landon Carter Gray, from a study of nineteen cases, says:

That there is no proof that genital irritation can produce a reflex paralysis. That while it is probable that slight nervous disorders, as incontinence, retention, difficult micturition, erratic movements, and slight nervous disturbances can be produced by genital irritation, the proof is not yet complete.

That operations for the removal of genital irritation may be beneficial even in organic nervous disease.

That we should therefore remove such genital irritation, if it exist in any case whatever, and thus give our patients the benefit of the doubt.

That in all cases of nervous disorders, with accompanying genital irritation, we should not regard the latter as the cause of the former until all other probable or even possible causes have been rigidly excluded.

That operations upon the genitals, even when there be no genital irritation, may prove to be a useful therapeutic measure in certain cases.—Ann. of Anat. and Surg., Med. Progress.

**Codeia in Diabetes.**—In a paper read before the British Medical Association, Dr. R. Shingleton Smith states that this remedy is almost a specific for diabetes. It should be given in doses large enough to produce physiological effects. Dr. Lander Brunton advises that it be given in one-fourth to one-half grain doses three times a day. Other eminent men give it, however, in much larger doses.—Canada Journal.

Pfeil Schneider reports in the Arch für Klin, Chirurgie, a case of fractured patella in a man 35 years old, which was treated with antiseptic sutures twenty-four hours after injury. Complete recovery in forty-four days, with entire use of knee from that time on.—Cincinnati Lancet and Clinic.

Dr. Avmangue (Revue de Ther.) reports seven cases of tonsilitis cured in less than twenty-four hours with bicarbonate of soda. Dr. Gine reports large numbers of cases cured by the same treatment. It should be applied locally, either by insufflation or by the finger of the patient. Repeat the application often until disease disappears.—Pittsburg Med. Jour.
Microscopical Examination of Tissues after Lead Poisoning and Action of Iodide of Potash.

By O. W. Owen, M. D.

In the summer of 1880 the experiments given below were undertaken and the results never having been before observed, I publish them in hopes that some of the vexed questions of lead colic will be answered.

Four healthy rabbits having been procured, No. 1 was killed and injected with ammonio carmine and the tissues hardened in alcohol. This was done for the purpose of comparison. Acetate of lead in doses of one-fourth of a grain was then exhibited to the three remaining animals, once a day. The lead was given in a dry state, and the rabbits were allowed their freedom during the day. All the peculiar symptoms of saturnine cachexia were manifest, emaciation, constipation, and colic. At the end of thirty days rabbit No. 2 was killed and prepared for microscopical examination. Rabbit No. 3 still continued to take the lead. No. 4 was allowed two days rest, and was then given potash iodide grains two in on drachm of water each morning. A very marked change was soon visible in this animal. All the abnormal symptoms disappeared, and a normal condition resulted. At the end of thirty days or sixty from the beginning, these two were also killed, and after the tissues were hardened, secretions were cut and examined. The poison seemed to have expended its force upon the veriform appendix and the small intestines, for here the principle lesions were found. Fatty degeneration had taken place to such an extent, that great care was used in handling the tissues to prevent crumbling. There was a difference only in degree in the two rabbits who had taken the acetate, that of the sixty days being more broken down than the other. The iodide of potash had done effective work as was shown by rings of muscular tissue alternating with rings of fat. I give below condensed account of microscopical examinations Nos. 2 and 3 specimens of thirty and sixty days poisoning, No. 4 the action of antidote.

Tongue, no appreciable change. Lung, No. 2 tissue swolle nd congested. Lung, No. 3, capillary vessels run together with breaking down of coats. Lung, No. 4, no change, congestion disappeared. Heart No. 2, fat cells in muscular tissue. Heart, Nos. 3 and 4 no appreciable change. Liver Nos. 2 and 3 show fat cells in abnormal quantities with stearine crystals. The glandular epithelium is granulated and appears like small shot. Blood vessels enlarged and congested, No. 4
THE DETROIT CLINIC.

Ergot in Labor.

By J. H. Carstens, M. D., Professor of Therapeutics, etc., Detroit Medical College.

THERE is no need to describe the different kinds of ergot, its physiological action, etc., but I simply want to say a few words about the use of ergot (secale cornutum) during labor. About a dozen years ago when my tact to manage and my experience in obstetrics was less than at present, I had a case of labor which was very tedious, so that the family insisted on counsel. I certainly had no objection, although the case was perfectly normal, but slow. The consulting obstetrician was of the old school; he asked if I had any fluid extract of ergot with me. I had about an ounce, but had not used any in this case. The old doctor gave the woman a tablespoonful of it at once. My eyes opened wide in astonishment when I saw the immense dose, but they opened still wider when he gave her another tablespoonful in about 20 minutes. In the course of an hour the child was born, without any particular incident.

This occurrence so impressed me, that thereafter I had no hesitancy in giving ergot, and giving it in large doses. I had the precedence of the old and experienced obstetrician. I would not give such very large doses, but would give a teaspoonful, repeated if necessary three or four times.

In the course of years it occurred that I delivered a woman of a stillborn child, for which I could not account. When a number of such accidents had happened; when a number of stillborn children had been charged to my account, I became very nervous about it. There must be some cause. In all cases the labor had progressed steadily, but slow; the pelvis were large; in short, nothing abnormal about the confinement except the inefficient pains. I made up my mind that the ergot caused the death of the children, and almost entirely discarded the use of the remedy during labor. I only give it at present during the last stage in some cases, especially when I think that post partum hemorrhage might take place.

Pancreas Nos. 2, 3 and 4 no change. Kidneys, Nos. 2 and 3 epithelium yellow in color, swollen, edges refracted, tubuli full of debris, crystals in tubules, hyper-æmia. Kidney No. 4, tubes clear slight yellow color. Bladder Nos. 2, 3 and 4, no change. Pylorus, Nos. 2, 3 and 4, no change. Vermiform appendix No. 2 epithelium granular, muscular fibres are degenerated and broken down submucous layer resembles layer of sand. Fat incorporated with remaining muscular fibres. Yellow rings of fat encircle the tube. No. 3 muscular tissue nearly gone. Fat, yellow and brittle having taken its place, stearine crystals in large quantities in the section. Globules of free fat found on outside of section. The few remaining muscular fibres are yellow in color with free fat cells between. No. 4 portions of this section show the regenerative change. The color is not so yellow, free fat gone, muscular fibres are greater in quantity and more normal in appearance.

The remainder of the intestines show the fatty degeneration in greater or less degree, and it is not worth while to merely reiterate what has already been given. From these experiments we believe the conclusion can be drawn that fatty degeneration is produced in the intestines from lead. We find in examining patients that the pain usually starts from the region of the ileo coecal valve and it is probable that here we have the reason, colic would of a necessity be a sequence of fatty change as the nerve endings would be laid bare, and as the muscular tissue becomes degenerated in such a marked degree, constipation must follow. A painter died suddenly in one of the hotels, of this city, and the results of the autopsy were kindly furnished me by the attending physician Dr. G. P. Andrews. The vermiform appendix, ileo coecal valve, and parts of both large and small intestines were found a mass of fat, no other structural changes were discovered. Further evidence could be adduced to prove the destruction of the intestines by fatty degeneration, but we think it is not needed.

31 State Street.
We will find on investigation that midwives often give ergot in any stage of labor, even the first, and the result is the large per cent. of stillborn children. Yes, even many physicians, young and old, give ergot injudiciously, just as I did at one time in my ignorance, but when I had the precedence of an experienced obstetrician,

My practice now is to give ergot only when I expect the labor to be completed in about one-half hour, and I have my forceps on hand so that I can deliver if needed. It often happens that during labor the pains cease for an hour or two, even after the administration of ergot; or for some reason such a rigidity of the external parts exist that the passage through the inferior strait is delayed for hours. Now, if in such cases we give ergot, and expect to hurry the case by bringing about pains or increasing the expulsive force of the uterus and then fail, what is the result? I would say you almost invariably cause the death of the child.

Therefore, ergot should never be given except if you have forceps on hand, so that you can deliver without fail and promptly. I have no doubt that I have saved children by the timely use of forceps, after having given ergot without the desired result. Why ergot should kill the child during its passage I do not know; in some cases undoubtedly by causing severe tetanic uterine contractions, but in other cases it undoubtedly acts directly on the fetus, I think by causing cerebral anemia, or by causing tetanic contraction of the thoracic, abdominal or diaphragmatic muscles.

In premature birth, in miscarriages and abortions, ergot is often given very injudiciously. In such cases often severe hemorrhages takes place, and ergot being used for hemorrhages is often given without any thoughts of its other action. For instance, a woman has received an injury, a fall, or injury of any kind, which has produced a rupture of the membranes. The uterus now tries to expel the fœtus and placenta, the cervix opens to allow through it the passage of the uterine contents. The fœtus at two and three months is small and escapes easily, or has already been expelled with the amniotic fluid, the placenta remains on account of its size. We therefore have a case about as follows: Uterus partially open, containing a placenta and severe hemorrhage, and pains taking place. If now ergot should be given, the result would be the closure of the cervix and cessation of the hemorrhage, but the placenta would remain in the uterus and it would be impossible to get it out, except by again opening the cervix. Most of us have seen just such cases: uterus closed and containing a placenta, sometimes for weeks and months; the result is always a severe, sometimes fatal, hemorrhage, when the uterus makes another attempt to expel its contents or the placenta decomposes and septicemia develops frequently with fatal results.

In miscarriages ergot should not be given except when the cervix is entirely open and only the expulsion of the placenta is desired; to check the hemorrhage before that time a Barnes or other dilator or vaginal tampon should be used.

It is nothing new I here offer; these points have been often noted by experienced obstetricians, but as I met with many cases where these indications for and against ergot during labor have been neglected and ignored, I thought it would do no harm to again call attention to them. By repetition and reiteration, probably in the course of time more discrimination will be used in administering such a powerful agent.

In resumé I will say:

1. Use ergot only if labor can be completed in half an hour.
2. If labor is not ended in that time, apply the forceps.
3. In miscarriage do not use ergot to stop the hemorrhage; but
4. Use it only if the cervix is entirely open and the placenta can be expelled by the uterus or removed with the placental forceps.
Spontaneous Rupture of an Ovarian Cyst.

By A. R. Smart, M. D., Hudson, Mich.

On the 30th of Jan., 1882, I was asked to see Miss R. D., a lady about 41 years old. From her I obtained this history: Health had been fairly good until about six or seven years ago; since that period she had suffered from uterine disorders, difficult and disordered menstruation, cystic and rectal disturbances, backache, etc. During this time the general health had been much impaired. Has been treated by different medical men; by one for "retroversion" for a number of months. Latterly has had no treatment. In Sept., 1881, noticed a slight enlargement in the right inguinal region, attended with occasional pain and a sense of soreness. The enlargement of the abdomen has steadily increased till the present. The soreness and pain has not been continuous, but have recurred somewhat severely at intervals. The abdomen is now occupied by an irregularly globular shaped mass, about the size of the gravid uterus at six months, and which seems more prominent toward her right iliac fossa. It has been the seat of pain for some days, which is now less. Some tenderness, however, yet remains. The mass seems but little movable. The walls of the abdomen, although not tense, can be but slightly moved over the tumor.

Examination per vaginum showed the uterus to be of normal size, crowded backward and partially fixed and but little vesical disorder existed. The bowels were regular, but at times some pain in defecation was complained of.

With this history before me I felt warranted in diagnosing an ovarian cyst, with probably extensive adhesion. Advised non-interference, at least at present, and a general supporting regime, quiet, and sedatives as needed. For some days after my visit the patient continued to improve and the pain and soreness nearly all wore away. Early on the morning of Feb. 6, she was, while quiet in bed, somewhat abruptly taken with pain of severe character in the vicinity of the tumor. This increased, and was soon followed by vomiting. Cold, clammy extremities, and soon of the surface generally. A pinched appearance of the face and all the indications of profound collapse. The abdomen became tympanitic and excessively tender. Pulse small and thready. Vomiting and retching almost constant until death occurred, on the evening of the 8th, about 36 hours from the onset of these phenomena, the indications pointing to peritonitis resulting from a spontaneous rupture of the cyst. I asked for and obtained a postmortem, to verify or disprove the opinion. The examination was made about 18 hours after death, by Dr. Geo. W. Rice, of Hudson, and myself. The walls of the abdomen contained an unlooked for quantity of adipose, giving evidence that the nutrition of the patient had not been greatly interfered with. The peritoneum gave, when searched, abundant evidence of recent inflammation. Flakes of lymph with sero-purulent fluid, intense injection of blood vessels were present. The cavity of the peritoneum contained as near as could be estimated about a pint and a half of sero-purulent fluid. The cyst walls, which were of a purplish hue, were extremely fragile and thin in places, and were at different points on the anterior surface densely adherent to the wall of the abdomen. The growth on the anterior aspect, a little to the left of the median line, had a rent of an inch or more in length in its wall, through which with every motion or slight pressure the contents of the cyst welled up into the peritoneal cavity. In its deeper relations the cyst was found to originate in the left and not the right ovary, as was supposed. The ovary was entirely lost in the base of the tumor, which was adherent to the colon at and about the sigmoid flexure, to the uterus, and to the iliac fossa and brim of the pelvis. The right ovary was the seat of cystic degeneration, which had attained the size of a small orange. My diagnosis was confirmed, and I may add, the wisdom of non-interference. I am aware that immediate operation is often advised in peritonitis, the result of ovarian cysts, but I am convinced that any attempt at interference in this would but have contributed to the fatal result.
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GEO. S. DAVIS, Medical Publisher, Box 641.

Selling Poisons.

THE Lamson case in England has been watched with great interest on both sides of the Atlantic, and the old question of druggists' responsibility again comes to the front. In the high state of education of the world the would be murderer stands far above the chemists of a few years, (as time flies) ago. It is as easy now as it was hard then to get any drug, no matter how hurtful. Then, too, any bookseller will furnish works on toxicology or materia medica, and the ordinarily educated person can by these means learn all that is known about drugs. How easy, after this knowledge has been gained, to concoct a mixture more deadly in its effects than the bullet or the knife, and so nearly undiscoverable as to insure comparative safety. How few chemists there are who could find traces of these powerful drugs after the stomach has been sent them for analysis. And by hypodermic injection no trace is left. There is only one way to stop this practice, and that is by stringent laws against the sale by any one of poisons, except it be by order of a known physician, and not even then, unless the order is countersigned in some way. Let the physician have blanks prepared on which there is a ruled line for him to write the word poison, and under this let him put his signature as well as at the bottom of his prescription, then let the law fine any druggist selling any poison without this countersigned or-

der. If the physician does not prescribe a large enough quantity (if it be taken all at once) to kill, then his signature is to be left off, but in the event of large quantities being put up, and for the same person, then protect by signature.

THERE are ways and ways of getting one's wares, skill or exemplary virtue before the public. Some classes of trade send out handbills, others put up posters, and still another class of professional men write letters to the daily press over their own signatures, holding and bolstering up their views and opinions, so that the ignorant public may see what great and good men they are. How easy it is to say what a great and good man am I, like little Jack Horner, and what a set of scamps the other fellows are. Does it pay to do this? We think not. We believe that the golden rule is just as applicable in the profession and between professional brethren as in other walks of life, and that no physician has a right to call in question the motives of his brother practitioner through the columns of the daily papers, for it is but an underhanded way of advertising himself at the expense of other professional men, and there is no more harm in writing a puff of oneself, or one's cureall, than in rushing headlong before the public with a half column letter, holding up one's own virtue, and crying down one's fellow man. Petty jealousies should be set aside in the enobling profession of medicine, and if we think our brother is wrong or doing ill, go to him and say that which the spirit moves you to say in private, and not in your local paper.

A Detroit medical man,
A whoop 'em up lively young man,
A ride on our river to cure his liver,
A Pirate of Penzance young man.

A Detroit medical man,
A rattling go-ahead man
He packs in his knowledge, at the Medical College,
And yells, beat us now if you can.
During the winter session of the Detroit Medical College the following operations were performed before the class by the professor of ophthalmology and otology: Cataract, 8; orbital tumor of frontal sinus removed, 1; Optico-ciliary neurectomy, 1; enucleation, 7; iridectomy, 7; strabotomy, 11; operation upon the lids, 27; operations upon the lachrymal apparatus, 15; unclassified, 15. Total 98.

**Society Proceedings.**

[Reported for the Clinic.]

**Meeting of the Detroit Medical and Library Association.**

April 3, 1882.

The meeting was called to order by the Vice-President, Dr. C. J. Jennings, and the minutes of the last meeting read and approved.

Dr. T. A. McGraw then related his experience with iodoform, as a surgical dressing. He had used it with good results in cases of necrosis. Granulations grow more rapidly, and wounds heal better with this dressing than without. He operated upon a boy with necrosis of thigh and used iodoform; also in case of necrosis of wrist, and an abscess of thigh. Had good results. Used it to-day in a case of hernia. In the abscess he filled it with iodoform, and dressed with oakyin. Has not used it upon old people, on account of deaths reported in Germany. The symptoms of iodoform poisoning are cerebral, mania at night, restlessness, and attempts to throw themselves from windows, etc. This condition lasts some time after the iodoform has been discontinued. Cachectic and strumous children are easily poisoned by its use.

Dr. J. H. Carstens uses iodoform in chronic ulcers and hemorrhoids. It is a local anesthetic. To obviate the disagreeable odor, he mixes it with tannin or balsam of Peru. Believes the poisoning is due to the iodine.

Dr. McGraw does not agree with him, as the symptoms are those of cerebral poisoning, and iodine first shows as a skin trouble. Billroth has been operating on a great number of old people for cancer of the tongue, and after controlling hemorrhage, packs in gauze, which is filled full of iodoform. This is allowed to remain until it comes away as a scab or crust. All diphtheritic exudate is gotten rid of in this way. And Dr. McGraw suggests its use in diphtheria.

Dr. Lauderdale does not like iodoform, and believes it absurd and bad practice to pack the mouth in this way with this or any other poison.

Dr. McGraw objects to this and says remarkable cures have been affected by its use.

Dr. Reynolds never used it much, but would think it must stop union by first intention.

Dr. McGraw said cavities heal more rapidly under this dressing than without. In large cavities in bones it can be packed in and they heal rapidly.

Dr. Lauderdale asks why white wax would not do as well if pressure were needed.

Dr. McGraw: It would not be antiseptic, and then reported a case where Dr. Isreal, of Germany, removed a vertebra and used the iodoform as a dressing with good results.

Dr. Johnson had used iodoform in syphilitic bubo.

Dr. Jennings said that a case was reported in the Medical Record of its use in tracheotomy for diphtheria with success. He had occasion to look up the records last year, but could find no recorded cases of death from its use. He believes it to be a cardiac depressor.

Under prevailing diseases Dr. Carstens reports measles, scarlet fever and malarial troubles in his locality. Dr. Carstens also reported a sudden death after parturition. Midwife delivered a healthy woman at 7 A. M. He was called in the afternoon and found the patient sinking. Stimulents did no good, and patient died. Thinks it was a thrombus.
Dr. Johnson uses strychnia and digitalis hypodermically in cases where stimulants do no good.

Dr. Ross reported a case of delivery where the woman was in a "fit," so-called. When he arrived, by pressure on the ovaries he could control her. There was no uterine pains. The patient complained of pain running from lumbar regions to the top of the head. He delivered her by manipulation, and she made a good recovery. The pain was controlled after delivery by hydrobromic acid.

Dr. Carstens. Was not the pain due to uterine irritation?

Dr. Ross. No, sir; I think not.

Dr. Johnson reports a large number of cases of measles.

Dr. Owen reported a case of phlegmasia dolens, the swelling first appearing in the groin, and extending downwards into the foot.

Drs. Miner and Pratt were then elected active members, and the society adjourned.

Abstracts.

Extra Uterine Pregnancy.—Dr. Wm. Goodell removed by laparotomy an eight month fetus from the abdomen. The patient did well until the fifteenth day, when convulsions set in, and death ensued. The autopsy showed disease of the kidneys. — Med. Record.

Peritoneal Transfusion.—Three cases are reported of injections of defibrinated blood into the peritoneal cavity, one death and two recoveries. From two to six ounces of blood were used at each injection. Mosler, of Greifswald, had the fatal case, and claims death to have taken place from repetition of the transfusion. In the lower animals there seems to be no danger whatever. The method is to defibrinate fresh blood, heat to normal temperature, put in trocar and inject. The instrument should be warmed. — Medical News.

Benzole Inhalations in Whooping Cough.—According to an anonymous writer in the London Lancet, benzole will check the spasm and relieve the whoop in this disease, using a spray apparatus.

Balsam of Peru for Pruritus Ani.—Apply locally on going to bed. It relieves the intense itching for a time.—Northwestern Lancet.

We give below two methods of removing nits from the hair: Apply spirits of wine freely and then wash with soap and water. This removes them. Or, make a rather strong decoction of larkspur seeds, and apply to the hair; wash the head in two or three days with carbolic soap and brush out the nits when dry.—Lancet.

Dr. L. S. Oppenheimer gives in the Louisville Medical News a modification of Prof. Haines tests for glucose in the urine. "One or two drops of glycerine are dropped into a test tube. A few drops of an aqueous copper sulphate solution are added, then about five or six times this quantity of liquor potassa is poured in and the whole boiled. The urine is then dropped in, and if sugar be present the yellow or reddish color will suddenly appear."

Mr. Teale a dealer in a patent fever and ague cure, dosed himself with the compound and is now preserved for future use—arsenic.

Sir James Paget has been compelled to give up practice and go to the south of France,—ill health.

Dr. Simon (British Medical Journal,) reports a case where the pulse ranged from twelve a minute to forty. This condition had lasted for thirteen years.
A Hydropathic institute is to be erected in New York costing $100,000.

The first regular medical journal was published in Paris in 1679 and was called "Les Nouvelles Déconvertes sur toutes les parties de la Médecine."

A new street in Vienna has been named Skoda street in honor of the celebrated physician and clinical professor, of that name.

The colleges of France vie with those of this country in number of graduates yearly sent out. In the year 1881 six hundred and twenty-one were accorded degrees.

Dr. Sexton (Med. Record), reports cases where medicines put in the vagina or ear were tasted in the mouth.

Dr. Dupuy (Progress Médical) claims that in the cold stage of Asiatic cholera hypodermic injections of sulphuric ether have a very marked effect.

Dr. Magitot says that osteo periostitis of a peculiar kind is a constant and early symptom of diabetes mellitus.

The red and blue color of sweat that has occasionally been observed is due to bacteria, the so-called sphero-bacteria. The red sweat is contagious, but it is difficult to cultivate.

Prof. Gross has resigned the chair of surgery at the Jefferson Medical College. He has filled it for twenty-six years, and his resignation is and will be a serious loss to the college. Dr. Gross is 77 years old, and can retire with honors accorded to only a few medical men.

A writer in the Medical and Surgical Reporter, extols poultices made of tobacco and flax seed. It relieves pain and is much more effectual than a simple poultice. He has used it in perityphlitis and in local neuralgia.

A London correspondent of the Amer. Pract. reports death resulting from tight lacing.

Dr. N. Bozeman removed a cyst weighing 20½ pounds from the pancreas. The patient was discharged cured in thirty-eight days.—Canada Lancet.

Gray's Anatomy has been translated into Chinese and published in six volumes.

It is recommended to give muriated tincture of iron in capsules.

Clemens recommends liquor arsenic bromat in the treatment of diabetes. The dose at first is one drop in a goblet of water, three times a day, increased to three drops.—Med. Record.

Dr. J. H. Salter reports the successful treatment of a case of acute traumatic tetanus by chloral and bromide of potash. Chloral was given both by the mouth and hypodermically.

The London Lancet again warns people against the too prevalent custom of keeping growing plants in sleeping rooms, on account of their irritating and poisonous exhalations.

For the removal of warts, Dr. W. Allan Jamieson recommends the use of chroemic acid and water, one to one. The skin around each wart is first painted with oil and the acid applied. In a week the warts disappear.—Independent Prac.

Profuse purulent expectoration is best treated by large doses of sulphate of iron. Graves says the action of a chalybeate is not merely limited to strengthen the tone of the stomach and general system; it is also calculated to arrest superabundent secretion from mucous surfaces.—Canada Med. and Surg. Journal.

The patient from whom Sir Wm. McCormac removed the entire uterus for cancer, is convalescent.
Original Department.

Surgical Clinic at St. Mary's Hospital Dispensary.

By H. O. Walker, M. D.

SPONDYLITIS.

GENTLEMEN: We have here to-day 3 cases of disease of the spinal column, commonly called Pott's disease, or what is more properly termed spondylitis.

Case 1 is a little girl aged about three years, and her mother informs us that she has always been a feeble child. The trouble you easily recognize now, first commenced over a year ago, and was not recognized in its true light until the knuckle or prominence of the spine became apparent, a diagnosis that any of the laity can easily make out. The symptoms that occurred before this knuckle appeared was some pain in that region, although not very much. This will vary in the different cases that come under your observation. The principal symptom was difficulty in breathing, which you now observe has increased to a grunting. The pain and symptoms differ according to the location of the disease. In this case it is confined, as near as we are able to judge, to the seventh cervical and the two upper dorsal vertebrae. Now, if it were in the middle of the dorsal region, the trouble would be principally abdominal; and if in the lower dorsal and lumbar region, aside from the pain, we might have symptoms referable to the bladder and rectum. You will please notice that in getting up from the table that she supports herself by placing her hands on her knees; that in picking up the keys she slides down, and does not bend over like a child with a sound spine, but keeps erect as much as possible to prevent concussion of the diseased point. This is nature's indication for treatment.

You will remember your first introduction to medicine was the study of the vertebrae, and possibly a brief reminder at this time may not be out of place. The spine is a wonderful piece of mechanism, allowing a variety of movements and consists of 24 pieces, placed one upon another, forming a pyramid. These pieces or vertebrae are separated from each other by cartilaginous elastic buffers, to prevent concussion. Each vertebra consists of a body and its processes, which do not become firmly united until life is somewhat advanced. The bodies are most liable to disease, yet any of the articular processes may become so. The peculiar symptoms occasioned by this disease are referable to irritation of the spinal nerves, as you are aware that they pass out from the spinal cord through the inter-vertebral notches, and any pressure or irritation at these points give us the variety of symptoms that you have noticed in these cases that have been before us this winter.
Case 2. Lumberman, æt. 28. Has the appearance of a strong active young fellow, and was so up to about eight months ago, when, carrying a stick of timber with a fellow workman who let it fall, and the whole weight came upon his shoulder, producing at the time a severe wrench in the middle of his back, and ever since he has complained of pain at that point, and on examination you readily observe a marked projection at the ninth dorsal vertebra. Now, the cause in this case was unquestionably an injury, for he has always been rugged, with no history of hereditary or constitutional disease. His symptoms are principally pain at the seat of injury, extending around in front of the abdomen and down to the groin on each side, and feels most comfortable when lying on his belly.

Case 3. Æt. 25. Comes to us with a swelling in the right groin and pain over region of the kidneys, which has been there several months, which he says was caused by heavy lifting, while working at his business, that of molder. Now I observe you smile, and that it is the old story of a spain. Let us examine, and while lying on the table I find that this tumor, which is as large as your fist, is quite compressible, and that it fluctuates, and I hear some of you say that it is a hernia. Yet a hernia does not give a previous history of pain in the lumbar region, neither does it disappear slowly, but generally with a sudden slip, nor is there fluctuation as we have here, and what is more this tumor is external to the femoral vessels, while hernia, either inguinal or femoral, is internal to the femoral vessels. By introducing the needle of this hypodermic syringe, pus wells up into the barrel, so there can be no doubt but to have an abscess to contend with. We will now open it freely, and you see that our basin is half full of pus, and that a long probe passes way into the abdominal cavity, and I think we can safely pronounce this a psoas abscess, having its origin from a diseased lumbar vertebra, although there is no appreciable deformity of the spine at this point. Now, this abscess is an unfortunate affair for this man, as are all abscesses having their origin from a diseased vertebra, for they are a long time in getting well, if they ever do. If we had been able to see these cases early, especially the first two, it would have been possible to have prevented the deformities that now exist, at least to have modified them very much by the application of a plaster jacket, which we will now proceed to do.

In the first place we adjust the suspensory apparatus, making sure that it pulls alike on the neck and armpits, so that it does not become painful. The shirt over which the plaster bandages are applied should be seamless, elastic and tight fitting, under which, over the abdomen, we adjust a "dinner pad," consisting of three or four folds of ordinary cotton cloth, and when the plaster is dry, is drawn out, leaving room for a full meal without distressing the patient. The plaster bandages used are made of cheese cloth, into which is rubbed fine, fresh plaster of Paris, and when ready is placed in alum water (alum 3 iij, water a gallon) until saturated, first wringing out the refuse water before using. Everything being in readiness, we will raise this little girl just sufficient to straighten the spine, it not being necessary to lift her entirely off her feet. The application will have to extend well up and around the neck (as in this case the trouble is high up, almost even with the top of the shoulders), so as to make a firm support for the spine above the point of disease. You will also notice that it is extended well below over the wings of the ilia, forming a firm support. The application of the jackets in these two men will only extend up to the armpits, and in the case of the man with the psoas abscess, it will have to be extended well down as far as the trochanters, just allowing motion at the hip joint, the object of this being to make an opening at the point of the abscess to allow for drainage, and at the same time not interfere with the consistency of the jacket. I forgot to mention that it is essential to protect bony prominence for a while with cotton bat-
ting, as they are liable to become excoriated after wearing the jacket. The time for wearing the plaster cast before removal, will vary in different cases. In young children it will be found necessary to remove and reapply as often as every eight weeks, while adults may wear them much longer. I remember one case where I applied one in the fall, and he wore it all winter while working in a lumber camp, and came back to me in the spring, stating that he wished me to apply another, and he thought that it would last him through harvest. When you wish to remove it, you can do so quite easily with an ordinary pocket knife, by commencing at the top and cutting down the centre.

In applying these jackets, do not make them too heavy nor too light, but just sufficiently thick as to form a firm support. Of course a child does not require as strong a one in proportion as would an adult. There are some points in connection with this disease that I wish to direct your attention to, that is, the cause. You will hear on the one hand, that all joint troubles have their origin in an injury, while, on the other hand, you will hear that all these troubles arise from some constitutional case.

In the cases I have shown you to-day, the last two unquestionably had their origin in an injury, while in the little girl, it was of constitutional origin; yet, might not this little girl have, in some unknown way, received an injury? Of course, this is just mere supposition; yet it stands to reason that ill-nourished children are much more prone to the influence of slight injuries than children that are robust.

I am inclined to the middle ground opinion in regard to the causation of these troubles, that is, in many cases the origin is without doubt an injury; in others, constitutional and injury—constitutional predisposing, and injury exciting cause—and in other cases we are forced to believe that it is strictly constitutional, and when we do meet with such cases they generally die.

A Case of Labor.

FIRST STAGE CONTINUED FIFTY-THREE HOURS—FORCEPS DELIVERY—POST PARTUM HEMORRHAGE.

By A. F. Hoke, M. D., Lecturer on Obstetrics in the Detroit Medical College.

I WAS called at 5 p. m., April 2d, to see Mrs. L., German, æt. 23 years; blond; of good physique; in her first confinement. I found her pale, anxious expression, irritable, pulse 120 per minute and weak, and temperature 101.5°. Pains recurring every few minutes, but of a short very unsatisfactory character. I learned from her husband that labor began at 12 m., the previous Friday, and that pains had continued at regular intervals almost interruptedly since, she only being able to get an occasional fifteen minutes' sleep. A mid wife was called at 5 p. m., Friday, and remained constantly with her, assuring her friends that "all would soon be right," and was very indignant to think they should deem it necessary to call in a physician, even at this late hour.

On making a vaginal examination, found vagina moist, pelvis roomy, os dilated to about the size of a dollar, membranes ruptured, cervix thin and rather rigid, and an unusually well formed anterior vaginal cul de sac.

In the January (1832) number of the American Journal of Obstetrics, Dr. Forrest, in a very instructive paper, entitled "Changes in the Uterus and Pelvic Diaphragm During Labor," points out and emphasizes the latter condition (ant. vag. cul de sac) as an indication that the internal os is completely dilated and a thin cervix and undilated external os only stand in the way of rapid progress, and further as being an indication for interference, viz., digital dilatation being indicated.

Although in the first stage of labor (not very remotely called harmless) my patient was in a very weak and critical condition, and interference urgently indicated. Administered quin. sul., grs. x., and proceeded at once to make digital dilatation. Introducing two fingers in the os, and as
dilatation progressed, even three, dilating in all directions, during the intermission and with two fingers toward the left acetabulum (head being in first position) during a pain. At the end of an hour, or about two-thirds dilated, pains frequent, but weak and ineffectual; pulse 125 per minute. Gave fl. ext. ergot 3 j, whisky, etc., and proceeded to deliver with instruments. Succeeded in applying Elliot's long forceps with but little difficulty, and soon delivered her of a rather small child, weighing about six pounds. The uterus failed to follow down for a few minutes. Again gave fl. ext. ergot 3 j, and making continuous pressure over the fundus of the uterus with both hands, backward and downward in the direction of the superior strait, soon had the satisfaction of feeling it contract under my hands and expressing the placenta entirely from the uterus, finding it lying in the vagina. The patient was comfortably arranged in bed, and before applying the bandage I observed that although the uterus was contracted and could easily be outlined above the pubis, it did not leave that hard, firm feeling—sometimes compared to a cricket ball—so gratifying to the physician. I applied the binder placing a folded towel over the uterus, patients pulse was better and expressed herself as comfortable. Having gone into an adjoining room for a few minutes she called me saying she was dizzy, pulse very rapid. No external hemorrhage, failed to find a contracted uterus through abdominal walls. Rapidly introducing my hand into the uterus up to the fundus I found that organ largely distended with blood in a very relaxed condition. Scooping out the blood, which was partially clotted, I then with my hand doubled up made pressure on the inside and with my other hand on the fundus on the outside soon felt the uterus beginning to contract, forcing out the remaining blood together with my hand. Pressure was kept up externally for some time before it became sufficiently hard.

I called for ice during the expression of the placenta, thinking I might be obliged to use it. The husband arrived about an hour after it was needed. I found he had walked over a mile to procure it. Of course the logical deduction is that the practitioner can not too early see that the two agents heat and cold—sometimes so invaluable—are at hand. The patient was in a deplorably weak condition. Her head was kept low by elevating the foot of the bed. Stimulants administered, ergot continued in small doses to keep the uterus contracted, and favor involution, etc. The headache such as usually follows excessive hemorrhages was controlled by large doses of opium. At present April 7th both mother and child are as well as could be expected.

452 Antoine Street.

Society Proceedings.

[Reported for the Clinic]

Regular Meeting of the Owosso Academy of Medicine.

THE regular meeting of the Owosso Academy of Medicine was held at Owosso, April 6, 1882. The President, Dr. D. C. Holley, in the chair. Members present: Drs. Hume and Chapin, of Corunna, Holly, of Vernon, Campbell, of Ovid, Drake, of Oakley, A. M. Hume, of Bennington, McCormick, Osburn, Perkins and Barnes, of Owosso, and A. E Carrier, of Detroit.

Dr. Perkins, of Owosso, read an interesting paper on cerebro-spinal meningitis, giving the history of the disease as it occurred in a terrible epidemic that scourged Shiawassee county, some 20 years ago. In this epidemic fully 50 per cent. of the cases were fatal. The doctor thought that when the disease occurred as an epidemic, the pathological conditions were different from those occurring in sporadic cases, and therefore the treatment should be different. He had never derived any benefit from the use of quinine, even in cases that were markedly periodic; had relied principally on morphia, used hypodermically, and after effusion, would give iodide of potass. and mercury. He did not see that any benefit was derived from sweating, even when hemlock boughs were
used. Cold applied by ice bag to the head and neck was beneficial. He thought that many cases that recovered would better have died, as they were living only as wrecks. Post-mortems had shown no change sufficient to account for those cases in which deaths had occurred in a few hours. While in the epidemic form of the disease there was congestion of the pia mater of the brain and spinal cord. In the sporadic cases this was not always found.

Dr. Barnes said that the epidemic that occurred in Shiawassee county was a very severe one, almost every case proving fatal, until the treatment was changed to sweating the patients. This was done by the use of the hemlock boughs, and there being a plentiful supply near Owosso, teams were employed constantly in bringing it into town for this purpose. He had used opium, and had seen the time when he thought the patient would die from its use. If called upon to go through another epidemic, he should discard opium entirely, and would suggest the use of chloroform instead.

Dr. Campbell. My experience in this disease has been limited. At the present time there is an epidemic of the disease in the town of Elsie. I have been called in consultation to three cases. My treatment has been the use of bromides, ice and ergot, and in the latter stages to remove effusion I give iodide potash. The cases seen in consultation were of a decidedly asthenic character. There was deafness and opisthotonos. In the case of a little girl, the lower jaw would drop every other day, mouth remaining open for some hours.

Dr. Osburn. I have had very little experience in the disease, but do not think any plan of treatment can be given suited to all cases. I would treat the cases rationally.

Dr. McCormick. I passed through an epidemic of the disease in Ontario some years ago. The treatment by most physicians at this time was by cold, quinine, mercury, bromides and ergot; and fatal cases were numerous. One physician bled a strong young man that was attacked with the disease and he made a good recovery, and this led him to use the lancet in all his cases with marked benefit. The next year the disease again appeared, but was decidedly asthenic in character, and the physician that continued to use his lancet lost his patients, while stimulation seemed to give the best results. In this latter epidemic the pulse was slow, the skin cool and moist. There was opisthotonos; one limb would be contracted, one pupil dilated with marked hyperesthesia.

Dr. Holley: I well remember the malignant character of the cases occurring in this county, mentioned by Dr. Barnes. Bleeding was of no benefit. One case I was called to, a strong young man, I bled, but only got a few ounces of thick blood looking like molasses, and I was glad to see it stop. Patient died in a short time. Calomel and quinine were used, and I think with benefit. Some writers advocated morphia in full doses in the early stages of the disease.

Dr. Chapin called attention to the fact of pneumonia occurring as a complication in the disease, and thought there might be a like causation for pneumonia and cerebro spinal meningitis.

Dr. Perkins: I do not consider the disease as inflammatory, and would use opium. I would not use the remedy in acute meningitis.

Dr. A. E. Carrier read a paper on eczema, regarding the disease as curable and giving an outline of his methods of treating the disease at the clinic of Detroit Medical College and in private practice. Treatment should be both general and local; in some cases local treatment would suffice. By general treatment he did not mean the use of so-called alteratives, but relief of dyspepsia, rheumatics, gout, etc., if they existed; and in curing these affections he would expect to relieve the patient of his eczema. Active stimulation, locally, was used in the chronic cases where there was much thickening and infiltration of the skin. The rubber bandage was an excellent means of cure in cases occurring in those past middle life, and affecting the lower extremities, especially if there were any varicose veins present. Arsenic was given only in the
squamious and papular forms, with stimulation by soft-soap and water locally and emplast, diachylium applied afterward. The acute forms of the disease should be treated as any simple inflammation. Soothing applications locally. Salines given freely.

Dr. Campbell wanted to know what was thought of chrysophanic acid, and related four cases in which he thought he had derived great benefit from its use in the strength of gr. xx to cosmoline 3j. Dr. McCormick had used the elastic bandage and black wash in one case.

Dr. Perkins. I have always understood eczema as being a vesicular disease; did not know of a papular or squamous form until I heard this paper. I relieved cases for a time but the disease returns.

Dr. Chapin would like to ask Dr. Carrier if there was any remedy that would cure psoriasis.

Dr. Carrier: In reply to Dr. Campbell I use chrysophanic acid in certain forms of eczema. I think from the appearances of one of Dr. Campbell's cases, as related by him that the disease was psoriasis; I used the acid for this trouble freely in varying strengths from xx grs. to 3j and more to the 3j comosline. In reply to Dr Chapin I rely upon arsenic principally in psoriasis for internal treatment.

Dr. Campbell had regarded all scaly eruptions as forms of eczema.

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Abstracts.

**The Abortive Treatment of Buboes with Carbolic Acid.**—Dr. Morse K. Taylor, U. S. Army, in the April number of the American Journal of the Medical Sciences, publishes a paper on the abortive treatment of buboes by injections of carbolic acid.

He reports 20 cases in which he certainly obtained remarkably successful results, and he states that within the last 7 years he has treated nearly 150 cases of various forms of lymphadenitis, arising from specific and non-specific causes; and, where he saw the cases before the formation of pus was well established, he had not failed to arrest the process immediately, and allay the pain in a few minutes. His method is to inject from 10 to 40 minims of a solution containing 8 or 10 grains to the ounce, directly into interior of the inflamed gland.

The Philadelphia Medical Bulletin for April 1882 has fine full page likeness of the late Prof. Joseph Pancoast, M. D.
DIAGNOSTIC AND OPERATIVE DIFFICULTIES IN OVARIOTOMY.—Prof. Engelmann, of St. Louis, contributes an able paper with the above title to the April number of the American Journal of the Medical Sciences, with the account of two cases. He emphasizes the following points as of practical importance in securing successful results:

1. Enter the peritoneum at the upper angle of the abdominal incision, mindful of the safety of an enlarged bladder.

2. Endeavor to secure deep and firm union of the abdominal incision, by carefully and closely placed sutures during the operation, and proper support for months after.

3. Ligate all bleeding points, use the finest braided silk, cut short, and drop at once.

4. Avoid routine Listerism, and especially the carabolic acid spray over the hands of the operator and into the abdominal cavity. Cleanliness, not carabolic acid, is necessary. Keep sponges clean and warm, but not carbolized; avoid carabolic acid about the peritoneum and open surfaces. Ligatures, sutures, and instruments should be clean, but not carbolized.

5. Late operations are the scourge of surgeon and patient. If an operation is indicated, operate early, as the patient's chances decrease with the growth of the tumor, and the failing of health.

FRACTURES OF THE SKULL, RESTRICTED TO THE INNER TABLE.—In the American edition of Holmes' Surgery, Dr. John A. Lidell recently had occasion to show that cranial fractures are restricted to the inner table much oftener than has generally been supposed. Researches made for other purposes since that was written have brought to his notice fresh evidence, not only that his views were correct, but also that this lesion occurs with even a greater frequency than he had believed, and that it unquestionably should be assigned a prominent place among the traumatic lesions of the skull, which, although not very infrequent, are very obscure, or little understood, and nearly always fatal, unless promptly treated when symptoms appear.

In the American Journal of the Medical Sciences for April, 1882, Dr. Lidell presents some additional cases, together with a thorough exposition of the subject, and especially of the symptoms, diagnosis, and treatment.

As regards the mode of production of this variety of fracture, he shows that when the skull is broken by a blow of any sort, except at the frontal or any other sinus, the fracture always commences in the side of the skull opposite to that which is struck, and the blow, in whatever way produced, must not be strong enough to break both tables.

As to the terminations of cranial fractures restricted to the inner table, the clinical histories of the cases Dr. Lidell has collected, show that the traumatic meningitis and encephalitis usually end in speedy death, unless the causes thereof, the imprisoned fragments of the inner table, are liberated and removed by the timely performance of trephining.

MORPHIA AND CODEIA.—Dr. J. B. Garrison draws the following conclusions regarding morphia and codeia.

First.—Codeia is a greater cardiac stimulant as indicated by the force and volume of the pulse.

Second.—It is a more powerful diffusable stimulant, elevating the temperature and exciting the capillaries. Large doses produce intense itching with anerythematous redness of the skin, thereby indicating its use in all internal congestion, save, perhaps, those of cerebral or spinal origin.

Third.—It does not check the secretions to such an extent as morphia; it is therefore indicated when it is desired to avoid locking up the liver, constipating the bowels, or lessening expectoration.

Fourth.—It is greatly less dangerous than morphia, no lethal dose having been recorded. Yet so potent an agent should necessarily be exhibited with due caution. Its comparative safety recommends its use in infantile therapeutics, where morphia is so rarely tolerated.
Fifth.—It is never followed by the intense nausea which so often contra-indicates the use of morphia; and frequently no unpleasant after-effects are noticed, referable to its exhibition.

Sixth.—There is less danger of the induction of the opium habit from repeated doses than is the case with morphia, which should be a matter of serious consideration in making a choice between the two.—Western Medical Reporter—Med. Record.

Syphilitic Reinfection.—This question of the possibility of a reinfection by syphilis is a very important and interesting one, touching as it does upon the possibility of a cure of the disease, for it is generally believed that, while the patient is under the influence of the first infection, he is not obnoxious to a second.

In the American Journal of the Medical Sciences for April, 1882, Dr. F. R. Sturgis reports the history of a man, who, apparently free from previous disease, entered the hospital with two initial lesions, followed by a macular syphilide, osteocopic and muscular pains, and a double iritis. Under treatment, extending eight months, his symptoms entirely disappeared and remained absent for 15 months from the last date of his taking medicine. He then entered the hospital again with a couple of lesions of the genitals, which appeared three days after coitus, no other connections having been indulged in for a period of five months. At the time of his entrance these ulcers were already a month old, and presented the appearance of initial lesions. Auto-inoculation practiced with the matter from one of these ulcers produced an apparently positive result, but the resultant pustule was short-lived, and did not have the characteristics of the simple venereal ulcer. It was followed by a macular syphilide, osteocopic pains, and other symptoms of an early syphilis.

True Aneurism of the Brachial Artery Cured by Compression with a Conical Pad.—Cases of true aneurism of the brachial artery are of great rarity. After a careful search through the literature of the subject, Dr. L. Emmett Holt finds (American Journal of the Medical Sciences for April, 1882), 13 cases of brachial aneurism which seemed to be of spontaneous origin, i.e., not exactly traceable to a wound or injury of the vessel. Abstracts of these cases, as well as one occurring in Dr. Holt’s own experience, which was cured by compression with the conical pad, are reported, with a careful study of the age, sex, site of the disease, exciting causes, and methods of treatment of the various cases.

Baths for the New Born.—Dr. T. Winckel, of Dresden, (Centralt. f. Gynäkol) makes the novel suggestion of keeping abnormal children permanently in hot baths. Cases suitable for the procedure are children born between the 28th and 36th weeks; children born asphyxiated and weak from flooding, or when much blood has been lost from stump of cord; when there is disease of the skin; in emaciation to prevent bed sores. The doctor has employed this method with marked success.—Glasgow Medical Journal.—Medical Progress.

A New Antiseptic.—Baroglyceride, a new chemical made by subjecting to prolonged heat 92 parts of glycerine to which has been added 62 parts boric acid, a tough and deliquescent mass soluble in water or alcohol is formed. It may be used in substance or in dilution. One part to 40 of water is recommended for general purposes. It is claimed to be the most powerful antiseptic known.—Pittsburg Med. Journal.

Albuminuria in Apparently Healthy Persons.—From the statistics of life insurance companies it is found that albuminuria occurs in eleven per cent. of so deemed healthy persons. Four of this number have died, and the rest are slowly falling away. In some cases it is of slight importance, as on examination of urine passed in the morning no albumen is found, but it appears later in the day.—Practitioner.—Louisville Med. News.
Original Department.

Compound Comminuted Fracture of the Skull—Operation—Death—Autopsy.

By H. O. Walker, M. D.

The subject of this injury was Willie S., colored, aged 3 years. The fracture was produced by the buckle end of a neck-yoke strap, by the boy's father while whipping him.

For the clinical notes of this case I am indebted to Dr. Hoke, who was in attendance.

Dr. Hoke first saw him April 1st at 2 p.m., within an hour of the receipt of the injury, which he describes as follows: "The wound of scalp was oval shaped, and about two inches in length, situated just above the left frontal eminence, midway between the anterior, superior, and inferior angle of the left parietal bone, with a marked depression of the skull at this point. Hemorrhage had evidently been profuse, but it had ceased before my arrival. Pulse 80, with no cerebral disturbance. Ordered bladder of ice to be placed over wound, and prescribed—

B Potass. brom., 3 iij.  
Fl. ext. ergot, 3 ss.  
Aqua, 3 ij.

M. Sig.—Teaspoonful every three hours, at the same time enjoining rest. Saw him several hours later with Drs. Wheeler and Imrie, and continuation of treatment was agreed upon, unless cerebral disturbance manifested itself.

April 2, 10 A.M.—Condition about the same as the day before. Treatment continued with the addition of sol. citrat. magnes. in gill doses, until action of the bowels took place.

Eight P.M.—Magnesia had acted freely.

April 3.—Patient had slept well during the night, but had become somewhat irritable. Pulse 90; temperature 100° F.; pupils normal.

Evening.—Pulse 95; temperature 101.5° F.

April 4, 6 A.M.—Found patient had had a chill at midnight, and complained of intense pain in the region of the wound. Pulse 100 and intermittent; temperature 103° F.; pupils dilated and mildly delirious. Gave chloral hydrate in sufficient doses to quiet him, and continued bromide and ergot mixture.

11:30 A.M.—Saw him in consultation with Drs. Walker and Wheeler, when an operation was decided upon."

I saw him for the first time April 4th at 11:30 A.M., when the patient was semi-comatose, and was passing his faces and urine involuntarily; temperature 104° F., and it was quite evident that he was in intense pain.

Regarding the case as probably fatal, yet it seemed to me that the removal of
the depressed bone might possibly prove beneficial, which I proceeded to do later in the afternoon. I learned, after putting the patient under ether, that the fragments were loose, but not sufficiently so as to permit of much manipulation without possible injury to the brain substance. I therefore removed with a small trephine a piece of bone from the inner edge of the opening, when with the elevator and forceps several pieces of bone were easily removed. Hemorrhage slight. The wound was dressed antiseptically, and continued treatment.

II A. M.—Patient unconscious; temperature 103°F; pulse irregular and about the same as before the operation. Treatment continued.

April 5. 9 A. M.—Pulse 90 and very irregular; temperature 102½°F., with apparent hemiplegia of the left side, and occasional muscular twichings. Has labored breathing, and swallowing is attended with extreme difficulty.

8:30 p. m.—Temperature 104°F. Other conditions the same as in the morning.

April 6. 7 A. M.—Had a convulsion just previous to my visit, lasting but a few minutes. Pulse very irregular; temperature 105°F. Ordered chloral again, also enemas of milk, and as his bowels had not moved for 20 hours, placed two drops of croton oil on his tongue.

9 p. m.—Since my last visit the bowels have moved twice involuntarily, also passes his urine in bed. Pulse the same, but weaker; temperature 105°F.

April 7. 9:30 A. M.—Pulse very weak, rapid and irregular. Breathing irregular and labored. Temperature 105°F. Has clonic convulsions of right side every half hour. More involuntarily passages.

9 p. m.—Pulse about 140 to 150 per minute. Temperature in axilla 103°. Rales heard all over both lungs. Died April 8th, at 2 A. M.

Autopsy made April 9th, 9:30 A. M., 31 hours after death, in the presence of Drs. Hoke and Wheeler and medical students. Rigor mortis well marked. There was slight ecchymosis of the scalp, around the edges of the wound. The opening through the skull was oval shaped, two inches in length and one inch at its widest part, and situated just over the coronal suture, midway between the anterior superior and inferior angle of the left parietal bone. After removing the calvaria, the dura mater was intact, and presented evidence of contusion of about two inches in diameter, just beneath the point of injury. The left hemisphere of the brain beneath the dura mater, was bathed in a greenish yellow pus, and the point below the injury, gangrenous to the depth of half an inch. This greenish yellow fluid also existed beneath the pia mater on the right side, just opposite the temporal fossa. There was an increased amount of greenish yellow tinged serous fluid in all the ventricles.

Thoracic Cavity. Pericardium contained an excess of fluid. In the right auricle and ventricle was found a large fatty embolism extending well up into the branches of the pulmonary artery throughout the lung, and same condition in the left auricle, extending up the aorta, only not so marked as upon the right side and ventricle. Liver normal, with the exception that its free anterior border and under surface presented, for the thickness of two lines, a very dark pigmentation. Gall bladder normal; also all the other organs of the abdominal cavity, with the exception of that peculiar greenish yellow tinge which pervaded pretty much all the tissues of the body.

This case presents several points of interest. First, the length of time intervening before cerebral symptoms set in, which was remarkable, accounting for the severity of the injury and the great depression of the fragments of bone, which was full ¾ of an inch.

Second, the interesting post mortem appearances, especially the large amount of fatty embolism discovered, showing the immediate cause of death; a condition that frequently occurs as the result of severe injuries.

Lastly, the question, whether earlier surgical interference might not have saved the life of the boy? It is a well known fact that the large majority of operations upon the skull are attended with fatal consequences, and our text books upon
this subject caution us against surgical interference in these cases until cerebral symptoms are manifest. Yet I think that many of the fatal results attending these operations could have been prevented had the interference been earlier and not wait for the appearance of the cerebral signs.

Gastric Catarrh.

A Clinical Lecture by Lewis E. Maire, M. D., Instructor in Therapeutics, Detroit Medical College.

GENTLEMEN: The patient I exhibit before you to-day is a lady whom we have had under treatment in the dispensary for the past week, for a catarrhal affection of the stomach. She complains that for the last week or two, she has been suffering from nausea, loss of appetite, vomiting of mucous, and an uneasy sensation of fullness and weight, sometimes amounting to pain in the region of the epigastrium after eating. You will notice that the patient is tolerably well nourished; that she is of full habit, and does not present any of the objective symptoms characteristic of organic lesion of this viscerum, such as the peculiar waxy palor and emaciation observed in such cases. Observe the tongue. It is coated with a yellowish white fur, indicative of derangement of the alimentary tract. The bowels are inclined to constipation. There is frequent eructations of gas per orem, with more or less headache continually. Summing up the above symptoms we have a typical case of simple catarrh of the stomach.

Causes.—In the treatment of all diseases we should always endeavor to discover the cause, and having done so, we can intelligently proceed to treat the disease by a removal of its cause. Among the numerous causes of this affection may be enumerated the following: Rapid and irregular eating are habits to which not a few of our patients will be found addicted. These are causes of no small importance, and should first of all be guarded against. Eating indigestible food is a frequent cause. The food when not digested causes fermentation, which frequently repeated, ultimately results in gastric catarrh. Drinking large quantities of fluids, especially while eating, thereby diluting the gastric juice, causing slow and laborious digestion, and finally resulting in catarrh. This disease is common during the summer months from drinking large quantities of ice water. Eating of rich and spicy food for a great length of time, causing frequent and long continued congestion of mucous membrane of stomach, resulting in catarrh. Frequent or excessive imbition of alcoholic beverages is of all causes the most common. This habit more frequently results in chronic gastric catarrh and ultimately in irreparable organic lesion of both stomach and liver. Bad hygiene among those who are poorly clad and fed, also during the convalescence from fevers. I have seen patients quite frequently suffer from this affection. Depression of the mind and nervous system by producing a lack of the proper nervous influence necessary to complete digestion will often be accountable for the disease. The accidental or intentional administration of corrosive poisons have often resulted in the formation of stricture of oesophagus or stomach with a severe catarrhal condition of the stomach. We may also have this condition of the stomach present as secondary to other lesions.

Prognosis.—The prognosis of this affection is ordinarily good, except in cases due to irritant poisoning; here the affection is apt to be more permanent.

Pathology.—The condition of the mucous membrane in the acute form of gastric catarrh as that of congestion, while in that of the chronic form we find a condition of permanent dilation of the vessels, or passive engorged appearance of membrane. The mucous membrane becomes thickened, and in some cases becomes replaced by connective tissue. The mummification of mucous membrane becomes increased, color becomes changed, membrane may be pigmented black, slate color or grayish.

Treatment.—The successful treatment of many of these cases will very largely depend on our ability to discover the cause,
Having removed the cause, we next endeavor to alleviate the immediate symptoms that at times are so distressing. Vomiting, the most constant and distressing of symptoms, may be controlled by bismuth, or official doses of dilute hydrocyanic acid, morphia sulphate is a very valuable remedy, but, unhappily, is not safe to continue. I have found 10-drop doses of tr. kino, in a little water, as often as may be required, to prevent this as well as any other kind of vomiting or nausea. I consider it a very valuable remedy in such cases, and have been able to control it by use of some of the most violent cases of vomiting from irritability of the stomach when all remedies failed.

After we have succeeded in allaying the vomiting, we should next enjoin complete rest of the organ. Alkalis, such as magnesia, sulphate, carbonate, or phosphate of soda, in 2 or 3 gr. doses every 3 hours, will be found useful in the more acute forms; also mucilaginous drinks of flaxseed tea, or gum arabic or slippery elm, will be serviceable in soothing the irritated membrane. If there is much pain opium, or cannabis Indica may be given. In the way of foods the preference should be given to starchy foods, as they are largely digested in the intestines, gruels, milk and lime water, small pieces of ice may be given to allay thirst and quiet the stomach.

During convalescence care should be taken in selecting diet, starchy food and fruit should be prepared, out door exercise should be enjoyed. Bitter tonics, dilate sulphuric acid in small doses, sufficient to exert a slight astringent action on the mucous membrane. I have found in many of these cases the administration of the following prescription to give rapid and permanent relief:

B Pulv. signum carb. 3 j
Pepsinae conc’t., 3 ss
Ext. opii purif., grs. x.

M. Ft. pulv. No. xv.
Sig. One five minutes after meals.

The therapeutic uses of the above is indicated by its composition, the pulverized charcoal preventing fermentation, the pepsine improving the quality of the gastric juice, and the svapnia allaying pain and uneasiness.

The cause of the disease in the case of the patient before us is due undoubtedly to some error of digestion, which we will seek to remedy. We will also place her upon a diet of bread, oatmeal and gruels, with ripe fruit, we will also administer internally tr. kino and tr. opii with the phosphate of soda, giving her after meals, bismuth and pepsine, also giving saline cathartics to regulate the bowels.

175 Sixth st.

Operation for the Radical Cure of Strangulated Hernia.

By Theo. A. McGraw, M. D., Professor of Surgery in Detroit Medical College.

Surgeons are accustomed even yet to consider the peritoneum as one of the most vulnerable of tissues, for the reason doubtless that lesions of that membrane are so frequently followed by fatal consequences. It is my experience, however, that in regard to sensitiveness, the peritoneum can not compare with the loose connective tissue of many parts of the body, and especially with that of the scrotum. In operations upon scrotal hernia, I have had so much trouble with the consequent inflammation and suppuration of this tissue, that I have made it the rule to insert a drainage tube into the scrotum, in order to give early exit to the effused fluids. In the case which I will presently relate, I neglected this precaution for certain reasons, and had the usual result, namely, the occurrence of a scrotal abscess.

A young Englishman entered St. Mary's Hospital on March 31st, suffering from a strangulated left inguinal hernia. A large mass of the gut had descended into the scrotum hours previous to his admission, and had resisted not only his own efforts at taxis, but also those of Drs. Walker and Boice. I saw him first at 4 o'clock in the afternoon, and soon convinced myself that an operation was necessary. The patient was vomiting frequently and
profusely, and was suffering severe pain in the neck of the large, hot and tender tumor. I operated antiseptically in every respect, except the use of the spray. My hands and finger nails were well cleaned with a carbolized aqueous solution. The knives were dipped in a similar fluid, and the scrotum and neighboring parts well washed with it. The stricture was found to be in the neck of the sack, and as it was necessary to open the stricture, I determined to so operate as, if possible, to produce a radical cure. Having first divided the stricture and with some difficulty reduced the great mass of gut and omentum, I examined into the relations of the sack with the scrotum. I found it to be completely adherent, and was obliged to dissect it slowly and carefully from the surrounding structures. This done I cut off all the redundant part of the sack and dusted the exposed connective tissue with iodoform. I then inserted four silver sutures through the outer and inner columns, drawing them firmly together, and covered the wound with iodoform. I endeavored to insert a drainage tube of decalcified bone into the scrotum but the previous application of iodoform had produced a contraction of tissue which made it somewhat difficult to do so without enlarging the incision. I therefore contented myself with inserting the tube as far as it would go without force and closed the wound. The next vomiting had ceased but the patient complained of pain in the wound and had a high fever, temperature 102° F. The scrotum was quite swollen. 2nd day, temperature 103° F. Scrotum more swollen and painful. Wound looked well and did not discharge. The abdomen was soft and painless. 3rd day, temperature 103°. Scrotum very much swollen and discolored. 4th day, no change had taken place in the general or local conditions. I incised the scrotum, evacuated a large quantity of laudable pus and applied iodoform to the wound into which I inserted a rubber drainage tube. Immediately a change occurred for the better, the temperature rapidly sank to normal, the pain disappeared and the patient convalesced. To-

day two weeks after the operation, the wounds are nearly healed and the patient can hardly be kept in bed. The rupture has as yet shown no signs of recurrence. Now in this case, although a considerable quantity of blood escaped into the cavity of the peritoneum, which had been largely incised at the neck of the sack, there was not the slightest peritoneal reaction. The cellular tissue of the scrotum however, which had certainly not been more seriously injured, became severely inflamed and suppurated. Had I inserted a large drainage tube into the scrotum, I venture to affirm that the whole wound would have healed without rise of temperature or manifest irritation. It is hardly necessary to state, that the gut had not in this case suffered any serious result from its temporary strangulation.

Abstracts.

A Method of Removing Benign Tumors of the Breast Without Mutilation.—Prof. T. Gaillard Thomas, Surgeon to the New York State Woman's Hospital, contributes to the April number of the New York Medical Journal and Obstetrical Review a paper in which he expresses himself in favor of removing benign tumors of the breast as a rule, because the mere presence of a tumor in the breast usually renders the patient apprehensive, nervous, and often gloomy, while with our present improved methods of operating, the patient is exposed to slight risks, the danger of growth of the tumor is removed, and with this disappears at the same time that of the subsequent degeneration of a benign into a malignant growth. If, in addition to these advantages, we can add the avoidance of all mutilation to the person, we have strong grounds for departing from the practice of non-interference. The method of operation described, Dr. Thomas has practiced thus far in a dozen cases. He distinctly states that it is entirely inappropriate for tumors of malignant character, and that it is applicable neither to very large nor
to very small benign growths, being insufficient for the former and unnecessarily radical in its character for the latter. The growths for the removal of which he has resorted to have been fibromata, lipomata, cysts, and adenomata, and have varied in size from that of a hen's egg to that of a duck's egg or a little larger. The operation is thus performed: The patient standing erect and the mamma being completely exposed, a semicircular line is drawn with pen and ink exactly in the fold which is created by the fall of the organ upon the thorax. This line encircles the lower half of the breast at its junction with the trunk. As soon as it has dried the patient is anaesthetized, and with the bistoury the skin and areolar tissues are cut through the knife exactly following the ink-line until the thoracic muscles are reached. From these the mamma is now dissected away until the line of dissection represents the chord of an arc extending from extremity to extremity of the semicircular incision. The lower half of the mamma which is now dissected off is, after ligation of all bleeding vessels, turned upward by an assistant and laid upon the chest-walls just below the clavicle. An incision is then made upon the tumor from underneath by the bistoury, a pair of short vulsella forceps is firmly fixed into it, and, while traction is made with it, its connections are snipped with scissors, the body of the tumor being closely adhered to in this process, and the growth is removed. All haemorrhage is then checked, and the breast is put back into its original position. Its outer or cutaneous surface is entirely uninjured, and the only alteration consists in a cavity at the former situation of the tumor. A glass tube with small holes at its upper extremity and along its sides, about three inches in length and of about the size of a No. 10 urethral sound, is then passed into this cavity between the lips of the incision, and its lower extremity is fixed to the thoracic walls by India-rubber adhesive plaster, and the line of incision is closed with interrupted suture. In doing this, to avoid cicatrices as much as possible very small round sewing-needles are employed; these are inserted as near as possible to the edges of the incision, and carry the finest Chinese silk. After enough of them have been employed to bring the lips of the wound into accurate contact, the line of incision is covered with gutta-percha and collodion, and the ordinary antiseptic dressing is applied. If the glass drainage-tube acts perfectly, there is no offensive odor to the discharge, and the temperature does not rise above 100°; the tube is in no way interfered with until the ninth day, when the stitches are removed. If, on the other hand, the tube does not appear to perform its function satisfactorily, it is manipulated so as to cause it to drain all parts of the cavity, and warm carbolized water is freely injected through it every eight hours. On the ninth day, when the stitches are removed, the tube is removed likewise.

The Anatomy, Physiology, and Pathology of the Blood Corpuscles.—Dr. Alexander Duane, of New York, concludes his article upon this subject in the April number of the New York Medical Journal and Obstetrical Review. The article as a whole embraces an historical and critical review of the part played by the corpuscular elements of the blood under normal and pathological conditions. For the red corpuscles the author proposes the term "erythrocytes." He thinks that Hewson's idea that these corpuscles are spherical sacs, containing a central globule of uncolored substance, although certainly false in the majority of cases, is not indefensible, the appearance of a central spot being due perhaps, in some cases, as Arndt conjectures, to a residual granule, a relic of those that, according to the latter's hypothesis, once constituted the whole corpuscle. The criticism is suggested that the means employed by Hayem to demonstrate his "haemato blasts" are just the ones that produce disintegration and de-colorization of the red corpuscles, resulting in appearances closely resembling what Hayem describes. Norris' colorless, biconcave, discoid forms seem open,
Dr. Duane thinks, to a similar objection. Malassez's modification of Gowers' hæmatocytometer does away with one source of inaccuracy in the use of the instrument, since the depth of the cell can always be adjusted to exactly 0.2 mm. The author differs with Obrastzow, Arndt, Norris, Flint, and others in the conviction that nucleation of the white corpuscles is a normal condition, and not attributable to post-mortem coagulation of granular "nuclear matter"—the chief reason for his dissent being that nucleated corpuscles are observed in the vessels of living animals. The erythrocyte of the adult can not be said to be capable, as a rule, of amoeboid movement or of division, although such may be the case under morbid conditions. The remainder of the paper, which does not readily admit of a synopsis, includes a discussion of the formation and destruction of the corpuscular elements, the part taken by them in physiology, and a consideration of certain pathological conditions, notably anæmia, chlorosis, and leucocythaemia.

PRIMARY EPITHELIOMA OF THE TONSIL. —Dr. D. Bryson Delavan, of New York, relates a case of primary epithelioma of the tonsil in the New York Medical Journal and Obstetrical Review for April, 1882. Cancer of the pharynx, he remarks, although a somewhat rare affection, is one fraught with such serious results that no opportunity for investigating its nature or devising means for its relief should be lost. That the tonsil should be a favorite point of departure for malignant disease seems not unnatural, when the anatomical position and structure of that organ are considered. The very qualities, however, which render it liable to attack, afford, on the other hand, the greatest possible measure of hope for a favorable prognosis. For, if a diagnosis could be made before the disease had involved the surrounding tissues, the gland might, in most cases, be extirpated with comparative ease, and by the natural passages, thus avoiding the formidable operation by external incision and the almost certain recurrence of the trouble. The paper concludes with a bibliography of the subject.

PROGRESS OF OBSTETRICAL SURGERY.—In the American Journal of the Medical Sciences for April, 1882, Dr. R. P. Harris continues the valuable statistical reports which he has been collecting on this subject. He reports five cases of Cæsarean section in the United States for 1880, in which three women and four children were saved; that is, 60 per cent. of the women and 80 per cent. of the children. During the same year Italy saved 4 Porro cases out of 11; Germany 2 out of 5; Austria 3 out of 3; and France 1 out of 2. The antiseptic management of Lister, the drainage-tube, the uterine suture, the cleansing of the abdomen from blood and other fluids, the internal ligation of the pedicle of parts excised, the use of the hæmostatic pincers of Pèan, the pocketing of the pedicle, the excision of the pedicle by the actual cautery, and the hæmostatic effect of hot water, have all contributed to secure a higher percentage of recoveries after abdominal operations in women.

The introduction of the Porro modification in Europe has also had the effect of changing very materially, and for the better, the results of Cæsarean deliveries in large maternity hospitals. To save six women in succession with their children, as has been done in the Santa Caterina Hospital of Milan and Krankenhaus, of Vienna, speaks well, not only for the care and skill of the three operators in each hospital, but for the operation as it was originally devised by the Pavian professor.

STRETCHING THE OPTIC NERVE.—Dr. Kummels, of Hamburg, has stretched this nerve seven times in five cases. Partial or complete loss of sight from atrophy of the nerve, was the pathological condition before operation. Where blindness was not complete, there was some improvement. The operation was performed by passing a curved hook through a slit in the lower and outer part of the conjunctiva near the cornea; the optic nerve is then caught and stretched, "not too strongly." Slight symptoms follow the operation.—Med. Record.
Ergotine in the Night Sweats of Syphilis.—Prof. J. M. DaCosta, in a lecture delivered at the Pennsylvania Hospital, pronounces ergotine the best remedy to relieve this troublesome complication. He finds it possesses some of the best qualities of atropia, without its bad features. Dose usually two grains three or four times a day. By the second night its therapeutic action is manifest. No annoyance is experienced when the remedy is withdrawn.—London Med. Record—Canada Journal.

American Origin of Syphilis.—Dr. Rollet, of Lyon, France, has revived the old theory of American origin of this disease, and claims that the disease was not known to Europeans before Columbus discovered this continent. Skulls of Egyptian mummies, however, show the ravages of this poison, and it is probable that it was as common and more virulent in earlier days than now.—Lyon Med.—Chicago Med. Review.

Tetanus Following Vaccination.—Dr. Dimon reports a case of tetanus after using bovine virus, from a quill. The patient, a boy, æt. 9 years, was vaccinated January 6th, and on the 27th the doctor was called, found him with stiff neck. The next morning the jaws were stiff, and he was unable to open his mouth. Opisthotonus and tonic spasms, pulse 90, temp. 98.5, arm swollen, mind clear, axillary glands swollen and tender. Death occurred on the 10th day from the attack, and three weeks from date of vaccination.—St. Louis Courier of Med.

Permanance of the Scarletinous Virus.—Dr. G. T. Jenkins, of Keokuk, reports a very interesting case. A child was taken with this disease and died. There had been no known source of contagion. Upon inquiry it was learned that the parents had lost a child from this disease two years before, and that the only clothing saved had been a cap, made of woolen cloth, which had been packed away in a tin box, and that it was taken out and worn by the second child three days before he was taken sick. How long will the poison last?—Med. and Surg. Reporter.

Dr. D. W. Cheever reports a case in the Boston Medical and Surgical Journal of oesophagotomy for removal of a fish bone lodged in the oesophagus. Death resulted 60 hours after the operation. An autopsy was not allowed.

Toxic Doses of Chloral-Amyl Nitrite.—Dr. S. Coghill is reported (Le Paris Med.) as having restored a very bad case of poisoning by chloral with amyl nitrite. Twenty drops were inhaled by the patient.—Alienist and Neurologist.—Braithwaif's Ret.

Local Applications of Papaine in Membranous Croup.—Prof. Bouchut has used papaine, and finds it dissolves false membranes in a few minutes. He has treated children with the juice, and had four deaths in thirty-two cases.—Louisville Med. News.

Tapeworms in Excess.—Dr. Kiner reports (Société Médical des Hôpitaux of Paris) the case of a man who passed twenty-five perfect and complete tape-worms in succession.—Louisville Medical News.

Pasteur's splenic fever vaccine is to be tried in Prussia. The Minister of Agriculture has empowered a commission, with Virchow as a member, to investigate its workings.—Med. Record.

Double Empyema.—The British Med. Journal reports a case of this kind. The patient was 59 years old, and made a complete recovery.—Amer. Med. Weekly.

A Woman's Medical College has just been started in Baltimore, all the professors are males.—Medical and Surgical Reporter.
The Detroit Clinic.

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Contents.

Original Department.

Medical Clinic at St. Mary’s Hospital.

By Thomas N. Reynolds, M. D.

Gentlemen: This man asks for something for his breathing, and complains somewhat of cold hands and feet. He complains of nothing else. He is 53 years old, and has had cough and difficulty in breathing at times for many years; but last night was worse than ever before.

That is about all we can learn from talking with him, and symptoms obtained in that way are called subjective.

The other class of symptoms is composed of those obtained by looking at the patient and listening to what may be heard while standing or sitting near, but still without any form of physical contact, and are called objective.

Both are intended to apply only to functions, while physical signs is the term reserved to apply to localities and to the position, size, shape, texture, action, etc., of organs themselves, and is obtained by all kinds of physical contact necessary and available to obtain the greatest information possible concerning them.

We will now get the objective symptoms. First, with regard to the circulation, his hands are purplish blue, and his lips livid, but there is no distension or pulsation of veins of neck, or throbbing of carotids, and no oedema anywhere.

Next, with regard to the respiration, it is performed in a remarkably abnormal manner.

There is loud wheezing and it seems to tax the entire energies of his frame to breathe. Notice how the difficulty appears. It seems not one of inspiration, but expiration. He doesn’t devote much time or energy, apparently, to getting the air into his lungs,—but he does it getting it out.

Normally, the inspiration is the longer process, but here the shorter. The expiration is wonderfully prolonged, and he renews his energies once in a while, makes a new spurt, as it were, to carry it on. He coughs some, and looks tired and worried, but he’s a strong man, and will stand a good deal of it.

This will close the two classes of symptoms, and we’ll proceed to the physical signs. He is kind enough to remove his shirt, and we see his chest is quite uniformly enlarged on both sides. Not enlarged at the very lower part, but throughout all the upper portion looks full and round. The sternum is carried forward, and both sides look full under the clavicles.

We’ll explore the heart first. There is no cardiac dullness in precordium, but
almost tympanitic resonance instead, and the heart can not be located definitely by percussion. It cannot be heard in the precordium either. The absence of heart sounds here might be caused by a great amount of serum or pus in the pericardium; but then we would have absolute flatness on percussion in a large precardial area, while here we have exaggerated pulmonic resonance. Since the pulmonic resonance is increased on both sides of the chest, the heart is probably pushed not much to one side or the other, but straight down. And it is. We can hear it in the epigastrium, close under and to the left of the ensiform cartilage. Both sounds are perfect, too, and that does away with the idea that the breathing difficulty might have been produced by valvular heart disease.

We'll now examine the lungs. The resonance is increased everywhere except in the bases. It is almost tympanitic, and seems more marked in the upper and front part of the left side. We can hear some mucous rales, and occasionally a sibilant rale in front and back on both sides, and can not hear a full breezy vesicular murmur anywhere. Under the axillae is a great place to hear it as we get away there from noises in the larger bronchial tubes, but it is not well heard there in this man.

Now, what's the matter? From the distension and increased resonance we know there is more air in his thorax than there should be.

It might be pneumothorax. The increase of air might be outside of the lungs and in the pleural cavities. But that rarely occurs on both sides and when it does even on one side to this amount of distension and cardiac displacement, it is usually acute, and the patient is found in bed and suffering great pain from pleurisy.

This man has no such pain and never had, and we decide it to be, therefore, chronic vesicular emphysema of the lungs.

We also conclude that interference with the circulation is due primarily to pressure of the pulmonary vesicles on the interjacent capillaries preventing the free passage through them of the blood from the systemic veins and right side of the heart.

That the cervical veins and right side of the heart are not apparently distended is due probably to the fact that the distension of the lungs has not existed long to the extent it does now, and somewhat to the fact that he is of good muscular fibre and excellent nerve-power. But they will likely give way a little as the years of his life go by; for emphysema, as he has it, is not likely to get permanently better and it may grow worse with the occasional subacute bronchitis that he is likely to have.

We see then that the subjective coldness and the objective blueness are symptoms of a symptom. They are symptoms that the blood does not circulate freely forward from the right side of the heart, and that, in this man, is a symptom of pulmonary emphysema.

His unusual difficulty in breathing last night and the rales heard in his chest are due to a mild attack of bronchitis that came upon him yesterday.

He doesn't require much medicine; but for his bronchitis should have warm drinks, and a good warm bed with perhaps some artificial heat placed under the clothing. 88 Lafayette ave.

Translations.

Nerve Stretching.

Translated for the "CLINIC" from the Journal de Médecine de Paris. By J. F. Noyes, M. D.

THE Annales d'oculistiques (Bensents, Jan. and Feb., 1882) publishes a very interesting case by Dr. Copper entitled, "Neuralgia of twenty years standing cured by stretching of the infra orbital nerve."

Nerve stretching is at present a matter or study. Some new facts worthy of consideration is brought to us daily. The fact of a perfect and lasting cure is quite rare and the success attained by our confere in Brusse's has been so marked that we are induced to give our readers an analysis of it as complete as possible. All who have been able to observe than frightful facial neuralgias and who particularly have seen the whole arsenal of
therapeutics fail from quinia and arsenic to ammoniate sulphate of copper will under-stand without trouble the satisfaction of the surgeon who by an operation in effect quite simple relieve his patient of the intolerable suffering. Nerve stretching has been very recently a subject of a very interesting discussion in the surgical society (session March 8, 1882) for instance the report of M. Gillette upon two cases of M. Blum. The reporter has made some reservations in the case of diseases of the spinal cord, in ataxia and in tetanus, he believes in its beneficial effects in the case of simple sciatica non-symtomatic (the observations of M. Blum referred to two cases of rebillious sciatica) In this connection M. Longer has made a curious observation. This distinguished surgeon has practiced nerve stretching of the sciatic upon a patient affected with ataxia whom hypodermic injections of morphia did not believe. The result was negative; but the injections of morphine became efficacious after the operation. In regard to the operative procedure M. Poucets has remarked that tractions away from the cord affected only the sensibility. Traction from the periferce portion acted upon the terminal plates and consequently upon the protection. Traction therefore, should only be exercised from the direction of the cord. In the Progrès Médical, M. M. Duret and Bonnaire devote themselves to a profound study upon the subject of nerve stretching and reproduce in brief an article from journal of nervous and mental diseases a sufficient and complete account of the different cases of nerve stretching practiced up to this time in America as well as in Europe. According to these authors a knowledge of this procedure dates back about five years.

Billroth accidentally discovered its efficacy. To Von Nussbaum, of Munich, belongs the honor of having introduced nerve stretching as a curative operation in surgical practice. The unexpected success obtained by this method in the treatment of painful affections when all other therapeutic agents had failed, furthermore the absolute harmlessness of this method not only in respect to the life of the patient, but also in respect to the entire preservation of functional activity of nerves submitted to the operation have sufficed to make of it an operation known to-day throughout the entire profession (Progrèès Médical, March 11, 1882) the observation of Dr. Copper was of a man 51 years old, a charcoal maker of robust constitution who entered St. John's Hospital, Oct. 26, 1881 to be treated then for a facial neuralgia which had troubled him for 20 years. He had nine teeth extracted from the side affected without obtaining the slightest relief. All the right side of the face including the eye and the forehead had a deep red tint which at times when the pain was most severe contrasted strikingly with the much paler color of the other side. The skin is thick and vascular, the hair dry fraquile and easily falling out. During the greatest pain the patient appears dull, scarcely daring to speak and his voice has a nasal tone. After having tried everything M. Copper conceived the idea of resorting to stretching of the nerves affected, commencing with the infra-orbital. The operation was performed by Prof. Deron-boix. After a long and difficult dissection, hindered by considerable flow of blood, the nerve was laid bare and was forcibly stretched both from the peripheral and central ends or side.

Immediately after the operation the entire section between the nose and the middle of the right cheek, the right half of the upper lip and the mucous membrane which covers it became completely inscrible to pain. The operation was performed Dec. 9, 1881. From that day the patient has not felt the least painful sensation. The patient is completely changed, and is a new man. Sensation had partly returned three days after the operation and was entirely restored eight later. A very noticeable cicatrix remains at the point of incision, and the lower lid deviated (ectropion) outwards for some weeks is now restored to its place.

The success attained by M. Copper can but commend a like course of treatment in analogous cases. Spasmodic troubles, as well as painful ones, are within the province of nerve stretching. In several
cases of obstinate blepharospasmen dividing the sub-orbital nerve has given good results. At the first opportunity we will try the stretching process and will publish the results obtained.

M. Badal has discussed the subject of nerve stretching in the Gaz hebedes des sciences medicales de Bordeaux (3 and 17 Dec., 1851). In the case of a patient attacked with facial neuralgia the resection of the sub-orbital nerve has given no better results than the stretching of the frontal nerve. If some painful points disappeared, on the other hand the general condition becomes worse.

M. Coppez was more fortunate as the editor of the Annales d' Oculistisque has justly observed. I make no mention of another observation of M. Badel where the discussion relates to a genuine syphilitic submitted at the same time to a vigorous specific course of treatment by iodide of potassium in large doses and rubbing with neopolitan unguent. For the Bordeaux professor the curative action of the stretching process should be ascribed much less to macroscopic or microscopic alterations of the nerve structure than to simple perturbations produced in the transmission of centrifugal currents consequent upon minute internal actions, comparable to those which result from the application of magnets or metallic plates, or the use of electricity, static, voltaic or faradac, etc. If this hypothesis were verified, adds M. Badel, the operation would be rendered less dangerous, instead of energetic tractions causing sometimes even the rupture of the nerve, it would be sufficient to lay bare the nerve to a certain extent and keep it raised a certain time by means of an instrument made of the proper metal.

The hypothesis is ingenious, but up to this time it seems demonstrated that the nerve stretching has no effect except in separating certain points of the spinal cord from the membrane. The doctrine will be preserved up to the time when it shall be proved that an electrical action works better, or at least as well.

**Case of Cesarean Section.**—In the American Journal of the Medical Sciences for April, 1882, Dr. George McClellan publishes an account of a case in which he performed Caesarean section under peculiarly trying circumstances. The woman was a Canadian Indian basket-maker, 38 years old, and the mother of seven children. She had always had difficult labors, but was only attended by a midwife, a member of the same tribe. She had been in labor forty-eight hours, and the physician who saw her first had applied the forceps and attempted version, but had not succeeded, the head with an arm and foot being engaged in the superior straight. As it was found that the child was dead and no change could be made in its position, Caesarean section was performed. The woman died.

**Case of Mastoid Abscess.**—Dr. D. W. Prentiss reports in the American Journal of the Medical Sciences for April, 1882, a case of mastoid abscess which ruptured the lateral sinus, and caused death by pyaemia.

The autopsy disclosed greatly enlarged spleen, large anaemic kidneys, oedematous lungs, with hypostatic congestion, pleuritis, and slightly enlarged liver, with pyaemic infarctions in the several organs, but did not show the source of infection until the cranium was opened. A dissection of the right temporal bone showed that the nus had been poured directly into the circulation through the lateral sinus.

**A Bandage for the Treatment of Varicocele.**—There are many cases of varicocele where a radical operation would not be advised, for which the ordinary suspensory bandage is not sufficient to prevent the dragging sensations and neuralgic pains which are at times present in almost every case.

In the American Journal of the Medical Sciences for April, 1882, Dr. Royal Whitman describes a form of bandage which simply inverts the testicle, allowing the mass of veins which were pressing upon it to fall below, while steady pressure is kept up on the enlarged veins in a direction which does not impede the circulation and by the elevated position of the testicle favors the return of venous blood.
The Detroit Clinic.
A WEEKLY JOURNAL.
Issued Every Wednesday.

H. O. WALKER, M. D., Managing Editor,
177 GRISWOLD STREET.

DETOIT, MICH., APRIL 26, 1882.

GEO. S. DAVIS, Medical Publisher, Box 641.

Medical Photographers.

A NEW invention has been given to the public which we think is destined to be of great use and benefit to the medical profession. Not only can a complete record of cases be kept, but the appearance of the patient from time to time can be added. The process is described as the “dry plate” method, and the instruments are small and compact. We believe that malpractice suits will be a thing of the past, when every surgeon has his camera, and uses it. For instance, suppose we have a case of fracture of the femur. The surgeon is called in. He carries in his case a small photographing instrument. An instantaneous picture is made of the patient, taking, say, ten seconds. This is filed away. The doctor applies his splints. Another picture is added to the collection, at the first, and all subsequent removals or changes the same procedure is gone through with. The doctor places the pictures in his case book with the record, kept from day to day. The patient recovers, but has deformity; thinks he has a chance to make a small fortune out of the surgeon; sues him and calls in his expert testimony. Now comes the first block. There can be no hypothetical case put to the experts. Why? Because we have the case itself accurately photographed from time to time. The expert must swear for or against, from his personal observation, what the treatment would be in this particular case. There is the dressing. Was it correct? There is no getting off the track. Every move is put plainly before the jury, because every step is photographed, and no one can dispute the fact. And the careful surgeon will be protected by this simple evidence.

Book Notices.

LECTURES ON VENEREAL DISEASES. By W. F. Glenn, M. D., Professor of Anatomy and Venereal Diseases in the Medical Department of the University of Tennessee, etc., etc. Nashville, Tenn.

This book contains a course of lectures delivered by the author on the above subject, before the Nashville Medical College and published at the frequent and urgent request of the various classes before whom they were delivered.

Abstracts.

SYPHILITIC DISEASES OF THE LACHRYMAL APPARATUS.—Syphilitic lesions of the lachrymal gland, of the lachrymal caruncles, and of the lachrymal passages—all, except the latter, of uncommon occurrence—are treated of by Dr. Charles S. Bull, Surgeon to the New York Eye and Ear Infirmary, in the “New York Medical Journal and Obstetrical Review” for April, 1882. Dr. Bull gives a concise summary of the meager literature of the subject, but his remarks are mostly from a clinical point of view. He alludes to a case of affection of the lachrymal gland in his own practice, in which the organ became inflamed in consequence of extension from an orbital periostitis. The entire contents of the orbit having been removed, to relieve the excessive pain, the gland was found generally enlarged, the hypertrophy being mainly due, however, to an increase of the connective-tissue elements rather than of the proper glandular structure. Two cases of gummy infiltration of the caruncles published by Dr. R. W. Taylor, being the first on record, are quoted in detail, on account of their rarity. Osteo-periostitis gummosa of the lachrymo-nasal canal has not been ob-
served by the author, but Panas, Galezowski, and Larrebière are quoted as mentioning its occurrence. Under the head of treatment, the following advice in regard to inflammation of the sac is noteworthy: If the inflammatory action is severe, leading to the secretion of a glairy mucous or muco-pus, with a swelling over the seat of the sac, and there is good reason for suspecting a stricture of the duct, from whatever local cause, in the nose, do not resort to operative interference until internal medication has been tried faithfully. Ophthalmic surgeons are too prone to slit up the canaliculi and incise a stricture of the nasal duct in cases of syphilitic origin, deeming medical treatment useless in such cases, before even giving it a trial. The use of mercury here must be prompt, and its effect must be rapidly produced, or the disease may extend from the lining of the canal to the bony walls. An excellent method of administering mercury in these cases is to use two drachms of mercurial ointment by inunction upon the inner aspect of the arm or side of the chest, and at the same time give the mild chloride internally in small doses every hour or two, carefully watching for the first symptoms of the action of the drug. In many cases a beneficial effect will be observed on the third or fourth day, and then the mercury may be either entirely discontinued, or given in smaller doses at longer intervals. In many cases complete recovery follows such a course of treatment; all signs of inflammation and obstruction in the duct disappear, and its patency is restored without any incision or probing.

**The Varieties, Mechanism, and Diagnostic Significance of Mitral Presystolic Cardiac Murmurs.—**From a careful clinical significance of mitral presystolic murmurs, in the American Journal of the Medical Sciences for April, 1882, Prof. Austin Flint draws the following conclusions:

1. There are two varieties of this murmur, which are distinguished by differences in quality and in mechanism. One variety is a rough, and the other is a soft murmur.

2. The roughness in the first of these varieties is characteristic, and may be distinguished as vibrotory or blububering. The softness of the second variety is bellows-like, like other soft cardiac murmurs. It may vary in pitch and intensity, but as a rule, it is low and weak.

3. The rough murmur is due to vibrations of the curtains of the mitral valve, caused by the passage of blood from the aurical to the ventrical. The soft murmur, like other bellow murmurs, may be due either to contraction of the orifice through which the blood passes, or to roughness of the surface over which it flows.

4. A rough presystolic murmur denotes a mitral obstruction lesion, the obstruction due to adhesion of the mitral curtains, leaving a contracted orifice, the curtains remaining flexible. A persystolic soft murmur denotes either a contracted orifice or roughness of the endocardial membrane.

5. A rough presystolic murmur, exceptionally, is produced when there is no mitral lesion, aortic regurgitation existing whenever the murmur is thus produced. The production of this murmur without mitral lesion may be explained by the physical conditions incident to aortic regurgitation, taken in connection with the mechanism of the murmur.

6. A rough mitral presystolic murmur is not always present in connection with contraction of the mitral orifice, and by reference to the physical conditions, together with the mechanism of the murmur, its absence in certain cases may be satisfactorily explained.

7. A soft mitral presystolic murmur is a very rare physical sign. A rough mitral presystolic murmur, on the other hand, is by no means rare, although less frequent in its occurrence than the mitral systolic, the aortic direct, and the aortic regurgitant murmurs.

8. Mitral lesion giving rise to presystolic murmur is sometimes tolerated for a much longer period than appears to be generally supposed.
A Remarkable Brain Wound.—Under the above caption Dr. R. R. Puryeur, of Va., reports a case of gunshot wound of the brain, a young man was accidentally shot by his room mate, the ball (from a pocket revolver) entered the skull directly through the left parietal bone equidistant from the coronal and sagittal sutures. The brain substance near the wound oozed out, and the young man lay in an unconscious condition with cold clammy hands and feet, for four days. Paralysis and loss of sensation complete, urine was drawn off with a catheter every six hours. Enemas were given and cold applications to the head, on the fourth day, the feet began to get warm. Could swallow, but could not talk, pulse up to this time 50 to 60, it now increased to 80. He steadily improved from this time until the eighteenth day when he had two attacks of convulsions. On examining wound fluctuation was felt and the wound was reopened, a large amount of pus was evacuated and patient had no recurrence of convulsion, at this time. Now three years after he is still alive but has had two spontaneous openings of wound and the doctor has opened it once. Convulsions always preceded the opening, probably from pressure. The patient can not use the right arm for any length of time without pain in this arm and shoulder.—Med. and Surg. Reporter.

Removal of the Entire Uterus for the Cure of Cancer of the Cervix.—In the American Journal of the Medical Sciences for April, 1882, Dr. Clinton Cushing reports two cases of removal of the uterus for cure of cancer of the cervix, one of which was successful, and one was fatal, with the following deductions:

1st. Do not undertake the operation of entire removal of the uterus if the surrounding tissues are involved in the disease, or the uterus is at all fixed, for the operation is then very difficult, and the disease would certainly return at the seat of operation.

2d. Operate by the vaginal method, it being a much safer one.

3d. Leave the opening made by the removal of the uterus open, so as to admit of perfect drainage, there being apparently no disposition to prolapse of the small intestine.

4th. Keep a self straining catheter in the bladder, in order to avoid its distension, and to prevent the too frequent disturbance of the patient.

Dr. Cushing suggests that, where it can be done, enough of the diseased structure be removed for a microscopical examination, before the decision is made final as to the advisability of an operation.

Central Color-Scotoma.—In the American Journal of the Medical Sciences for April, 1882, Dr. James L. Minor shows, that while the way of testing for absolute color-scotoma furnishes an accurate result, the method can be improved upon, while that described for partial color-scotoma is open to the gravest error.

To obviate the central retinal exhaustion, which is not taken into account in the ordinary methods, and at the same time to furnish a means of comparison between the central and peripheral color perception, he employs disks of colored cardboard about 30 cm. in diameter, which are used as follows: The patent is directed to look at the centre of the colored disk, and if either an absolute or a partial scotoma exists, it will be plainly mapped out upon the card, where the patient can himself trace the outlines. If neither the disc or colored cardboard of sufficient size be at hand, the two small bits of cardboard used in ordinary tests be taken, and the acuteness of color perception in various parts of the field of view compared by placing them, at the same time, in different positions, thus allowing a simultaneous comparison between them.

Military Surgery of the Femur.—In the American Journal of the Medical Sciences for April there is an elaborate article on this subject by Dr. John Van Rensselaer Hoff, U. S. A. with an ac-
count of a case of gunshot wound of the hip-joints, in which excision of the joint was performed. Dr. Hoff thinks, as is illustrated in his case, that in military surgery, at least, the joint should be exercised at the earliest moment. The extent of operation, the amount of bone extected, of course will depend upon extent of injury, though it seems to have been the rule in surgery that the trochanters must always be removed for the alleged reason that their presence mechanically prevents union of incision.

Dr. Hoff thinks that the operation, per se, is of secondary importance, and we must look for successful results from excision, not in the manner of its performance, but in the after-treatment of the case.

Fractures of the Patella.—M. Ponsot, in a review of the subject of operative interference of these fractures, draws the following conclusions:

1. Puncture of the joint should be practiced in all cases where there is much effusion into the articular cavity; it should be immediate, and it is not necessary to follow it by drainage.

2. After the puncture, and in cases where the ordinary apparatus are insufficient to maintain coaptation of the fragments, suture of the divided patella may be practiced, as recommended by Kocher.

3. In all cases the apparatus should be examined very frequently for the first few days, until the articular swelling has subsided.

4. For several months after the union of the fracture the limb should be provided with an apparatus limiting flexion.

5. The opening of the articulation with osseous suture is suited to cases in which puncture is not sufficient to remove the articular exudation.

6. It is necessary also in pesendarthroses and in cases where an excess of callus interferes with the motion of the joint.—Revue de Chirg.—Amer. Jour. Med. Sciences.

Nitrous Oxide as an Anaesthetic in Obstetrics.—Kikowitsch (St. Petersburg) states that nitrous oxide is free from danger to mother and child, nor does it interfere with parturition. It allays pain at any stage of labor. The patient remains conscious, and can exert abdominal pressure when requested. Vomiting never occurs, and if present is checked by the inhalation. Nausea, headache, dyspepsia, never follow its use. It may be used during the whole course of labor, and no assistant is needed. K. uses a mixture of 30 per cent. nitrous oxide with 20 per cent oxygen.—Obstet. Jour.

Death from Ether.—Dr. S. C. Parsons reports a case of death from ether inhalation. Female, 84, with dislocation of humerus in the axilla of five weeks' standing. Used about six ounces of Squibb's ether; operation lasted 25 minutes; death occurred in about 12 hours, the patient becoming cyanosed, and stimulants did no good. On post mortem, no organs were found diseased except the lungs, which were congested.—Med. Progress.

A Correctant of the Odor of Iodoform.—Otto Rentz (Pharm. Zeitung) says the substance best adapted for diminishing this odor is the oil of thyme, to which may be added a little thymol.—Amer. Jour. of Pharm.

Danger from Iodoform.—Dr. Aschenbrandt says that iodoform is liable to produce extensive pneumonia by its irritant action on the pulmonary tract.—Deutshe Med. Woch.—Med. Progress.

Contagion Communicated by Pet Animals.—Dr. Bunke reports a series of cases of diphtheria undoubtedly conveyed from house to house by a pet cat. Diphtheritic membrane was well marked in the animal's throat.—Med. Record—Louisville Med. News.

Poisoning by Winslow's Soothing Syrup.—The Sanitary News reports the death of a child 8 months old from the administration of a teaspoonful of this syrup, morphia poisoning being well marked.—Canada Med. and Surg. Jour.
A Case of Hermaphrodisism.

By N. W. Webber, M. D., Professor of Gynecology, Detroit Medical College.

The few instances on record of true hermaphrodisism, in which an equal division of the sexual organs has rendered it difficult to state positively to which sex the individual belonged, has produced in the minds of the laity such positive opinions on this subject, that every defect or malformation in these distinctive organs is at once nailed as proof positive on this subject, and they are at once labeled as hermaphrodites. Even the medical profession is influenced by the prevailing opinion, and sometimes assign to an equivocal position in the sexes, some of the unfortunate victims of defective nutrition in their genitals. Numerous instances are on record where individuals have been supposed to belong to the sex directly opposite to the one they were entitled to, but very rare indeed have been the instances in which a comparatively superficial examination has failed to assign them to their true position. As this unfortunate mixture is incompatible with the propagation of children, to say nothing about the gratification of the passions in the opposite partner, its actual existence affords good grounds for annulling the marriage relations. The numerous loop holes afforded by our laws for the escape of mis-mated couples would seem to render it unnecessary to seek by this troublesome means what can be accomplished so effectually by a more easy process. Yet such things have been done, and it was my fortune at one time to put in an effectual barrier to such an unjust attempt. A Mrs. S., of Wayne, was brought to my office by her lawyer, for an examination, some four years ago. It had been alleged by her husband that she was a hermaphrodite, and of necessity, was sterile. This conclusion was arrived at after an examination by a physician of some standing in Detroit, and whose opinion as to her sterility was founded on what he discovered in this examination. On an examination made by Dr. Fletcher, of Wayne, and myself, we found just below the vaginal opening on the inside of the thigh an elongated tumor that resembled very much a penis. This tumor was about three inches long. At one extremity the integument passed under and surrounded it, leaving it pendulous, so that it looked like the glandular extremity of the penis covered by the foreskin. At the other extremity there was a bulbous enlargement, separated partially by a sulcus dipping down between two, nearly alike, lobules. Taken as a whole, this tumor had a very striking resemblance to the male organs of
generation, and it was on a superficial examination that the doctor was deceived, and gave an opinion as to her status in the sexes. The vagina was capacious enough, and had been used by the husband in the ordinary way a great many times and without any difficulty. The bivalve speculum was used to bring the uterus into view, which was done without any trouble, and a perfectly healthy organ was found without displacement or defect. A probe was passed in, and a measurement of about two and a half inches found. Dr. Fletcher nor, myself had any doubts as to ability to procreate and expressed our willingness to so state in open court. In a short time after the case was called before Judge Reilly, and the doctor for the plaintiff swore positively that the woman was a hermaphrodite and that she must of necessity be sterile. Dr. Fletcher and myself swore to the directly opposite, giving a very decided opinion that this growth was a fatty tumor and that by a slight operation it could be removed. The senior counsel for the plaintiff would have then and there thrown up the case, but for the protest of his young associate, who requested that the judge should order the woman before a jury of doctors to decide as to the conflicting views of the medical witnesses. This was taken under advisement and in a short time the case was dismissed without the request being granted. I was taken to task by the opposing doctor for my testimony and somewhat severely criticized for my ignorance in such cases. A short time after the woman entered St. Luke's hospital, where in the presence of some students of the Detroit Medical College, I removed the tumor without any difficulty. The tumor had the ordinary appearance of a lipoma. The so-called testicles that had been described so carefully by the doctor on the stand were simply lobules of fat, clear and unmistakable. Soon after the woman's recovery from the operation the domestic infelicities were reconciled, and as the result of the peaceful quiet that pervaded their household thereafter the professional services of a medical man were called into requisition about eighteen months after to deliver her of a child. I had the pleasure to vaccinate this living witness of the woman's ability to live up to the statutes of the State, when I was told that her husband protested against any more new testimony of this kind from being offered in the case.

25 Rowland street.

Translators.

Translated from the transactions of the first International Laryngological Congress, held at Milan, Italy, by E. L. Shurly, M. D., Detroit, Michigan.

Some considerations upon Spasm of the Glottis in Adults.

By Dr. P. Masucci, of Naples, Italy.

GENTLEMEN:—I will relate a simple but interesting case, which contributes to illustrate the etiological history of spasm of the glottis in adults. This statement seems necessary, for you know what a difference there is between the causes of laryngismus in childhood and adult age. In the former, they consist more often of cerebral and osseous lesions, tumors of the neck, thymus gland, etc., which compress the recurrent laryngeal nerve; or a reflex action proceeding from dentition, or intestinal irritation. In the latter instance, on the contrary, local troubles prevail—such as simple hyperesthesia of the mucous membrane, therefore, the disease may be justly considered of essentially different in the two periods of life; and as a rule, we can say that the cause of laryngismus are to be sought for elsewhere than in the larynx among children, and in the organ of voice among adults, except where an organic cerebrospinal disease already exists.

I will give you first, the clinical history of a case, and then submit to your judgment some clinical corollaries which can be deduced therefrom.

I was consulted a few years ago by a vigorous young man, of athletic form, with very good constitution, who was disposed to catarrhal attacks affecting the throat. He had been taken suddenly, and for a few months just preceding had noc-
transitory accessions which obstructed respiration. His voice was perfect. The spasms were neither long nor severe, but in spite of this, the patient was terrified and very much afraid of their return, and the aggravation of the trouble.

An attentive, subjective and objective examination of the patient led me immediately to reject the idea of syphilis, any cardio-vascular, broncho-pulmonary, or cerebral disease as being the cause of the the spasms, and left no doubt in my my mind as to its purely spasmodic character. As I have just said, the heart, lungs, the nervous system—both cerebral and spinal—were in a good condition; there were no indications which would give rise to a suspicion that any latent or concealed disease of the spinal cord existed, or even that there was pressure upon the recurrent laryngeal nerves by any sort of growth whatsoever. So that I could proceed to a laryngoscopic examination with the proability—according to its result—of arriving as some define diagnostic conclusions. But the well developed laryngeal cavity, spacious, because of the favorable position of the epiglottis, presented signs only of slight catarrh. The movements of adduction and abduction of the vocal cords were perfect, and the trachea was free; so that, right or wrong, I formed my diagnosis as chronic hyperæmia of the larynx, attended with hyperæsthesia and recurrent spasm of the adductors of the vocal cords.

But I confess that I myself was not satisfied with this opinion, for there really remained a suspicion in my mind, that perhaps there was some concealed cause which had provoked the neurosis.

We know, as a fact, that certain subacute catarrhs of the primary air passages will cause more or less spasm, and we account for it by failure of secretion, irritability, and extreme sensibility of the mucous membrane, conditions which often accompany, as well, slight catarrhal attacks. I might support my position by referring here to a number of observations of spasm of the glottis, which were due to the dryness of the mucous membrane attending an intense pharyngitis, spasms which were only subdued when the mucous membrane became lubricated by an abundant fluid mucous. I believe then, that in certain cases, as for example the latter—which merits the attention of the clinician—that alkaline or saline solutions are more efficacious than the bromides, morphine or other sedative remedies.

But when the irritation is habitual, the primary phenomenon shown is generally spasm; however, in the case in question the course was chronic, and the anatomical lesion insufficient to explain the facts.

All things considered I advise a careful hydropathic treatment, potassium bromide, and the local use of some alkaline spray.

Three months afterwards the patient returned to me and said that he was much better; that the spasms had almost disappeared, coming on only at long intervals and being very light. However, as a simple duty to the patient, I made another laryngoscopic examination, and imagine, gentlemen, my surprise when I beheld—during a deep inspiration of the patient's—at upon the inferior surface of the vocal commissure, a small tumor. It was ovoid, smooth, rose color and about the size of a barley grain. Its anterior third was concealed under the angle of junction of the vocal cords, and somewhat restricted their movements toward apposition.

As I presented this patient to Dr. Massei for examination—who, like myself, found nothing in the larynx—I thought proper to consult him again. We both agreed that it seemed to be a small subglottic fibroma, which, during the time of its early evolution, was the exciting element of the spasms; but that through its continual presence and gradual augmentation in size it had become an habitual stimulus, and for this reason provoked spasm of the vocal cords, only in a reflex manner and at longer intervals.

As the patient believed himself cured, and had no other functional troubles, and as the tumor was yet very small, had
grown very slowly, and was in a situation very difficult to reach, M. Massie and myself decided that it was most prudent to abstain from all operative treatment, except in case of serious increase in the size of the tumor. We told the patient with frankness what we thought, and asked him to observe from time to time whether anything new supervened, and if so, to return. It is now several months since then, and he has not returned.

Gentlemen, the fact is too eloquent not to attract your attention. If it be true that clinical observation and experience are our surest guides, it is then proper that among causes of spasm of the glottis in adults, we should place also sub-glottic tumors, which, by their small size and out of the way seat, may escape the eye of the most experienced laryngoscopist; and which by their very position, may provoke no other symptom than spasm.

In regard to this, it would appear paradoxical to say that the spasm, with its characteristic intermittency, its reflex movement, and its involuntary contraction, could diminish in proportion to the augmentation of the tumor; nevertheless, it is in perfect accord with physiological laws, already known to us, that very well developed sensibility of the mucous membrane can diminish when the stimulation becomes habitual.

Therefore, when it occurs in a disease of chronic course, before determining it to be a simple neurosis, even if the result of laryngoscopic examination be negative, it is necessary to cast about for some organic local change, which might have escaped notice at first, but which might alone, account for this morbid phenomenon spasm of the vocal cords.

Society Proceedings.
(Reported for the CLINIC.)

Michigan State Board of Health.

The regular quarterly meeting of this board was held at Greenville, Michigan, on April 11, 1882, in connection with sanitary convention held at the same time and place. In the absence of the president of the board, Dr. Jacokes presided.

The secretary presented the subject of inspection of immigrants, and stated that the National Board of Health had granted the request of this board for an inspection service at Port Huron, and the system would go into effect on May 1, at which time the whole system, by cooperation of several State Boards of Health, would go into effect. He suggested that the health authorities of Toledo and Cleveland be invited to join in this movement. He stated that at the meeting of the sanitary council of the Mississippi Valley, at Cairo, Ill., April 19, this subject would be considered, and that it was desirable that this Board be represented at that meeting. By vote of the board, Dr. Baker was requested to represent the Board at that meeting. Dr. Oldright, President of the Ontario Board of Health spoke of the inspection of immigrants at Toronto, and of the importance of notification to other boards of danger to be feared from immigrants. He also said any movement made by this board would meet with hearty cooperation by the Ontario Board. He said the work done by this Board for the restriction of scarlet fever and diphtheria was fully as important as that for the restriction of smallpox.

The following motion was carried:
That the secretary be instructed to correspond with health authorities of the Dominion of Canada, and the several provinces thereof, and of the provincial and municipal boards of health where they exist, asking their cooperation in the proposed immigrant inspection service.

Dr. Hazlewood read a proposed document giving best household antidotes to be used in cases of poisoning, while waiting for a physician or when one is not to be had. It was accepted and the committee authorized to modify it before publication in the annual report.

Dr. Hazlewood, committee on poisons, etc., presented a letter from Dr. Gordon,
of Swartz Creek, relative to lead-poisoning by use of a feeding-bottle (which was exhibited to the Board) in which the sinker keeping the supply pipe in the milk, was of lead and so arranged that all the milk had to pass over it before entering the infant’s mouth. The secretary was requested to notify the manufacturer of the pernicious character of the bottle, and the report was accepted, and ordered published in the annual report.

Circular 35, revised, relating to the duties of health officers, was presented, adopted, and twenty thousand copies ordered printed.

The next meeting of the Board will be on Tuesday, July 11, 1882.

Correspondence.

Scarlatina—Ice Water Treatment.

To the Editor of Detroit Clinic.

In your issues of January 25th and February 1st is the “inaugural paper” of Dr. Lewis E. Maire, “read before the Detroit Academy of Medicine,” and which I perused with interest and pleasure.

The successful treatment of the severe forms of scarlatina may never be reached in every case, but that much improvement may be made on our present experience, and also on the latest instructions of the best writers, I have no doubt. I would like, with the permission of Dr. Maire, to offer a few ideas on the early treatment of this fearful malady, and although differing from him on some points, I trust he will accept this review in the friendly spirit in which it is written. I cannot express my ideas more concisely than to state the line of treatment I pursue in cases similar to Dr. Maire’s case. After obtaining the temperature and rate and condition of the pulse, which are my guide, I apply cold to the throat in the form of thick cloths, wrung out of cold or ice water, then covered with dry flannel and changed as often as they become the least warm, and sponge the whole surface with cool, cold or ice water frequently until the temperature is reduced to 102½°F. or under. If above that, and if the sponging is not sufficient, I apply a large towel or piece of cotton, wide enough to cover the chest and abdomen, wrung out of cold water, and repeated as often as necessary to reduce the temperature to the point mentioned, or about that. Should the case prove to be asthenic in character, tonics (quinine) and stimulants (brandy) are freely used with abundant nourishment. The bowels are kept open by laxatives if necessary. A close watch is kept of the temperature and pulse for the first six days, and if they are controlled during this period, an entire change for the better will usually take place, and convalescence will in most cases be established from this time. Cases do occur where a high temperature is continued beyond this date, resulting in inflammation and suppuration of the glands of the neck on one or both sides, rarely on both. This trouble soon terminates and permanent convalescence follows. Occasionally a gland will suddenly enlarge and go on to suppuration if not controlled, which in most cases can be done by a cold pledget, or a cold bread and water poultice constantly applied until the tumor disappears, or, if it is not inclined to do so, change to some emollient application. In malignant cases there is often great difficulty in controlling the early inflammation of the cervical glands, which in many instances are among the first indications of malignancy. Prompt and continued application of cold in the forms already named on what is sometimes better, exposing the neck and pouring ice-water over it and continuing cautiously for a time and then resuming the wet bandage. As much ice-water is allowed as the patient desires to drink. In the early stage it may be, and is sometimes necessary to apply ice to the throat to control glandular inflammation which can be almost certainly done. It sometimes happens that rapid suppuration of the cellular tissue of the throat occurs, but only in the most malig-
nant cases. I have only seen one in over four hundred cases. The patient, of course, always requires to be entrusted to careful hands, who are able to take the temperature as often as may be deemed necessary—every half hour, hour, or second hour, to prevent any tendency to collapse from the too free application of cold. If the feet and hands are inclined to be cool under too high a temperature, antipyritic doses of quinine and stimulants must be given with condensed nourishment to control the temperature and sustain the action of the heart and at the same time desist a little from the cold applications, only to renew them cautiously when the danger is past. This condition, however, rarely occurs.

Remarks.—I may mention a few practical points which I have thought necessary to be kept in view in the treatment of the more severe forms of scarlatina:

1. I deem it a sine qua non in the successful treatment of scarlatina to hold the temperature below 103° Fahr.

2. The specific poison of scarlatina will do all its work in about six days, at which time a crisis may be expected and convalescence begin under the treatment above mentioned.

3. Cases occur in which no eruption appears during the attack, though all the other symptoms may be present in a dangerous degree.

4. There is no danger of metastasis to internal organs from disappearance of the eruption by the application of cold to the surface. It may disappear, but will always reappear with increasing temperature.

5. Scarlatina so far as I have been able to observe has assumed two very distinct types, and which I have only noticed during its prevalence in an epidemic form. In the years 1855–56 a remarkable and malignant epidemic prevailed in the county of Dundas, Ontario and surrounding country, during which time some three hundred cases came under my observation and the tendency to death began apparently at the brain.

In malignant cases the attack was sudden and overwhelming, the patient be-

coming delirious in a few hours from the first intimation which gradually deepened into coma, and ended fatally in some instances in as short a time as forty-eight hours. The free application of cold to the head for from one to two hours usually restored the patient to consciousness if not too long delayed. In 1863 a quite different type of epidemic scarlatina prevailed in the county of Huron, Ontario. The attack began in the ordinary way with little or no delirium throughout, but from the first the prostration was marked, the pulse frequent and very compressible with the usual high temperature and death ensued in from five to eight days, unless great care was taken to give nourishment, tonics and stimulants from the beginning and the cautious application of cold. Death in this type seemed to begin at the heart and could be seen in the distance. The circulation feeble in the commencement, became more and more so to the end and the vitality of every part of the frame low, and especially so in the cervical regions for which the poison seemed to have an especial affinity. I thought the type last mentioned might with propriety be termed the asthenic form, and the first mentioned, in contradistinction be called the sthenic form. The idea of the cold treatment of scarlatina originated with Dr. Hiram Carson of Consohocken, Pennsylvania.

Yours very respectfully,

A. WORTHINGTON, M. D.

CLINTON, ONT.

BECHAMP estimated that eight thousand millions of germs of one micro ferment only occupied one cubic twenty-fifth of an inch. To develop, these minute bodies must carry on a complicated chemical process, involving very active movements of atoms and molecules.—The Microscope.

SIMPLE TEST FOR IODINE IN FLUIDS.—Use starch paper, moisten this with suspected fluid (saliva, urine, etc.), and drop on a little nitric acid to which has been added a small amount of nitrous acid.
Causation of Electrical Phenomena, and its Relation to Disease.

Our age is one of progress, and advancement, in all the natural and physical sciences. The world is girded from east to west with telegraph and telephone wires suspended in mid-air, and isolated from the earth, except at terminal stations. Long lines of railway run from ocean to ocean, with connecting links, from north and south. Here we have regular connection of all electricity whether generated in the earth or air. All friction generates this subtle fluid, and every time a train of cars, rush through the country a large amount of electricity must be thrown off, when we consider the number of these trains, the immense amount generated for telegraphing and telephoning, for electric light, and the waste force of our engines, we at once conclude, that the fluid so generated must and will gather force and accumulate, until at last the outbreak in some locality is tremendous. It is a law of nature that no waste is allowed, all force is directed through one or more channels, and, although our locomotive expends its force and power, to move the heavy train, in some other way either through the atmosphere or earth nature again asserts her rights, and takes it back. We believe this product to be electric fluid, and the more power or force expended, the greater amount of stored electricity, until at last the accumulation rushes through our connecting link, and bursts over some point in the country where the conditions for such a phenomena are perfect. May not our nervous diseases have for their origin, or at least an exaggeration of symptoms from accumulated electricity? To support our theory in regard to the condition, we would refer our readers to their own experience of the last thirty days. We have had—and at the date of writing—are now having great electrical phenomena taking place in this country, Cyclones (probably dependent on electrical disturbances) are prevalent, and in our practice we find an increase in nervous diseases. Brain troubles, hysteria and chorea in aggravated types. Can we not a priori reason then, that diseases, are dependent upon atmospheric and electrical disturbances; and can give no better answer to our patients, than to call their attention to these facts.

Collecting Bills.

Of all the professions or trades the medical is always the last paid. A man who gets twenty-five dollars a week will pay his grocer, his druggist, his lawyer, and, in fact, any one of his creditors before he will pay his doctor for bringing his last baby into the world, or saving the life of his nearest or dearest relation. If he owes the grocer or butcher he knows that no pay no food, and that he will be sued for the balance, but, he is as equally certain that his doctor will give him from six months to six years credit. What is the remedy for all this? We believe it to be found in sound business principles, that is, let our patients know that they must pay the doctor as well as the grocer, and, if they do not, make them. How long would it be, if all the physicians would adopt this plan, before the public would realize that the average doctor cannot live upon air and must have at least "linsey-woolsey" to cover his nakedness. Make them pay their bills, gentlemen.
Resignations.

THE resignation of several members of the post graduate faculty of the medical department of the University of New York is announced. Family dissension in the faculty the reported cause. The resigning members wishing a higher standard of medical education, which seems to have been opposed by the undergraduate faculty.

Erratum.

IN the translation by Dr. J. F. Noyes in last number, entitled "Nerve Stretching," the name "Dr. Copper" should have read "Coppez."

Dr. J. F. Noyes, of this city, at a meeting held Mar. 29, 1882, was elected vice-pres. for Michigan, of the Alumni Association of the Jefferson Medical College.

The seventeenth annual meeting of the Michigan State Medical Society takes place at Ypsilanti, May 10th and 11th. The prospects for a large attendance are good.

Abstracts.

Excision of the Tongue—Whitehead's Method.—Case 1 was performed by George Elder, M. D., surgeon to the Women's Hospital, Nottingham, and occurred in a man æt. 50, for epithelioma of the tongue. The operation consisted in cutting through the attachments of the tongue by successive, short cuts, with a curved pair of scissors, the organ being drawn forward by a strong cord. The hemorrhage was considerable, principally from the cut surface. The only artery requiring ligature was the right sublingual. In future operations of this kind he purposes to ligate the lingual arteries first, as recommended by Billroth, thereby obviating excessive hemorrhage. He considers this operation much to be preferred to that made by the écraseur or galvano-cautery, as the scissors made surer work of the entire removal of the organ. This patient made a rapid recovery.

Case 2 was performed on a patient æt. 50, by Andrew Marshall, M. D., of Preston. This operation was performed in a similar manner to the one mentioned above, and hemorrhage controlled by pressure with sponges, except the linguals, which were secured without difficulty. Dr. Marshall thinks that Mr. Whitehead's plan only requires to be known in order to supercede all other methods of removal of the tongue.—London Lancet, May, 1882.

Laceration of Cervix Uteri in Abortion.—At the April meeting of the Boston Medical Society for Medical Improvement, Dr. C. M. Green reported a case which was interesting from its bearing on the aetiology of laceration of the cervix uteri. The patient was three and one-half months advanced in her first pregnancy. Pains severe. Morphia given in large doses prevented sensibility, but uterine contractions continued. Os dilated to one-half inch in diameter. The fetus was expelled in one hour, and examination showed rupture of cervix and the pericranium of fetus was torn off from the occiput, showing obstruction. This case affords fresh illustration of laceration as a consequence of abortion from rigidity of cervix.—Boston Med. and Surg. Jour.

Catheter in Croup.—Dr. Foot, of Dublin, says there is nothing needed but a little dexterity in passing a No. 10 catheter into the larynx. This treatment is now meeting with great favor in croup and œdema glottis.—Maryland Med. Journal—Rocky Mountain Med. Times.

When births are registered in Brussels, the parents receive a little pamphlet containing plain and short directions for the care and management of children. Our health board might follow this example with benefit.
Operations for Hare Lip.

Clinical Lecture by Theo. A. McGraw, M. D.

GENTLEMEN—Every young surgeon believes himself perfectly competent to operate for hare lip, and yet it is one of the most difficult of operations in which to achieve perfect success. The difficulties in so doing are first in securing union by first intention; second, in preventing a thinning of the lip at the seat of the scar, and third, in securing a perfect and natural contour of the lip, which, in spite of the effects of the cicatricial contraction, will be permanent. Even a partial cleft like this child exhibits requires the utmost care and skill in its management to produce a good result. Nature has sought indeed to accomplish a cure and has partially succeeded, but on examining her work, you can see that even the united portion of the lip is thin and imperfect. In operating I shall choose a modification of Collis' operation in order to secure the best possible results. Mr. Collis had noticed that the usual operation, which consisted in paring the two sides of the cleft and uniting them in the center, were followed as a rule by imperfect results. The traction of the muscles in crying children was at a right angle to the line of union, and non union was from this cause alone of frequent occurrence. If the wound united the subsequent cicatricial contraction caused a thinning of the lip at the line of scar, while the longitudinal contraction of the scar lifted the edge of the lip, until gradually the outline of the lip became of concave instead of convex shape, making a very marked and ugly deformity. To remedy these defects, Mr. Collis proposed to make the surfaces of union broad and large, and to dovetail one part into the other in such a way as to add to the thickness of the lip, and to make the line of union oblique instead of perpendicular. The subsequent contraction would then take place in a direction nearly parallel to the long axis of the lip, causing a diminution in its length but no change in its shape nor thickness. In carrying out this plan care should be taken to so cut the flaps as to bring, as far as possible, the line of function on the under side of the lip and thus hide the greater part of the scar. I will now first form a flap from the left side of the cleft by entering the knife at the apex of the cleft, following exactly the line of the skin and mucous membrane, and dividing the tissues obliquely so that the flap covered by mucous membrane alone is formed for the most part from the under side of the lip. This flap should extend half way to the left angle of the mouth. On the right side, I will first prepare a surface with which to join the perpendicular wall left
after the separation of the left flap. Beginning again at the apex, I cut again on the line of the skin and mucous membrane, but instead of completely dividing it, leave it hanging as upon a hinge. This long flap of mucous membrane attached on its under surface to the right perpendicular wall of the cleft, is now carried underneath the left perpendicular wall, and is secured fast to the denuded surface. The mucus surface of the right wall is thus thus united to the left wall forming its lower surface. The perpendicular part of the cleft being thus united, I now prepare a bed for the long left flap, by cutting a groove on the under surface of the right border of the lip. The left flap is inserted into this groove and makes part of the under surface of the right side of the lip, giving it thickness and volume. We now have a wound which is made by the opposition of broad surfaces whose lines of suture lie in several directions. These surfaces are not easily pulled apart, contraction of the resulting scar serves rather to add to, than to diminish the thickness of the lip, and as the line of union along the border of the lip is nearly parallel to it. There is no unseemly deformity caused by the lifting of the edge of the lip at its middle. You see that the immediate result of the operation is a good one. Notwithstanding the puckering of the skin and mucous membrane caused by the stitches, the shape of the organ is nearly normal. Now, if you ask whether a good result can be assured after the operation is well done, I must unfortunately answer with certain reservations. These operations are performed for the most part on young children, and for good reason may not be postponed until a more mature age. The younger the child is when operated on, the more likely the scar is to disappear by absorption, and the tissues to assume a normal appearance. Children soon become sensitive to the remarks about their deformity, and the postponement of the operation too long, adds a mental to a bodily injury. On the other hand, it is not well to operate on teething children, and to add an additional burden to the sufferings incident to dentition. Surgeons therefore usually operate early, before the sixth month after birth. The flesh of a child is inclined to heal by first intention, but the constant strain produced by crying counteracts this tendency to such a degree that we rarely have a complete union by first intention. We have to be content for the most part with healing under a scab, and usually have more or less apparent scarring from the stitches. I have found that my cases do better without applying adhesive plaster, for the plaster, if it protects the wound from strain, injures it in another way by confining the secretions. The application of a linen rag dipped in carbolized water, the exhibition of sufficient opiates, and the removal of the stitches on the sixth day constitutes my whole treatment in the most cases.

Society Proceedings.

(Reported for the Clinic.)

Meeting of the Detroit Medical and Library Association.

DETROIT, May 1, 1882.

The meeting was called to order with Dr. McGraw in the chair. After the reading of the minutes of the last meeting, Dr. Leland was introduced to the society. Dr. Owen then reported a case of diabetes mellitus, where the glucose was crystallized, this being a very rare condition, and one never found in glucose manufactured outside of the body. Dr. C. J. Jennings then reported the following case: A child, aged 2½ years, fell and cut its tongue very badly. Three days after the injury there was rise in temperature; the cervical glands were enlarged. Upon examination of the throat, discovered a patch about the size of a silver ten cent piece upon the tonsil. The next day there was a well defined diphtheritic exudate upon the tonsil. The child recovered in five days. As there had been no contagion, the conclusion was arrived at, that the wound had given rise to the exudate. Writers claim no difference between the exudate from wounds and
diphtheritic poison. There is no difference between the micrococci as found by Drs. Wood and Formand. Dr. Shurley had been called in consultation and had confirmed the diagnosis. Dr. Jennings also reported a case of diphtheria in a child where iodoform had been used. The child died.

Dr. McGraw thinks the difference between the exudate from wounds and diphtheria to be in the easy removal of the deposit from wounds, and says it is common after operations for cleft palate and does not believe it to be diphtheria. A case in point: Operated upon a child for necrosis. The child after removal home had diphtheria and died, but thinks the wound had nothing to do with the disease. Another child was brought into the hospital on Thursday for operation. He did not operate; put it off until Saturday. On Friday the child was taken down with scarlet fever. Now, if he had operated, the disease would have been laid to the operation.

Dr. Reynolds says he has seen considerable jaundice in his practice lately. It gives great trouble. With it is acute gastritis. Uncontrollable vomiting is one of the symptoms. No malarial symptoms. He believes the jaundice to be caused by occlusion of ducts by catarrhal conditions, but no gall stones. Treatment is one of dismissal in one case. The worst case had been under his care four different times. In the course of the trouble had white stools, very marked jaundice, and believes there was complete occlusion from catarrh. This lasted for three weeks; then the stools became green in color, but it was some time before the patient recovered. Believes the diet to be the best treatment. Where the vomiting was bloody, with tympanitis, this treatment (dietary) was successful. In another case treatment consisted of "water sips," then toast water. Turpentine stoups were used for tympanitis.

Dr. Carstens asks if muriate of ammonia has been used.

Dr. Reynolds: Yes, sir.

Dr. Chapoton then reported the following case:

Mr. President:—The favorable results which in this city usually follow the administration of antiperiodical remedies to patients suffering from intermittent fever, due to malaria, so-called, give us great confidence in our power, to relieve individuals so affected. You can accordingly, gentlemen, appreciate the assurance with which on March 27th I visited a patient who was said to have ague. I found, on reaching her, that after a period of general debility, she had been suddenly taken, three weeks before, with a severe chill, which, after a long duration, was followed by considerable rise of temperature and consecutive sweat. The skin had not yet become dry, before another long chill commenced, which was again followed by the same series of symptoms as the first. The second series was immediately followed by a third, the latter by a fourth, etc., etc., until the date mentioned. I also learned that a reputable physician had been in attendance during this time, a gentleman who I felt certain had made good use of the cinchona salts, without, however, having obtained any beneficial effects, at least as far as I could learn from the patient. My endeavors to ascertain the exact hours at which the rigors occurred proved futile. I watched the case closely for several days, and found that the attacks commenced as follows: For two days, 9 A. M., 4 P. M., 10 P. M., 3 A. M., 8 A. M., 4 P. M., 12 P. M., etc., until I obtained this record. I was in expectation of finding trace of some of the complex forms of intermittent fever, but on looking it over, I could not make the hours suit any type, and accordingly sought some other explanation of the symptoms. Moreover, the spleen, on examination, proved not to be enlarged, and this fact meditated against the theory of ordinary intermittent. My attention was next directed to the liver, but the area of hepatic dullness was not increased, the bowels moved quite regularly, the stools were colored normally, and during the continuance of each chill, large quantities of bile colored liquids, were vomited. Some abdominal tenderness existed, but no unusual areas of dullness nor enlarged masses could be found. The urine as a
rule was high-colored and considerable in quantity, although occasionally at first it was quite light. I began now to suspect that I had to do with one of those strange forms of acute miliary tuberculosis, which manifest the same symptoms as here described, but examination of the throat revealed only slight dullness at base of right lung (most probably of hypostatic nature), and a mitral cardiac murmur consecutive to previous attacks of acute articular rheumatism, for which I had treated her several years ago. The chill, fever and sweats still continuing to appear with distressing frequency, on April 14th I called Dr. Johnson in consultation and he, after a very thorough examination of the patient, was as much at a loss as myself for a satisfactory explanation of the case. We, however, determined to push the antiperiodics, quinæ, arsenious acid and iodine, and I accordingly endeavored to do so. The irritability of the stomach, however, was already very great and the following day I found my patient could not retain anything whatever but water. All medication by the mouth was now discontinued, except such as would tend to relieve this gastric irritability and the regular medicines were given by rectal suppositories. After the third day the bowels rebelled and as the stomach was again retaining nourishment, I did not wish to disturb it in its functions, and I accordingly then resorted to the hypodermic method for the introduction of quinæ. Use was made of a solution of the sulphate, gr. xx., ac. acetici ℥ xx.—xxv., æquæ 3 j., one-third of which, ℥ xxx. was given at a time. Notwithstanding the considerable number of injections which were made, not the slightest trouble supervened. By the 19th ult. the series of symptoms appeared only twice daily, between 10 and 11 A. M., and at the same hours at night; the chill with each paroxysm diminishing more and more in intensity. On the 22d ult., just as an injection was about to be given, she had a syncope and during the following three hours when I remained with her, she passed from one into another, so that several times I was on the point of concluding that the struggle was over, when again signs of life would reappear. Finally reaction set in and the fever again arose. During the following week the rigors and sweats were wanting, the fever only appearing at the before mentioned hours. Considerable nourishment was taken and as the lungs and heart seemed to be performing their functions fairly well, the chances of the patient appeared to improve. On the 28th ult., symptoms of spinal irritation or meningitis manifested themselves, retraction of the head, tetanic contractions of the extremities and great general hyperesthesia. On the 30th, when I saw her again, in consultation with Dr. Johnson, these had given place to signs of general exhaustion and the following morning, May 1, after an illness of seven weeks, at the hour of exacerbation, she died. No post-mortem examination was permitted.

Dr. McGraw asks if there was any tenderness around uterus.

Dr. Chapoton: No, sir.

Dr. Reynolds: I believe this case to be exactly like the cases I have just reported, and the disease was one of occlusion of hepatic ducts, with gastritis.

Dr. Chapoton does not believe this to have been the condition, as the stools were greenish from the first.

Dr. Carstens asks, how do you account for the chills?

Dr. Reynolds: From the intensity of the inflammation.

Dr. Carstens: I do not think that we should call this malarial. It was probably some brain trouble, and that there is some region of the brain which controls temperature.

Dr. McGraw: I think it was miliary tuberculosis. Have seen one case where it was very late in the disease before this condition could be diagnosed.

Dr. Chapoton: We examined the lungs very carefully, but could not discover any diseased condition, except slight dullness.

On motion the society then adjourned.

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Dr. Eugene Smith has removed his residence and office to 219 Fort street west, near corner of Third street.
The Detroit Clinic.

A WEEKLY JOURNAL.

Issued Every Wednesday.

H. O. WALKER, M. D., Managing Editor,
177 GRISWOLD STREET.

DETOUR, MICH., MAY 10, 1882.

GEO. S. DAVIS, Medical Publisher, Box 641

Consultation with Irregulars.

We wonder how long it will be before the members of the New York Medical Society find out that the rest of the profession scattered among the fifty odd millions of people of these United States outside of New York and Brooklyn, will not be led or driven into any humiliating position, simply because the members of the N. Y. M. S. want to lead or drive them in. When the Royal Ukase was promulgated by this learned society, it was of course the right and only thing for the rest of the profession in the outlying districts to fall in with them, and worship the deciples of Hahmen. We are so far lost to all this mighty power i. e., the N. Y. M. S., that we do not believe that they have any right to elect for us, and we raise our voice against this unholy alliance. To recapitulate all the reasons against consultations with irregulars would neither be new or profitable, but we must confess we cannot see one single reason why the regular school should bow down before the golden calf of Homeopathy, nor do we see what benefit could arise either to physicians or patients, for are not the two schools diametrically opposed to each other in every respect? We can hardly swallow the gilded pill, gentlemen, and we wont.

Obituary.

CHARLES ROBERT DARWIN died April 20th. In his death the scientific world has lost a bright and shining light. Although we may not believe all his theories in regard to evolution, still his other scientific researches will live and blossom long after his monument has crumbled away. At any rate he knows now the origin of man.

Prof. John T. Hodgen, of St. Louis, died April 28th, after a sickness of twenty-four hours. Dr. Hodgen was an eminent surgeon and his loss is a wide-felt one.

Prof. James Wood, surgeon at Bellevue Hospital, New York, died May 5th, of pneumonia. The loss of this great man is a national as well as local calamity. The many graduates of Bellevue College will mourn his death.

Abstracts.

LANDMARKS IN THE OPERATION OF LAPARO-ELYTROTOMY.—Dr. William M. Polk, Professor of Obstetrics in the University Medical College, New York, recently demonstrated certain anatomical points bearing upon the operation of laparo-elytrotomy, before the New York Obstetrical Society. The remarks made by Dr. Polk on that occasion appear in an amplified form in the May number of the New York Medical Journal and Obstetrical Review. The specimen shown, taken from the body of a woman who had been murdered in the seventh month of pregnancy, was a dissection showing the relations of the pelvic contents during the latter part of gestation, and especially the course of the ureter. Practicing the operation upon this and other cadavers, the author has found that the ureters do not follow the pelvic wall to a point near the ischial spine, as in the non-pregnant condition, but that, crossing the pelvic brim at the common iliac bifurcation, the left just behind, the right just in front of, that point, they descend into the canal to the brim of the bony
pelvis, the point being about the synchondrosis. In this course they accompany the internal iliac artery, the right in front of the vessel, the left crossing it obliquely. Reaching the bony brim (the ilio-pectineal line), they leave the pelvic wall, emerging from beneath the base of the broad ligaments (in pregnancy about on a level with the pelvic brim, and carried back on a line with the synchondrosis), and take a course downward, forward, and somewhat inward, passing about midway between the pelvic wall and the cervico-vaginal junction, but approaching very closely the antero-lateral wall of the vagina, as they turn more decidedly inward, on a lower plane, to strike the base of the bladder three quarters of an inch below the cervix, terminating in the bladder at a point (the subject being on the back) just two inches below the spine of the pubes. A line drawn from the bifurcation of the common iliac to the spine of the pubes corresponds in the main to the line of the ureters. Along this line they have the following relations to the pelvic brim (in the recent state): At the bifurcation, half an inch below, at the extremities of the transverse diameter of the pelvis, about an inch; and at the spine of the pubes, two inches below. As a whole, the tubes in the pelvis are situated upon a higher plane than in the non-pregnant condition, having been carried slightly upward while being separated from their close relations with the pelvic wall by the ascending uterus. How far they may be elevated in a case of extreme pelvic deformity with a pendulous abdomen, and the uterus correspondingly displaced, the author is unable to say, but thinks it probable that, the bladder being empty and not dragged upward, thus preserving the normal condition of the vesical end of the tubes, the displacement would not be such as to bring any part of them much above the points above indicated.

Another matter which Dr. Polk took occasion to investigate was the ground of the objection to operating upon the left side. In view of the strong probability that the operation can be done on the same side but once, this, he remarks, is a very important question. He did the operation upon the left side, the vessels being injected with plaster and the rectum distented. He found that the rectum offered no such obstacle as is commonly supposed, and that the operation was as feasible upon one side as upon the other. After the operation the organ was carefully examined, and found in no way disturbed. In looking at its position this was readily accounted for; it lies behind the broad ligament. In entering and leaving the pelvic canal we cross the brim between the base of the broad ligament and the posterior surface of the bladder. This latter is about on a line with the ilio-pectineal eminence, while the former is as far back as the synchondrosis; here is ample space for manipulation and extraction.

The important structures that Dr. Polk regards as most likely to suffer are the vessels going to the uterus through the broad ligaments. These, by being stretched and dragged upon in extraction, might be torn if the sides of the incision were not carefully supported in cases requiring powerful traction.

American Medical Association.—The Thirty-third Annual Session will be held in St. Paul, Minn., on Tuesday, Wednesday, Thursday, and Friday, June 6, 7, 8, 9, 1882, commencing on Tuesday at 11 A.M.

“The delegates shall receive their appointment from permanently organized State medical societies and such county and district medical societies as are recognized by representation in their respective State societies, and from the Medical Department of the Army and Navy, and the Marine Hospital Service of the United States.”

“Each State, county, and district medical society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: Provided, however, that the number of delegates for any particular State, territory, county, city, or town shall not exceed the ratio of one in
ABSTRACTS.

Regulation VI., line 4, strike out 10. Second paragraph, lines 4 and 5, strike out all after "publication" to and including "Association," and insert "publication."

Regulation IX. Add new paragraph: "Members by application shall consist of such members of State and county societies, in good standing, as shall make application in writing for admission. They shall simply have the right to receive the Journal on the same terms as other members."

Regulation IV., par. 6, strike out all from "see," in line 7, to "and" in line 9.

Regulation V., par. 3, after "published" insert "in such manner as the Association may direct."

WILLIAM B. ATKINSON, M. D.,
Permanent Secretary.

PROLONGED GESTATION.—In the May number of the New York Medical Journal and Obstetrical Review, Dr. Louis A. Rodenstein, of New York, reports four cases of prolonged gestation, and remarks that the number of cases cited upon undoubtedly authority by every writer on obstetrics, and the cases constantly reported as occurring under the personal observation of general practitioners, go to show that prolonged gestation is not a myth, and especially that it should not be explained away by questioning the virtue of the mother. How long the duration of the period of gestation can extend beyond the normal time is not yet determined, perhaps can not be determined, but that it may extend over two months is apparently settled. The same principle is involved, whether the uterus tolerates the presence of the child three days or one hundred and forty-five days (Professor Meigs’ Report) after the natural term of gestation has expired. He believes that, after the uterus has performed its physiological function of gestation for the natural term, it rests from the work of gestation proper. Why does it not, then, exercise the function of expulsion? That question he does not attempt to answer, but believes that after gestation has performed its proper and peculiar work the
ten of the resident physicians who may have signed the Code of Ethics of the Association."

Secretaries of medical societies as above designated are earnestly requested to forward at once lists of their delegates.

Sections.—"The chairman of the several sections shall prepare and read in the general sessions of the Association papers on the advances and discoveries of the past year in the branches of science included in their respective sections. . . ."—By-laws, Art. III., Section 4.

Practice of Medicine, Materia Medica, and Physiology.—Dr. J. A. Octerloney, Louisville, Ky., Chairman; Dr. D. J. Roberts, Nashville, Tenn., Secretary.

Obstetrics and Diseases of Women and Children.—Dr. H. O. Marcy, Boston, Mass., Chairman; Dr. C. V. Motttram, Lawrence, Kan., Secretary.

Surgery and Anatomy.—Dr. ————, Chairman; Dr. W. A. Byrd, Quincy, Ill., Secretary.

State Medicine.—Dr. A. L. Gihon, U. S. Navy, Chairman; Dr. S. H. Sears, Waco, Texas, Secretary.

Ophthalmology, Otology, and Laryngology. Dr.————, Chairman; Dr. J. Solis Cohen, Philadelphia, Secretary.

Diseases of Children.—Dr. S. C. Busey, Washington, D. C., Chairman; Dr. William Lee, Baltimore, Md., Secretary.

Dentistry.—Dr. D. H. Goodwillie, New York city, Chairman; Dr. T. W. Brophy, Illinois, Secretary.

A member desiring to read a paper before any Section should forward the paper, or its title and length (not to exceed twenty minutes in reading), to the Chairman of the Committee of Arrangements at least one month before the meeting.—By-laws.

Committee on Arrangements.—Dr. A. J. Stone, St. Paul Minn., Chairman.

Amendments to the By-laws.—Offered by Dr. D. H. Goodwillie, Art. II., Section 8. Permanent Members: strike out the words "but without the right of voting."

Offered by Dr. J. H. Packard, Regulation II., part I., to read "as permanent members or members by application."
growth of the child is complete, and it thereafter lies dormant in the womb. Otherwise the child would grow to huge size, and its delivery in the natural way would be impossible; whereas in the case cited the size of the child at the expiration of the period of prolonged gestation was normal.

**Intestinal Occlusion by Pressure of Ovarian Tumor, Ovariectomy and Death.**
—Dr. Geo. A. Mursick, (New York) reports the following: Called to see a lady who had not had a passage for three weeks. Enormous tympanic distention dulness on percussion. Tumor could be felt in the right iliac region. Uterus elevated and pushed back. No fluid could be withdrawn with aspirator. Operation under ether. A large cystic sarcoma of both ovaries was removed. Great prostration followed and the patient died 12 hours after operation. Menstruation had occurred regularly every month up to time of operation. The tumors were between the bladder and uterus.—*Amer. Jour. of Obstetrics*.

**Resolvent Action of Alcohol in Inflammations.**—M. Ollive has obtained good results from topical use of this remedy in inflammatory affections. A thick compress is wetted with 30 to 90 per cent. alcohol, then covered over with some covering like oiled silk or mackintosh, to prevent evaporation, the compress is wet every three or four hours. It has been successfully used in phlegmon, pelvic peritonitis, lymphangitis, etc.—*N. C. Med. Jour*.

**Pulsations of the Liver.**—Dr. Grummond (Dublin Journal of Medical Sciences) claims that pulsations of the liver are of much diagnostic value in tricusped regurgitation, or heart murmurs. The phenomena is due to the regurgitation of blood through the vena cava inferior into the hepatic venous branches. The cardiac impulse against the liver is not without influence in producing pulsation.—*Chicago Med. Review*.

**Is the Ovarian Cell Pathognomonic.**
—Dr. W. A. Edwards, of Philadelphia concludes after examination of the fluid in three hundred cases, that the granular cell is not pathognomonic, of ovarian tumors. The doctor has found the same cells in pus taken from stumps after amputation. He also finds them in fluid taken from the abdominal cavity. However, it is of some value in diagnosis of ovarian cystoma.—*Amer. Jour. Med. Science*.

**Arsenical Well.**—In 1878 an arsenical water was discovered at Court St. Etienne. It is very rich in arsenic, and has a constant composition. The dose is from half a liter to a liter a day. Smaller doses produce physiological effects. It is pleasant to take, and is an efficient way to take arsenic.—*London Pract.—Louisville Med. News*.

The French gynecologists are treating prolapsus of the uterus by narrowing the vagina. The mucous membrane is pared off and the raw surfaces brought in contact with sutures. A number of successful cases are reported.—*Virginia Medical Monthly*.

**Treatment of Enlarged Uterus by Massage.**—Drs. Prince and Reeves Jackson, of Illinois both advocate the above treatment and claim greater benefit from it in most uterine enlargements.—*Trans. Amer. Gyn. Soc. 1851*.

The North Carolina Medical Journal has offered premiums for the best prepared and complete herbarium of the medicinal plants of that state.

A successful vaccination after a well-marked case of small-pox is reported in the Missouri Valley Medical Journal.

Brown Séquard has declined the court physicianship at Madrid.

Ann Arbor University is to have a $60,000 Museum.
THE
DETROIT CLINIC.


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Original Department.

A New Uterine Dilator.

By J. A. Wessinger, M. D., Howell, Mich.

The accompanying figure represents the instrument partly open. The dilator consists of two tempered steel, nickel plated shanks and blades, held in place by a center-pin, four inches from the apex of blades, and eight inches from digital end, or finger piece. At the digital end each shank has a doubled curve, the first lateral, toward the other shank, to establish crossed action of the shanks and thereby dilatation. The second, at an angle of 18° toward the perpendicular, to place the finger-piece in such position as will offer least obstruction to ocular inspection during the manipulation of the surgeon. At the inner surface of each finger-piece is a hooklet, which, at the completion of the dilating force, interlocks one with the other, if so desired. The hooklets take the place of the ordinary thumb-screw in other dilators, and have the advantage in that they render the instrument more simple, perform the same office, and require no extra hand to do their work, which is not the case with the thumb-screw. The hooklets are disengaged by simply depressing one shank.

The blades are three inches in length and hemispherical, each having a broad shoulder at its base, and a bulb at its apex which prevents the blade from slipping outward through the internal os and lacerating the tissues; and the shoulder at the base of the blades which prevents their slipping into the cervical canal.

The points wherein I think this instrument superior to those already in the market are these:
1. Its simplicity; composed of two pieces with a center-pin.
2. Its durability.
3. Ease with which it is kept clean; an important point to the busy practitioner and a point sorely neglected by the great majority of inventors.
4. Gradual dilatation, which is accom-
GENTLEMEN:—By the term cataract we understand an opacity of the lens or its capsule, occurring, usually, as the result of interference of nutrition. In forming your diagnosis you must be careful not to confound opacities of the cornea with those of the lens, a mistake which often occurs among physicians not accustomed to treat eye diseases. A little care in observing will show you that the opacity of cataract is posterior to the plane of the iris. Often an opacity may be found in both cornea and lens, as in the case of traumatic cataract I showed you last week, where there was a marked opacity of the cornea as the result of the wound. A mature cataract may be easily recognized, even with the unaided eye. The pupil is no longer dark, but is filled with a grayish body, and vision is of course obstructed. The diagnosis is more difficult, however, when we have an incipient cataract, especially one beginning in the periphery of the lens; for these cases a careful examination by oblique illumination with the ophthalmoscope will be necessary. Again, care must be used not to mistake the physiological changes occurring in old age for cataract. These changes consist in a cloudiness due to consolidation of lens substance, but this condition may be readily distinguished from cataract, since in the former case sight is perfect, the opacity remains stationary, and the ophthalmoscope shows the absence of true cloudiness.

Lenticular cataracts are classified in many ways, but for practical purposes we may consider them under two divisions: 1. The soft or cortical, including traumatic and lamellar. 2. The hard or nuclear.

Soft cataract is most commonly found in persons under thirty years of age, developing rapidly, especially in children. After reaching maturity it may undergo secondary changes, the fluid portion being absorbed and the remainder shriveled up; or the fluid may increase until the capsule is filled. Traumatic cataract occurs as result of wound or rupture of the capsule. The danger of this form of cataract arises from the pressure of the swollen lens upon the iris, and ciliary body. Lamellar cataract is, as a rule, congenital, or forms very early in life. In this variety of cataract the nucleus and portion of cortical substance immediately surrounding, is opaque, but there is always, in the stationary form, a zone of lens matter remaining transparent.

Passing by the description of other forms of cataract, and the methods of operating upon those already mentioned, we proceed to the second division of our subject, viz.: The nuclear or hard senile cataract.

This form is most commonly met with after the age of 45 years. When mature, senile cataract appears to us as a grayish opacity, completely filling the pupillary space, even after the use of atropine. The centre of the opacity presents a yellowish reflex. The growth of this variety is generally slow, and may exist for years before reaching maturity; some cases have been reported where the opacity has
gradually disappeared. The opacity generally begins in the periphery of the lens, as small stripes running towards the centre. The space between the stripes gradually becomes clouded, and the centre of the lens is invaded. Before operating it is necessary to examine the eye as to tension, vision, and in reference to any disease of lids, or lachrymal apparatus. Should the patient be suffering from a diseased condition of these parts, he must be cured before the operation is undertaken.

Many methods of operating upon senile cataract have been proposed and tried at various times, but the majority of oculists of the present day, make use of that one known as Graefe's modified linear extraction. This operation has been fully explained to you in previous lectures. It will be used in both the cases to-day.

Case 1. Mrs. C., æt. 47. You notice gentlemen that we are administering an anaesthetic to this patient. As a rule I prefer to operate without, but with nervous or over-sensitive patients it is necessary to prevent straining. We have given the usual dose of hyd. chlor. gr. xv 30 minutes before the operation to prevent retching. Now, while the patient is thoroughly under the influence of ether, we proceed to make the puncture and counter-puncture and complete the incision, obtaining a flap of conjunctiva which we lay back upon the cornea. We now make the iridectomy and meet with an unfortunate accident, bleeding into the anterior chamber. The hemorrhage is so profuse, that, it is impossible to clear the chamber out. Most of the books direct you in such a case to treat it as a wound of the cornea, and complete the operation at a subsequent period, when the blood has absorbed; but an experienced operator can lacerate the capsule without wounding the iris, and thus finish the work at once. Proceeding then as though the accident had not occurred, we open the capsule and evacuate the lens, which in this case you will notice, is of firm consistancy. Removing as much blood as possible from the anterior chamber, we complete the operation by the usual bandages.

Case 2. Mr. A. M——, æt. 67. This man thinks that he can endure the operation without the aid of ether. We proceed exactly as in the previous case. You see how little hemorrhage there is following the iridectomy. On attempting to evacuate the lens we find that the corneal wound is too small. We therefore, enlarge the wound with a pair of scissors, and now the lens comes out without difficulty, and you observe how large and firm it is.

The after-treatment of cataract operations, is a very essential part of the procedure.

The edges of the wound having been cleared of the iris, the eye is closed, no atropine being used unless fragments of the cortical substance remain. A small piece of soft linen is now laid upon each eye, and covered with tufts of loose charpie sufficient to fill the orbital cavities. Over all is placed the flannel bandage, firmly and evenly applied. Contrary to the practice of most oculists I remove the bandage the evening following the operation, and again the next morning, and so continue for several days, bathing the eye with tepid or cool water at each visit. After four or five days one dressing each twenty-four hours will suffice. At the time of the first dressing traces of blood, tears, conjunctival secretion, and possibly remains of cortical substance will be found on the piece of linen next the eye, and it is readily conceivable that such a mixture, if left undisturbed, might decompose and become a source of irritation, or possibly infection to the eye.

If pain sets in about the third or fourth day, examine the iris, and if there are indications of iritis, immediately give mercurials and anodynes.

Atropine should be used after the second or third day.

The bandage should be discontinued gradually after a week or ten days and the eye slowly accustomed to light.

About four weeks after the operation the patient may be fitted for glasses. Two pairs will be necessary—one for distant, and one for near vision.

219 Fort street west.
The Detroit Clinic.

A WEEKLY JOURNAL.

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GEO. S. DAVIS, Medical Publisher, Box 64.

The Seventeenth Annual Meeting of the Michigan State Medical Society at Ypsilanti.

The attendance this year was perhaps a little smaller than at many previous meetings, but the meeting passed off more harmoniously and with fewer exhibitions of "cheek" than many of its predecessors. There was considerable friendly discussion over the question of publishing the papers in medical journals, which was finally settled by allowing authors that privilege, with the consent of the society. It is true that the transactions have, of late, been very tardy in coming out, but, as explained by the secretary, it is owing to the negligence of authors themselves in furnishing the secretary with manuscript. The character of the papers presented was in general rather above than below the average; a fact which ought to afford encouragement, since sometimes at these meetings it is apparent that papers are presented from an advertising, rather than a scientific motive.

Among the excellent ones may be mentioned the paper by Dr. Christian, of Wyandotte, on "Two Cases of Malpresentation in Parturition;" the papers by Dr. Burr, of Pontiac; Dr. Wade, of Holly; Dr. Reynolds, of Orion; Dr. Pratt, of Kalamazoo; and last, but by no means least, that aesthetic poem, by our poet laureate—Dr. Ward.

The selection of officers for the ensuing year could not have been better.

The Secretary of the Surgical Section of the American Medical Association has the following progress to report, in regard to papers for the next meeting: Prof. A. C. Post, "Lupus Exedens of Face;" Dr. J. R. Weist, "Elastic Tension in the Management of Cases of Delayed Separation of Ligature;" Dr. Henry A. Martin, "Advances in Conservative Surgery of the Joints;" Dr. Carl Seiler, "Some Remarks upon Electricity in Surgery;" W. M. Fuqua, "Subperitoneal Surgery;" Dr. A. Van Derveer, "Cleft of Hare Palate;" Dr. Oscar J. Coskery, "Modification of Plaster Splints;" Dr. C. W. Nesbitt, "Ununited Fracture of Femur Treated by Exercise;" Dr. John E. Link, "Alcohol as an Anesthetic;" Dr. William Hill, "Laparotomy;" Dr. Ephraim Cutter, "Bi-Fracture of Patella, Partial Bony Union After Eight Years;" Dr. Wm. Stewart, "Fracture of Elbow Joint." Drs. J. W. Dora, Joseph H. Warren, Henry O. Marcy, Edward Borck, and B. H. Riggs, promise papers, titles not received. The Secretary, owing to the death of the chairman, will read a paper on "Excision of Portions of the Alimentary Canal Covered with Peritoneum," as the address on surgery. Gentlemen wishing to read papers will please notify the Secretary of the Section, William A. Byrd, M. D., 407 Jersey street, Quincy, Illinois.

Society Proceedings.

Michigan State Medical Society.

(Reported for the CLINIC.)

The seventeenth annual meeting of the Michigan State Medical Society was held in the Opera House at Ypsilanti, on
May 10th, and continued in session two days.

It was called to order at 10 A.M., by the President, Dr. J. H. Jerome, of Saggaw City.

Prayer was offered by Rev. Dr. Corkle, of Ypsilanti; and Captain E. P. Allen, in behalf of the city, welcomed the doctors to Ypsilanti in a very happy, earnest, and cordial manner; referred to the city's extraordinary paper manufactories, woolen mills, State normal school, and other things for which Ypsilanti is distinguished, and hoped the convention would visit and enjoy them all.

Dr. Geo. E. Ranney, of Lansing, the Secretary, then called the roll.

The minutes were, on motion, adopted without reading.

The President invited the vice-presidents, Drs. Breakey, Kinne, French and Wade, to seats on the platform.

Dr. E. W. Jenks, of Chicago, being present, also accepted an invitation to a seat upon the platform.

The executive committee reported that they had been compelled, from the unusual number of papers and other work presented, to hold an evening session, which prevented the management from making arrangements for a banquet, or any form of specially social entertainment during the session.

Dr. Ranney, the secretary, read the publication committee's report, recommending that the proceedings be printed and distributed as usual, one copy to each member.

Dr. Brodie, of Detroit, recommended that everything pertaining to the meetings be printed as usual, and that the original papers be simply read and approved by the society, and then given back to their authors, with permission to publish them in any journal they chose.

Dr. Bennett, of Coldwater, thought authors of papers had the right to publish them elsewhere, but that they should be published in the transactions also, as at present.

Dr. Dunster favored publishing in transactions and elsewhere, when desired.

Dr. Jerome said the society owned the papers when read before it, and should have the exclusive right to publish, but the transactions should be gotten out with more dispatch than formerly.

Dr. Ranney said it could easily be done in thirty days, if authors would leave them when read.

After further discussion by Drs. Cox, Tupper, Post and Connor, the subject was laid over till next day.

AFTERNOON SESSION.

The first thing done was the passing of a resolution that in future all expenses of the executive committee be paid out of the funds of the society, through the finance committee.

Dr. Ranney, the secretary, read his report, which was accepted.

Dr. G. W. Topping, treasurer of the society, read his report, which showed a balance on hand of $502.33. He recommended that the annual dues be reduced, as it would not endanger the solvency of the society. The report was adopted.

Dr. E. P. Christian, of Wyandotte, read a paper entitled "History of Three Cases of Malpresentation." It presented the recognition, treatment and results of three unusual forms of presentation, one of which was quite complex and was relieved in three minutes by turning, after many unsuccessful attempts to deliver by forceps applied to the head. The doctor referred to the possibility of malposition of the foetus in utero occurring oftener in the human species than in the lower animals on account of the woman assuming the upright form in locomotion while in other species the body during gestation was more uniform in position, maintaining the force of gravity in the same direction on the foetus. He thought comparative anatomy had received more attention than comparative physiology, and that if comparative physiology was studied more, it would greatly assist those who are interested in the descent of the different species.

The paper was thought to have special merit and was accepted for publication with a vote of thanks from the society on motion of Dr. Brodie.

Dr. C. B. Burr, of Pontiac, next read a paper on "The Insanity of Masturba-
tion." He gave a history of several very interesting cases treated at the Pontiac Insane Asylum. He said insanity from this cause generally came on slowly and very insidiously. Patients were very demure or religious at first. He thought their religious turn was due to their desire to atone for their sin of masturbation. Later they became insulting to women at times; at times practicing the act in exposed places, and finally, they generally made a very dangerous kind of lunatic.

Dr. Leartus Connor, of Detroit, read a paper on a "Cerebral Tumor." It was the history of a case of neurogliomatous tumor in the upper and anterior surface of the right cerebral hemisphere, which the doctor had observed for the last four months of life, and of which at death he had an autopsy. The tumor was 1 x 3/4 inches, and surrounded by about 5 ounces of serous liquid, which was not connected with the ventricles.

There were exacerbations of pain in right side of head accompanied by left-sided paralysis of motion in limbs, both of which disappear at times together, proving the motory centers to be in that region of the brain. There were convulsions at times and neuroretinitis of the choked-disk variety. Patient died comatose. The paper was accepted for publication.

Dr. Henry J. Reynolds, of Orion, read a paper on "After Treatment of Laryngotraceotomy Cases in Group and Diphtheria," claiming the constant attendance of some physician to watch and change the tubes, to be an indispensable necessity till after the membrane had ceased to exist in the trachea. He reported a convalescent case upon which he had operated, that was choked by plugging of the canula through the inattention of the nurse.

He also favored an opening in the inner tube of the double canula corresponding with that in the outer, in some cases. The paper was accepted for publication.

EVENING SESSION.

A large audience, including many ladies, were present to hear the address of the president, Dr. Jerome.

He spoke for an hour, giving the history of the society since its foundation in 1866. He condemned all phases of empiricism and pleaded strongly for the elevated standing of medical men. He closed with an impressive and beautiful tribute to the honored dead of the society.

He was warmly applauded by the audience and voted thanks by the convention.

Dr. Pratt, of Kalamazoo, then rose and speaking in sympathetic terms of the many virtues of their sick brother, Dr. James A. Brown, of Detroit, moved to telegraph him their fraternal love and remembrances, which was done by a unanimous rising vote.

On motion of Dr. Pratt, Drs. Cox, Ward, Brownell, Breakey and Tupper were appointed a committee to nominate officers for the ensuing year.

Dr. C. H. Stowell, of Ann Arbor, gave to the audience a very interesting microscopical exhibition on canvass with lime light illuminations. The specimens were physiological, and both normal and abnormal histological, were very perfectly shown and the doctor received the hearty thanks of the convention.

SECOND MORNING SESSION.

Business began at 9:30.

Dr. Cox read the report of the committee on nominations which recommended the following physicians as officers:

First Vice-President—S. S. French, Battle Creek.

Second Vice-President—Hugh McColl, Lapeer.

Third Vice-President—L. W. Bliss, Saginaw.

Fourth Vice-President—A. Stevenson, Adrian.

Secretary—G. E. Ranney, Lansing.

Treasurer—A. R. Smart, Hudson.


Delegates to the American Medical Association—Drs. Foster Pratt, Kalamazoo; C. W. Morse, Dowagiac; Josiah Andrews, Paw Paw; W. N. Smart, Grand Haven; Hugh McColl, Lapeer; Horace Tupper,
Bay City; L. W. Bliss, Saginaw; George W. Green Three Rivers; W. F. Breakey, Ann Arbor; Eugene Smith, Detroit; H. J. Reynolds, Orion; Amos Crosby, Albion; William Brownell, Utica; C. V. Tyler, Bay City; D. H. Jerome, Saginaw; J. H. Bennett, Coldwater; I. E. Brown, Monroe; C. M. Stockwell, Port Huron; A F. Whelan, Hillsdale; G. W. Topping, De Witt; Gordon Chittock, Jackson; E. B. Ward, Laingsburg; Dr. C. B. Burr, Pontiac; John Kapp, Ann Arbor; T. A. McGraw, Detroit; J. Perkins, Owosso, and Thomas N. Reynolds, of Detroit.

The committee also recommended that the president and secretary be authorized to fill any vacancies which may occur in this delegation.

The entire report of the committee was accepted and adopted.

On motion of Dr. Tupper, of Bay City, Dr. George W. Topping, of De Witt, was unanimously elected president.

Dr. Foster Pratt, of Kalamazoo, read a paper entitled "Responsibility of the Profession for Non-Union of Fractures," giving the history of a case, "Burgert vs. Lake," in which the defendant, a doctor of Allegan county, was sued for damages for malpractice, in failure of union of a broken humerus.

The paper was exhaustive on the subject of non-union, showing that it had for all time occasionally occurred, under the best treatment of the best surgeons, and in cases not visibly indicating it, and that its inherent cause was not well understood.

Drs. Whelan, Brodie, Cox, Bennett, Tupper, Hitchcock and McLean took part in discussing the subject, all agreeing in the non-responsibility of the surgeon generally, if not invariably, for non-union of bones, and all condemning the careless expressions of medical men which some times led to suits against a worthy brother.

The paper was accepted and referred for publication.

**AFTERNOON SESSION.**

The committee on finance reported the treasurer's accounts correct, with $502.33 on hand, but recommended no action on reducing annual dues at this session.

The report was adopted.

Dr. D. C. Wade, of Holley, read a paper entitled "Anticeptism in the Treatment of Diseases." The doctor occupied the ground very fully, treating very comprehensively antiseptic agencies, and the diseases in which they were applicable.

On motion of Dr. Reynolds, the paper was accepted and ordered to be published.

Dr. Thomas N. Reynolds, of Detroit, read a paper entitled "Cool Air, etc., in Measles and Scarlet Fever." It was a short consideration of the treatment of those diseases in the eruptive stage; and was a plea mainly for cool air in the apartment.

The paper was accepted and referred for publication.

Dr. E. B. Ward, of Laingsburg, read a very humorous poem on the practice of medicine, which was referred also for publication.

Dr. Eugene Smith, of Detroit, read a paper on "The Inflammation of the Internal Ear," detailing the dangers to the brain on account of the thin and sometimes pervious septum between the internal ear and cavity of the cranium proper, and advocating early attention and treatment of those cases by the general practitioner.

This paper was also accepted, and referred for publication.

The society voted Dr. Ranney $100 for his last year's trouble as secretary; and also voted thanks to him, retiring president Jerome, and the citizens of Ypsilanti.

The following resolutions, prepared by Dr. Ranney, were unanimously adopted at once, and seemed generally highly satisfactory:

Resolved, 1, That papers read before this society, and referred to the committee on publication, with instructions to publish within sixty days, shall at the close of the session be placed in the hands of the society, ready for printing.

2. That any member reading such paper before the society, is allowed to have such paper printed in any reputable medical journal, under the statement, viz., "Read before the Michigan State
Medical Society, and printed in this journal with the consent of the society."

The following telegram was received by the secretary, in answer to the one sent on Wednesday evening to Dr. Jas. A. Brown:

George E. Ranney, M. D., Secretary
State Medical Society:

I express myself as deeply touched, and gratified by the kindly telegram sent me by the State Medical Society. Allow me to return the sentiments expressed with heartfelt thanks.

JAMES BROWN.

Dr. G. W. Topping, the newly elected president, was now escorted to the chair, which he accepted from Dr. Jerome in a very pleasant and appropriate speech; after which the society adjourned, to meet at Kalamazoo in May or June next, at the call of the president.

The attendance at the meeting on the second day was large, and twenty new members were admitted.

Abstracts.

Simultaneous Trachelorrhaphy and Perinarorrhaphy.—In a clinical contribution, published in the New York Medical Journal and Obstetrical Review for May, 1882, Dr. James B. Hunter, Surgeon to the Woman's Hospital, gives a number of cases of prolapsus uteri and of laceration of the cervix and perinarum, remarking that extraordinary cases are sure to be fully described, while those of every-day occurrence are often passed over as of little consequence. In the belief that the latter possess some interest and value to many readers, he proposes to present, from time to time, sketches of a few cases as they occur in his service. In regard to the performance of Emmet's operation for laceration of the cervix and the operation for lacerated perinarum, both at the same time, he states that several years ago he tried this method in a hospital patient, who could not remain long enough to have the operations done at the usual interval of two or three weeks. It succeeded so well that he has since done the double operation frequently, both in hospital and private practice, and has never had occasion to regret it. If, however, the laceration of the cervix is very extensive, or any condition exists that renders hemorrhage probable, he always does the operations separately. Sometimes, too, it is not desirable to keep the patient long under ethere, in which case the operations should not be done at the same time. The disadvantages of the double operations are: that it is impossible to reach the cervix, if it should be necessary, without sacrificing the new perinarum; that the patient is longer under the influence of ether; and that the sutures can not be removed from the cervix so soon. The advantages are: that the patient takes ether only once, and that she and her friends are spared the preparation (always somewhat formidable in a private family) for two operations; that there is an economy in time, as she lies in bed no longer than if the operation on the perinarum alone had been done; that a delicate patient suffers less fatigue, and is less emaciated, than she would be after having gone through two separate operations. He usually removes the sutures from the perinarum on the eighth day, and those from the cervix two weeks later, though with care the latter may be safely taken out earlier; while, on the other hand, there is no objection to letting them remain a month if it is convenient to do so, as they cause no irritation or inconvenience if the twisted ends of the wire are properly bent over and out of the way. While, therefore, he does not recommend the double operation as a rule, he considers it entirely practicable in many cases, and often prefers to do it.

Disinfection of Urine.—Dr. Curtis, in the Medical Annals, states that chloral hydrate five grains to the ounce of urine, will keep it perfectly for an indefinite period. Both chemical and microscopical examinations made months after show no change.—Med. and Surg. Reporter.
Original Department.

Mitril Lesion.

Clinical Lecture by Thomas N. Reynolds, M. D., Professor of Materia Medica and Therapeutics and of Clinical Medicine in Detroit Medical College.

GENTLEMEN:—This little six years old boy is brought to our clinique this morning by his father, chiefly on account of difficulty in breathing that he has nearly always when he lies down at night. Sometimes he is tolerably comfortable on first going to bed, but often awakens his sister, who sleeps with him, by noisy respiration and slight moaning while asleep.

She then awakens him, lifts him up and he becomes relieved. His father also says he becomes fatigued on slight exertion; plays but little with the other children now, and being delicate is kept in the house.

Here the father rests his case. He makes no more complaint for the child, but wants him helped, so he can sleep all right at night, and feel stronger and play better during the day. The child himself makes no complaint at all, but says he feels well; and sitting here quietly on this table he looks so, nearly enough.

Now any charlatan, or the youngest student, or simplest layman could have heard as much of this child’s case as we so far, for it came unasked; simply for the listening kindly.

But we will draw him out somewhat. We will ask if he ever had a severe sickness.

He says he had. Seven months ago he was very sick, and remained so for three or four weeks. We question him now carefully as to the manner of his being sick, to see if we can surmise what was involved.

The father says the trouble all seemed to be with his chest. He had high fever; frequent short, dry cough; and for a week or so he had great difficulty in breathing. Breathing was quite quick sometimes and he seemed to feel bad all through his chest, but complained of no very sharp pain there.

He gives no history of a sore joint anywhere at that time, and says Dr. Keifer a very intelligent physician of this city, who attended, never used the word “rheumatism” while visiting him.

He says his appetite returned quite well after the sickness, but the breathing on lying down or on exertion has been quite bad ever since, and the doctors have not seemed to cure him. He says he could always, previously, run and play just as well as the other children, and never was ill before.

We will now look more closely for objective symptoms, and explore him till satisfied for physical signs. His shirt is removed and we see no òedema anywhere; but after the little exertion of removing his clothing we notice slight fulness and pulsa-
tion in the external and anterior jugular veins. There is no visible pulsation in the carotids.

In the precordium the cardiac impulse is seen to be very diffuse. The apex beats in about the normal position between the 5th and 6th ribs; but a wavy, fluttering impulse is seen in a large precordial area in many intercostal spaces. Occasionally, apparently on full inspiration, we see the wavy impulse between two or three costal cartilages on the right side of the sternum. Standing on the right side of the patient with the right hand of the examiner applied flatly and evenly, the fingers lying softly between the ribs of the left side, and the palm pressing lightly upon the sternum and extending a little to the right of it, we feel a rather weak thrill under nearly all parts of the hand.

We have, then, already strong vital and physical manifestations of heart disease; and since they are so striking, we will pursue our investigations of that organ before examining the lungs. This diffuse wavy impulse might be due to liquid in the pericardium; but the precordial dullness is not much increased. It is a little, but not markedly so.

We will now listen. Over the whole chest, front and back, is heard a loud cardiac murmur; recognized anywhere in the chest as cardiac rather than respiratory because heard synchronously with the cardiac contraction, and heard just the same when respiration is suspended. It is recognized as systolic, because, with the ear over the precordium, it is heard synchronously with the impulse.

It is also heard to be much louder over the fourth left costal cartilage and apex and below and outside the left nipple than anywhere else. It is heard very plainly upwards as far as the clavicles but grows fainter as we move the ear upward from about the fourth left cartilage; and is not propelled into the carotids.

In this case it is impossible to hear in the precordium any normal valvular sound; and this murmur is so long and loud that we are led to wonder if the aortic valves are Impaired too; to wonder if there is obstruction there, and if it was there primarily; and if the mitral lesion was caused by, and was secondary to it.

But when we get well away from that very noisy mitral murmur, and place the ear between the first and second right costal cartilages we can hear the short clear click of the aortic valves, and so conclude that mitral lesion has been the only valvular lesion from the first.

Of course the right side of the heart has become somewhat dilated and weak, but that is due to strain upon it from regurgitation through the mitral orifice.

He has then all the manifestations of mitral regurgitation; with dilatation of both ventricular cavities.

He has no pleuritic, and no pulmonic lesion except the mechanical embarrassment from regurgitation.

As to the cause of the trouble, it was probably produced by an endocarditis had at the time he was ill seven months ago. The most frequent cause of endocarditis is the rheumatic poison, which generally manifests itself in some of the joints at the same time; but an inflammation of the endocardium is caused sometimes by blows upon the chest, or exposure to cold, with perhaps a vitiated condition of the blood, just like any other internal inflammation.

As the result of that inflammation, probably the chordae tendineae, and with them, the free margin of one or both segments of the mitral valve became tied back more or less to the wall of the ventricle, preventing their perfect closure on ventricular contration, and permitting the regurgitation with all its consequences, that we see here today.

Now he is not so much in danger of sudden death from fright or excitement as he would be if he had this amount of regurgitation at the aortic orifice. He will probably live many years and will have dropsies and more internal venous congestions later in life.
His condition at present is remarkably amenable to treatment.

Here there is a good deal of dilatation; with yet only very little, if any, compensatory hypertrophy.

If we can assist the action of the heart, and relieve it of the backward pressure of blood somewhat for a while, increased muscular development will take place in its walls, which will compensate it very largely for the extra work it has to perform.

The agencies we will try to employ for this purpose are three,—digitalis, cool air and proper exercise. They are all leading agencies, when intelligently employed, in improving and maintaining the tone and efficiency of the whole circulatory apparatus.

We will advise for him at present m/v of Tinct. Digitalis before meals and going to bed, and another m/v in an hour or two after if not breathing quietly. We will advise as impressibly as possible also, that the head while in bed be somewhat raised for a while, and that there be during the night sufficient fresh air in the room.

We will try to insist upon his taking regular walks or pleasant exercise out of doors, and encourage him as much as possible to play with other children.

Nitro-glycerine, in 1 minim doses of a one per cent. solution, has been used in cardiac inefficiency lately, but it seems to be a rather uniform vaso-motor depressant; and produces its remedial effects upon the heart indirectly, by relieving arterial tension; and not by stimulating, like digitalis, cardiac muscular contractions.

Mary Fletcher Hospital, Burlington, Vermont.

A Clinical Lecture by R. W. Taylor, M. D., Professor of Dermatology in the Medical Department of the University of Vermont. Reported for the DETROIT CLINIC by Hugo Erichsen, M. D.

GENTLEMEN—Here is a disease of the skin which you will frequently be called upon to treat. This lady is thirty-five years of age. She has had an eruption on her skin since she was nine years old. It is worse at times. She admits of having had an eruption in a mild form before her ninth year. You see, gentlemen, how necessary it is to question closely and thoroughly. Patients will unintentionally deceive you, without really knowing that they are. The patient before us was not a very strong child, and is in a state of average health at the present time. Her appetite is good, but sometimes she suffers from gastric eructions. Sometimes the eruption itches, sometimes not. The principal annoyance which it gives her is that "it looks bad." Her family history is good. Her mother died of some disease of the brain; her father is living, at 72, and of average health. The lady's eruption has nearly disappeared. In this case the eruption appears seldom on the body (trunk); affects the limbs to some extent, and is most abundant on the head and face. She has not been treated for the last five years; has, however, taken patent medicines containing mercury and iodide of potash. You see here a very typical case of a disease often found in the eastern States, which is called psoriasis. Notice the contrast between the sombre-colored spots on the face and the silvery scales on the arms. On the arms the scales have a guttæ form, and on the face the scales are loosened by the sebaceous secretion and come off readily. The eruption consists of a silvery scale on an inflamed base. On the scalp you will find a diffuse scaliness, and the scales adherent. The scales on the face are sombre-colored because this eruption is chronic in character. As to the etiology, that is very doubtful. Arlson attributes this disease to "worn out" syphilis. I do not believe this disease to be syphilitic by any means. Still the father of this woman may be to blame for this. I say this, because we have no other etiological factor for psoriasis. The fever of vaccination may cause the disease to appear, which up to that time lay dormant in the system. It is significant of this disease, that it appears at an early age, say at the fifth year. While I will not admit, that the disease is worn out syphilis, yet, I think, that there is some
relation between the syphilitic disease of the father and the psoriasis of the child. This disease is a degenerated condition of the skin, handed down from the ancestors. It is not usual for this disease to remain local for such a long time, as it has done in this case. The English dermatologists claim, that the disease always appears on the knees and elbows. This is not a fact. Remember gentlemen, in diseases of the skin, whatever you do, never treat crusts and scabs. Always remove them, before beginning treatment. What this woman must do, is to get her head thoroughly shampooned every two or three days. You will read wonderful accounts of the efficacy of chrysophanic acid in the treatment of psoriasis. Great as this remedy is for the treatment of unexposed parts, you must not apply it to the face and hands. It will color the skin brown, and give to the patient the appearance of an Indian. You may tell your patient, that you can cure her; never tell her, that the disease will not return. This precaution should be taken especially where the disease has existed for a long time. After having removed the scales apply:

B. Ugent, hydrarg. nitrat, ζ iij
Olei cardini, ζ i
Vaseline, ζ j.

M.

Do not tell the patient to simply smear the ointment on the skin, but tell them to rub it in. Friction is what is wanted. This woman took arsenic, but not as it should be taken. The plan in which to use arsenic is carefully and persistently. Give Fowler’s solution, 5 drops three times a day, for 10 days. It generally is a good idea, to give the medicine for 10 days and then pause, i. e., stop its administration for five. At any rate, these cases need not be the bugbear to the physician they are made out to be.

Gentlemen, I will show you an interesting case of keloid. There are two forms of keloid, the false and the true. The true arises spontaneously; the false appears after a scar of any kind. It may develop slowly or rapidly. If a person comes to you with this disease, generally tell him to let it alone. If pain is present in the keloid, you are justified to operate. If the keloid ulcerates, the chances to cure it are very bad.

In this case you see a little elevation covered by a crust at the margin of the right ala nasi. This is the flat epithelioma of the Germans, or the noli me tangere of the older authors. This is what we call rodent ulcer. When it begins to extend, to eat away the surrounding tissues, it is very destructive. It has existed in this man for nine years. Either let this alone, or go at it radically. Make a solution of two drachms of caustic potash to six drachms of water. Into this dip a match or a pine stick, covered on one end with cotton, and burn the diseased spot. Cauterize it freely, not mildly. After applying this, allow it to act for a while and then wash the affected spot with acetic acid. If this is not at hand, use vinegar. Always have suspicion of this disease, or true cancer, when a peculiar looking growth appears on the upper lip, or about the nose.

DELIRIUM FROM SALICYLIC ACID.—Dr. C. C. Barbows reports eight cases of delirium from this remedy. The patients became delirious after two days’ treatment, and resembles the delirium of acute alcoholism.—Med. Record.

DIMPLES TO ORDER.—An article in one of the New York dailies heralds a manufacturer of dimples. Of course it comes from Paris. The method followed in the words of the artist: “I make a puncture in the skin at the point where the dimple is required, that cannot be noticed when it has healed, and with a very delicate instrument I remove a slight portion of the muscle. Then I excite a slight inflammation, which attaches the skin to the subcutaneous hollow I have formed. In a few days the wound—if wound it can be called—has healed and a charming dimple is the result.—Am. Med. Weekly.
Dr. JAMES A. BROWN died in this city Sunday, May 21st, in the sixty-fifth year of his age. He was born Oct. 17, 1817, in Charlton, Saratoga Co., N. Y. He graduated at Fairfield Academy, N. Y., and subsequently studied medicine under the preceptorship of Professor Boyd, of Albany Medical College, where he took a course of lectures; also at Geneva Medical College, and finally graduated at Wiloughby Medical College, Ohio, in 1842, and commenced the practice of medicine at Chagrin Falls, Ohio, with the late Dr. E. M. Clark, of this city, as associate. In 1851 he came to Detroit and located, where he has been ever since.

He was at the time of his death a member of the American Medical Association, the Michigan State Medical Society, of which he was vice-president in 1868 and 1875. The Detroit Medical and Library Association at its organization elected him their first president. He has also held other positions of trust, viz., Surgeon to the Marine Hospital, Physician to the Detroit House of Correction, Trustee to the Kalamazoo and Pontiac Insane Asylums, and since 1862, until quite recently, has held the position of President of the Board of Medical Examiners for pensions at Detroit, and for years was a member of the Detroit Board of Education.

He was very successful as a general practitioner, and although of a retiring nature, his counsels were much sought, both by his professional brethren and the laity.

In his death the profession have lost a faithful worker, and the people a worthy citizen.

The nature of the doctor's illness was somewhat obscure, but it undoubtedly had its origin in an injury to the spine, the result of a railroad accident, together with a fall from his carriage. His sufferings for the past year have been excruciating, yet through them all, he anticipated death with calmness and heroism, characteristic of the man.

Appointments

At a recent meeting of the Board of Trustees of the Detroit Medical College, the following appointments were made:

N. W. Webber, M. D., Professor of Medical and Surgical Diseases of Women.
E. L. Shurly, M. D., Professor of Laryngology and Clinical Medicine.
J. H. Carstens, M. D., Professor of Obstetrics and Clinical Gynecology.
A. E. Carrier, M. D., Professor of Anatomy and Dermatology.
E. A. Chapoton, M. D., Professor of Principles and Practice of Medicine.
David Inglis, M. D., Professor of Principles and Practice of Medicine.
Chas. G. Jennings, M. D., Lecturer on Chemistry and Diseases of Children.
O. W. Owen, M. D., Lecturer on Physiology and Curator of the Museum.
F. W. Brown, M. D., Lecturer on Histology and Microscopy.
A. F. Hoke, M. D., Lecturer on Obstetrics.
Thomas N. Reynolds, M. D., Professor of Materia Medica and Therapeutics and of Clinical Medicine.
M. K. Ross, M. D., Instructor in Chemistry.
Book Notices.

Diseases and Injuries of the Eye.—By J. R. Wolfe, M. D., F. R. C. S. E., etc. Presbyterian, Philadelphia. John MacFarlane, Detroit.

We have waited somewhat impatiently for the appearance of this work on ophthalmology, which is made up of the lectures given by Dr. Wolfe at Anderson's College, Glasgow, Scotland. Being personally acquainted with the doctor and his practice at the Glasgow Ophthalmic Institution, we were led to expect a work which would be appreciated by his many students, and at the same time take front rank as a text book. In this we are not disappointed. The book brings us the latest advances in ophthalmic science, and we take great pleasure in recommending it to students and to general practitioners. The paper and typography are all that can be desired. The plates are much better than we usually find in American reprints. The only objection is the price, which is large for a cloth-bound book of 500 pages. We regret sincerely that want of space prevents a review.

E. S.

Abstracts.

Rules for Introducing the Uterine Sound.—Dr. Cameron (Glasgow Medical Journal) says: It has been recommended in special cases, but it is better to avoid any examination during menstruation, and in no case should the sound be passed without making a careful bi-manual examination.

To introduce the uterine sound, place the patient as in passing the speculum and pass two fingers of the right hand, viz., the index and middle, up to the cervix, with the knuckles toward the pubes, and in the groove formed by the fingers glide the instrument along, keeping the concave surface directed backwards. Never forget to have the sound warmed previous to its introduction.

If the passage is straight as in women who have never borne children, the index finger will be sufficient to guide the sound.

If the os is directed downward and forward, the instrument is passed into the cavity without rotating the handle; if the os is, however, directed downward and backward, the instrument is only allowed to enter the external os, and then the handle is turned so that the point of the sound may be directed upward and forward.

If there be any difficulty in making the instrument enter, this is often overcome by slipping the point of the instrument from the finger tip into the os.—Canada Med. Record—Rocky Mountain Med. Times.

The Foul Air of London.—The popular idea of drainage was very simple. You emptied the slops into the sink, and they went—the devil knows where. That was the popular idea of drainage; but they, as professional men, knew where the slops went. They knew also, that they were occasionally arrested in their progress in these most inefficient and ill-contrived underground channels. They knew that the soil which was taken off, as we say, euphemistically, by water-carriage, was often arrested, and allowed to remain and decompose, and pass into the form of gas. They knew gas was generated by the decomposition of this decaying matter, when deposited, in however slight a degree, upon any interior surface. What followed? They knew this gas had two qualities which were extremely obnoxious; one quality was that it ascended to the highest level by reason of deficient specific gravity; and the second quality was that when it reached the highest level it exercised a pressure, being an extremely elastic gas. He need scarcely point out the effect of these two considerations. When the sewer-gas (a most excellent name, without going into particulars as to whether it should be called gas or vapor; the name sewer-gas carried an offensiveness which was extremely convenient)—when the sewer-gas had reached the highest level, it exercised a powerful elastic pressure to force its way out, and succeeded in forcing its way. It got into the house; and if there were no other grievance there was this
to complain of— that this pestiferous and poisonous gas, forcing its way from the sewers into our houses, reached the air-bath, and of course reached the vital organs of those who occupied it. So much for the sewer-gas.—From Prof. Kerr’s Address before the Civil and Mechanical Engineers’ Society.

EXPERIMENTAL PRODUCTION OF ABDOMINAL PREGNANCY.—Dr. Leopold, of Leipzig, reports in the Archiv für Gynäkologie experiments in transplanting from the uterus of one rabbit to the abdomen of other nonpregnant rabbits, embryos of two and a half to six and eight centimetres in length, the largest being as near maturity as could be obtained. Two results were obtained. In one peritonitis followed with death of the animal. The embryo was, however, disintegrated. In the other the animal lived and the fetus became encapsulated. When death took place from peritonitis on the second day, no trace of the smallest embryo could be found, it having been absorbed. Where no inflammation was set up, the animals were killed at periods ranging from three to seventy days. As a rule the fetus had become encapsulated. The very small ones, however, had entirely disappeared by absorption, no trace being left. In the older and larger ones, parts of the muscles and the skeleton, and cartilage remained with some growth of bone. From the results, Dr. Leopold concludes that extra uterine pregnancy ending in rupture of the sack are perhaps more common than is generally believed, the symptoms being those of pelvic hæmatocele, and the case ending in absorption of the fetus.—Chicago Med. Review.

HEMATOGENOUS ALBUMINURIA.—Prof. Bamberger designates by this name albuminur'a where there is no anatomical alteration of the kidney substance. He believes the name transitory albuminuria to be inapplicable, for there may be quick cure; still cases have been known to last for years. The amount of albumen is small, giving only slight turidity with reagents and seldom reaches ten per cent., but may be in large amounts. Isolated casts may be found, but are not diagnostic. This disease occurs in otherwise healthy subjects and in the most diverse diseases. Dr. Bamberger divides hematogenous albuminuria into three classes: First, febrile albuminuria occurring in severe cases of pneumonia, typhus, diphtheria, etc.; the albuminuria occurs in these conditions when the fever is high and of long duration. Second, in passive congestion, as venous congestion, valvular disease, or dilatation of the heart, etc. Thirdly, spastic albuminuria, occurring in convulsions, epilepsy, etc. Bamberger does not believe this condition to depend on blood-pressure in the malpighian tufts, but that it results from slowing of the blood current, functional derangement of the tufts without anatomical change, vasomotor influences and chemical blood changes.—Wiener Med. Woch.—Louisville Med. News.

THE CURE OF EPILEPSY BY LIGATURE OF THE VERTEBRAL ARTERIES.—Dr. William Alexander, Liverpool, reports in Medical Times and Gazette five apparently hopeless cases of epilepsy cured by ligature of the vertebral arteries. In three of the cases only one artery was tied. In the other two cases, by tying one artery, the symptoms were ameliorated, but the fits did not cease until the other artery was tied at a subsequent operation.

He has ten more patients under treatment with apparently satisfactory results in every case. In three of these he tied both vertebrales simultaneously without any bad effects.—North Carolina Medical Journal.

OVARITOMY DURING PREGNANCY.—Dr. Golenvaux reported two successful cases performed by himself. The patients were exhibited to the Royal Academy of Belgium. In one case the child is still in utero and shows signs of life, and it is probable that it will reach maturity.—London Lancet.
**Sore Nipples.**—This very disagreeable condition can be ameliorated and cured by using tincture of benzoin. They should be washed freely with the tincture, and will heal in five to ten days. The benzoin forms a varnish over the nipple and protects them during nursing and does not in any way interfere with lactation. Nonspecific sores are the only ones benefited by this treatment. —*E. M. Jou., Cincinnati Obstet. Gazette.*

**The Splenic Pulse.**—Dr. Roy has observed in experiments upon cats and dogs that the spleen alternately contracts and dilates with great regularity, presenting systolic and diastolic phrases about once a minute and that it thus carries on its own circulation independent of blood pressure. —*British Medical Journal—Canadian Journal.*

**Experts Fees in Courts of Justice.**—The Supreme Court of Boston has decided that a physician is not bound to give his professional opinion for nothing, and that he can claim payment as an expert. —*Boston Med. and Surg. Reporter.*

**Quinia in the Treatment of Cholera Infantum.**—Dr. Otis T. Manson, of Richmond, says he has not lost a case of this disease since employing quinine in conjunction with calomel. Quinine is given until full physiological effects are obtained. —*Cincinnati Obstet. Journal.*

We believe Koch has made the grandest discovery of the age, for if it be true that vaccination for consumption can be practiced, as vaccination to prevent variola, the human race may hope to trample this death dealing disease under foot, in the same way as they have now trampled small-pox, and even more successfully, as it is not so contagious. All hail to Koch!! His name should, and if this is true, will be written on the highest pinnacle of fame.

Another successful cesarian section has been performed in England, Mr. Henry Morris performed it in the Middlesex Hospital.

The three hundredth anniversary of the University of Wurzburg will be celebrated August 1st to 3d.

Dr. F. N. Otis, reports eight cases of syphilis occurring on the fingers of physicians.

Dartmouth College has just had a bequest of $2,000, for its Pathological museum. Mr. Edwin Stoughton was the giver.

Resection of the stomach has again been performed with success by Dr. Nebinger, of Bamberg.

Sir Henry Thompson says tumors of the bladder can be diagnosed by direct median section, the incision can be made without danger, and the nature of the growths easily discovered.

The late Dante Rossetti was a victim of the chloral habit, having used it since 1868.

Seventy-five homœopathic physicians sued Dr. Wagner, of Leipsic, for calling Homœopathy a swindle. They recovered the munificent sum of $12.00.

Dr. Basse, of Domnan says that oil of turpentine possesses great curative properties in the treatment of diphtheria. He prescribes it in tablespoonful doses with success.

Giteau's body is to have a thorough post mortem performed upon it, with a view to settling the question of insanity. We are glad they are to settle it in this way. If all murders who plead the insanity dodge, were only hung, and then the question of responsibility settled by autopsy, there would be fewer murders. Do so some more, Messrs. Lawyers.
Calcium Sulphide as a Remedy in Small-Pox.

In a report made recently before the New York Therapeutical Society, the value of calcium sulphide as an anti-suppurative is attested by reports from a number of practitioners throughout the country; particularly has the drug proved to be useful in acute suppurative diseases of the skin.

Dr. Bingham, of Vermont, has used it in all pustular diseases of the skin and says the best results were obtained in the acute affections; in fact, there seems to be no form of suppurative disease that is not benefited by the administration of the drug; and in some of the cases reported there was an immediate arrest of the suppuration.

Is it not possible, then, that the drug might be useful in modifying the pustular stage of small-pox; or, if given early enough, of aborting the disease altogether.

The report above alluded to does not mention that it has ever been used in this disease.

Would it not be well to give it a trial.

R. A. Jamieson, M. D.,
8: Park street.
the same time he was suffering from inflammatory rheumatism, which soon subsided under the salicylate of soda. As the soda seemed to affect his bowels, an astringent was prescribed.

On May 24, phlebitis of left femoral, popliteal, and about one-third of the anterior and posterior tibial veins set in. There was great oedema of the lower leg and foot, together with severe constitutional prostration. Called Dr. R. A. Squire in consultation, and we gave the following:

B Ferri (Quevennes), 3 j.
Spt. vin. gal.
Syr. simp., αα, 3 j.

M. Sig.—Teaspoonful every four hours.

For the enteric disturbance we gave:

B Pulv. aromat., 3 iij.
Tr. catechu, 5 iv.
Tr. cardam.
Tr. opii, αα, 5 ij.
Mist. cretæ.
Syr. simp., αα, 3 iss.

M. Sig.—Teaspoonful every two to four hours.

For the phlebitis, we used a lotion of the following:

B Tr. O. αα, 3 j.
Liq. plumæi subæct. dil., q. s. ad. Oij.

We heated the lotion, swathed the limb with hot flannel dipped in the lotion, then covered it with oiled silk, next a thick layer of cotton batting, and bandaged the whole with a flannel roller. This dressing we would leave undisturbed for twelve hours. This hot pack seemed to exert a happy effect upon the inflamed vessels, and in about fourteen days the inflammation began to subside.

On June 1 typhoid symptoms appeared, with violent vomiting, diarrhoea, and tympanites. Gave the following:

B Bismuthi subnit., 3 iij.
Opii pulv. gr. viij.
Plumb. acet., οοj.
Syr. simp., 3 ij.

M. Sig.—Teaspoonful as needed for the gastric disturbance.

For the typhoid trouble we gave:

B Spt. terebinth., gtt. c.
Pulv. acaciae.
Sacch. alb., αα, 3 j.
Aq., 5 ij.

M. Sig. — Teaspoonful every four hours.

His bowels were so sore that we had to relieve them with injections, and for the same reason were compelled to catheterize him every time he wished to urinate.

17th. Collateral circulation was pretty well established, and oedema of the limb began to disappear. The typhoid symptoms also began to subside.

21st. Pleurodynia set in, and in his excessive weakness interfered materially with his respiration. For this I gave him ammonii chlor., 5 ss., every six hours, in divided doses, which seemed to exert a good influence.

July 2.—Violent diarrhoea and vomiting set in, with severe prostration. His food was not assimilated, but passed through him little changed. Again returned to the bismuth and opium mixture. Also, gave him nutrient enemata, and tannic acid and opium suppositories.

6th. Inflammation of left parotid gland set in. This soon extended through the external jugular, the subclavian, the axillary, the basilic, and part of the anterior and posterior ulnar veins. There was severe oedema of the lower arm, together with great pain, extending from the head, through the left side of the neck, and down the left arm. Was compelled to again resort to opiates, on account of the severity of the pain. The gland became so swollen as to draw down the whole left side of the face, including the outer side of the eyelids and the left side of the mouth, giving the left side of the face the appearance of having slid down the neck part way. For the gland, I first tried the application of cold, but, although the weather was intensely hot, yet the cold seemed to be disagreeable to him. Next I tried heat applied by means of small soft bags filled with parched flour. These bags, being loosely stuffed, adjusted themselves nicely to the swollen gland, and retained their heat a long time. The nurse changed them before they lost many degrees of heat, so that for four days I kept up a constant heat, day and night. I may state that in this case the heat was not only well borne, but was very agreeable to the patient.
For the phlebitis, I used the same dressing as in the case of the leg, with the same good result. The inflammation of the gland and the phlebitis subsided at the same time, which began about ten days after its commencement. With the hope that I might reach the trouble constitutionally, as well as locally, I gave the following:

R. Fld. ext. cimicifugæ, 5 j.
Potass. iod., gr. xv.
Syr. simp., 3 j.

M. Sig.—Teaspoonful every five hours.
After giving this about five days, I was obliged to desist, on account of the disorder of his digestive organs.

21st. Phlebitis of right femoral, popliteal and part of the anterior and posterior tibial veins set in. As in the case of the left leg, I was unable to say whether the external iliac was involved or not, but the femoral vein was inflamed clear up to Poupart's ligament, and the inflammation in the case of the left limb extended to the superficial circumflex iliac, the superficial external pudic, and the superficial epigastric. My treatment in this case was the same as in the phlebitis of the arm and the other leg, and was just as satisfactory. I will state that the inflammation in this leg was not nearly as severe as in the other limbs, although the result was the same, namely, the occlusion of the vessels and oedema of the limb.

29th.—Collateral circulation was established, the oedema began to disappear, and the patient began to recover. As soon as the patient was able to endure the journey, I ordered him to the sea shore. Unfortunately, while passing through New York City, he consulted a physician, who advised him to use his limbs in walking, stating that the feeling in his limbs would tell him when he ought to rest. He did so, when almost immediately the phlebitis reappeared, and oedema set in, and he was again laid up for three weeks. Under the same treatment originally used, the phlebitis and its results again disappeared, and he is now doing well in every way. I find that there is a slight circulation through the affected venous channels of the right leg, but can find none through those of either the left leg or arm, and from present appearances do not think that the injured veins of the left leg and arm will ever be of any use to him. Still, the collateral circulation of both seems to be sufficient, and both limbs seem to be well nourished.

[Note.—During the discussion which followed the report of this case, Dr. J. L. Rea stated that in three cases where metastasis had occurred, he had succeeded in causing a return of the peculiar morbid process from the testicle to the parotid gland (return metastasis) by poulticing the parotid.]-Medical News.

Observations on Catarrhal Fever.*—Those engaged in active medical practice must have been struck with the widespread prevalence of an epidemic of catarrhal fever presenting many curious features. As it is only by a study of all such epidemics that we shall ever learn fully to understand this dissimilar malady, I trust it may not prove without value to record before the College my individual experience with it.

The disorder begins almost invariably in a sudden manner, sometimes with a chill, quite as often without it. I have known persons well in the afternoon, and in the evening with a decided fever, and suffering all the discomforts of the catarrhal malady. Among the first signs of this are pain in the throat, and a feeling as if it were filled up, yet looking at it nothing is seen but redness and some relaxation. Fever is by this time developed, at first of only moderate intensity, and with a quick but very compressible pulse. Dry cough soon becomes a feature, occurring not infrequently in paroxysms, and now and then combined with loss of voice, and with difficulty in swallowing. The chest walls are sore, and the cough is painful. Frequent, rather difficult breathing, not associated with any marked physical signs except feebleness of respiratory murmur, is a common symptom. As the malady progresses,

*Read before the College of Physicians of Philadelphia.
more obvious signs of bronchial catarrh may happen, and harsh breathing and dry râles be found on listening to the chest. But here and there will be a spot still marked by feeble breathing, a spot of seeming congestion of the lung and of impaired expansion. Scanty tenacious sputum, blood streaked, is perhaps noticed, to become more copious and purulent only in cases in which the bronchial catarrh is prominent. The eyes are, as a rule, injected or watery, but nasal catarrh does not exist. Yet late in the disease it may come on, and the malady pass off, in the language of the patient, by a bad cold in the head. Besides these catarrhal symptoms, are pains,—chest pains, pains in the neck and scalp, pains in the loins and limbs. The chest pains are most peculiar and severe. They are sharp and like pleurisy, indeed they are so regarded. But only impaired respiration exists, friction does not, save in the rarest instances; and the character of the pain, its having its seat in the chest walls, is shown by its transferring itself with rapidity from one side to the other.

As regards the nervous symptoms, great lassitude, restless nights, and marked hebetude strike us most. With reference to the drowsiness, it is often so decided that it is difficult to believe that the patient has not taken opium. Delirium I did not once encounter, nor were the cutaneous hyperæsthesiae as common as I have noticed them in other epidemics. In truth, on the whole, the nervous phenomena, except the hebetude, were less pronounced.

The duration of the disease is a short one. It does not, unless kept up by complications, exceed a week; nor did I see a fatal case unless from complications. During the rather tardy convalescence, what forces itself on our attention is the weakness with the decided loss of flesh which so short a disease has occasioned. Of course, I am speaking only of marked cases; and not of the slight ones of a few days' duration that abound as a light manifestation of the epidemic influence. Glandular enlargements are occasionally met with during the convalescence; more often did I notice inflammation of the antrum with its distracting headache and sense of fullness and pain.

I have just alluded to the complications. Pneumonia, catarrhal and lobar, is the most common. And I am quite clear that the great prevalence just now of pneumonia must be mainly ascribed to the influence of the poison of the catarrhal fever. But this is too large a question to enter into here, as it would equally lead me too far to inquire whether there are any clinical differences which separate these pneumonias of epidemic origin from those originating from other causes.

Besides pneumonia, I have met with overwhelming attacks of pulmonary congestion. One, for instance, seen with a medical friend in which a bright lad of sixteen perished, who had not been ill forty-eight hours; perished with bloody tenacious sputum, temperature of 104.8° F., intense dyspnœa, heavily congested lungs, terminating in œdema, and amid vanishing pulse, wild struggles for life, and signs of non-erated blood, in whom, nevertheless, there were no spots of dullness or bronchial breathing or other evidences of consolidation to be detected. Then I saw, with Dr. Herbert Norris, in a previously healthy, although rather delicate, young woman, who was seized with catarrhal fever just as her little girl was fairly convalescent from it, rapid phthisis develop itself, primarily in the lung which, three or four days after the acute setting in of the catarrhal malady, had slowly advanced to imperfect consolidation at its lower part, then more rapidly in the right. On the side first affected a large cavity formed in the lower lobe, and became manifest on about the twelfth day of the disease. The whole duration of the case was just three weeks; the only instance of tubercular affection to be traced in the family was that of an aunt.

The state of the skin is at first dry and harsh. It becomes soft and clammy as the disorder advances, and copious sweats, especially at night, are common. The face at the outset is apt to be flushed, and what has particularly struck me in this epidemic as a feature which I cannot recall to have noticed so strikingly before, is a curious irregular mottling of the surface. This is very marked on the neck and breast, and might easily cause the
case to be mistaken for scarlet fever or for German measles. But when closely looked at, it is seen that the capillary injection is really quite unlike the eruption of either.

As temperature observations on catarrhal fever are very imperfect, I recorded whenever a good opportunity offered as many as possible. Here is a case in which with the aid of a very intelligent nurse they were made three or four times daily, and begun a few hours after the first symptoms had manifested themselves.

1st day. 2.30 a.m., 102.2° F.; 6.45 a.m., 100.8° F.; eight p.m., 101° F.

2d day. Eleven a.m., 100.8° F., nine p.m., 101.6° F.

3d day. Two a.m., 104° F.; 10.30 a.m., 101.5° F.; three p.m., 101.5° F.; six p.m., 103° F.; nine p.m., 105° F.

4th day. Seven a.m., 101.5° F.; nine a.m., 99.5° F.; eleven a.m., 100° F.; six p.m., 100° F.

5th day. Eleven a.m., 99.2° F.; nine p.m., 99.6° F.

6th day. A.m., 99° F.

7th day. A.m., 98.5° F., no evening rise.

This temperature was the highest I have met with in an uncomplicated case. It attained its height on the third day, and is seen to be very irregular. In truth, irregularity of temperature is one of the characteristic features. The temperature is apt to be irregular until the whole disorder markedly declines, when it by gradual degrees, but in the space of a day or two, returns to the normal.

Next to the catarrhal and febrile symptoms the gastro-intestinal claim attention. Disgust for food, pasty tongue, are very usual, and attacks of diarrhœa not unusual. In some cases, indeed, the intestinal catarrhal symptoms are far the most prominent, and it may be that only with their subsidence the bronchial catarrh appears. Nor is it always a simple diarrhœa. Seizures bespeaking an irritation of the large intestine, diarrhœas soon merging into dysenteries, from quite a fair proportion of the cases. The urine is high colored, scanty, but free from albumen, even in cases with a temperature of 105° F. Only in instances of most marked pulmonary congestion have I known it to contain albumen, and then but in small quantities.

Another complication I have met with is gangrene of the lung. I saw such a case with Dr. Girvin. The sputum was horribly offensive, the wasting decided; a spot at the upper part of the left lung was gangrenous. These symptoms had set in acutely, about ten days after an attack of catarrhal fever in a young woman before in good health.

There is generally little difficulty in the diagnosis of the epidemic malady; the catarrhal symptoms, the signs of the disorder, are very manifest. Occasionally a puzzling case happens; as for instance, one in a young girl with nosebleed, with diarrhœa, with high temperature, all within the first week of the disease. Yet the sequence of the phenomena prevented the affection from being mistaken for typhoid fever. The nosebleed came on after the marked catarrhal symptoms; the diarrhœa appeared on the fourth day, and lasted only forty-eight hours; the high temperature continued but for a day, and then there were very irregular variations until, by the eighth day, the temperature had declined to normal.

One of the most interesting features of the present epidemic is its infectious character. In one household five members took it in succession; in another, it began with grandchild and ended with grandmother, after two children, mother, and three servants had had it. Nor are those exempt who are confined to the house. One of the most marked cases I encountered was in a lady who has been for five years bed ridden; in another, the patient had not been out of doors for ten months.

As regards the treatment, I have nothing to add to what is well known. It has to be symptomatic; and in the very young and the very old decidedly supportive. My experience, however, makes me urge the advantage of employing quinine almost from the start; and has taught me that small, repeated doses of opium have a most happy, steadying, and distress allaying influence.—J. M. Da Costa, M. D., in Boston Med. and Surg. Jour.
THE DETROIT CLINIC.

The Detroit Clinic.

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GEO. S. DAVIS, Medical Publisher, Box 64.

"How Hath the Mighty Fallen?"

IN 1879-80 the medical colleges of this country entered into a society for the advancement of medical education. There was much ado over the great things to be performed by this affiliation. No longer should the schools of Europe point their fingers in scorn at their younger sister. Preliminary examinations were to be the rule and not the exception. A three years' graded course was adopted, and no more should the student be allowed to hand in certificates from his preceptor of one year's study; but he must enter as a freshman, first standing a preliminary examination, and remain in one of the colleges of the association for three years. All the colleges signing this agreement entered with great blowing of trumpets into the fight, and pointed with scorn at the base colleges who dared to stay out of the league. The end of the first year had hardly drawn to a close before one of the largest medical schools of the country withdrew from the association, on the plea of non-support. The receipts of this college having fallen off one-fourth, the first year; more than this, they practically black-balled all students who had attended a course of lectures in any of the graded three-term schools. Lesser colleges in different parts of the country followed the lead thus given, and the association dwindled down to only a small number of its original members. And now the break has come in dead earnest, for at the meeting just held in Cincinnati, the three years clause adopted May 31st, 1880, has been rescinded, and the confederation has gone backward instead of forward. Once more the scramble for students will commence, with renewed vigor, and the old style of graduation re-entered into, for no college that is un-endowed can possibly compete for students, and hold up the higher education standard. Time only will show the outcome of this peculiar overthrowing of promises. We are afraid that instead of 6,000 students graduating in 1883, as there did in 1882, that twice that number of half-made doctors will be thrown on the public.

Meeting of the Medical Fraternity.

THE medical fraternity met at the Detroit Medical and Library rooms Monday evening, May 22, when a committee were appointed to draw up resolutions of respect for our late brother, Dr. James A. Brown. Drs. McGraw, Brodie and Noyes constituted the committee. Appropriate resolutions were passed, and the motion to attend the funeral in a body concurred in.

Result of Post Mortem.

AT the post mortem examination conducted by Drs. Boice and Campau, the body of the ninth dorsal vertebra was absorbed nearly entirely with the lower part of the eighth and upper part of the tenth. The spinal cord was softened from the seat of disease (opposite the seventh cervical) downwards. We hope to be able to give the results of the microscopical examination of the cord.
WE are young, and we think we are entitled to all the honor there may be in giving us credit for items, abstracts and papers that appear in our columns, when other journals think they are worth quoting. The reason for this outburst is the credit given to another journal published in Detroit of an abstract we made on the use of salicylic acid as a surgical dressing. Please, gentlemen of other journals, give us our due.

FROM the daily report of infectious diseases in the city, scarlet fever seems on the increase, thirty cases having been reported this week.

Abstracts.

OVARIOTOMY IN A YOUNG GIRL.—W. O. Fergusson, M. D., of Atchison, Ks., reports the removal of an ovarian cyst which, with contents, weighed fifty-nine and two-fifths pounds. Age of patient, 15 years. During her twelfth year she complained of acute pain in the left iliac region. The tumor gradually enlarged. She was tapped four different times; 20 gallons in all being drawn off. When operated upon there were extensive adhesions to the liver, stomach, walls of abdomen and intestines. Strict attention was given to cleanliness, but the sponges only were carbolized; hot water was used as a hemostatic. The stitches were removed on the seventh day. Injections only were used to move the bowels. The girl was able to sit up during the fourth week. Recovery seemed complete.—Med. Bulletin.

CHLORAL ENEMATA IN VOMITING OF PREGNANCY.—Dr. Vidal (Paris Medicale) claims to have overcome vomiting of pregnancy by injecting 15 grains of chloral hydrate in infusion of orange leaves, twice daily. Dr. Dussand, of Marseilles, also claims good results from the same treatment.—Chicago Med. Review.

TEPID WATER AND SOLUTION OF QUININE IN CHRONIC CYSTITIS.—M. Thornton (Medical Press and Circular) uses first tepid water four ounces, which he injects into the bladder and allows to run out at once, and then he injects the third part of the following: Quinine, grs. xvi, sulph. acid, q. s., distilled water, 1/2 x, and allows this to remain for a few seconds, then allows two-thirds to escape.—Western Med. Reporter.

INEFFICIENCY OF THYMOL AS AN ANTISEPTIC.—Thymol has been falsely lauded as an antiseptic. Scientific men have ascribed efficiency to it in solutions as weak as one part in five thousand, while others, more careful, said one in two thousand. The test of the surgical power of an antiseptic is its capacity to prevent putrefaction in animal substances. I therefore made the following experiments to determine approximately what strength of the solution of thymol is required for practical work. The result very much lowered my estimate of this over-praised article, whose only advantage seems to be in its agreeable odor.

Taking ten vials, I placed in each two grains of beef muscle, with thirty-two cubic centimeters of fluid of the kinds shown in the table. As pure water will not dissolve the quantity of thymol represented in the stronger solutions, a small percentage of glycerine and alcohol were added, to affect the solution, but not enough to materially increase the antiseptic power. The temperature of the room was kept between 60° and 80° Fahrenheit.
A glance at the table shows that instead of being efficient in the strength of 1,500th, it required 1,500th, or a solution of ten times the former strength, to prevent the development of putrid odor, and even in that solution living bacteria were found by the microscope. A carbolic acid solution of about the same strength showed on the tenth day neither bacteria nor any putrid odor. It is evident from these results that thymol is inferior in power to carbolic acid, instead of being immensely superior.

Inspection of the table shows, however, that an antiseptic may retard putrefaction, and thus be somewhat useful, though not sufficiently efficient. Thus a solution of thymol of the strength of 1,200th retarded the development of putrid odor until the third day.

The actual surgical use of an antiseptic requires preparations stronger than the minimum solution found efficient in vial or bottle. A solution of one part of thymol in two thousand, for instance, has a slight antiseptic power, but when injected into the complex cavity of a putrescent lumbar abscess, it is further diluted by the secretions within, and such small portions as are at last forced into the deeper recesses are mingled with so large a quantity of putrid pus as to become wholly inefficient. Clinical experience shows that for the purification of such cavities carbolic acid is required in the strength of at least one part in forty, and thymol should be still stronger, though the quantity can be diminished after a thorough depuration of the whole sac has been once effected.

These experiments had already been made by me before I had learned that the Imperial Board of Health of Germany had recently completed a very exhaustive investigation of all the principal antiseptics. Their report says that thymol, instead of being a very strong, is actually one of the very weakest of all antiseptics. They grant it, however, to be somewhat effective in the strength of one part in two thousand. As this report will become a standard authority in the world, I wish to caution the profession against trusting in surgical practice in the minimum strength found effective in laboratory experiments. For the reasons given, the complex pockets of a lumbar abscess, or of a suppurating knee joint, will not be disinfected by injecting minimum solutions.

In a recent case which fell under my advice, a lumbar abscess was held in perfect subjection for months by forced injections of one part of carbolic acid to forty of water. Circumstances having placed the patient temporarily under the care of a practitioner who had faith in weak solutions, septic action was promptly set up, and in two weeks the man was in the full enjoyment of hectic fever and of a putrid discharge from the abscess. Fortunately he returned in time within my reach, and in a few days of forced injection of carbolic acid, at first in the proportion of one part to thirty and afterward one to forty, arrested the mischief both locally and constitutionally, and restored the patient to comfort and safety.—Edmund Andrews, A. M., M. D., No. 6 Sixteenth St., Chicago, in Chicago Medical Journal and Examiner.
Original Department.

Catarrell Gastro-duodeno-choledochitis.

By Thomas N. Reynolds, M. D., Professor of Materia Medica, Therapeutics, and of Clinical Medicine in Detroit Medical College.

For the last three months so many cases have occurred in Detroit presenting symptoms of catarrell inflammation of the stomach, duodenum, and biliary passages, that the affection may be properly considered to have been, with us, epidemic.

In the cases that I have seen, the regions above-named were apparently not always all involved in the same case. In most cases only one region was affected at first, but the others nearly always became so at some stage of the affection.

Sometimes the jaundice and the stomach symptoms presented themselves together, but usually the stomach symptoms existed for a day or two before the jaundice appeared; and sometimes the stomach, with, perhaps, the duodenum, were the only regions involved, the jaundice, slowing of pulse, itching of the skin, etc., never appearing at all.

In none of my cases were there fluxes, or hypogastric tenderness, or any indications of intestinal implication lower than perhaps the duodenum.

Some who had slight jaundice, appearing mostly upon the face and head with loss of appetite, some vomiting and epigastric tenderness, never took to bed, but recovered the ability to take solid food rather slowly.

In all there were slight chills, occurring usually irregularly and without much rise of temperature in the axilla.

In one case, a lady of 39, always previously healthy, there was no jaundice or other symptoms referable to the biliary passages, but there was marked stomach and probably duodenal trouble, and very striking prostration.

Prostration was much out of proportion to the disorder in circulation and temperature. There was no tympanites and no abdominal tenderness, excepting a little on pressure in the epigastrium. There was occasional yellow bilious vomiting during the first two days, with constant vomiting of glairy mucous for several days afterwards. Hot sinapisms over stomach produced very little effect. There was occasional chilliness, but no marked chill and only slight fever afterwards. The chills occurred quite irregularly, and sometimes at first there was three or four days, but it seemed not to be beneficial and was discontinued.
the patient thinking it disagreed with the stomach. Food was not well borne for over four weeks, when recovery gradually took place without jaundice.

In some cases, with slight jaundice, recovery was not more prolonged than in others where the symptoms were exclusively gastric, or gastro-duodenal.

But in two cases where extreme jaundice of the skin supervened very gradually upon the gastro-duodenitis, recovery has not yet become perfect.

The first was a very healthy, active woman of 25, with a nursing baby three months old.

She was taken on the 10th of March last with vomiting and anorexia, which lasted a week before jaundice appeared. It then came and increased gradually till on the 22nd of March, it was as profound on the skin as it seemed possible for it to be. The stools were invariably white, and the bowels moved usually of themselves once or twice in 24 hours. The vomiting and nausea disappeared, except occasionally on taking too much food. Mercurial, and other purgatives, ammonii chloridum, quinia, the mineral acids, hydrochloric acid solution applied with friction over liver and stomach, etc., were used; but apparently with not very much benefit. The baby was permanently removed from the breast, and the milk entirely disappeared. The urine was constantly loaded with bile, and was soon passed involuntarily most of the time. A mild form of delirium, at intervals, with considerable coma, set in.

On April 3rd, the stools became darker, and soon they appeared daily to contain much more bile. The deep jaundice began very slowly to disappear from the skin, and the bile soon disappeared from the urine. Her appetite became good, but solid food produced gastric pain and distension. We endeavored to keep her on bland liquid nourishment, but she insisted on ham and chicken a few times, and sent the children to buy dried beef when these were withheld. The distress and distention on taking solid nourishment, never came on till an hour or two after. There was some hepatic tenderness, but no apparently altered area of dullness. Ascites, with slight oedema of the feet, came on with the disappearance of the jaundice. The oedema disappeared, but the ascites increased till on April 17th, she had a large hæmatemesis with great epigastric pain. Warm fomentations were applied, light liquid nourishment was enjoined, there was no more hæmatemesis, and she gradually improved till the present, June 1st. There is still some jaundice of the conjunctiva and skin, and some fluid yet in peritoneum. She was not tapped and the liquid is being slowly absorbed. In this case, it would seem that the portal circulation had become embarrassed, from pressure of distended bile ducts, or slight extension from them of inflammation to the parenchyma.

The second case, a gentleman, 36 years of age, that developed severe jaundice, came to my office, April 9th, having had vomiting and loss of appetite, but yet no jaundice. On April 10th he took to bed and developed severe jaundice, with clay-colored stools, bile in the urine, slow pulse, itching of the skin, frequent spitting of saliva, &c.; but no pain or tenderness in right hypochondrium, and with very slight coma and delirium.

In this case the bile returned in the alimentary canal, disappeared from the urine, and slowly somewhat from the skin, without any evidence of involvement of the hepatic parenchyma, or pressure on the portal circulation. The man, however, has not fully recovered his usual health or color yet.

A third and fatal case was that of a woman, æt. 33, whose friends gave a history of jaundice, slowly developed three weeks before, came into St. Mary's hospital on Saturday last, May 27th, and died yesterday, May 31st.

On admission, jaundice was marked, coma pronounced, and delirium and jactitation considerable at times. The bladder was distended, and a large quantity of very bilious urine was removed by the catheter. The pulse was 146, and fell to 120 after removal of the urine. She took and retained considerable milk.
The temperature was only 99, and the skin very dry, on admission, and both remained about the same till May 31st, when the temperature raised to 104½, the skin became bathed in perspiration, coma was profound, evacuations of bowels and bladder took place involuntarily, and she died the day following, May 31st.

There were no dropsies, hæmatemesis, or melena from the bowels. A post mortem could not be obtained.

In all of the cases alluded to, I have thought the hepatic trouble began in the mucous membrane of the bile ducts, either by extension from the duodenum, or simultaneously with the mucous affection there and in the stomach. Think the jaundice was not due to abnormal metamorphoses in the blood, or other supposed causes of jaundice, but to swelling of the mucous membrane of the bile ducts, and accumulation in them of mucus, which amounted in extreme cases to entire occlusion for a time.

Medicines exerted little specially curative effect, but a light, liquid form of nourishment seemed very important.

Think the epidemic here was cause by atmospheric, rather than by any form of telluric, or miasmatic influences.

The weather here became very warm and sunny in the latter part of February and the first days of March. It then became very suddenly cold. Not very much frost, but very damp, chilling kind of cold atmosphere, without much sun. Similar changes were repeated through April and May.

Affections of other mucous membranes, producing influenzas, diarrhœas, etc., are very common, on account of such atmospheric changes and sudden chilling of the surface, but in this instance the effects have been more manifest on the mucous membranes of the stomach, duodenum, and biliary passages.

On Some Unusual Effects of Ergot.

By David Inglis, M. D., Professor Principles and Practice of Medicine, Detroit Medical College.

In July, 1878, I attended Mrs. J. B., in confinement. She was a primipara who had always, as well as during her pregnancy, enjoyed excellent health. Labor was natural and very easy. Uterine contractions normal. According to my usual custom I gave, immediately after delivery, a dose of fl. ext. ergot (Squibbs') of about 40 drops. The placenta was expelled promptly, the flow normal. About one half an hour after the ergot had been given, the patient, who had been feeling bright and comfortable, suddenly complained of severe after-pains, intense headache and a violent, continuous throbbing pain over the entire surface of the body. This throbbing extended to the feet and hands and became so painful as to exceed the pain from the uterine contractions.

The surface of the body was markedly suffused, the face especially becoming almost crimson. The pulse ran up to 120, full and bounding, and within half an hour from the outset of these symptoms the temperature rose to 102 degrees. My impression is that there was dilatation of the pupils.

I administered opiates freely and also quinia, and as soon as the opiates began to effect a diminution of the uterine contractions a gradual improvement took place, the pulse and temperature fell, and the headache and painful throbbing ceased.

The next day the patient showed no signs of this sudden fever, made a rapid recovery, free from fever, metritis, or any complications whatever. I may say that the patient has never before or since had any malarial affection.

My second case, Mrs. H., was delivered of a healthy boy. She was also a primipara and had had a very easy and quite normal labor, the child being born within an hour after my arrival. After the afterbirth was expelled I administered a moderate dose of Squibbs' ergot, and having satisfied myself that the uterus was contracted and the flow normal, I was about to leave the house when, hearing my patient groan, who had been expressing herself as very comfortable a moment before, I went back to the bedside and found her complaining of a
severe headache. This headache was frontal and on the top of the head, and soon became so intense as to cause tears. Uterine pains came on rapidly, and in 30 or 40 minutes she too had a temperature of 102, with rapid pulse and general cutaneous congestion. Under the use of ice to the head and large doses of bromide of potash the symptoms gradually ceased, and the next day the patient expressed herself as well, and made a recovery free from complications except a mammary abscess caused by exposure some four weeks later.

Case 3.—Mrs. M. M., primipara, was delivered, November, 1880, of a boy, after a somewhat tedious but not at all difficult labor. The placenta was promptly expelled, and the patient complained only of weariness. Ergot administered as usual, but only one-half a teaspoonful.

Half an hour or less had passed, when uterine spasms came on, and similarly as in the other two cases came a rapid rise in temperature, reaching, however, but 101; the pulse ran up to 140. Pupils markedly dilated; headache, although not intense, and general flush of the surface. Opiates administered; brought relief and abatement of the febrile symptoms, and recovery afterwards was normal.

In the last case only was the condition of the pupils specially noted, they being dilated, but I have a distinct impression that such was also the case with No. 1. All three of the patients had not previously, nor did they have subsequently, any chills, febrile or inflammatory symptoms, so that it is scarcely to be believed that the sudden fever was of malarial or septic origin. In all three, labor had not been by any means severe. No other medicines had been given, nor had there been any abnormal shock or hemorrhage. In all three the lachial discharge was not suppressed, although not very free, as is apt to be the case where firm uterine contractions occur.

The ergot used was Squibb's, and other patients had taken some from the same vials without manifesting any such effects. To my own mind the symptoms described were clearly to be ascribed to the ergot, for the onset was sudden and at just such a length of time after the administration of the drug as experience in other cases has shown to be required for its action upon the uterine muscular tissues to be manifested.

The general verdict of late writers upon the action of ergot is that it causes general vaso-motor spasm and consequent marked contraction of the capillaries and arterioles by its action upon their muscular elements.

Full doses are stated to diminish the pulse rate to 10 to 35 beats per minute, at the same time causing a decided increase of the blood pressure.

Brown Segard has insisted that there are two periods in ergot poisoning. First, vaso-motor spasm, and second, vaso-motor paralysis; the latter, as in the case of other nerve stimulants, being secondary to and probably the consequence of the former. The symptoms, as regards the circulation in these cases, are those which accompany the latter condition.

In some respects the action in these cases notably resembled that of nitrite of amyl, but with the latter drug there is lowering, not increase, of the body temperature.

As throwing some light on the case, I may mention, as illustrative of the remarkable susceptibility of some individuals to narcotics, a case of administration of ether which occurred to me some time since. The patient wished to have her teeth extracted, for which I gave her ether. In order to accustom a patient to the ether, it has been my custom to pour on but a few drops of the anaesthetic at first, and when the first feeling of suffocation has passed off, then to pour on ether freely, when the patient will inhale without struggling. Pursuing this course with the patient, I was surprised to see her rapidly manifest the ordinary symptoms of resistance to its first inhalation, excitement with laughter and complete anaesthesia in such an incredibly short time that the dentist refused to believe that anaesthesia had been reached. I am certain I did not use above two drams of ether, and I have never seen a patient yield more rapidly to chloroform than did this patient to ether.
So great was the patient's susceptibility that anesthesia followed stimulation almost instantly.

In some such way only have I been able to explain these cases. The characteristic action of the ergot upon the uterine muscular fibres was present in all, but instead of a spasm of the vascular muscular tissue, relaxation set in with great rapidity. The cause of the rise in temperature would seem to be attributable to some centric irritation of the nervous system affecting the heat center, an idea strengthened by the headache, well marked in all three cases and the first symptom manifest in case two.

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Two Cases of Enlarged Synovial Sacks Containing Fibrinous Concretions.

By Theodore A. McGraw, M.D., Professor of Surgery in Detroit Medical College.

Two cases of large synovial sacks containing numerous fibrinous concretions came under my care recently at St. Mary's Hospital, and were treated the same way with nearly the same results.

Mary N., at 30, had suffered for many years from a large fluctuating swelling on the right wrist and hand, over the extensor tendons of the thumb. It had been twice punctured, and one Canadian surgeon had inserted a suture. Temporary relief was given, but the swelling speedily recurred. On examination I found a fluctuating tumor, seven centimeters long and three wide, situated on the tendons of the extensors of the thumb, and extending up on to the forearm. The tumor had of late increased in size and become quite painful. An incision was made into the sack under strict antiseptic precautions, the spray alone excepting. The hands of the operator and assistants were thoroughly disinfected, and the instruments were dipped into, and the hand and arm of the patient washed with, carbolized water. A large quantity of synovial fluid containing numerous fibrinous concretions some-

what larger than grains of rice were evacuated. A drainage tube of rubber was inserted, the cavity filled with iodoform, the wound covered with salicylated jute and bandaged. For a week afterwards the wound seemed free from all inflammatory reaction, but the arm was so painful that it was thought best to secure perfect rest by placing it on a shingle splint. It was dressed daily on account of the continuous pain, although there was very little discharge. The dressing consisted simply in a change of salicylated jute and the application of fresh iodoform. At the end of a week the drainage tube was removed and a plaster bandage applied, a window being cut over the wound. The pain continued and grew more severe, and at the end of the second week the wound, which had healed, reopened and discharged a considerable quantity of laudable pus. The plaster bandage was removed, a drainage tube inserted, iodoform applied, and over all a hot poultice. From this time there was gradual convalescence, and in a month from the date of the operation, the woman was discharged with her hand nearly well. What was singular about this case was the fact that although the tendons of the thumb lay exposed in the wound and the sack freely suppurated, the thumb was at no time very stiff; nor did its motion cause much pain.

On April 13th Mr. S. came from Oscoda to consult me regarding a large fluctuating swelling over the right trochanter. This had existed several months, had gradually grown in size and caused severe and constant pain, which extended down the thigh. Examination revealed a tumor as large as a goose egg, but more flattened in shape, extending from the trochanter back under the gluteal muscles.

Diagnosing the case as one of enlarged gluteal bursa, I incised it thoroughly in two places, one over the trochanter and the other three inches behind it, observing every antiseptic precaution, except the use of the spray. A very large quantity of synovial fluid containing a multitude of flat fibrinous discs was discharged from the cuts. Two drainage tubes of
decalcified bone were fastened into the sack, one in each cut, iodoform having previously been carried into the cavity in the form of a fine powder. It was then thoroughly applied over the cuts which were then covered thickly with salicylated jute. The course of the wound was very similar to that of case No. 1. A few days passed of profuse watery discharge of perfectly aseptic character, accompanied, however, by very severe local pain. At the expiration of six days, the tubes of decalcified bone had disappeared apparently by absorption, but an accumulation of laudable pus made it necessary to insert other tubes of rubber and to resort to systematic compression in order to secure a perfect discharge of pus. The wounds then gradually healed from the bottom, the discharge and pain grew less and the patient left for home on May 20th, nearly but not quite well. The conclusion may be drawn from these and other similar cases that the application of iodoform to cavities, in which we hope to secure union by first intention is advisable, for the reason that it remains as a nearly insoluble powder in the wound, which slowly but surely causes irritation. Such wounds remain aseptic but have a discharge of pus from irritation. Applied externally, it prevents septic poisoning and keeps wounds sweet and clean.

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Abstracts.

Sensory Epilepsy.—In the “New York Medical Journal and Obstetrical Review” for June, 1882, Dr. Allan McLane Hamilton presents a paper on cortical sensory discharging lesions (sensory epilepsy), or that form of epilepsy in which the sensory element preponderates, whether as an aura preceding a motor discharge, or occurring as a part of a paroxism in which there is little or no succeeding motorial disturbance, but simply a discharge consisting of a preliminary alteration of special sensibility, and an immediate subsequent stage of unconsciousness. In the majority of these cases there is, he re-

marks, the simplest form of subjective consciousness of sensory impressions, most of the attacks consisting of the primary stages suggested by Jackson, such as a sudden stench in the nostrils, or colored vision; but in two or three instances there has been much more than this, and the phenomena has been quite remarkable. In some cases the occurrence of a transient contraction of the fingers of one hand lent additional interest to the history, especially in regard to localization. In one case the patient’s sensory condition was not the dreamy state referred to by Jackson, but there was always a hallucination of taste, the patient declaring that he had tasted copper or some other nauseous substance; and in other cases there were equally striking proofs of the primary involvement of the cortical centers. The occasional occurrence of hallucinations as a part of the epileptic attack has been mentioned by various authors. Brierre de Boismont, Esquirol, Delasiauve, Maisonneuve, Billod, Sommers, Bergmann, Guislain, and Tigges, as well as many other writers, have furnished cases which began with sensory aurae or hallucinations, but none of them, says Dr. Hamilton, have made a distinct classification of sensory and motorial epilepsy, and but little mention is made of the disease where the paroxysms consist solely of sensory phenomena, the disturbance of motility being absent. He has not, so far, met with cases in which the individual was influenced by his hallucinations to express them by special motor acts before the attack, except in an unimportant way. On two occasions he has been present at the beginning of a sensory attack. In one instance the patient complained afterward that he smelt a horrible stench. Immediately before losing consciousness he carried his hand up to his nose, and immediately afterward became oblivious to everything about him. A similar action was performed by a patient who forcibly placed both hands over his eyes, as it afterward transpired, to keep out a bright light that blinded him. In the light of all that has been done in the localization of cerebral disease, Dr. Hamilton thinks that we
should discover, if possible, the part played by the cortical sensory centers in the genesis of such epilepsies. So far, little has been brought forward to connect lesions of the sensory centers with special symptoms. In our pathological discussion of sensory epilepsy the distinction should be made between lesions of the thalamus opticus and those of the cortical sensory zones, for in the one instance the sensory disturbance may be called the essential, while in the other there may be said to be an affection of special subjective consciousness. If an impression upon the organ of sense is sufficiently intense to impress the infra-cortical central sensory apparatus (thalamus opticus) centripetally, it does not follow that there need be any implicated alteration of function in the cortical sensory regions. A lesion of the posterior part of the thalamus opticus, for example, may result in blindness—a mechanical blindness, if such an expression can be used, though there are exceptional cases reported by Brown-Sequard where even this is not the case—but it will not produce word-blindness, a purely physical defect. There must be some altered cortical function to account for the unmistakable mental operations which permit the individual to recognize the altered sensori- states and enter into the involuntary formulation of hallucinations which are afterwards remembered. The author, therefore, does not believe that the disease of the thalamus opticus alone plays any part in the origination of hallucinations. He thinks we may recognize a form of epilepsy of sensorial character; the motorial features being either absent or insignificant; that such sensory manifestations arise from an unstable condition of the sensory cortical centers; that a light grade of sensory disturbance may indicate simply a suspension of inhibition through an exhausted state of the perception centers which are infra-cortical, or a suspension of the influence of the superior cortical centers, in which case the process is more complex, and the result may be the formation of hallucinations.—\textit{N. Y. Medical Journal and Review}.

\textbf{Intra-cranial Disease and Choked Disc.}—Dr. Edward G. Loring contributes to the June number of the \textit{New York Medical Journal and Obstetrical Review} an article on the nervous connection between intra-cranial disease and choked disc, the conclusions of which are: 1. That the vaso-motor theory, as advanced by Benedikt, is not sufficient to explain either the mode of transmission of the morbid irritation within the head, or the resulting neuritis optica. 2. That the irritation is conveyed, not by the isolated fibers of the sympathetic system, as stated by Benedikt, but through the agency of the trigeminus. 3. That choked disc or papillitis, in connection with brain disease, is the expression of an irritation or compression of certain intracranial fibers of the fifth pair which preside over the blood supply of the disc and neighboring parts, and also maintain the healthy processes of waste and repair of the tissues themselves. This being so, he adds, the same analogies and distinctions between "irritation" and "inflammation" can be made here as with sympathetic ophthalmia, so that here, as well as there, the irritation may exist as such for an indefinite time, or may so reduce the vitality and resisting power of the tissue of the disc and surrounding parts as to develop gradually, or explode suddenly, into an actual inflammation—that is, into a neuritis. The immediate and exciting cause of this neuritis may then be either an external one, such as exposure to cold or heat, over-exertion, either mental or physical, or, indeed, too much exposure to light, the effects of which, under the weakened condition of the organ, may be looked upon as a "traumatism," or the exciting cause may be an internal one, such as some irritation from the condition of the blood and circulating fluids, either chemical or mechanical, either local or general, which, insufficient in itself to produce any bad effect upon a normal disc, may yet be just sufficient to produce a condition of inflammation in a part that is weakened and irritable.—\textit{N. Y. Med. Jour. and Obs. Review}.
Vomiting of Urine.—Generali and Tovini report in the Cronica Medico Quirurugica de la Ebana, a case of a lady who had inflammation of the lung, following which she had an attack of peritonitis with serous effusion into the peritoneal cavity. The patient had a sudden decrease of urine, and at the same time vomited a fluid looking like urine, a chemical analysis was instituted and the fluid was found to contain urea, phosphates, chlorides, alkaline sulphates, magnesia phosphates, carbonic acid and pigment. Microscopically epithelial cells from the stomach and oesophagus, mucous, and crystals of uric acid. As long as the urine was discharged in this way not a drop could be obtained from the bladder. After one month the patient recovered.—Journal de Medicine de Paris.—Ann Arbor Physician and Surgeon.

A New Blood Corpuscle.—Bizzozero has discovered in rabbits and guinea pigs, after chloralization, a new colorless corpuscle, and he thinks it has escaped observation before on account of its want of color; 2d, because they are less numerous than the red and less visible than the white; 3d, owing to the difficulty in observing blood circulation.—Cincinnati Med. News.—The Microscope

Sir Henry Thompson believes in soups. He thinks they are too lightly esteemed by most classes.

A typhoid epidemic in the Leicester Infirmary has been traced to the milk supplied to the institution.

Dr. Wooldridge reports two mild cases of trichenosis. Cream of tartar was prescribed and the patients (both inmates of the same house) recovered.

Dr. Carter, U. S. A., reports the successful vaccination of two soldiers after an attack of small-pox.
Readers of the Clinic will please understand the delay of this issue to be due to the desire to furnish what was considered to be important, from the meeting of the American Medical Association, held at St. Paul last week.

We have given our entire space to it in this number, and shall continue it in our next.

Society Proceedings.

American Medical Association.

General Session—First Day.

The thirty-third annual meeting of the American Medical Association was held in the Opera House at St. Paul, Minn., June 6th, 7th, 8th and 9th, 1882.

In the absence of the President, J. J. Woodward, the meeting was called to order at 11 A. M., June 6th, by the First Vice-President, Dr. P. O. Hooper.

After prayer by Bishop Ireland, Dr. A. J. Stone, on behalf of the physicians, and Governor Hubbard on behalf of all citizens, welcomed the convention to St. Paul and the whole Northwest.

Many protests against the admission of the delegates of the New York State Society were read, and referred without discussion to the judicial council.

Dr. Stone, of St. Paul, announced a free ride to Duluth, Manitoba and the Yellowstone river to be given at the end of the session, and daily social entertainments during the week in St. Paul.

Acting President Hooper then read his address.

He spoke of the advancement of the sciences, and said medicine advanced equally with the rest.

"We have reached a natural resting-place, where we can pause and look back upon our journeying and progress." "The years of the existence of the association have been years of wonderful activity. The bounds of the horizon of investigation have been stretched out. The fierce light of truth has disclosed the harmless nature of many a veiled superstition. Much regarded for centuries as but the dream of philosophers, has proven reality. Predictions which have been supposed to be naught but theories have been verified. Investigation, and discovery have been stimulated to a wonderful degree. And a powerful incentive to this activity and labor is the appreciation and reward of the worker. Every thinker and discoverer has a fit audience and substantial recognition. The scepticism of the age is not afraid of the new and startling. But withal there is no recklessness or immaturity in statement or theory or discovery. Darwin waited thirty years before he published the outgrowth of his first conception of the thought of natural selection. Buckle spent a whole lifetime of toil and unwearying labor in accumulating material for a hypothesis." From this general review the Vice-President passed to the purposes of the organization—namely, "to cultivate and advance medical knowledge, elevate the standard of medical education, and to promote the usefulness, honor, and interests of the medical profession." Have all the hopes indulged in at its inauguration been realized? Everything aimed at has not been accomplished, but the association has been an active and powerful agent in disseminating useful medical knowledge, and no similar institution has ever been more successful in carrying out its chief object, the promotion of science.

The subject which has engaged the attention of the society most, was that of medical education and reforms in medical teachings. In that direction much had been accomplished. Finally, to put into
effect the many devised and conflicting views offered, the idea of an American College Association was brought forward and its subsequent organization effected. That association may not have done everything anticipated by its most sanguine advocates, but experience and experiments would give increasing assurance of its value, and its certain success was only a question of time.

But beyond that, much had been done for science, as exhibited in the thirty-two ponderous volumes of Transactions, containing valuable contributions to the medical literature of the last ten years. The establishing of a medical journal in place of the volume has been brought to the attention of the members, and he sincerely hoped that the able committee which had the matter in charge would see their way clear to earnest, unanimous, and persuading recommendation for adoption at this meeting.

To this association belongs the honor of introducing to the attention of the people of the different States the importance of sanitary laws. That the efforts had been in a great measure successful, was evidenced by the popular appreciation of sanitary organizations.

Under this head special reference was made to the question of small-pox. The people as well as the profession had been neglectful of this matter. It is possible, a provision should be made by law for universal vaccination. The argument that compulsory vaccination is an infringement on human rights was untenable. Laws are made for the protection of the greatest number, and something of natural right must be given up to the State and some restriction must be placed upon all.

The address occupied three-quarters of an hour, and on motion of Dr. Brodie, the association thanked him and referred it for publication.

A letter was read from President J. J. Woodward, and on motion of Dr. Cohen, of Philadelphia, a cablegram of sympathy, etc., was sent him to Europe, where he is now remaining on account of his health.

A communication from the American W. C. T. U. was courteously referred to the Committee on State Medicine and Medical Jurisprudence.

Names of registered delegates were called.

Meeting adjourned to meet in Sections at 3 p.m., and in General Session, next morning at 10.

SECOND DAY—GENERAL SESSION, 10 A. M.

Acting President Hooper called the Association to order, and Dr. Stone, of the committee of arrangements, read an invitation from the citizens of Fargo, Dakota, to the Association to visit them.

On motion of Dr. Reeves, of West Virginia, Treasurer Dunglison’s expenses in attending the Association were paid.

Dr. Dennison, of Colorado, introduced a resolution condemning the use of the word “allopathy” as used by enemies of regular medicine, since its practice has always been to use any remedy from any source that has been found to be truly beneficial; and never have practiced under any “dogma.”

Dr. Packard, of Philadelphia, read a report of the Judicial Council favoring the Journal manner of publishing the transactions, which was accepted and laid over till next day.

An amendment permitting permanent members to vote was laid on the table.

Dr. John A. Otterlony, of Louisville, Chairman of Section on Practice of Medicine, then read his address.

It was a beautiful and accurate résumé of the advancement of much that pertains to the practice of medicine, and was referred for publication.

He said: Labor is not in a circle, but progressive, and labor in medical science has progressed rapidly, especially in more recent times. As new ideas have been evolved and new discoveries made, new names have been coined, until medical nomenclature is almost perfect. There has been more progress in this science in the past twenty-five years than in the 2,500 years preceding. It must take things as it finds them, and not as it would have them, and deals with facts as they arise. The practice of medicine has undergone a complete revolution—it is not to-day what it
was one hundred years ago. In 1827 Bright's disease of the kidneys was not understood until that gentleman made the disease a special study, and its developments created a new era in medicine. There are few diseases more striking than inflammatory goitre, and yet until 1835 humanity had suffered more or less from it without physicians being able to determine what it was and the method of treatment. In the year 1840, the name endocarditis was unknown. In the middle of the 19th century, scarlet fever and measles were not known from each other. These are sufficient illustrations to indicate the progress of the science in the last century, but it would require volumes to give all the advancement in each specific line. The medical history of the nineteenth century has yet to be written.

The process of crystallization of new knowledge into general law has been slow. The truths discovered have not been always received on first presentation, and the general skepticism of the age has invaded the realm of medicine; but those who have doubted the revelations of medical science have generally been those who were skeptical in regard to most other things which have been well established. Socialists are many, but their faith is very small. The foundations on which we are building were laid by those who preceded us. Linnaeus, Berzelius, Draper, Nott, Harvey and Leidy form a bright galaxy whose contributions to medical lore will survive the ages, while many whose names have never been inscribed on the roll of fame have bequeathed to us the best of their knowledge. Were a star to be blotted out now, its light would still reach us through the lapse of years; so when a good man dies the light from his life is seen for many years after he passes away.

To more fully illustrate the subject, Dr. Octerloney mentioned several common diseases in which the practice of medicine has been either modified or revolutionized. He took up the subject of inflammation, which was at first defined as "a morbid state, in which the parts seemed to burn." This term, however, has almost lost its value as a scientific term, being applied to so many things, to many of which it has no real application. Afterward it was defined as consisting of four distinct elements, to which in later years was added a fifth, but the whole theory was overthrown when the circulating system was understood. It is now known that vascular disturbance does not in itself cause inflammation, but tissue disturbance is sufficient and in most cases is the exciting cause.

THE NERVOUS SYSTEM.

The brilliant workers in this field of medicine have not labored in vain, and nervous diseases of all kinds and in their most intricate forms are successfully treated. Pulmonary consumption is no longer the dread disease it was once considered, and its duration has been doubled since modern treatment has been applied to it.

"The lancet," someone has said, "is a little instrument of mighty mischief." But what the lancet was in former years to medical practitioners, the microscope is now to medical investigators, and its wonderful revelations in the infinitesimal world have kept pace with the revelations of the telescope in the starry world above us. Disease has been analyzed and its causes made known. Leprosy, that fearful scourge of the East in ancient times, has been shown by the microscope to depend on a vegetable parasite. The same instrument has shown that the exciting cause of typhoid fever is also a noxious parasite, and scarlatina and diphtheria fall in line under the same classification, being caused primarily by microscopic fungi. Malarial diseases were long referred to an element so subtle as to elude detection; but the same mighty instrument has shown that these disorders are due to a peculiar parasite found only in malarial spots and nowhere else. In helminthology great advances had been made by means of the microscope, and the danger to life caused by trichinae was not known until the year 1860. Were the medical world to-day to dispense with the microscope and the vast amount of knowledge obtained through its use, a
great part of our knowledge of disease and the proper method of treatment would be taken away from us.

Dr. Octerlony concluded his address by saying that all the important knowledge now in the hands of the profession and the important discoveries in medical science had been contributed by the regulars, and not by the irregulars, and expressing the hope that in the years to come a Newton in medicine would be found who would do for it what John Newton did for natural science.

At the conclusion of this address a partial report was made by the judicial council through their chairman, N. S. Davis.

In regard to the Nebraska State society referred to us last year, the council report that a careful examination of the documents and matters involved in the protest of certain members of the Nebraska State association against the admission of said society to representation in the American Medical association, shows no proper cause for such protest at the present time, and the council decide that the society is entitled to full representation by delegates to this association.

In regard to the resolution concerning the use of certain remedies controlled by a patent copyright or trade-mark, which was reported from the section on practice of medicine, materia medica and by the association, referred to judicial council last year, the council has decided that inasmuch as the resolution includes matters not referred to in the code of ethics, and said code contains all that is necessary for the guidance of the medical profession, therefore the resolution should not be adopted by the members of the association.

In regard to the protest against the receiving of delegates from the New York State Medical Society, which was referred to us, the judicial council decide as follows:

Having carefully examined the code of ethics adopted by the New York Medical society at its annual meeting in February, 1882, as furnished us by the secretary of said society, the judicial council find in said code provisions essentially differing from and in conflict with the code of ethics of this association, and therefore, in accordance with provision of rule 9 of the by-laws of this association, decide unanimously that the said New York society is not entitled to delegates in the American Menical association.

Dr. H. O. Marcy, of Boston, Chairman of the Section on Gynecology, read his address on "Fibrous Tumors of the Uterus," illustrating the tumors and surrounding tissue with microscopical sections, thrown upon canvass by a stereoptican, with solar illumination.

As introductory, the association had reason for congratulation in reference to original investigation which its members had made in the field of labor pertaining to gynecology, and the name to be mentioned first was that of Washington L. Atlee, who, more than a generation ago, received the prize for an essay on "The Surgical Treatment of Certain Fibrous Tumors of the Uterus, Hitherto Considered Beyond the Resources of Art." Since that time Sims, Emmet, Thomas, and others had done much to establish the value of Dr. Atlee's observations. These tumors are of the rarest occurrence prior to puberty. They have received the names myoma and myofibroma. Mr. Marcy then gave the histological features of the growths, and said that they were composed of bundles of muscular fibres and capillary vessels, and, strictly speaking, should be called myoma. The soft are less common than the firmer varieties, and as a whole they are divided into three classes: (1) the subserous, (2) the interstitial, (3) the submucous. Attention was then directed to the differential diagnosis, and this was followed by reference to the liabilities in connection with such growths, such as peritonitis and consequent adhesions, injury from twisting of the pedicle, etc.

The peculiarities of each variety were then pointed out. Experience had taught him that the fibrous tumor when still increasing in size cannot be enucleated from a capsule. It may be torn out, but it will be at the expense of the integrity of the uterine tissue.

With reference to the question of the
capsule, from the examination of thirty-three specimens, Dr. Marcey had reached the conclusion that there could be demonstrated, not only the formation, but the singular simplicity of the tumor and its investing capsule.

The peculiarities of the sub-mucous and the subserous varieties were then mentioned, and from these the writer passed to the consideration of fibro-myoma and submucous polypi of the cervix.

The next topic was the pathological changes which may take place in the fibro-myoma, such as inflammation, gangrene, and crotaceous degeneration. Hemorrhage is not a rare occurrence in connection with these growths. Retrogressive metamorphosis occurs, but it has been actually observed in only a few instances.

The trophic changes observed after the menopause has been ascribed to a lessening of the muscular elements and the very decided increase of the connective tissue. His own observations failed to substantiate such conclusion, but led him to the opinion that the proportion of the two elements are not much changed. The symptoms to which these tumors give rise are varied, and some space was devoted to their consideration.

In many cases fibrous tumors had been reported as having been absorbed, and thus to have disappeared. There are so many sources of error that most of these cases must be regarded as mistakes in diagnosis. There are, however, a considerable number of cases in which this change undoubtedly occurred. A careful study of myomatous growths and their development leads to the general conclusion that such pathological conditions would in only a very small degree be amenable to medication. The remedy which has the greatest confidence is ergot, and yet this method of treatment is extremely uncertain. The physiological action of the drug was then given with detail.

The only cases in which he had been able to obtain any satisfactory results from the use of ergot were those of the submucous variety.

Dr. Marcey then passed to the consideration of the methods of surgical interference.

With reference to dilating the cervix, splitting the capsule, and cutting deep into the tumor itself, experience had shown that such measures should be adopted only in exceptional cases.

Concerning the submucous fibroids, the cervix might be dilated or divided, the tumor seized with strong forceps and enucleated, or the tumor might be divided and removed in pieces. But avulsion, or much force, however applied, blind dissection with the knife or scissors, the écraseur or the galvano-cautery wire should rarely be put in practice.

A modification of Thomas’ spoon-saw was exhibited. The instrument was double, consisting of serrated scoop at each end, the larger of which was fenestrated so that the finger might be used in the loop as an intelligent guide.

The large interstitial variety had at one time usually been considered as beyond the aid of surgery. But under the stimulus given by Atlee, Sims, Emmet and Thomas, remarkable results had been obtained. Removal of the ovaries had been recommended by Dr. Battey, of Georgia, for rapidly growing myoma in certain cases. With reference to laparotomy, the dangers were from shock, hemorrhage, peritonitis and septicæmia. The measures for controlling these had been made so adequate that the operation was justifiable in certain cases.

Dr. Marcey then described his method of securing the stump. The exposed tumor is encircled at its base by a sheet of rubber, in the center of which is an opening reinforced by a rubber ring of considerable thickness and of various sizes. Around this is tied a rubber cord, sufficiently tight to control hemorrhage. The great bulk of the tumor is then cut away. Just above the constricting rubber the pedicle is secured through and through by means of the shoemakers’ stitch enclosing only a comparatively small portion of the tissue, and uniform pressure is carefully continued until the stump is covered.
Concerning drainage, the opinions of Wells, Keith, Sims, Thornton and others were given, and the advantages and disadvantages presented.

Dr. Marcy believed that Mr. Lister's antiseptic rules were of as great importance and value here as in general surgery. The spray is a minor factor in the antiseptic treatment. He who becomes familiar with its broad principles of sound philosophic reasoning, its careful detail of method, its astonishing array of demonstrative facts, will need little urging to give it an enthusiastic support.

The address was fully illustrated by means of microscopic slides and photographs enlarged upon the screen by the aid of the oxy-hydrogen and solar lights.

The paper was referred for publication.

Meeting adjourned to meet in sections at 3 P. M., and in general session next morning at 10.

THIRD DAY—GENERAL SESSION, 10 A.M.

Called to order at to o'clock by Acting President P. O. Hooper.

Dr. Stone, of the committee of arrangements, announced an excursion to Stillwater, including a steamboat ride on Lake St. Croix, inspection of the prison, and reception by Hon. D. M. Sabin.

The report of the committee on nominations, which contained some names of members absent from the meeting, was referred back, with instructions to substitute for such names the names only of members present, according to a previous amendment in the constitution.

Dr. N. S. Davis, of Chicago, deemed the step of journalizing the transactions an important one. The former reports had been incomplete and a change was desired. This was not because of the flings made by so-called medical journals about the immense pile of trash in the reports, but that the record might be ready for those who were interested in the grand work of the association. He would, therefore, as a member of the committee, offer the following resolutions:

Resolved, That the interests of the association would be promoted by the publication of its transactions in a weekly medical journal under its own control, instead

of in an annual volume as heretofore, provided it could be done without involving pecuniary embarrassment, or so far encroaching its funds as to prevent the annual encouragement of original investigations by its members.

Resolved, That so much of the report of the committee on journalizing the transactions as relates to the increase of membership of this association by applications from members of state and local societies be and the same is hereby approved.

Resolved, That so much of the report of the committee on journalizing the transactions of the association as relates to the appointment of a board of trustees, nine in number, and their duties be and the same hereby adopted, and that the president of the association now appoint a special committee of seven to recommend to this meeting of the association the names of nine members for election to constitute said board of trustees.

Resolved, That the board of trustees so appointed be requested to present as early as possible and to agree upon a plan of a medical journal to be called the "Journal of the American Medical Association," and to send circulars explaining such plan and asking subscriptions of support by actual subscription to the members of the medical profession throughout the whole country, and thereby ascertain, as reliably as possible, what degree of support the proposed journal can have as a basis for commencing its publication. And that said board also proceed to ascertain and agree upon the best methods of publishing said journal, the best editorial services it can secure to take charge of the work and the best plans for its issue.

Resolved, That said board of trustees be and are hereby instructed under all circumstances, in whatever plans or contracts it proposes to adopt, to retain the entire control over the use of the advertising as well as of all other pages of the journal that is proposed to be established, and that said board report in full at the next meeting of this association the plans upon which it has been able to agree, together with the response of the profession to its circulars asking actual subscriptions to the proposed journals, and that the constitutional amendments proposed by Dr. Packard last year be continued upon the table until the report of the board of trustees is received and acted upon.

Resolved, That the treasurer of this association is hereby authorized to pay out of funds in the treasury the necessary expenses of the board of trustees in printing and distributing its circulars and in conducting its proper correspondence.
Resolved, That the commence of publication proceed to publish the proceedings and transactions of the present meeting in a volume as heretofore, using all diligence to give it an early distribution to those entitles to receive it.

Continuing his remarks, Dr. Davis said:

Having paid the most careful attention to the subject, yet I am not certain as to the success in this country. These resolutions are for the purpose of seeing if it can be done with a good harmonious board of trustees—and the resolutions so cover it that in case they fail it will be provided for. We refer to the British Medical Journal as an example of success. Great Britain is hardly larger than one of our States. While on a continent there are twenty places desiring to be the center of medical knowledge, in England it is condensed. Here we must have a most harmonious committee. If they are procured, and can act, the success is certain; and at the close of the year further arrangements be made.

Dr. Brodie moved the adoption of the above resolutions, which motion was carried. The president appointed as committee on journal as provided for in Dr. Davis' resolution the following:

L. A. Sayre, New York.
J. M. Tones, District of Columbia.
J. Foster Pratt, Michigan.
R. J. Daugleson, Pennsylvania.
Robert Battey, Georgia.
W. F. Peck, Iowa.
H. O. Marcy, Massachusetts.

Dr. Smith, of the Dakota Indian Agency Service, offered a resolution to amend the constitution so as to admit two delegates to the Association from said Indian Agency Service. The resolution, according to rule, was laid over one year.

Dr. N. S. Davis then read the following resolutions:

Whereas, It appears from the amended bill making appropriations for the army for 1882-83 as recommended by the military committee of the senate, that the amount appropriated for the support of the army medical museum and library has been reduced from $10,000 to $5,000.

Resolved, first, That this association views with great regret and strong disap-
association throughout the country, asking suggestions. From these circulars only twenty-three answers were received, eleven of them to the effect that they would not be able to attend, and if they did would have no papers to present. * * *

Not deterred by the paucity of results of the first essay, Dr. Sears, secretary of the section, and myself addressed a second circular to each of the forty-one elected members of the association, requesting a brief statement of the progress of state medicine and a summary of the legislation relating to it in the district each represented. To this circular twenty-five replies were received. The fact is plainly evident that neither the association in general, nor those especially addressed, have that spontaneous concern which the subject demands.

Benighted parsons employ physicians to keep them well, and cease their stipend when disease stalks in, but the most civilized and self-sufficient of races limits the functions of medicus to the relief of ills they have deliberately inherited, and without his office paraphernalia, his prescription papers and his pocket cases says to him, "What have we who have neither ache nor ailing to do with you?" Hence, it is not strange that the physician himself has come to look upon this as the chief function of his office, especially as it only brings him his daily bread; that associates of medical men have less interest in the problems of health preservation than in the manner by which the evil effects of disease may be overcome, and profits and revenues accrue from working miracles, and that when doctors meet the ethical apple of discord has only to be thrown into their midst to make them squabble like children as to who shall and who shall not be recognized in the guild of bidders for public patronage. When the physician can practice his vocation in a community where his first thought can be given to the unventilated room, the foul drain, the faulty and intemperate diet, the contaminated water; when he can prescribe fresh air for the pallid cheek and nutritious food for the dilating pupil, and exercise for the flabby muscle, and thick shoes and stockings and proper underwear for the fragile girl braving inclement weather, and sleep and rest for the worn, torn brain, instead of ringing changes on iron and quinine and strychnine; when to be considered to have earned his fee he need not sit musing over the sickroom ritual: "Let me feel your pulse; let me see your tongue; how is your bowels?" and then gravely muse while writing a harmless placebo which shall go to enrich an apothecary or put in the stomach some drug with a vague idea of its doing something; when medical schools shall themselves exalt hygiene to its proper eminence instead of giving it a quasi-recognition as a tail-piece to the chain of physiology, then the section of state medicine will not be compelled to beg for favor in the American Medical Association, but its standard will overtop all the rest. But this will not be until health primers are placed in every child's hands as soon as it can read, and the masses of the people are educated to understand that health is not the handmaid but the mistress. Had Askelep been legendized as Hygeias' bastard son, instead of her father, she would have received, as she deserves, the greater homage.

So long, however, as society, in its highest development of rank and culture, ignorantly jostles and wedges itself in contracted salons and drawing-rooms, already defiled by blazing gas jets and defective furnaces, where hundred of lavishly dressed human machines befoul the air and poison one another with the noxious gases and their own effete animal products, in deadlier quantity than the ragged rabble which herd the open streets, and call this pleasure, so long as godly people drowse and yawn in badly ventilated churches, surcharging their brains and impairing their minds by blood not half aerated; and ungodly ones exhaust their whole reserve nerve force to resist the insanitary influence of the no less badly ventilated theater and exhibition hall, and call the one pious worship and the other rational amusement.

[continued in our next.]
American Medical Association,

(Continued from last number.)

So long as men toil to amass riches and then build residences, palatial, semi-palatial or sham palatial, and in the name of luxury, and æstheticism flood them with artificial light and heat to consume oxygen which prince and beggar both must breathe, and admit the invisible filth by the same sumptuously decorated closet and bath-room, by which they think to exclude the vile necessaries of humaniy, which prince and beggar alike cannot escape, and call this comfort and refinement. So long as our children are sent to overcrowded, unwholesome schools (sixty-seven cubic feet, reports Sanitary Inspector Moreau Morris, as the average for 715 scholars in a New York primary school of this day), where their eyes are bleared, their hearing dulled, their plastic bodies distorted, and their brains fuddled, and this called education.

So long as men and women daily violate in themselves and in the children the simplest precepts of hygiene; parents countenancing half dressed daughters, wearing out their strength in unwholesome ball rooms, seeking the slumber that cannot refresh only when the dawn appears; some launched upon the world to encounter physical wreck in a thousand channels, where no beacon warns of danger; old men, senators, judges, divines, perchance learned doctors, uncomplainingly breathing the foul air of public conveyances and apartments, in which every door and window has been carefully closed and every ventilation carefully ignored; streets reeking with filth, which decrepit laborers play the farce of sweeping in broad daylight, and whole blocks of buildings, in fashionable quarters, hermetically sealed from garret to cellar to exclude night air.

What can State medicine hope to accomplish in legislative chambers and halls of congress which are themselves evidences of sanitary ignorance, sanitary neglect and sanitary indifference? The indefiniteness of the purview of the State medicine section was illustrated by its scheme of organization up to the past year, when it was what Dr. James F. Hibberd justly termed a quintuple monstrosity—a single body with five heads of medical jurisprudence, psychology, chemistry, State medicine, and public hygiene.

The first annual report of the National Board of Health, which has just appeared, enumerates the principal operations which it has undertaken or had in contemplation during the first year or two of its existence.

These may be epitomized as follows:

First—The collection of information and advice from the principal sanitary organizations and sanitarians of the United States as to the best plan for a national health organization, including the subject of quarantine, both maritime and island, and the relations which should exist between State and local systems of quarantine and a national quarantine system.

Second—The collection of information with regard to the sanitary condition of some of the principal cities and towns of the United States, with special sanitary surveys of the coast of New Jersey bordering on New York harbor and of Memphis, Tenn., etc.

Third—The appointment of a commission to investigate yellow fever in the Island of Cuba.

Fourth—The collection of the sanitary laws of the United States, including not only the statutes but the decisions of the several courts on all questions involving the public health.

Fifth—Investigations as to the best
method of determining the amount and character of organic matter in the air; as to the effects of disinfectants, and especially the composition and merits of patent disinfectants; as to the adulterations in food and dress; as the diseases of food-producing animals; as to the flow of sewers in relation to their sizes and gradients; as to the influence of various soils upon sanitation, especially with regard to drainage and methods of disposal of excretion; as to the outbreak of diphtheria in northern Vermont, etc.

Sixth.—The suggestion of legislation to improve the sanitary condition of the mercantile marine.

During the brief period of its existence it has established an admirable system of sanitary inspection and undertaken, as far as its limited authority permitted, the solution of the problem of inland and maritime quarantine. The government has a right to prevent the introduction of disease in men and things as an incident of commerce. A national quarantine is necessary not only to secure uniformity over our extensive seaboard, but to give satisfactory protection to these interior States which may be exposed to risk through local regulations, defective in character or framed to suit the special commercial interests of particular ports.

How this national quarantine is to be administered is the real matter yet open for discussion. I quote from my colleague in the navy, Dr. Turner, with whom I unreservedly agree:

"I am disposed from my own observations and experience to accept the position of M. Farnal, that the nature of all quarantine is determined by the sanitary condition of the ship. The whole point is to secure a clean ship, clean cargo, clean passengers, clean crew and sailing from a clean port. It is simple—so plain, that it appears to me it could all be accomplished by the simplest code of naval hygiene—save the clean port, which, of course, is in the domain of municipal sanitation."

Mere paper quarantines are of no avail, and the real defense is the establishment of rigid sanitary inspection at every port of entry, where national officers shall investigate all the circumstances of the loading the vessel, the climate and sanitary condition of the port whence she has sailed, the route and length of voyage, and themselves inspect cargo, crew and passengers, and determine intelligently whether the interests of the country require her detention one day or fifty days, or not at all.

A more intimate association of the State boards of health with each other and the National Board is desirable. These State boards now differ widely in their organization and authority. The earliest established, most excellent and successful of these, and which has served as the model for all others is that of Massachusetts, but it has been of late years overloaded and crippled by consolidation with the various charitable and reformatory institutions of the State.

The following table gives the States having established boards of health, number of men on each board and the number of physicians on each, the remaining members being composed of lawyers, engineers or business men:

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<th>State</th>
<th>No. Physicians</th>
<th>Size of Board</th>
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<td>Arkansas—majority physicians</td>
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<td>South Carolina—not given</td>
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*The State Medical Association is constituted the State Board of Health.

Nine states have not established state boards, as follows: Florida, Kansas, Maine, Missouri, Nebraska, Nevada, Ohio, Pennsylvania and Vermont.

Dr. Gihon then took up the subject of vital statistics, showing the defects in present returns, and giving as an illustration the returns of deaths in Washington city,
the ratio per thousand, and the proportion of malarial cases. He claimed that all returns were worthless which did not give the remoter predisposing causes of all diseases from which death resulted.

The remainder of this excellent paper was devoted to a discussion of the proper constitution of state boards of health, the needs of the navy, with an account of one or two innovations which had been introduced on a few vessels, but which had not yet become general, and said that while it was the province of the biologist and pathologist to cultivate their bacillious broods, it was the duty of the American Medical Association to show the people's representatives how they should legislate against the inroads of the insidious enemies of the public health. Referred for publication.

Dr. Campbell, in rising to move that the paper be referred to the committee on publication, stated that the fact that the American Medical Association did not carry out the great plan, it should not be blamed. The association had been the father of the national board of health, and at the present time this country was only a few years behind the foremost country in the matter of sanitary measures.

**ABSTRACT OF DR. BYRD'S ADDRESS ON SURGERY, EXCISIONS OF PORTIONS OF THE ALIMENTARY CANAL COVERED BY PERITONEUM.**

The history of excisions of portions of the alimentary canal by the surgeon, dates back but a few years and may be said to be the result of evolution beginning with McDowell's first ovariotomy. In cases of obstruction from stricture, medicine had failed for ages to afford relief, and surgery offered in hope. Occasionally where the constriction was caused by the strangulation of an extended bowel in hernia, the intestine would slough and be thrown out through an abscess, and nature would form an artificial anus. The great fear of entering the peritoneal cavity deterred surgeon from hoping for anything better or resorting to any more radical means for the relief of the poor sufferers. Dr. Nicholas Senn, of Milwaukee, in a very able and exhaustive report to the Wisconsin State Society on the recent progress of surgery, says: "The results of the cases of excision of the stomach may not seem promising, but when we come to review the earlier history of anatomy...

THE PICTURE IS NEARLY AS DARK,

and it must be taken into consideration that many of these operations were undertaken after extensive adhesions had formed and neighboring tissues become involved. May we not hope with earlier and more accurate diagnosis that the diseased mass may be removed so as to restore the patient to years of health and usefulness? The details of the technique of the operation are so well described in a report of Dr. F. J. Lutz to the St. Louis Medical Society and published in April, 1882, that I forbear to quote. The remarks of the late Dr. John T. Hodgen relative to the operations were quoted in length. From the cases and the analogous ones which the author has studied he draws the following conclusion:

First—Resections of the small intestine may be done to a considerable extent without interfering in any appreciable degree with digestion.

Second—Practiced under suitable conditions the operation is to be considered perfectly legitimate.

Third—The resection may be performed by bringing the divided ends directly into apposition and closing the abdominal wound, by forming an artificial anus. The second and third procedure expose to less subsequent danger.

Fourth—Resection of fibrous and cicatrical structure which are probably more frequent than is generally supposed may cause a radical cure, and the same is the case with epithelioma. On the contrary, resections of cancerous obstructions gives only temporary relief, and at a greater risk.

Fifth—By proper diet after the operation the risk of fecal extravasation may be reduced to a minimum, and the best diet for this purpose is one containing as little fluid as possible.

Sixth—By introducing liquids per anum, and drink in the same way, water is absorbed as by the mouth and there is no sense of thirst; the flow of intestinal fluids is less considerable and the patient is more comfortable.

My first case was that of a farmer at
Seehorn, Ill., aged fifty-five. For years he had been treated for strangulated inguinal hernia, which could not be reduced.

Found him with clammy sweat, almost pulseless and unconscious. Cut for the hernia and found eight inches of the ileum and a piece of omentum the size of my hand gangrenous. The bowel had separated at the junction of gangrenous and living portions, permitting extravasation of fecal matter. The omentum was ligated just above the gangrenous portion and the gangrenous part cut off. The ends of the ligature were left long so as to hang out of the wound. The sound omentum was dropped into the abdomen. The two ends of the bowel were stitched into the abdominal opening so that any fecal matter would be passed to the outside. They resembled to some extent the muzzle of a double-barreled gun presenting at the opening. The opening was left large enough to permit the insertion of the nozzle of a syringe into the abdominal cavity so that it might be washed clear of any bits of fecal matter or inflammatory products. The cavity of the abdomen was syringed out with tepid water, a teaspoonful of table salt and carbolic acid to the gallon night and morning. Quinine and nourishing diet was ordered literally. The patient rapidly recovered and two months later was operated on for the cure of the artificial anus. * * *

Heretofore the closure of the artificial anus in many cases has been looked upon as a very difficult thing to accomplish, but I think the plan devised for its cure will make the cases few indeed where it cannot be done.

The paper was referred to the surgical section for disposal.

Meeting adjourned to meet in sections at 3 P. M., and in general session next morning at 10.

**FOURTH DAY—GENERAL SESSION, 10 A. M.**

Called to order by Acting President, P. O. Hooper.

Treasurer Dunglison reported a balance on hand of $1,141.38.

On motion of Dr. Marcy, of Boston, he was voted the thanks of the association.

Dr. A. L. Gihon offered the following, which was adopted:

Resolved, That it is the sense of the American Medical Association that it will be conducive to justice and to the dignity of the profession, if medical expert testimony can be presented to the courts without the appearance of bias or influence from either side of the case, and simply as a straightforward statement of scientific facts.

Dr. C. Dennison, of Colorado, offered a resolution to the effect that no action of this association, either in its code or in its proceedings at its annual meetings, should be considered as endorsing the view that the members are "Allopaths," or that there is any such thing as an allopathic physician.

It was supported by Dr. Sears, of Texas, and adopted by the association.

Dr. Forster Pratt, of Michigan, chairman, then read the completed report of the committee on nominations.

President, Dr. John L. Atlee, Lancaster, Pa.; first vice president, Dr. Eugene Gris- som, of Raleigh, N. C.; second vice-president, Dr. A. J. Stone, of St. Paul, Minn.; third vice-president, Dr. A. J. Octerlony, of Louisville, Ky.; fourth vice-president, Dr. H. S. Orne, of Los Angeles, Cal.; treasurer, Dr. R. J. Dunglison, of Philadelphia, Pa.; librarian, C. H. A. Klein- schmidt, of Washington, D. C.

Judicial Council, to fill vacancies—Dr. N. S. Davis, of Ill.; Dr. J. M. Brown, U. S. N.; Dr. X. C. Scott, of O.; Dr. M. Sexton, of Ind.; Dr. N. C. Husted, of N. Y.; Dr. Wm. Lee, of Md.; Dr. J. E. Reeves, of West Virginia.

The next place of meeting—Cleveland, Ohio.

Chairman of the Committee of Arrangements—Dr. X. C. Scott, of Cleveland, O.

Section in Practice of Medicine—J. H. Hollister, of Chicago, chairman; John G. Lee, of Philadelphia, secretary.

Section in Surgery and Anatomy—W. F. Peck, of Davenport, Iowa, chairman; Paul F. Eve, of Nashville, Tenn., secretary.

Section in Obstetrics—John K. Bartlett,
of Milwaukee, Wis., chairman; G. A. Moses, of St. Louis, Mo., secretary.

Section in Medical Jurisprudence and State Medicine—Foster Pratt, of Kalama-zoo, Mich., chairman; Thos. L. Neal, Dayton, O., secretary.

Section in Ophthalmology, Otology and Laryngology—A. W. Calhoun, Atlanta, Ga., chairman; Carl Seiler, Philadelphia, Pa., secretary.

Section in Diseases of Children—R. F. Blount, Wabash, Ind., chairman; J. H. Sears, of Texas, secretary.

Section in Dentistry—D. H. Goodwillie, of New York, chairman; J. H. Sears, of Texas, secretary.


Assistant Secretary—Dr. I. N. Hines, of Cleveland, O.

Dr. Eugene Grissom, Vice-President, Raleigh, N. C., moved that

AN HONORARIUM TO THE SECRETARY
of $1,000 be voted by the association.

Dr. Toner, of Washington, moved to amend by making it $500.

The amendment was lost and the original motion was carried.

Dr. Toner gave notice of an amendment to the constitution to be acted upon next year, making the office of secretary one to be filled annually by the association.

Dr. L. A. Sayre, chairman of the committee appointed to nominate a board of trustees for the journal, reported as follows: for trustees to serve three years, Drs. N. S. Davis, E. M. Moore, and J. M. Toner; to serve two years, H. F. Campbell, J. H. Packard, and L. Con-nor; to serve one year, P. O. Hooper, A. Garcelon, and L. S. McMurty.

The report was adopted.

The Secretary read the following resolution from the Section on Ophthalmology, Otology and Laryngology, and it was adopted:

Whereas, A petition has been presented to Congress asking for the calling of an International Commission to consider and agree upon some standard method of testing visual acuteness and color-blindness, and some requirements of these qualifications in the sailors of all countries; therefore be it

Resolved, That the American Medical Association heartily approves of the proposed International Commission, and hereby directs its secretary to transmit this vote to Congress.

Dr. Brodie, of Detroit, offered the customary resolution of thanks to the citizens of St. Paul, the committee of arrange-ments, the railroads which had granted favors, the citizens of Stillwater, and to all who had in any way contributed to the enjoyment of the members of the association at its annual meeting of 1882. They were seconded by Dr. Davis, and unanimously adopted.

Dr. Foster Pratt, of Michigan, offered an amendment to the constitution to the effect that the law requiring the nominations for officers to be made from those members present at the annual meeting, shall apply only to the president, the vice-presidents, chairmen and secretaries of sections, the assistant secretary, the chairman of the committee of arrange-ments, and the judicial council.

Dr. Davis offered the following, which was adopted:

Resolved, That after the next annual meeting, the permanent interests and in-fluence of this association would be best promoted by again holding every second meeting at Washington, D. C., as the home of the Common National Congress, and not as the invited guests, and that each alternate meeting can be held in the sec-tion of the Union best intended to pro-mote the interests of this association.

Dr. Keller gave notice of an amendment which would permit the holding of the annual meeting as late as the first Tuesday in September, if desirable.

Dr. Sears, of Texas, offered an amendment making the librarian a permanent officer.

ADDRESS OF THE CHAIRMAN OF THE SEC-TION ON ORAL AND DENTAL SURGERY.

Dr. D. H. Goodwillie, of New York, spoke of the two divisions in this depart-ment of the healing art: 1st, dental art or prosthetic dentistry; 2d, oral surgery.

The first is nearly all of a mechanical
nature, while the latter treated of all the diseases of the mouth.

He believed that the teaching of this specialty should be from established chairs in medical colleges, where all students, before graduating, should be examined on the principles and practice of this department. Besides practical instruction should be given in an infirmary or hospital devoted to this class of affections. He gave illustrative cases from his personal experience of disease of the mouth and associate parts, such as interoral extirpation of the bones of the maxilla with reproduction of bone and no deformity; internasal extirpation of bones of the nose; a new operation for closure of the hard palate and lip in early infancy; treatment of abscesses of the jaw and neighboring parts, etc. These cases were illustrated by diagrams, instruments, and over twenty models in wax.

He closed by saying that he hoped the time was not far distant when there would be endowed universities where every branch of the healing art and allied sciences would be theoretically and practically taught.

The address was referred to the committee on publication.

The secretary announced as delegates to the British Medical Association, appointed by the president, Drs. T. Addis Emmet, Daniel Lewis, E. H. Brush, and W. M. Carpenter, of New York, and J. M. Da Costa, of Pennsylvania.

On motion, the thanks of the association were extended to Vice-President Hooper, for the impartial and courteous manner in which he had presided over the association.

Dr. Hooper appointed Dr. N. S. Davis to conduct the president elect, Dr. John L. Atlee, of Lancaster, Pa., to the platform, who was then introduced to the association, and thanked the members for the honor which they had conferred upon him.

Dr. Hooper then expressed his thanks to the association for the kindness and forbearance manifested towards him as its presiding officer, and the association was declared adjourned, to meet in Cleve-

land, O., on the first Tuesday in June, 1883.

The whole number registered was 947.

SECTION IN SURGERY.

Dr. Wm. A. Byrd, of Illinois, Chairman.

Dr. Hugh McColl, of Michigan, Secretary.

TUESDAY, JUNE 6-FIRST DAY.

Dr. Carl Seiler, of Philadelphia, made some remarks on the uses of electricity in surgery. The object was to call attention to some instrument designed to obviate some of the difficulties heretofore experienced in the use of electricity for surgical operations.

In his experience, the platinum knife of the galvano-cautery, in order to be serviceable, must have a fixed temperature varying according to the end desired. Having found that there was no battery which allowed of a fine graduation of the temperature of the knife, he had devised one which was so arranged that the plates were suspended above the liquid, and could be immersed by means of a treadle worked by the foot of the operator. The amount of zinc surface exposed to the action of the acid determines the amount of electrical current, and, consequently, the temperature of the platinum loop. In order to overcome polarization and continue the current for any length of time, he had introduced two cells containing the same number of elements, which could be immersed alternately by the treadle, thus always exposing a fresh surface to the action of the acid.

By substituting cells with partitions for each pair of plates, the battery can be used for the constant current, and for driving the electro motor, such as used for running sewing-machines, and, by attaching the hand piece of the dental engine to it, he had found it far superior to the ordinary engine in use for removing bone or exostoses in the nasal cavities, as its speed can be regulated to a nicety; and if suspended from the ceiling and balanced by counter-weights, the hand is relieved of all weight, and is not
affected by the movements of the foot working the treadle of the balance-wheel of the engine as ordinarily used.

Dr. Prince, of Illinois, had used for the more delicate operations the thermal cautery.

Dr. Seiler said that the thermal cautery could not be used in many cases; for example, in the treatment of certain conditions in connection with the turbinated bones, whereas the galvano-cautery knives could be made so delicate as to enable the operator to reach any point.

A paper by Dr. William Hill, of Bloomington, Ill., on Abdominal Section for the Relief of Intestinal Obstruction due to Intussusception, was then read.

The author was not aware that this operation had been performed successfully prior to his case August 23, 1855. The case was one of ileo-cæcal invagination occurring in an adult. The patient recovered.

Dr. Peck, of Iowa, referred to a case of intestinal obstruction occurring in a young man twenty-seven years of age, which did not yield to persistent injections of warm water, and finally abdominal section was performed. It was found that the appendix vermiformis had become adherent to the side of the vertebral column, and a loop of the ileum had been constricted under the band. He tied the appendix in two places, cleansed its cavity, and dropped it. The patient gave fair promise of recovery.

Dr. Halley, of Kansas City, referred to two cases. The autopsy in the first revealed constriction at the ileo-cæcal valve, with bony growth in the wall of the gut.

The second was a case of supposed intussusception occurring in a young man. Abdominal section was performed, when it was found that there was complete volvulus. The patient died. Notwithstanding the unfavorable termination of his cases, he believed that the operation was justifiable and that the best results would be obtained when it was performed early.

Dr. Field, of Iowa, thought that the constriction in Dr. Halley's first case was probably due to a malignant growth containing spiculae of bone.

Dr. Lee, of Chicago, believed that the earlier the operation was performed the better would be the results obtained. But against that was the difficulty in diagnosis and the additional fact that recovery often ensued spontaneously in cases which were apparently hopeless without operative interference. In estimating the symptoms, too much reliance should not be placed upon the pulse and temperature, because in some of the gravest cases they were undisturbed.

Dr. Prince, of Illinois, thought it improper to operate until the symptoms became urgent. He recommended the use of Wales' bougie and the injection of warm water. The instrument, by careful manipulation, could be introduced to the distance of 18 or 20 inches or more. When this means failed, and the symptoms remained severe, he would operate.

Dr. Parks, of Illinois, said there were three reasons why the operation was not more frequently performed.

1. Hesitation, with reference to interfering with the peritoneum.
2. Difficulty in diagnosis.
3. Difficulty in determining the time when the operation should be performed.

With regard to the first there should be no hesitation. Concerning the second, the difficulties were sometimes very great. As to the third, previous to the sixth day, in cases of complete persistent obstruction, he had come to regard as the dangerous period.

In cases in which the obstruction was due to hardened feces, the best remedy, according to his experience, was opium.

The chairman thought that injections of water were useless in cases in which the obstruction did not exist in the colon, unless it was in those exceptional cases in which water could be forced beyond the ileo-cæcal valve.

Dr. Gay, of Buffalo, then read a paper on Anchylosis on the Hip—straight position—illustrative case.

After giving the differential diagnosis between true and false anchylosis, and referring to the means by which the
diagnosis is made, the author passed to the considerations of the surgical methods of correcting the deformity, namely, subcutaneous osteotomy and fracture. Of these he regarded fracture as the most favorable, and the case reported was one in which that method had been practiced. The result was not known, as the patient left the hospital, but the promise was very favorable at the time he passed from under observation.

Dr. Hill, of Illinois, had fractured the neck of the femur in a case of fibrous ankylosis due to hip-joint disease, and the result was redevelopment of the caries and subsequent excision of the joint. He thought, if the patient was able to get around and the deformity was not too great, the surgeon might better not interfere.

Dr. Prince, of Illinois, believed that a distinction should be made between the cases in which ankylosis was due to joint disease, and those in which it was due to false position, rheumatic influences, etc. In the latter cases surgical interference was justifiable. If, however, the ankylosis followed hip joint disease, extension and fracture were attended with great danger, and, therefore, the let alone policy was the best, or at most, tenotomy with the view to releasing the contraction and correcting the position if possible.

Dr. C. T. Poore, of New York, thought it was not as safe to break up an ankylosed joint as it was to perform an osteotomy. He did not regard the latter as a dangerous operation, as there was no shock, and suppuration seldom occurred. Again, after performing Adam's operation or fracture, the securing of motion was doubtful. Breaking up the hip-joint after joint disease was very much different from breaking up a fibrous ankylosis due to other causes; for the bones, especially in children, after hip-joint disease are in a diseased condition, and if the ankylosis is broken up the disease is very apt to return.

Dr. Owen, of Illinois, thought that the day for fracture of the femur, in cases of ankylosis, had passed, because the fracture could not be limited, and subcutaneous osteotomy could be limited exactly. After subcutaneous osteotomy there was no shock, and there was no reason why there should be. His experience applied to three cases of osteotomy at the neck of the femur. He recommended rest for two or three weeks, usually in the wire breeches, after the operation, and then passive motion with the view to establishing an artificial joint. The patient should be held under supervision for a considerable time.

Dr. Andrews, of Chicago, regarded subcutaneous osteotomy as a very important operation. He had not performed it but once above the neck of the femur. He had performed it in various parts of the body and had not seen shock follow the operation.

Dr. McCann, of Pennsylvania, recommended subcutaneous division of the resisting tendons and muscles and attempt to correct the position of the limb without division of the bone.

Dr. Lee, of Illinois, approved of osteotomy if the object was simply to correct deformity, because the shock was less than that after fracture, and the operation could be definitely restricted. If an artificial joint was desirable, fracture would probably give the best result. To correct the deformity and at the same time give an artificial joint, complete excision was necessary.

Dr. Ransohoff, of Cincinnati, had performed twenty-five or thirty osteotomies, and had yet to see a single case in which the operation could be held accountable for bad results. He regarded it as very essential that the bone should be completely divided in order to prevent gangrene, etc. He thought it improper to discard osteotomy for the more hazardous operation of fracture. He had performed it several times upon rachitic tibiae, and regarded the danger as only very slight.

Dr. Halley, of Kansas City, had performed subcutaneous osteotomy twice and with good results. There was no shock whatever. Section was made through the neck of the femur.

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Dr. Gay, in closing the discussion, referred to the danger of fracture of the saw in performing osteotomy. When the position of the limb was between the straight and rectangular, no operation was required.

The next paper was entitled A New Truss, to be applied after the radical cure of hernia, by Jos. H. Warren, of Boston. It contained an account of the operation by subcutaneous injection into the hernial rings for the radical cure of hernia. For the after-treatment the ordinary trusses were absolutely injurious. From their material, shape, and constant pressure they defeated their own object. The truss exhibited consisted of a concave wire-gauze pad, with more gentle springs than usual. The pad is surrounded with a rim of tubing, and a bridge of tubing extended across to strengthen it. It was regarded as anatomical because it drew the pillars of the hernial rings together. A stiff spring defeated the object of the truss.

The subcutaneous operation was discussed by Drs. Prince and Andrews, of Illinois; Forbes and Phillips, of Ohio; and Tupper, of Michigan. The operation was one practiced fifty years ago by Dr. Pancoast, of Philadelphia, and while it contained some merit, it had been the subject of curious statements and presentations.

The section then adjourned to meet on Wednesday, at 3 p. m.

WEDNESDAY, JUNE 7—SECOND DAY.

The section was called to order by the chairman at 3 o'clock.

A sub-committee, consisting of Drs. B. A. Weston, of New Jersey; Peck, of Iowa, and W. M. Carpenter, of New York, was appointed, to which all papers presented to the section should be referred.

Dr. J. F. Stewart, of Peoria, Ill., presented a splint for fracture of the elbow. It was a wooden hinge-splint, with steel side-rod and adjusting screw, and was said to be applicable to all forms of fracture of this joint.

Dr. Geo. W. Nesbitt, of Sycamore, Ill., then read a paper on "Ununited Fracture of the Femur Treated by Exercise."

It consisted essentially in the report of a case in which union failed to take place and was not secured until the limb was put up in a plaster of paris splint, and the patient compelled to walk without crutches, other methods, such as rubbing the ends of the bone together, drilling (twice) having proved of no avail.

Dr. Keller, of Hot Springs, thought the case an exceedingly instructive one, because it illustrated the result liable to occur under improper treatment before it came under Dr. Nesbitt's observation. It was treated by means of ordinary side splints, and he thought that a much better dressing could not have been used if the desired result was an artificial joint. He believed most earnestly that no fracture of long bones could be properly treated except by means of a molded fixed dressing. He also thought that the heavy woolen blanket placed next the skin in Dr. Nesbitt's dressing was unnecessarily warm.

Dr. J. W. Carpenter, of Kansas, referred to a case of ununited fracture which was put up in a plaster of Paris splint, the patient made to walk on the limb, and union followed. With reference to plaster of Paris, one great reason why the profession was afraid of it was because they did not fully understand its proper application. When properly applied it was a safe and efficient dressing.
Dr. J. L. Atlee, of Pennsylvania, spoke of the advantage of placing woolen fabrics next the skin before applying the plaster bandages.

Dr. Garcelon, of Maine, referred to a case of fracture below the knee where union had not taken place at the end of ten or twelve weeks. The patient began suit for malpractice, and while hobbling about hunting up evidence he wore an extemporaneous stiff leather splint. When the case came to trial the limb was submitted for examination, and it was found that union was complete, and that it had been secured without deformity.

Dr. Pratt, of Stillwater, Minn., spoke of the femur of a deer which he had in his possession, and in which good union had occurred after fracture, while the animal was running wild.

Dr. Forbes, of Ohio, thought that the swelling should be allowed to subside before the application of the plaster of Paris, and also that in cases of compound fracture the wounds should be healed. He always placed flannel next the skin.

Dr. Flanner, of Michigan, had been accustomed to put on the leg of a pair of knit drawers in the case of fracture of the thigh, applying the plaster of Paris splint at once, and swinging the limb in a wire splint.

Dr. Keller advocated not to wait for swelling to occur, even if the case was one of compound fracture, before adjusting the fixed dressing. Of course he did not object to flannel, but merely thought that the article used by Dr. Nesbitt was unnecessarily thick for warm weather.

Dr. L. A. Sayre, of New York, advocated that the plaster of Paris splint should be applied at once, and without qualification, and he had not seen any case in which it had done harm when properly applied and properly watched. He had not seen any cases in which it had been necessary to remove the dressing on account of swelling when applied before swelling had occurred. It might be that in the next case it would be necessary to remove the dressing. He believed that the injury that had been seen from applying the plaster splint had been due to neglect in watching the limb properly. Woolen should be placed next the skin whether the weather was hot or cold. If swelling had occurred, he would wait till it had subsided. Non-union might occur with any treatment.

The Section then adjourned.

THURSDAY, JUNE 8TH—THIRD DAY.

The first paper was read by Dr. Jos. Ransohoff, of Cincinnati, Ohio, entitled Contribution to the Surgery of the Liver.

The first part contained the history of a case in which he had opened the abdominal cavity, opened the gall bladder, and removed calculi. The patient died. The special point of interest was the accurate diagnosis, and the operation was performed with the expectation of finding a biliary calculus impacted. The wall of the gall-bladder was stitched to the abdominal wall before the bladder was opened. The incisions were made with the galvano-cautery in order to avoid hemorrhage.

The second part contained the history of a case of hepatic abscess. Aspiration, repeated, gave no permanent benefit. The abdominal cavity was opened, the edges of the abscess stitched to the abdominal parieties, the sac opened, washed out by a constant stream of simple water running through the cavity for six, eight, or ten hours at a time, and several large sloughs removed by aid of a laryngoscopic mirror. A good result was finally obtained. With regard to the general plan of treatment, Dr. Ransohoff thought the evidence in favor of its practice was fast accumulating.

The proper Points for Incision in the Drainage of Suppurating Knee-joints, was the title of a paper read by Dr. Edmund Andrews, of Chicago.

Dr. Andrews gave a minute description of the anatomy of the knee-joint, and said there were three cavities: 1, the submuscular bursa; 2, the supra-patellar; and 3, the infra-patellar. Into these an incision was made upon each side and short drainage tubes introduced from each direction. There were eight points of incision referred to in order to make the
proposed good artificial was ing.

EXCISIONS OF THE INTESTINAL CANAL WHERE COVERED WITH PERITONEUM.

This paper was the address of the chairman of the section.

The chief interest in it was concerning the treatment of gangrene with strangulated hernia, and a proposed operation which was merely theoretical.

Dr. Ransohoff, of Cincinnati, regarded Dr. Byrd's method of treating artificial anus as an old one applied in a new way, and for an affection for which it was formerly never adopted. If he understood Dr. Byrd correctly, the operation was merely to loosen the cicatrical tissue and a portion of skin around the artificial anus, and turn it in so that the external surface becomes the internal surface, and over that he draws new skin. Such was a well known method of operating for exstrophy of the bladder or for repair of the lower wall of the urethra, but he had not known of its being employed in artificial anus. Again, instead of bringing the entire circumference of the loops of the intestine outside, to unite in the course of time by inflammation, it was Dr. Byrd's purpose to cut obliquely through the intestinal wall, so that there would be no spur left at all, and in that manner he hoped to obviate the necessity for a subsequent operation for the cure of artificial anus. Dr. Ransohoff thought the operation an ingenious one; but there was one objection. It was a well known fact that when two loops of intestine come out, they will protrude in such manner that the mesenteric surfaces would be in such relation to each other that the portion of intestine necessary to be ablated would be those surfaces which were nearest to the blood-supply for the portion of intestine remaining. Would not the removal of that portion of intestine which gives rise to the mesentery die in consequence of the removal of the source of blood-supply?

The chairman's plan was theoretical, and so also was the objection.

Dr. Prewitt, of Missouri, supposed that the chairman would refer to the employment of laparotomy for the removal of a section of intestine, and was surprised to learn that he referred to strangulated hernia with gangrene of the bowel. With regard to the spur, Dr. Ransohoff had made a good point; and besides, there was another objection which he regarded as even more forcible in the majority of cases when artificial anus is formed. He believed it was not justifiable to perform the operation Dr. Byrd had suggested, because in the great majority of cases where artificial anus results from strangulated hernia, a conservative process had already been established in the way of throwing out inflammatory deposit, and the less the surgeon did after opening the sac and providing for the free escape of fecal matter, the better. Nature had already provided the means of repair, and her work should not be interfered with, and when the surgeon disturbed the healthy portion of bowel within the abdominal cavity, he interfered with nature's conservative processes. Anything beyond mere opening of the sac he regarded as unjustifiable.

Dr. Garcelon, of Maine, asked: In cases of strangulated hernia which have been left until gangrene has occurred and the surgeon cuts down and finds the intestine gangrenous, would Dr. Boyd dissect away the entire gangrenous portion, and dissect up the living tissue, or would he, under ordinary circumstances, allow the bowel to remain undisturbed?

Dr. Byrd replied that if the position of the opening and the condition of the gut was unfavorable, he would break up the adhesions, correct the position and complete the operation as he had described.

Dr. Ellis, of Michigan, referred to the spontaneous cure of artificial anus as bearing upon the question of surgical interference. He referred to a case in which sloughing occurred with removal of a mass nearly as large as his fist. Two openings were left. A light dressing was applied, the parts were kept
clean as possible, and within a few weeks the opening closed spontaneously, and a complete cure was effected.

Dr. Vaughan, of Missouri, referred the three cases of spontaneous cure of artificial anus formed by sloughing in strangulated hernia. In all the cases the recovery was complete within three months.

Dr. Norred, of Illinois, as an offset, mentioned a case in which the artificial anus remained, and Dr. Martin, of Iowa, spoke of a case of artificial anus, the result of a gunshot wound received in the left side of the abdomen, and in which only a pin-hole opening remained, and for the closure of this he performed a plastic operation, but it failed.

Dr. Allen, of Pennsylvania, thought that spontaneous closure with cure of artificial anus occurred more frequently than was usually supposed. He referred to a case in which the opening remained patent for two months; but at the end of three or four months the artificial anus had closed, and natural movements from the bowels took place. He would not however, on any account abstain from attempting to aid nature by surgical interference in proper cases.

Dr. E. M. Moore, of Rochester, N. Y., remarked that the chairman's address was interesting as showing the advance going on with regard to abdominal surgery, but the real question for consideration was just this: in cases of strangulated hernia where gangrene has occurred, is it better to let the parts alone, and have an artificial anus as nature has determined, or should we interfere with that process and proceed to pass into the cavity of the abdomen and draw the parts down or raise them up for the purpose of having a more convenient place for an artificial anus? To be sure under Paupart's ligament is an inconvenient position for such an opening, but it is also true that when gangrene occurs the patient usually dies from septicaemia. On opening the large pouch, relief comes to the patient, and even if the opening is quite small the contents can escape, and nature may go on and throw out deposit which will seal the parts against invasion of the periton-
ful traction in the axis of the strait. He thought Dr. Granger's instrument would be less likely to give rise to vesico-vaginal fistula than the ordinary forceps.

Dr. G——, of Washington, thought the principle good, but that it could be applied as well without as with the attachment.

Dr. Stapler, of Minnesota, wished to know if by adopting the method too much pressure would not be made upon the sacral nerves.

Dr. Granger said that injury came not so much from brief severe pressure as from long continued pressure upon the nerves and other tissues.

Dr. Dunster, of Ann Arbor, regarded as very important that every movement should be accurately in the direction of the axes of the straits, and regarded the modification of the forceps as a useful one. The accidents and injuries sometimes occurring in connection with parturition, such as the formation of fistulae of various kinds, were not, as a rule, so much due to the use of instruments as to prolonged pressure from the head of the child. Rupture of the perineum was caused not so much by forceps as by attempt to force the head through the passages before proper dilatation had occurred.

Dr. Nesbitt, of Sycamore, Illinois, believed that the profession was too well educated to make traction in the indirect direction, and that knowing in what direction traction should be made, the attachment was of no special assistance.

Dr. W. C. Burke, Jr., of South Norwalk, Conn., saw a case only a few days ago in which the perineum was ruptured by an instrumental delivery made by an intelligent physician.

Dr. Morris, of Ironton, Ohio, thought that the perineum might be ruptured with or without forceps, and no one be to blame.

Dr. R. Beverly Cole, of San Francisco, introduced a new forceps, and spoke concerning the instrument and its use. He was totally opposed to having the heel of the instrument conical, for when an attempt was made to use leverage with such an instrument, it was almost certain to slip off; but when there was a wider space between the edges of each blade, the head would bury itself more completely in the blades of the forceps, and the liability to slip be greatly reduced. In the construction of this instrument he held in view the fact that every man who attempted to use forceps should be old enough and sufficiently educated to understand the anatomy of the parts and the mechanism of labor. His instrument has a wider space between the blades, especially at the heel, and is more circular at the junction of the handles than those commonly in use. It also had an attachment similar to that presented by Dr. Granger, except it was to the under instead of the upper surface, but he thought his own invention was not worth five cents. Dr. Cole commented at length on the views held by different authors, the instruments devised, and the methods recommended for the delivery of the child.

Dr. McClelland, of Philadelphia, regarded Dr. Cole's suggestion concerning the shank of the forceps as very valuable. He thought that the obstetrician could get much aid by using the left hand upon the upper side of the handles of any forceps, and the forefinger passing forward and resting upon the head of the child.

Dr. Battey, of Rome, Ga., said that in either surgery or obstetrics the human hand represented the most perfect of all instruments, and should never be superseded by the attachment of any instrument when it could be employed unaided. In using the forceps only gentle traction should be made; force should never be employed. The more instruments were complicated the greater was the detrac- tion from their utility.

The section then adjourned.

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**WEDNESDAY, JUNE 7TH—SECOND DAY.**

Dr. D. T. Nelson, of Chicago, read a paper on "Subinvolution of the Uterus, its Causes, Effects, and Treatment."

He attributed very many uterine, and often general disturbances to incomplete involution, and argued that through the
entire puerperal period the uterus should be daily examined digitally by a competent accoucheur. He also favored securing firm uterine contraction by some means, as it prevented subinvolution, septicemia, etc. He also recommended the use by injection of warm water, containing carbolic acid one-half to one per cent., and the internal use of quinine, both of which favored the occurrence of involution. No parturient woman should leave the bed until involution is complete.

Dr. K. S. Ellis, of Michigan, asked for experience in operating on lacerations immediately after delivery.

The general sentiment seemed to be in favor of the immediate operation in the majority of cases, especially if the circular artery or any of its branches are involved.

Drs. Chapman, of New York, Prince of Illinois, and Campbell, of Georgia recommended the daily use of quinine for a week after confinement, especially in malarial districts. The paper was further discussed by Drs. Ross, of Pennsylvania, and Hall, of Missouri.

Dr. L. H. Robbins, of Lincoln, Neb., reported a case of delivery of a child of enormous size and weight.

The child weighed seventeen and one-half pounds, and was well formed.

Dr. Battey, of Georgia, spoke at some length on the progress in oophorectomy, as illustrated by the fact that Lawson Tait, Spencer Wells, and English and German surgeons were rapidly increasing the number of operations. In deciding whether or not it should be adopted, each case must be studied by itself. As a rule, he would prefer to remove the ovaries through the abdominal rather than the vaginal incision.

In this connection, Dr. Battey referred to several eminent operators who have ceased to employ Listerism.

Dr. Cole, of San Francisco, regarded Listerism as dead and a fallacy. The discussion that occurred at the International Congress in London, 1881, was reviewed at some length and the position taken that Mr. Lister admitted every allegation against the method known by his name. Dr. Cole was not an opponent to antiseptic surgery, but did not believe that any man could say that one wound was septic and another aseptic.

All good surgery was antiseptic, because cleanliness was at its foundation. He doubted the existence of any germicide which could be used of sufficient strength to kill the germs and yet be safe for the patient.

Dr. Prince, of Illinois, did not receive the same impression from the discussion at the International Congress as did Dr. Cole. He did not believe that any man could cultivate germs in a solution of carbolic acid of the strength of one thousand per cent., while water, which had been boiled, and which Dr. Cole recommended, would not destroy them.

The brilliant success sometimes obtained without the use of any antiseptic measures whatever, did not in any way explain the remaining cases where antiseptics have been so beneficial.

Dr. Cole continued by reading extensively from Mr. Lister’s remarks is support of the position he held concerning the method of dressing.

The chairman defended Listerism. He knew Mr. Lister to be right in certain directions and believed that Dr. Cole was correct in others.

He defined an aseptic wound as a simple fracture and a septic wound as a compound fracture; that is, in a septic wound there is something from without which enters and changes its character. The section then adjourned.

THURSDAY, JUNE 8TH—THIRD DAY.

An elastic serrated uterine scoop and curette, devised by Dr. Jos. H. Warren, of Boston, was exhibited. It was designed to be used in the removal of uterine tumors.

Dr. Prince, of Jacksonville, Ill., exhibited an instrument by means of which the sewing machine stitch could be made, and regarded it as especially adapted to operations for recto and vesico vaginal fistula.
Dr. Dunster, of Ann Arbor, then read a paper on “Ovariotomy During Peritonitis—Is it Justifiable?” The author believed that the operation should unhesitatingly be performed in the following classes of cases.

1. Peritonitis resulting from rupture of a cyst, with discharge of its contents into the peritoneal cavity.
2. Peritonitis following tapping or aspiration.
3. Peritonitis with marked effusion.

The doubtful cases belonged to that class in which there was a low grade of irritative inflammation incident to the presence of the tumor.

Dr. Battey, of Georgia, and Dr. Jenks, of Chicago, referred to cases which had been operated upon while peritonitis was present, and recovery took place.

A paper on “Impacted Retroversion of the Uterus,” was read by Dr. H. F. Campbell, of Georgia, in which special attention was directed to the assistance offered by placing the patient in the genu-pectoral position while replacing the organ.

In this connection a paper by Dr. W. W. Potter, of Buffalo, N. Y., on “The Gynesic Value of the Genu-Pectoral Posture,” was read and the two gave rise to discussion, which was participated in by Drs. Dunster, of Ann Arbor, Nelson, of Chicago, and others.

Dr. H. L. Gertz, of Marshalltown, I11., read a paper entitled “A Few Practical Points on Ruptured Perineum.” The points were that all cases can be treated successfully—except where the sphincter is involved—by position and without sutures. Movements from the bowels should be secured before placing the patient in position, and after that no passage should be allowed for four or five days. Keep the wound clean and keep away from it every foreign body.

Dr. Gertz also exhibited a uterine retractor. It consisted of a flexible bougie into which was introduced a steel stylet with a disc on the end. The method of use was to introduce the largest bougie the uterine canal would admit, allow it to remain a few minutes, remove it, and introduce another, and so on until a No. 12 or 12 American could be introduced and then the stylet was used, pushed on until resistance was encountered, then pushed carefully and finally it would go into the entire length of the canal, where it may be allowed to remain a few minutes and then removed.

Dr. H. F. Campbell thought the method obviated the danger arising from the use of the stem pessary, the danger arising from the rise of a straight, stiff, or slightly curved stem which was liable to wound the mucous membrane of the delicate organ and at once establish traumatism.

The Section then adjourned.

SECTION IN MEDICINE.

TUESDAY, JUNE 6TH-FIRST DAY.

Dr. J. A. Octerlony, of Louisville, chairman; Dr. Thos. N. Reynolds, of Detroit, secretary.

A paper by Dr. J. H. Tyndale, of New York, on “Systematic and Antiseptic Germicidal Home Treatment of Pulmonary Consumption,” was, in the absence of the author, read by Secretary Reynolds, and referred to the writer, to be published in any journal as having been read before the section.

Dr. John V. Shoemaker, of Philadelphia, read a paper on “Therapeutic Action of Potassium Chlorate.” He said it was discovered in 1786, and first used in 1796 on account of its oxygen in scurvy, croup, etc. Its use was soon discarded, but revived again somewhat in 1847, and more in the last few years, both internally and locally, in suppurative affections. He attributed benefit to its use in diphtheria, croup, and many other affections.

Dr. Hollister, of Chicago, thought its action due to liberated oxygen or chlorine, or both combined, in the blood.

Dr. Gant, of Mississippi, believed its action anti-fermentative and antiseptic.

Dr. Bennett, of Michigan, regarded it as an eliminator, and good local and internal antiseptic in sthenic diphtheria.

Dr. Davis, of Chicago, thought it acted by liberating oxygen in the blood. It benefited greatly cyanosis from unclosed foramen ovale. It acted (1) by liberating oxygen in blood; (2) by stimulating nervous centres and the nerve-cells; and (3) by acting upon the atoms promoting tissue change.

Dr. Lester, of Kansas City, said it in
THE DETROIT CLINIC.

THURSDAY, JUNE 8TH—THIRD DAY.

Dr. M. Donnelly, of New York, read a paper on "Salicylate of Potassa, and its use in Acute Rheumatism and Dyspepsia."

He had found it very frequently curative in acute rheumatism, and in the acute form of dyspepsia, flatulence, and pyrosis.

Dr. Hollister, of Chicago, said both soda and potassa salicylates were highly beneficial in rheumatism; and helped some forms of dyspepsia because of being locally sedative to the nerve-extremities in the mucous membrane of the stomach.

Dr. Wycoff, of Buffalo, had used salicylate of potash with good results, and

Dr. Gallaher, of Pittsburg, doubted the claimed superiority of salicylate of potash over the soda compound.

Dr. Thomas N. Reynolds, of Detroit, had used salicylate of soda with benefit frequently, but not invariably, in rheumatism. Believed cases should be selected, if possible, in the administration of any form of treatment. Had seen good results from hourly minim doses of hydrochloric acid in water alone, in acute rheumatism, which suggested to him that the alkaline treatment was not always an indispensable element in the treatment of rheumatism. Constitutional, and local miasmatic and climatic influences often determined the line of treatment, and we should not rely too conclusively on any one drug or plan of management.

Dr. Kyle, of Indiana, thought salicylates of soda and potassa useful, but found quinine and iron indispensable in malarious districts.

Dr. Shoemaker, of Pennsylvania, thought that potash was required in rheumatism.

Dr. John A. Octerlony thought that the soda and potassa salicylates were more particularly applicable in recent and very acute cases with high fever. In the obese, alkalies were more beneficial. In sthenic cases, aconite and veratum viride often produced most rapid and satisfactory results. In the anaemic and and weak he preferred large doses of tincture of the chloride of iron.

After adopting a resolution by Dr. Lester, extending a vote of thanks to the chairman and secretary for the faithful, efficient, and courteous discharge of their duties, the section adjourned.

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ORIGINAL DEPARTMENT.

Death from Hereditary Syphilis. By A. M. Hawes, M. D., 220.

54, July, 54; and April, 54: June, 52; November, 49; and December, 44; February, 44; March, 43; and January, 36. Of the 636 cases, 24 were minors. The greatest number were between the ages of thirty and fifty years. The causes of death were: hanging, 119 males, 22 females; shooting, 114 males, 8 females; laudanum, 79 males, 17 females; cutting throat, 70 males, 13 females; drowning, 46 males, 11 females; arsenic, 11 males, 8 females. The remainder took their lives in various ways.

A paper by Dr. Smith, of the U. S. Army, on "Sickness and Mortality in the Army," showed an increase in its sanitation, and a decrease in its sickness and mortality during the last ten years.

Expert medical testimony was discussed, and it was resolved that medical men called as expert witnesses should be subpoenaed directly by the court, instead of as now by either side.

The resolution from the W. C. T. U., that we recommend the State legislature to enact laws requiring the physiological dangers and evils resulting from the use of alcoholic beverages taught in all schools supported by public money or under State control, was discussed, but not adopted. The resolution on Intoxicating Liquors, adopted at Buffalo, in 1878, were reaffirmed. The last of those resolutions reads as follows:

"That we would welcome any change in public sentiment that would confine
the use of intoxicating liquor to the uses of science, art, and medicine."

Dr. C. M. Hughes, of St. Louis, then read a paper on "The Rights of the Insane," in which he maintained that the insane are entitled to medical inquiry by medical methods; are entitled to judicial rulings in accordance with the nature of their disease, and that the claim made by courts that a knowledge of right and wrong is always evidence of responsibility is incorrect. He believed that the criminal insane should be confined for life and be prevented from extending their disease to posterity.

The Section then adjourned.

SECTION ON DISEASES OF CHILDREN.

Dr. William Lee, of Baltimore, chairman.

Dr. E. C. Miller, of Iowa, secretary.

Dr. N. S. Davis, of Chicago, read a paper on "Means of Lessening Mortality of Infants from Bowel Affections." He said one-third of the human race die before the fifth year, and a large percentage of these early deaths are from bowel complaints.

Bad air and food could be changed, but the meteorological conditions of the atmosphere, whether they relate to impurities, sudden and extreme changes, or waves of continuous high or low temperature, are not amenable to our control, and yet much can be done to mitigate or prevent their injurious effects.

Bad milk and food are prevalent in all communities during the winter as well as summer. Children cut their teeth in December as in July, and unhealthy mothers exist during one part of the year as well as another. If any of these causes produced infantile cholera it would be frequent in all seasons. The records show that the prevalence of all grades of these two forms of disease are restricted almost entirely to the time between the last week in June and the last in September. In Chicago, in 1872, the reports of the board of health show 8 deaths in April, 6 in May, 23 in June, 246 in July, 163 in August, 69 in September, 13 in October, and 2 during the rest of the year. Other years show the same results, and in all northern and eastern cities the ratio is the same. The diseases prevail little in cities so located that there is only a short range of temperature between the warmest days of summer and the coldest of winter, and where the sea breezes and other causes make the summer nights cool. The milk distributed in San Francisco and New Orleans is the same as that in Boston and Chicago, and the nursing mothers are no more free from mental and physical infirmities. An examination of the statistics of these several cities show a ratio of only about five deaths from cholera infantum annually for every 10,000 inhabitants in San Francisco, seven in New Orleans, twenty-five in Boston, and thirty in Chicago. There must therefore be some efficient cause not common in all large cities.

A record of the disease and coincident meteorological conditions of atmosphere were commenced some years ago, and for three years records were kept in Cairo, Davenport, and Omaha. The reports of these records were given in this association and published some years ago, and showed:

First.—That the prevalence of the affections under consideration is limited principally to July, August and September, commencing with the first wave of high atmospheric heat that continues days and nights for more than five days, which, in the latitude of Chicago, is sometimes the last week of June, but more frequently the first week in July, and continues more or less during the succeeding ninety days.

Second.—That while the deaths from these affections in any city or given community will be nearly the same in the two first months after they begin in July and August, the date of the initial symptoms or beginning of the disease in three fourths of all the cases will be in July, very few originating after the first of August. Many cases commencing in July continue until the months of August or September, causing wasting and death.
Third.—That it is not simply high or extreme heat of temporal duration, such as that of a single day or any number of days, with cool nights, which favors the development of the disease, but continuous high temperature day and night for several days; and if, in addition to the heat, the air be stagnant from lack of winds or obstructions, as in large cities, or from defective ventilation, the effect is greatly increased. This explains why these affections are more numerous and fatal in cities than in rural districts, and why they prevail so little in even large cities located in warm climates, provided the location be such as to afford cool breezes at night.

Fourth.—That while the great majority of attacks which occur in any given summer are found to have their beginning in July, or during the first thirty or forty days after the first wave of protracted high temperature for the season, they are not equally distributed over the whole of the month.

Having thus traced the origin of that part of infantile mortality caused by this disease, Dr. Davis inquired how this combination of circumstances could affect the living human body. We have the physical law that the higher the temperature of the air the rarer it becomes and the less oxygen is contained in it. A person breathing at a high temperature would receive less oxygen than at a lower temperature. Stagnant air becomes more rapidly exhausted than moving, and the physical law of expansion by increase applies to the living as well as to dead matter; consequently high heat acting on the living body tends to increase the distance of the atoms from each other and thereby lessen the force of vital affinity, while it increases the excitability or susceptibility to impression. The capacity of the blood for taking up oxygen or holding it in suspension depends much upon the proportion of saline elements it contains, and under a continuous high temperature the increase of cutaneous exhalation rapidly diminishes the free salts of the blood and lessens the capacity to receive the oxygen from the air-cells of the lungs in exchange for its carbonic acid gas. Colitis and recto-colitis or dysentery seldom occur until late in the season, when warm days are followed by cool nights and frequent changes from wet to cold occur, and even the indigestion which has been so generally suggested as a cause of summer complaint is itself the result of the impairment of natural gastric and intestinal secretions, and the increase of more serious exudation—the primary fault not being so much in the quality of food as in the morbidly sensitive and relaxed condition of the whole inner surface of the digestive canal. The children are affected more than older persons, because of the less mature development and greater sensitiveness of their gastric and intestinal mucous membranes and glandular structures and their much more constant confinement indoors. If this is correct, it indicates clearly that our efforts to lessen infant mortality from these diseases must embrace such measures as will secure for young children a better supply of fresh, pure air, for increasing the oxygenation and decarbonization of the blood and maintaining the activity of the vaso-motor nervous system, and as well counteracting the effects of high temperature by increasing the general tonicity and lessening the excitation of the tissues generally. Measures for the first object must consist in securing better ventilation of dwellings and especially nurseries and sleeping rooms during the warmest part of the summer, the sending of young children with their mothers and nurses from densely populated districts to moderately elevated, healthy locations, or to floating hospitals, receiving ships, or large bodies of water, during the special period of high heat. For accomplishing the second purpose, I know of no measures that are so efficient, and at the same time within the reach of the poorest part of the population, as the judicious use of the sponge bath. Whenever the human system is relaxed and rendered morbidly sensitive by continuous high heat, causing the infant to
be languid, restless, and sometimes pale, a free bathing or sponging of the whole surface with water simply as cool as is comfortable, always produces a refreshing and invigorating influence, which continues from six to twelve hours. Consequently, if mothers and nurses could be so instructed by their family physician that, during every wave or period of high atmospheric temperature in which the mercury did not fall below 70 during the night, each child under two years of age should be regularly given a full sponge bath in the evening as well as in the morning, and their sleeping rooms should be as well ventilated as possible. Such a course would diminish the attacks of serious diarrheea and cholera infantum one-half, and consequently very greatly lessen the infant mortality from these affections.

It is well known to every careful observer that a large majority of all the attacks of this form of disease show their first beginning during the last half of the night or early in the morning, owing to the long continuance of the high temperature, coupled with the more still and confined air of the night. The increased tone of the whole vascular system produced by the stimulant and tonic effect of a comfortably cool sponge bath on the function of the vaso-motor nerves, applied in the evening, would enable thousands of these little restless sufferers to pass the whole night unharmed, when without it the dread weakness would begin. The views presented in regard to the causes and nature of the affections called summer complaint and cholera infantum also afforded clear indications for the most rational and successful explanation of remedial agents in the treatment of those affections in all their grades of activity.

Dr. Wm. Lee, of Baltimore, then read a paper entitled “Observations on Rickets,” which was discussed by Drs. A. W. Warden, of New York, N. S. Davis and C. W. Earle, of Chicago.

The section then adjourned.

SECTION IN OPHTHALMOLOGY, OPHTHALMOLOGY, AND LARYNGOLOGY.

Dr. S. J. Jones, of Chicago, Chairman.

Dr. Carl Seiler, of Philadelphia, Secretary.

TUESDAY, JUNE 6TH—FIRST DAY.

Recurrent Pharyngeal Hemorrhage was the subject of a paper read by Dr. Wm. Porter, of St. Louis, who reported two cases which had fallen under his observation. The hemorrhage seemed to come from the lungs, and that there was local evidence of pulmonary disease. It was determined, however, that the bleeding was not bronchial hemorrhage, but that the blood came from the tonsillar artery in one case and an ulcer on the velum in the other. The author went on to say that bleeding may occur repeatedly as the result of slight amount of ulceration in the pharynx or larynx, and in those cases the hemorrhage appeared like hemoptysis.

Dr. Seiler, of Philadelphia, and Dr. Carpenter, of Pottsville, Pa., had seen cases of hemorrhage from the pharynx and naso-pharynx, but Dr. Glasgow, of St. Louis, had never seen a case of real pharyngeal hemorrhage, all had been cases of bleeding from the naso-pharynx.

Dr. X. C. Scott, of Cleveland, O., reported cases of diphtheritic conjunctivitis treated with iodoform. He applied the powder to the surface once a day, and the result had been very satisfactory.

Drs. Porter, of St. Louis; Tibbits, of Rockford, Ill.; Johnson, of Peoria, Ill.; Cohen, of Philadelphia, and others directed attention to methods for correcting the odor of the drug, its use in syphilitic cases, etc.

Dr. Carpenter, of Pottsville, had used the remedy internally in exophthalmic goitre, two or three grains, three times a day, and with very satisfactory results.

Dr. Glasgow had used it internally in ordinary goitre and glandular tumors, and with good results.

Dr. Cohen asked if it could be administered safely in pregnancy.

Dr. Carpenter said he had used it in the treatment of various affections in pregnant women and without unfavorable effects.

Leiter’s tubes for applying heat and cold to the surface of the body were then exhibited by Dr. Cohen.
WEDNESDAY, JUNE 7TH—SECOND DAY.

Dr. Johnson, of Peoria, reported a case of traumatic dislocation of the lens under the conjunctiva. Dr. Connor, of Detroit, reported a case of tumor at the base of the skull. The chief symptoms were progressive deafness in the right ear, progressive loss of sight in the right eye, and general emaciation. No microscopical examination of the growth had yet been made.

Dr. Calhoun, of Atlanta, Ga., reported a case of vaccination upon the eyeball. In some unknown way vaccine virus was transferred from the arm to other parts of the body, and among others to the left eye, where the pustule ran its regular course, but the result was the destruction of the eye. Communicable disease of the eye was made a subject for discussion and interchange of views.

Dr. C. R. Agnew, of New York, gave an account of the condition of the children in one of the large charitable institutions in the city of New York, to which he had been called. As the result of insufficient accommodation for washing, two long troughs being used by three hundred children, insufficient supply of food, and insufficient supply of air, only 150 cubic feet being allowed in the dormitories for each child, nearly every one was suffering from disease of the eyes, which the matron had regarded as a visitation of Providence, but which yielded to improved hygienic and sanitary regulations.

SECTION ON ORAL AND DENTAL SURGERY.

Dr. D. H. Goodwillie, of New York, chairman.

Dr. Truman G. Brophy, of Chicago, secretary.

TUESDAY, JUNE 6TH—FIRST DAY.

Dr. William D. Kempton, of Cincinnati, read a paper on "Oral Hygiene." He spoke of the necessity for oral specialists, and of the evils arising from neglected oral hygiene. He gave an analysis of the teeth, their elements and functions, and the acid theory of decay by Dr. George Watt, with the factor that modifies the action of acids, viz., vitality. Then followed a list of the evils resulting from diseased teeth, showing that the whole system is more or less affected and deranged; many of the cases of headache, earache, affections of the eye, and rebellion of the stomach to perform the duties imposed upon it, being traceable oftentimes to badly decayed teeth.

The doctor closed his paper with directions for preventing decay in teeth, prefacing with the remark that those teeth in which decay had already set in should be either extracted or filled. Physicians should feel it their duty to point out to their patients the result of neglect of the teeth, and no medical school should consider its curriculum complete unless some attention is paid to the teeth.

The paper was discussed at length by Drs. Williams, Talbot, Allport, Lawrence, Marshall, Goodwillie, Ellmer, Reed, and others, during which the subject of phosphates in food was introduced. The enamel of the teeth is composed mainly of phosphate of lime, and Dr. Allport was very earnest when he made the remark that our food should be taken as nearly as possible in the condition in which God prepared it. He referred especially to wheat, asserting that the so-called patent process of making flour eradicated much of the phosphate in the wheat, the result being that not enough of this was left to keep the teeth strong and healthy. He did not advocate the use of phosphates alone, but he did protest against food which had not enough of them to keep the system and teeth in perfect order.

Dr. Lawrence antagonized the stress placed upon this subject, alleging that other elements were as necessary as phosphates.

WEDNESDAY, JUNE 7TH—SECOND DAY.

Dr. W. C. Barrett, of New York, briefly sketched a case which had come under his observation, and which he illustrated by plaster casts, showing the persistence of heredity in dental development.

Dr. J. S. Marshall, of Syracuse, N. Y., then read a most interesting paper on
The Need of Dental and Oral Surgeons in the Army and Navy."

Drs. Allport, Marshall, and Williams were appointed a committee to confer with Dr. Maynard, of Washington, and the Surgeons General of the army and navy regarding the appointment of dental and oral surgeons in the army and navy, and to report to the association next year.

Drs. Lawrence, Talbot and Kempton were appointed a committee to consider the subject of food, including mastication, salivation, digestion, and assimilation, in its relation to the development of the different tissues and organs of the body.

THURSDAY, JUNE 8TH—THIRD DAY.

Dr. Goodwillie called attention of the section to cases of necrosis from arsenic, and illustrated them with wax models.

Case 1 shows, by two models, necrosis of lower jaw from each ramus forward. The case, before and after, with a new deposit of bone without any deformity. Photograph of the lady also shown.

Case 2. Two models showing a case of poison by arsenic and necrosis of right superior maxillary.

a. Showing case one week after removal of necrosed bone. Without, in the least, disturbing the soft tissue. Also showing the formation of new bone.

b. The new bone complete and the mouth perfect; and no external deformity.

Case 3. Upper maxillary showing abscesses formed at nearly all the teeth, the result of applying arsenic to destroy sensibility of the dentine before filling the teeth.

The above will serve to show the sad results of the improper use of this powerful agent in devitalizing dental pulps.

Dr. Eugene S. Talbot, of Chicago, then read a paper on "The Injurious Effects of Mercury Used as in Dentistry." The paper was confined to the use of amalgam fillings in natural teeth.

There can no longer be doubt that amalgam fillings in teeth will sooner or later produce mercurial poisoning. The dire effects of this metal are not always seen immediately after the fillings are inserted, years sometimes elapsing before the injurious effects were felt and noticed.

The history of two well-marked cases were here given by Dr. Talbot, the persons affected having called upon him for treatment. The amalgam fillings were removed, and gutta percha temporarily substituted, these in turn being replaced with gold, after which all symptoms of mercurial poisoning disappeared. A detailed account of a series of experiments made by him were then presented, the conclusions and results being as follows:

First.—Mercurial vapor is given off from amalgam fillings at all ages and from all varieties, even from fillings sixteen years old, the vaporization being sufficient in quantity to respond to chemical tests.

Second.—Minute doses of mercury, if taken internally three times a day, are capable of producing decided effects.

Third.—Mercury when inhaled into the lungs is far more active than when taken into the stomach.

Fourth.—If small doses taken into the stomach occasionally are capable of producing marked effects, and the vapor is much more active than the solid preparations of the metal, it is not a necessary consequence that amalgam fillings which are constantly giving off mercurial fumes to be inhaled into lungs, not a few times daily, but always, without cessation, day or night, is it not a necessary consequence that in many sensitive persons such fillings must produce deleterious effects?

Fifth.—When tons of this material are consumed annually, is it not credible that many constitutions are affected?

Sixth.—Physicians in treating dyspeptics, emetics, and persons suffering from nervous debility, would do well to examine the mouths of patients and know if artificial teeth on red rubber or fillings of natural teeth have in their composition mercury or any of its compounds.

"How Dentists Should be Educated," was presented by Dr. W. W. Allport, of Chicago.

He said the dental and oral surgeon must be educated both in mechanical dentistry and oral surgery, for no disease can be intelligently treated with-
out a knowledge of the histology, anatomy, and the physiology of the organ or organs diseased, as well as the pathology, prognosis and rationale of the treatment employed to restore the parts to a healthy condition; and this is medical science. The successful oral surgeon must have a thorough medical education in all its branches, supplemented by special instruction in dental surgery. Over forty years ago Drs. Harris, Hayden, and others sought to establish a department for teaching dental and oral surgery in the medical department of the University of Maryland: but their application was refused. Dr. Harris, however, succeeded in organizing what was known as the Baltimore College of Dental Surgery, and the graduates of this institution were given the degree of D. D. S.—doctor of dental surgery. In addition to this, several medical colleges have been induced to establish dental schools in connection with their medical departments, but as yet none of these institutions have required a full medical education of their dental graduates.

All dental and oral surgeons should receive a medical education and become legitimate specialists in its practice, and all medical graduates should be as fully educated in diseases of the teeth and the science of their treatment as they are in other diseases.

Dr. J. B. Lawrence, of New York, then read a paper on "Medico-Dental Science," after which the section adjourned.

The American Laryngological Association.

The American Laryngological Association completed its fourth annual session at Boston, Mass., on Wednesday, June 14th. The session continued three days, and was, we understand, a very successful meeting.

Dr. S. W. Langmaid, of Boston, delivered the address of welcome.

The papers and discussions were as follows:

On Paralysis of the Laryngeal Muscles. By Dr. Louis Elsberg, of New York.

Laryngeal Asthma. By Dr. Wm. C. Glasgow, of St. Louis.


Nasal Catarrh Involving the Antrum of Highmore, and its Treatment. By Dr. Wm. H. Daly, of Pittsburg, Pa.

Discussion on Ozaena; its Pathology and Treatment. Opened by Dr. F. H. Bosworth, of New York.

Deflection of the Septum Narium. By Dr. E. F. Ingals, Chicago.


Lupoid Ulceration of the Nasal Septum. By Dr. E. L. Shurly, Detroit, Mich.

Impaired Cardiac Power as an Efficient Cause of Congestive Affections of the Throat. By Dr. Beverly Robinson, of New York.


A Case of Aphony Spastica. By Dr. F. I. Knight, Boston, Mass.

Discussion on the Nature and Forms of Laryngeal Ulcer, especially the so-called "Catarrhal Ulcer." Opened by Dr. Carl Seiler, of Philadelphia, Pa.

Discussion on the Singing Voice, its Physiology, Pathology and Treatment. Opened by Dr. S. W. Langmaid, of Boston.

Discussion on the Utility or Non-Utility of Local Applications in Chronic Catarrhal Laryngitis. Opened by Dr. J. O. Roe, of Rochester, N. Y.

The officers elected for the ensuing year were as follows:

President—Dr. G. M. Lefferts, of New York.

First Vice-President—Dr. Carl Seiler, of Philadelphia.

Second Vice-President—Dr. E. F. Ingals, of Chicago.

Member of Council—Dr. M. Asch, of New York.

The members of the association were sumptuously entertained by the Boston profession.
The Massachusetts State Medical Society has just ended its annual session at Boston. A very important event of the session was the spirited attempt to gain recognition and membership for female physicians. The movement, however, failed to overcome the old fogigism of the majority.

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(Reported for the Clinic.)

Meeting of the Detroit Medical and Library Association.

Detroit, June 5.

The meeting was called to order and Dr. Campan elected secretary pro tem. Under the head of Pathological Specimens, Dr. Owen exhibited diabetic sugar procured by evaporating three ounces of urine. Amount of sugar about 60 grains. The peculiarity was the specific gravity 1.20. The members of the society thought that the urinometer used must have been out of order, but Dr. Owen thought not as it had been tested. Dr. Jennings then read the paper of the evening, "A Case of Tuberculosis of the Cerebellum."* The doctor exhibited sections of the tubercle under the microscope. Dr. Carrier reported a case which recovered with the following history: Ushered in with a scream, high temperature, 103, and low pulse. Boy aged 2 years and a half; distinct remission at end of first week, followed by convulsions, strabismus and paralysis of left side. Involuntary passages of urine and feces. At the end of a week complete paralysis, vomiting. Nourishment and medication by inunction and enemata; recovery at the end of six weeks. Treatment: Mercury, potass, iodide and quinine.

Dr. Hawes reported several cases of pneumonia in children. Dr. Owen reported a cases of malarial fever with temperature 103, pulse 40. Also case of fracture of outer plate of cranium in child aged 3 years, without cerebral symptoms; recovery. On motion the society then adjourned.

*See Article.

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Original Department.

Death from Hereditary Syphilis

By A. M. Haynes, M. D., Demonstrator of Anatomy in Detroit Medical College; Physician in Charge of House of Providence.

[Read before the Detroit Medical and Library Association.]

The specimens which I present this evening are from a case with the following history:

Female child aged 11½ months, who, when about nine months of age, began to show the eruption of secondary syphilis, and with it "snuffles" which we find in children with this disease. The eruption first showed itself on the palms of the hands and plantar surface of the feet, then spread all over its body and scalp. Put the child upon 01. Hydrg. 10 per cent. by inunction, applying it twice a day to axillary space; she improved under this treatment, but on last Thursday evening, about 8 o'clock, the nurse noticed that the child had suddenly changed. She explained that it seemed to have some head trouble; that the abdomen was swelling and that there was some difficulty in its breathing; thought the trouble was with its lungs; so applied poultices and gave ammon. mur. in small doses, but child continued to sink, and died at 2 A.M., before I could see it. On Saturday morning, assisted by Mr. Jas. Cleland, made post mortem examination of thorax and abdomen. Was unable, from objections of friends, to open the cranium; I found the following: Lungs and heart normal, intestines and omentum showed anemic condition, but otherwise normal; liver enlarged and had two or three small spots like nodules, gall bladder only partially filled, spleen smaller than usual, pancreas normal. On opening the right kidney I found several small stones, which look like phosphates; as you can see, the left one was normal, as was also the bladder.

My diagnosis in this was ulceration of one of the sinuses of the brain, causing cerebral hemorrhage and death.

I have also here the uterus removed from same case, to which I wish to call your attention. First notice the difference in the shape of the ovaries, next the uteri, which shows a condition which I have never heard spoken of or seen in any of our text books, of the virgin uterus, and that is its elliptical shape. I have seen this condition in several cases in which I have made post mortem examinations.
Bronchitic Phthisis in a Child—Recovery.

By J. A. Wessinger, M. D., Howell, Mich.

M., 7, of healthy parents; patient had also been quite healthy until about a year since when she was taken with the measles, from which she recovered after its usual duration, with, however, a slight cough remaining. Her parents, however, gave this very little attention, thinking it would cease as the case progressed. The cough however continued until about three months since when, as parents express it, she "took cold" which resulted in quite severe fits of coughing with expectoration; about two days from this, patient took to the bed for the reason, as she expressed it, that she was "very tired." Parents thinking that the girl was suffering from pertussis, called a physician, who, however made no diagnosis and administered potass. bromid. Patient continued to retrograde regardless of treatment, until the evening of April 26, four weeks from time of first attack, I was called. Found patient as follows:

Inspection. Patient anemic in appearance with a peculiar shallow; despondent expression of the features, reluctant to any interrogations. Auscultation revealed moist rales and bronchial breathing in the upper portion of left lung, also increased vocal fremitus with abnormal transmition of cardiac impulse over same portion of lung. Vesicular murmur absent; exaggerated respiration in right lung; bronchophony well marked over upper portion of left lung.

Percussion, dullness slight over apex of left lung. Conformation of chest normal. Temperature, 101°; pulse, 100; respiration, 26; tongue coated; appetite nil; bowels constipated; herpes labialis well marked; cough severe and frequent; expectoration profuse; (5/6 per diem) muco-purulent, and slightly tinged with blood, no hemoptysis, except slight tinge of sputa, and no diarrhea.

From the previous history and from present symptoms my diagnosis was quite evident; however, as a hasty diagnosis of phthisis is not always reliable nor desirable, I deemed it advisable in this case to base my diagnosis upon more mature observations.

From the appearance of the patient and the evident nature of the malady from which she is suffering, our treatment would naturally be such as would tend to bring our patient to a higher standard of vitality. Accordingly gave stimulants: sweet wine 3i in 3i of good cream, together with an ounce of milk, to be taken every three hours, the cream to take the place of cod liver oil, and ferri sulph. gr. iss every four hours to change the character of sputa (Saundby),
with beef and beef-tea, together with such vegetables as were palatable. Temperature of room between 60° and 70°F.

April 28. Patient about the same as at last visit; had slept some during the night; temperature 100 1/2°; pulse, 100; respiration, 25. Continue above treatment, with ex. hyoscyami, fl. et tinct. opii, iâ gtt. iii omni tri hora, to diminish frequency of cough. Diagnosis confirmed as bronchitic phthisis merging into second stage.

April 29. Patient about same as yesterday; passage of bowels; temperature, 100 1/2°; pulse, 100; respiration, 25. Beef not relished; ordered chicken.

May 1. Patient same as before; temperature, 100 1/2°; pulse, 100; respiration, 24.

May 2. Patient about the same as yesterday; movement of bowels; temperature, 100 1/2°; pulse, 100; respiration, 24. Ate small quantity of beef this morning.

May 3. Patient slept quite well last night; ate small quantity of beef this morning; has relished wine and cream very well up to present time; bowels regular; temperature, 101°; pulse, 100; respiration, 23. My visits up to present time were made in the afternoon.

May 4. Patient feeling some better today; ate quite hearty; temperature, 100°; pulse, 98; respiration, 23. Expectoration more mucus, of lighter color, less numerous, no blood; patient slept during the night and is sitting up in bed at present.

May 6. Patient feeling better; has not eaten much to-day; bowels regular; temperature, 99 1/2°; pulse, 98; respiration, 20. Expectoration less in quantity; cough not painful and less severe; moist rales in left apex not as extensive as at previous examination.

May 8. Patient same as at last visit; sits up in bed; treatment same. May 2 ordered small quantities of Indian-meal, with sugar in milk, as a laxative.

May 10. Patient sits up in bed; thinks she could "get up." Temperature, 99 1/2°; pulse, 90; respiration normal. Appetite quite good; bowels regular; mucus rale in left apex; normal respiratory murmur over other portions of lung.

May 13. Patient feels quite strong; sleeps well at night; expectoration diminished; mucus light colored; temperature, 99°; pulse, 85; respiration normal; bowels regular; appetite quite good.

May 20. Patient improved since last visit; walked to street for first time since March 19; temperature, 98 3/4°; pulse, 80; respiration, normal.

May 26. Patient feeling quite strong; takes out door exercise; appetite good; bowels regular; cough trivial; very little expectoration, no dullness on percussion; respiratory sounds normal, except slight diminution of vesicular murmur in left apex. Patient has gained in weight during last week.

June 1. Patient feeling well as ever, except that she is quite lax; appetite good; bowels regular. Temperature never exceeded 99° F. before now. Bronchitic phthisis is a form of the disease in which bronchitis is the predominating element, which fact renders the diagnosis sometimes quite difficult. This form of the disease is not spoken of by the majority of authors upon the subject; neither does it occupy the place in nosology that it deserves; there is good reason to believe that the form of the disease under consideration is more prevalent than some of our writers would have us think; for, considering its causes and the frequency of its prevalence, it stands to reason that bronchitic phthisis does prevail and that it is, at least, the hidden cause of death in not a few cases.

Since my attention has been called to the consideration of this form of the malady, I can recall at least one or two cases where there is strong reason to believe that the little patient was suffered to die from this disease, partly owing, it may be, to the difficulty of its proper diagnosis, or to a lack of use of the proper knowledge of physical diagnosis on the part of the attending physician.

For a description of this form of the disease, I would refer my readers to Reynolds' System of Medicine, Vol. 2, page 125.

Treatment.—I desire to say that, as yet, we are by no means perfect in the treat-
ment of the various forms of phthisis. Our therapeutics, in regard to phthisis and all other constitutional diseases, at present are such as can be remodeled with advantage. Much, in the way of success in the treatment of phthisis, depends upon its proper dietetic treatment. Accuracy, in this direction, is also an important feature in the treatment of phthisis. We are too general, in regard to prescriptions, in the treatment of this malady; to illustrate, we prescribe beef without regard to quantity or quality; how it should be used or when; it therefore becomes useless, if not injurious, to the patient; and the same may be said of all the various remedial agents at our command. We are too limited in the command of the proper antagonists to disease processes. For instance, we rely upon cod-liver oil as almost a sheet-anchor in the treatment of phthisis, and if, perchance, cod-liver oil cannot be taken, which is often the fact, our patient is doomed to die—there is no other resource. It is true that cod-liver oil is detrimental in the treatment of many consumptives, because, first, it is often made the prey of sophistry, and, second, the mere mention of cod-liver oil means to your patient that he has consumption, and as soon as this thought is established you no longer have to deal with a physical disease; your patient gets despondent, digestion is disturbed, cod-liver oil is no longer assimilated, but undergoes decomposition and becomes antagonistic to your patient's recovery. In the treatment of the above case I can attribute much value to the judicious use of sweet cream, and careful attention to diet. While cream is, by no means, a panacea and many objections can be brought against its use, however, it has a preference over cod liver oil.

It is an idea with some that cod liver oil is more beneficial than other fats because it contains a trace of iodine; granting this, it adds very little to its value. Bartholow says cod liver oil has special therapeutical virtues because it contains gaduin, propylamin, the constituents of bile, iodine, bromine, phosphorus, etc., in addition to the ordinary ingredients of an animal fat. We know that gaduin is a peculiar principal found in the liver of gadus Morrhaë, but we know nothing of its therapeutic value. We also know that propylamin can be obtained from the cod liver, that it is an ammoniacal substance, isomeric with trimethylamin (unofficial). In regard to the constituents of bile in cod liver oil, it has never been determined precisely what they are nor their role in the therapeutic use of cod liver oil; if the action of iodine, bromine or phosphorus be desired it is not necessary that cod liver oil be administered, since they are readily combined with any fat—for instance, cream; and in this substance you have one that is palatable and can be administered with perfect immunity as regards the mental or moral effect upon the patient.

Having briefly considered the clinical and therapeutic features of the above case, permit us to revert to the question of causation. Indeed, a frequent cause of tubercular troubles, and one, I fear, many times regarded as trivial, is measles. Verily, "measles is no trivial disease."** By observation we are led to fully confirm the truth of this statement; for have we not all observed the once rugged, well-developed boy, now in his frailty, after a siege with measles? Were it not wise to make our prognosis in this malady with some hesitation as regards the future welfare of the patient? Might we not, in so doing, educate the parents of children suffering with measles to exercise more care in their welfare and proper management?

A Case of Tuberculosis of the Cerebellum.

By C. G. Jennings, M. D., Lecturer on Chemistry and Diseases of Children in the Detroit Medical College.

GEORGE C., set. two years and three months, was presented at the Children's Clinic of the Detroit Medical College, May 9, 1882, with the following

*V. P. Gibney, M. D., New York Medical Record, June 3, 1882.
history: Is the third child of average healthy parents. No near history of diathetic disease with the exception that he had a brother die of tubercular meningitis. The patient's right arm has always been weaker than the left. In all other respects he has been well until about two months ago. His mother then noticed that he had difficulty in walking. His legs appeared to be strong, but he was awkward in his movements and would fall at times while walking and on rising from a chair. At about the same time, tremor of the weak right arm and strabismus of the left eye appeared. He never had convulsions, complained but little of headache, slept and ate well, and retained his mental faculties. Up to the time that he was brought to the clinic there was no material change in his symptoms. He was, perhaps, a little worse and he was somewhat weaker.

His condition then was about as above described. He was pale, but fairly well nourished; no symptoms or physical signs of disease of the thoracic or abdominal viscera; no scrofulous enlargement of glands. Temperature 100 1/2°; pulse 120, regular. The difficulty in walking seemed to be due to incoördination of the muscles of locomotion; the sensibility and muscular power of his legs were not impaired. The left arm was strong and could be used with facility; the right trembled on voluntary effort and could not be directed with certainty to any particular object. The left eye was drawn outwards and a little upwards. This was probably due to irritation of the sixth nerve and not to paralysis of the opposing muscles, as the eye could be brought parallel with its fellow if exertion were made. The pupils were normal. He could hear and see perfectly well.

The subsequent clinical history can be summed up in a few words. The patient slowly became weaker and the nervous symptoms above noted worse; otherwise there was no change in the symptoms till May 17. He then began to be drowsy, and in a few hours was completely comatose. He died in this condition May 25. A few hours before death slight convulsions and contracture of the flexor muscles of the left forearm appeared.

My diagnosis of the case was tuberculosis of the brain, the lesion being limited to one or more tuberculous nodules in the cerebellum. To account for the strabismus I thought that one of the nodules might be so situated as to irritate the sixth nerve near its apparent origin. The immediate cause of the coma and death I thought to be tubercular meningitis with effusion, although it was particularly noted that paralysis and a slow, irregular pulse, two classical symptoms of basilar meningitis, were absent during the whole course of the disease.

Autopsy.—Membranes not adherent. An ante-mortem clot filled a large section of the longitudinal sinus. Vessels on surface of the cerebrum moderately congested. The substance of the cerebral hemispheres and the basal ganglia was healthy. The ventricles were dilated, and they with the sub-arachnoid space contained about three ounces of clear fluid. A small area on the surface of thepons was congested and contained a small collection of a gelatinous fluid. Upon the anterior surface of the medulla were a few recent miliary tubercles. Four tuberculous tumors about the size of a hazel nut were found scattered through the cerebellum. One was superficially placed in each digastric lobe; one lay imbedded in the upper surface of the cerebellum partly in the right anterior lobe and partly in the superior vermis form process; and another was found deep in the central portion of the right hemisphere. The tumors were of cheesy consistence, and were apparently of recent and rapid formation. The cerebellar tissue around them was a little softened and congested; the membranes over them were not adherent. The viscera of the trunk were not examined. There were no indications during life of pulmonary or mesenteric tuberculosis, although a careful examination might have revealed beginning or old deposits in these organs.

The post mortem revelations in this case corresponded very nicely with the
symptoms manifested during life and a review and comparison of them may be of interest.

It was easy to determine the general character of the difficulty. The symptoms were plainly those of an intra-cranial morbid growth, and the continuous rise of temperature and the extreme rarity of other tumors in children made its tuberculous nature almost certain. The points on which the lesion was localized were the uncertainty of gait, the falling—which was probably due as much to vertigo as to incoordination—the absence of psychical disorders and irritative motor symptoms. From our knowledge of the functions of the cerebellum, these are about the symptoms we should expect to find, but it is seldom that we have such a clear case. The inconsistencies found in attempts to localize intra-cranial lesions are so frequent that our best efforts in that direction often seem to be nothing more than shrewd guesses.

Convulsions, paralyses and other motor disturbances are quite common in cerebellar tumors. The absence of convulsions is quite unusual. They often appear early in the history of these cases and continue through the whole course of the disease. Brown-Sequard considers these to be due to lesions of the substance of the cerebellum, while some other authorities think they are caused by associated changes in the pons or spinal cord. Their absence in such severe disease of the cerebellum as this is significant in this connection. The same may be said of the absence of paralysis, and the question might be raised whether these symptoms, when they occur in cerebellar disease, are not always due to lesions in neighboring parts.

My surmise about a mass of tubercle being located so as to irritate the sixth nerve was not entirely correct. The strabismus case, I think, should more properly be attributed to the small area of meningitis found upon the surface of the pons.

In regard to the immediate cause of the coma and death: The meningitis found does not appear sufficient to produce it and we must look further. I think it is to be explained by the situation of the mass of tubercle upon the upper surface of cerebellum. This tumor is so located as to press directly upon the venae galeni returning the blood from the ventricles. This obstruction to the circulation will account for the hydrocephalus and the symptoms of compression.

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Eye Clinic at Detroit Medical College.

By Prof. Eugene Smith.

GENTLEMEN:—This little German girl, 5 years old, for whom we propose to enucleate the left eye, presents to us a very interesting case, and to each of you as prospective general practitioners of medicine it should prove a lesson not easily forgotten; not so much on account of the operation per se as the condition which has made the operation of enucleation of the left eye necessary, and a future iridectomy on the right eye desirable. The enucleation is much in the usual way (Bonnets), an incision of the conjunctiva is made around the cornea, the muscles are taken up by the strabismus hook and divided successively; the eye-ball is strongly pulled to either side with forceps, blunt-pointed scissors curved on the flat are passed closed behind the globe, the optic nerve felt for with the points of the scissors and cut. A few adhesions may require to be snipped while drawing the eye out. The hemorrhage is usually slight and easily controlled. Cold water dressing is all that is necessary.

All these different steps in the operation have been frequently explained to you and I have no doubt each of you can do it nicely. I hope, however, that you will thoroughly prepare yourselves to tell when the operation is necessary. The operation is the simplest part of the problem.

This left eye presents a condition of buphthalmos, a staphylomatous condition. The opacity of the cornea is a sequela of
ulceration. We find also an irido-choroiditis.

Symptoms of sympathetic trouble in the fellow eye have not, as yet, shown themselves, though they are liable to arise anytime during one of the recurrent attacks of inflammation in the left eye. As I cut open the eye-ball at its equator you see the vitreous has given place to an aqueous fluid. You see dark pigment deposited in the retina, and you see also the probable cause of the trouble, which is undoubtedly the complete adhesion of the iris to the lens. This posterior synchia, or occlusion of the pupil had its origin in the ulceration of the cornea which the corneal cicatrix or leucoma tells us was present, and is the cause, probably, of the condition of hydrophthalmia.

The right eye has a nearly central leucoma (opacity) and when you look from above downwards and into the eye you observe a small opacity about the size of a pin's head situated in the area of the pupil; this is an opacity of the anterior capsule of the lens and known as anterior polar cataract.

The principal point of interest to you, gentlemen, hinges upon the primary cause of all this trouble. From what did it arise? The mother tells us "it began in one eye three or four days after birth; the lids became swollen and red; in the course of twenty-four hours it commenced to discharge a large quantity of matter and soon the second eye became similarly affected." The old nurse's remedy, mother's milk, was tried, as were many other remedies, but I can not learn that proper treatment was had till too late. The result you see. The cause you rightly conjecture to have been ophthalmitia neonatorum, probably due to inoculation when the child's head was passing through the vagina.

Now, what is the best treatment for a case of ophthalmitia neonatorum? First, remember, we have two forms, the catarhal and the purulent. The first form yields readily to mild astringents, but the second form does not, and too many eyes, like these, are lost from inefficient care. The treatment I pursue, and which has always proved successful in my hands, is to apply twice a day—morning and evening—a 5 grain solution (5 gr. ad. 3 j) of argenti nitras to the conjunctiva of the everted lids, carefully cleansing the conjunctiva first with a bit of soft linen. To prevent agglutination of the lids and retention of the discharge, I advise keeping them well annointed with cosmoline, and, as frequently as necessary, the nurse should gently wipe off the discharge as it escapes externally, reanointing the lids immediately. If this treatment be carefully followed, a cure will be effected in from one to three weeks. As the character of the discharge changes—when it grows less purulent in character—the strength of the lotion should be decreased. I think the use of a camel's-hair pencil (brush) or a medicine dropper the best means of applying the lotion. I do not believe in the use of a syringe, as advised by some authors, nor do I deem it advisable to wash the lids and conjunctival sac every ten or fifteen minutes as some do. Generally the parts are very tender, and the well known surgical maxim, rest, is particularly applicable here. The room should be kept comfortably darkened, all bright light being excluded.

The Ergotine Treatment of Uterine Tumors.—In the July number of the "New York Medical Journal and Obstetrical Review" Dr. William T. Lusk, Professor of Obstetrics in Bellevue Hospital Medical College, relates a case of fibromyoma of the uterus in which ergotine injections into the subcutaneous tissue of the abdominal wall over the tumor, not into the tumor, resulted in a rapid diminution in the bulk of the growth, at the expense, however, of gangrene of the compressed tumor, ending in fatal septicemia.

Iodoform in Gastric Ulcer.—Dr. M. J. Redmond (British Medical Journal) uses iodoform in the treatment of gastric ulcer, one three-grain pill three times a day. The vomiting of blood, which had been persistent, diminished under the influence of this drug, and finally ceased; pain and tenderness decreased, and within a month the patient had entirely recovered.
The Detroit Clinic.
A WEEKLY JOURNAL.
Issued Every Wednesday.

H. O. WALKER, M. D., Managing Editor,
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GEO. S. DAVIS, Medical Publisher, Box 64.

The "Working Bulletin."

We desire to invite attention to this new and valuable publication. Dispensatories and pharmacopoeias are necessarily always more or less behind in the advance or change in the world's materia medica; and hence the necessity for the Working Bulletin, which treats fully of everything pertaining to new drugs.

It publishes full reports from competent men, favorable or otherwise, of all new remedies likely to prove useful, and solicits the just condemnation of any new drug introduced, not less than a favorable report upon the same.

It is edited and gratuitously distributed to the medical profession by Parke, Davis & Co., the eminent scientific pharmacists, of Detroit, whose chief object is to supply correct information and to learn what drugs the better medical men of the world consider the more essential and best.

We deplore any unnecessary multiplication of drugs, new or old; and think the number in our present materia medica should be very much less; but the house of Parke, Davis & Co. rejects the introduction of everything not possessing a strong show of merit, seeks only to introduce those already highly recommended in some part of the world, desiring that even they shall continue or fail in the market as determined by the best medi-
cal intelligence, and we, therefore, read the very full literature of the Bulletin upon the subject with both profit and satisfaction.

Ophthalmological and Otological Society.

The next annual meeting of the Ophthalmological and Otological Society will be held July 25th at the William Henry Hotel, Lake George.

With pleasure we place on our exchange list, The Sanitary Engineer, a journal published every Thursday at 140 William St., New York. It treats upon a very important, though somewhat neglected department in medical journalism, and has been for sometime the recognized authority on all matters relating to public health, food and drug adulteration, drainage and water supply, steam and hot water heating, plumbing and gas and electric lighting, heating and ventilation.

Some of the leading sanitarians, scientists and technologists of America contribute to it, and occupy places on its editorial staff; and answer questions on all the above subjects upon which it assumes to be authority, free of charge.

Changes so frequently occur in the already somewhat complex mechanism of much that pertains to what is called "the modern improvements" in the dwellings of towns, that many will be always glad to avail themselves of the very latest on that subject alone.

Abstracts.

Shamming Insanity.—Dr. T. F. Houston, of Georgia, relates two cases of convicts shamming insanity, and we cannot forbear giving one in full:

Dr. T. H. Green, who, before his death, had charge of the Georgia Insane Asylum, was summoned to see a prisoner sentenced to ten years in the penitentiary for stealing. After arriving at
the jail the prisoner suddenly became to all intents an imbecile; lower jaw dropped, his only reply to questions being, "Let me go home with you." Offer him a plug of tobacco and he would snap at it like a dog, and swallow great mouthfuls without evincing the slightest nausea. Dr. Green examined him and came to the conclusion he was playing the fool, and so informed the authorities. The doctor determined to force him to acknowledge the fraud, and a room was prepared, by placing wire screens over the windows, so the prisoner could not look into the yard. Orders were then given to the attendants not to allow any one to speak to the "insane man." The doctor said in the presence of the prisoner: "This man is pretending to be insane. He is sentenced to the penitentiary for ten years. He has been sent to me and I intend to keep him in this room for the next ten years. I have condemned him to ten years' solitary confinement." The malingerer stood it for three days. On the fourth he asked for Dr. Green. He said: "D——n it, I want to go back to the penitentiary. I am well again. I felt my insanity like a cold wave, go down my back and out at my heels. Your treatment cured me." Dr. Green smiled, and said, "I thought it would."

The prisoner was returned to the authorities, and was the most docile of the docile — *South. Med. Record.*

A Painful Affection of the Wrist. —In the July number of the New York Medical Journal and Obstetrical Review, Dr. Edward H. Bradford, Surgeon to Out-Patients, Bos'on City hospital, relates three cases of a painful affection of the wrist, the features of which were: pain referred or most severe at the middle of the carpus; slight swelling; an absence of constitutional disturbance, and with no interference, or but partial interference, with motion of the articulation between the carpus and the radius and ulna. The symptoms were relieved by fixation, and recovery took place finally after a period of rest. Judging from analogy, Dr. Bradford remarks, it seems probable that the cases here reported were similar to a degree to a synovitis of the medio-tarsal joint, described by Gosselin under the term tarsalgia adolescentium; differing somewhat in their course from the fact that the wrist, a part easily immobilized from the first, and not the tarsus, was affected. Leaving out of account the smaller synovial membranes of the carpus—i. e., these between the pisiform bone and the vinciform, the trapezium and the metacarpal bone of the thumb, the ulna and the fibro-cartilage at the joint—there are two large synovial sacs, viz., that between the main carpal bones and the radius and cartilage covering the ulna, and that between the main bones of carpus, of which the os magnum is the larger and central bone. From the symptoms in the cases reported, the author thinks that the inflammation was one affecting this latter synovial sac, and limited to this alone, and that they may therefore be termed cases of synovitis of the carpus.

Muscular Action in the Pathology of Hip Disease.—In the July number of the New York Medical Journal and Obstetrical Review, Dr. A. B. Judson, Orthopaedic Surgeon to the Out-Patient Department of the New York Hospital, discusses some points in the morbid anatomy of hip disease, with special reference to the supposed effect of muscular contraction in promoting the progress of pathological changes in the articular structures. A careful review of the most important observations on record leads him to the inference that the crowding of the articular surfaces together by muscular action has no such effect. What mainly points to this inference is the fact that the primary lesions are not usually to be found in the superficial structures that enter immediately into the formation of the joint, but rather in the cancellous texture of the bones. This conclusion, however, casts no doubt upon the utility of the extension treatment, but simply leads to this interpretation of its beneficial action. Aside from the fact that we are compelled, empirically, by reason of its anodyne quality, to use traction, there is ample rational ground for its use. Traction, however applied, is unavoidably accompanied by fixation. The most efficient apparatus for the application of traction is, at the same time, the most efficient means known to surgery for the solution of that difficult problem, the immobilization of the hip-joint; and, finally, immobilization is indicated by every feature of the pathology as revealed in morbid specimens.
Pyelitis and Cystitis in Parturition.


On May 24th, 1877, I attended Mrs. O., æt. 27, in her first labor. Found her early in the second stage, progressing well, with the presentation natural, but suffering intense pain in the back, and being obliged to evacuate the bladder frequently, which act was followed by pain in that organ. This condition of bladder had existed for three or four weeks, but was supposed by the patient to be a natural consequence pending her approaching accoucheur.

On vaginal examination I found the posterior wall of the bladder hard and resisting, and extremely tender on pressure.

Pressure over the right kidney produced severe pain there. These symptoms combined, convinced me that I had as a complication to the labor, cystitis, with inflammation of the right kidney, dependent upon the cystis, or as a primary affection. The labor progressed very slowly, as the pressure of the head against the bladder produced intense pain in it.

After waiting four hours I applied forceps, and delivered her of a large girl, which left the mother in a very weak and debilitated condition. Several rigors followed, and there was complete paraly-
so that by the end of three months she was able to ride out. The only trouble then remaining was an occasional severe nephralgia, which was always relieved by xxx grain doses of citrate of potash twice a day.

Society Proceedings.

(Reported for the Clinic.)

Michigan State Board of Health.

The regular quarterly meeting of the State Board of Health was held July 11, at the office of the Board in Lansing, the following members being present: Leroy Parker, of Flint, president; Rev. D. C. Jacokes, Pontiac; Drs. Henry F. Lyster, Detroit; J. H. Kellogg, Battle Creek; John Avery, Greenville, and Henry B. Baker, of Lansing, Secretary.

Small-Pox at Flint.

Mr. Parker presented an account of an outbreak of small-pox, from which, and a report made by Dr. Lyster who had visited the case at Flint, it was determined that the first case was of a woman aged about 55 years, who traced her exposure to no other source than a peddler, supposed to have come from Canada, who had called at her house. Three weeks after the woman was taken sick the daughter came down with the disease, and in three weeks more a boy exposed by the daughter, was taken sick. This case was diagnosed as chicken-pox. The health officer diagnosed the case as small-pox, but met with violent opposition when he attempted to quarantine the family. Other cases appeared, called chicken-pox by some and small-pox by others. Finally two physicians of Detroit went to Flint, and assured the citizens that the disease was small-pox, justifying the action of the health officer, who is now seconded in his efforts to restrict the disease. There are some 15 cases of small-pox, and they are largely due to the willfulness of persons in trying to maintain that it was not small-pox, against the views of the health officer.

Building Inspection.

Dr. Kellogg reported as a member of the joint committee of the State Board of Health and State Board of Charities, relative to the plans for a dormitory and school at the reform school, detailing the changes advised in the plans to make the building more perfect in a sanitary way.

Dr. Avery, as a member of the joint committee from the same boards to visit the reformatory at Ionia, reported that the warden assured the committee that the changes they had advised in the shops now under construction at that institution would be carried out.

Work of the Office.

The secretary presented a detailed report of the work performed in the office during the last quarter, as follows: Much correspondence and hard work in starting the immigrant inspection service, which is now yielding valuable information as well as aiding in preventing the spread of diseases. The inspectors at Port Huron and Detroit now make weekly reports to this board. Three cases of small-pox have been found on trains at Port Huron, and many cases of measles have been found on trains between Port Huron and Detroit.

The various small documents printed by the board, for the prevention and restriction of diphtheria, scarlet fever, etc., and instructions as to the work of health officers in the restriction and prevention of various diseases, have been distributed to health officers throughout the state and a great many others, including masters and secretaries and lecturers of Michigan granges to the number of 840. These are sent in the hope that they will bring the subject before their organizations, and thus aid in disseminating information.

The returns of the names of 1,025 health officers in Michigan have been received, examined, and entered on the list, and a second demand sent for returns to such places as are yet dilatory. Correspondence has been larger than usual on account of some new work in regard to immigrant inspection, etc.
A letter was read from the manufacturers of a nursing bottle which had been criticised by this board as poisonous, having a lead sinker attached to the rubber tube, stating that the objectionable feature would not hereafter be manufactured by them. They have substituted a glass sinker.

CONTAGIOUS DISEASES.

A letter was received from J. Heitmann, health officer at Jamestown, Ottawa county, stating that scarlet fever was introduced into that township by immigrants from Holland, and eight deaths had occurred.

The secretary mentioned a report that scarlet fever was communicated to a cashier in a bank at Sault St. Marie, by money received from immigrants passing through there.

Dr. Lyster reported an outbreak of diphtheria in the upper peninsula, the disease having been brought in by immigrants.

A resumé of the work of other State boards of health was read by the secretary.

SANITARY CONVENTIONS.

An invitation for a sanitary convention at Reed City, signed by the editors, ministers and doctors of the place was accepted conditionally. The time for the convention was fixed about the last of November. The board also voted to accept an invitation and hold a sanitary convention at Pontiac in January.

NATIONAL BOARD OF HEALTH.

The danger to public health interests, caused by insufficient appropriations for the National Board of Health, was considered, and telegrams expressive of the apprehensions of this board in case the work of the National Board of Health was crippled were sent to Michigan senators, and the president and secretary directed to forward a memorial to congress on the subject.

CHEMICAL ANALYSES.

Dr. Lyster introduced a preamble and resolution which was adopted, as follows:

"Whereas. It is essential to the health and well being of the people of the commonwealth that all articles of food offered for sale should be free from adulteration.

Resolved, That this board have such analyses and reports made, by experienced chemists, on such articles of food as may be submitted to them by the officers of this board, and that such sum of money as may be required, not exceeding $150 for the year 1882, be devoted to the necessary expense of such analyses."

Dr. Baker offered the following, which was adopted: "That the secretary be authorized to have analyses made of tissues, secretions, and excretions of the human body, to aid in determining the causes of certain diseases, at an expense not exceeding $100."

Dr. Lyster, special committee to report on the present knowledge respecting the cause and prevention of typhoid fever, read the introduction to a paper on this subject, which was accepted with thanks, and he was requested to complete the paper for publication in the reports.

The examination of candidates in sanitary science was postponed until the October meeting of the board, which will occur October 10.

TRANSLATIONS.

[Translations from the Centralblatt für Chirurgie.
By H. Erichsen, M. D., Detroit, Mich.]

Poisoning by Iodoform.

Dr. A. Bum claims that excellent results have followed the application of the iodoform bandage in the department of Prof. V. Mosettig-Moorbof (Wieden Hospital), and that in four years there did not occur one case of poisoning by iodoform in said department. He ascribes this to the small quantity of iodoform used in the department, only 300 gr. being used monthly in a ward containing 100 patients, two-thirds of whom were treated with the new antiseptic bandage. At the end of the interesting essay Dr. Bum comes to the following conclusions:

1. Iodoform exerts a poisonous action when the iodine which has become free in the organism is not held in combination.

2. This will occur (a) when the quantity of iodoform introduced is too large;
when qualitative or quantitative changes take place in the blood.

3. It is plain that the use of too large quantities of iodoform applied at once or by intervals should be avoided, especially with anemic, very old or very young persons.

4. To prevent accumulation, the iodoform bandage should not be changed often.

5. The bandage should not be applied tightly, or the iodoform filling the wound subjected to pressure, which would undoubtedly facilitate absorption. — *Wiener Med. Presse*, 1882.

**Erosion of the Right Innominate Artery.**

Dr. Guaendinger often observed capillary and venous hemorrhage from the thyroid gland as the result of diphtheria in tracheotomy wounds. Two cases resulted in death. A case of erosion of the arteria anonya has not been reported up to this time, hence the following case must be looked upon as being novel. The wound of a boy, nine years of age, upon whom tracheotomy had been performed, was attacked by diphtheria on the fourth day after the operation. On the eleventh day the boy died suddenly from arterial bleeding. Post mortem: Ichorous degeneration of the connective tissue of the neck was found. Extending deep down into the thorax, and two ulcers were found in the wall of the arteria innominate opposite the right subclavian artery. — *Wiener Med. Blätter*, 1881, No. 47.

**On Massage.**

In the Prager Medicinishe Wochenchrift, Dr. C. Gussenbauer gives a résumé of the various methods of performing massage and of affections, *i.e.*, maladies in which the best results are obtained by such treatment. He cites a case of chronic rheumatism, which had existed for twenty years and which was so improved by massage, that the pains and swelling disappeared from the joints and the patient (a female) could move about freely. The anchylosed right elbow joint, as was to be expected, remained the same. In two cases, one of chronic metritis, the other of chronic endometritis, Dr. G. applied massage to the uterus.

**Nerve Stretching.**

M. Polaillou, after trying all internal remedies in a case of neuralgia of the fifth nerve, principally affecting the inferior dental, in a male, 61 years of age, decided to perform nerve stretching. He made an opening in the lower jaw, exposing the nerve, which was pulled out 1½ c. m., by gradually increased traction. The pain kept on for some time, then became milder in character and finally disappeared entirely. No recurrence in two months. At the operation no pathological changes were visible in the nerve: —(Gazette des Hospitaux, 1881, No. 130.)

**Correspondence.**

**Hamburg, Einsbuttle, Sophien Allee 23. June 16th, 1882.**

To the Editor of The Clinic:

Dear Sir—I promised, before leaving Detroit, to send you for your own reading, or for "The Clinic," if you saw fit, anything that was new in the hospitals, as to treatment of patients, dressing of wounds, etc.

I have spent many pleasant hours in the hospital here—being introduced, as it were, by a patient I sent there—a railroad accident.

The hospital is supported by the city and consequently nearly all the patients are indigent, though there are a few private rooms. The hospital has 2,000 beds, which are nearly always full. The beds are divided up something after this fashion—300 for surgical cases. The operator is Dr. Schade, whom I met and saw operate. Judging from what I saw of his operations, I should imagine that we had many better surgeons in America; but the doctor is highly spoken of here. There are 300 beds for diseases of the lungs, under Dr. Simmons, who
kindly showed me about the hospital, 300 for syphilitics, 200 for skin diseases, 200 for fevers, 200 for diseases of women, 50 for confinements, 200 for children, 250 for general and contagious diseases. There are four chiefs, each with two assistants. All the assistants are graduates of German universities, as can easily be seen by the ugly scars on their faces.

Most of the buildings are two stories in height, very deep, with large rooms and halls.

In walking about the halls and wards cleanliness was visible everywhere; though the buildings were old, they were scrupulously clean.

Stepping into the first "operating room," which was about 32x26 feet in size, covered by a large sky-light. The floor was of black and white marble. On the walls were cases covered with glass containing the instruments, on the other side was another case containing sponges, drainage tubes—cat-gut—and the different solutions and dressings. The table stood in the center, under which the floor was tiled, sloping to a drain. On the walls were hung solutions of corros. sublimate from 1 per cent. to 2½ per cent. to 2000 parts. These were held in large China jars, and covered; from the bottom were to be seen long rubber pipes, with long glass nozzles, these. I learned afterward, were for the constant irrigation of the wounds while operating. These were filled with the solution 1 per cent. to 2000 parts. From a steam pipe in the wall was attached a large spray of carbolic acid, very strong and oppressive when inhaled. This was shut off just before the operator came into the room. The table was entirely covered with heavy oiled cotton, and then covered with a sheet. Each patient having a clean sheet to lie on. On side tables were the ligatures, catgut. (Silk was not used once.) These were put into a solution of sublimate 2½ per cent. to 2500 parts of water, and run on spools from the water, through holes in the top of the jar, which was covered closely. The needles to be used were kept in a saucer containing a solution of sublimate and these were kept covered. The instruments to be used were held in a glass tray on an iron stand. These too were covered with a solution of the sublimate.

As the doctors entered the room (in their shirt sleeves) they washed their hands with nail brushes, which had been kept in a solution of sublimate. The water used in washing contained sublimate. Then each put on a clean linen coat which had been hanging in the room, exposed to the fumes of carbolic acid. The coats extended down to the ankle; over the coat was a long apron of this heavy oiled silk, previously described as covering the table.

For anaesthetics chloroform only was used, being put on by a dropper, the cone not being removed from the patient's mouth until completely anaesthetized.

There were two or three operations for necrosis. The operation was performed in the usual way, except that an Esmarch bandage was applied and was not removed, strange to say, until after the dressings had been put on. How they could expect to get healing by first intentions in this way was mysterious to me.

Irrigation was often resorted to with the solution above mentioned. The wound was brought together by deep sutures of heavy catgut, and tied; then the skin was brought closely together. I forgot to say what drainage tube was used—something new to me, braided glass. This, too, was kept in a glass jar filled with the solution of corros. sublimate. and was taken out by a hooked piece of glass. This glass was easily cut with the scissors and was then pushed deeply down into the wound. Then for the first compress on the wound was what was called "glass wool," the finest shreds of white glass; this was soaked in the corros, sublimate and put over the wound. Over this was placed a bag filled with wood ashes previously dampened in the solution so often referred to, and the limb was wrapped completely in this. Over this cotton batting (glazed batting) is placed and the whole is wound with a new white cotton (bleached) bandage previously dampened, etc. Then around
the whole is put a rubber bandage. Then the Esmarch bandage is removed and the patient sent away on the stretcher. The late removing of the Esmarch I noticed in all the cases, so it was not merely an accident that it was left on.

The attendants wore short linen coats that could be washed after each using. The sleeves of all these coats were short, extending only to the elbows.

The instruments used were of the same pattern as ours at home, except the tenaculi, or better called retractors—four teeth shaped something like a garden rake. The arteries and bleeding points were taken up by the artery forceps and allowed to hang while the operation was in progress. Thus afterwards the bleeding places were ligated with sutures of cat gut.

During the operation Dr. Schade and his assistants bathed their hands and arms in sublimate water several times.

I might say that the sponges are kept in large glass jars filled with water and a strong solution of sublimate, 1 per cent. to 1000. Each jar being marked by the day of the week, each sponge used on such a day is soaked six days. This is to a certain extent wise economy.

Dr. Schade made an unsuccessful attempt at removal of stone from a man's bladder; worked 2½ hours and then gave it up, only getting a fragment.

Yours respectfully,

GEORGE DUFFIELD, M. D.

Abstracts.

AN OVARIAN TUMOR WITH RARE COMPLICATIONS.—Dr. A. P. Dudley and Dr. H. C. Coe, of the house staff of the Woman's Hospital, in a joint communication published in the "New York Medical Journal and Obstetrical Review," for July, 1882, remark that it is a well-recognized fact that statistics of ovariotomy are among the least satisfactory of any in surgery. For a man to report that he has had so many "successful cases" may mean simply that he has the good luck to secure a run of uncomplicated ones, such as would have recovered under the hands of any other operator. The public, are too prone to judge of success by the outward results alone, overlooking the skill, judgment, boldness in meeting emergencies, and the care and anxiety in after-treatment, which a surgeon has bestowed upon a desperate case, and in spite of which it has terminated fatally. To judge of an ovariotomist by the bare statement of the number of his patients who have survived the operation would be most unjust. So varied are the elements which enter into every case of ovariotomy, and which render it complete in itself, that it is quite impossible to institute close comparisons, either between individual cases or between the statistics of two different operators. They then give the history of a case that occurred recently in Dr. Thomas's service at the hospital. The patient had a severe illness at the age of sixteen—an acute intestinal trouble of some sort. After that she was always obstinately constipated, and occasionally had severe colic, with vomiting and tympanities, and was said to have passed gall stones on several occasions. When she entered the hospital she had been married 20 years, but had had no children, and for 10 years she had not menstruated. Eighteen months before her admission her health began to fail, and she noticed a slight enlargement of the abdomen, attended with severe pains localized on the left side. Soon after this she passed several concretions by the urethra, and began to discharge faecal matter and gas by the same channel. The tumor grew slowly, confined almost wholly to the left side, and attended with constant intense pain and marked gastric disturbance. It was tapped shortly before her admission, but no fluid was obtained. Dr. Thomas regarded it as uncertain whether the tumor was an ovarian cystoma or a uterine fibro cyst, but felt that its removal would be quite impossible on account of its complete fixity and firm adhesion to all surrounding parts. He made an incision four inches in length to the left of the median line, this being the most prominent part of the tumor, thus dividing the abdominal
muscles. The sac, which was found to be firmly adherent on all sides, was punctured, and a quantity of dark-brownish, colloidal material evacuated, with the patient turned upon the side. The external incision was extended to five inches; the cyst opening was also enlarged, and the operator introduced his hand and broke up a number of secondary cysts, removing their contents. The cyst was found firmly adherent to the intestines and pelvic viscera. Accordingly, the edges of the cyst-opening were stitched into the edges of the wound, a Thomas's double drainage-tube being introduced into the sac, brought out at the lower angle of the incision, and held in position by interrupted wire sutures. The patient died on the eighth day. At the autopsy the visceral and parietal layers of the peritoneum were found so firmly united by old adhesions that it was with difficulty that the cavity could be opened at all. The liver was adherent to the diaphragm, anterior abdominal wall, stomach, duodenum, and transverse colon. The spleen was surrounded by old adhesions. The coils of small intestine were adherent to the abdominal parieties, and so firmly glued together that they formed an inextricable mass. The intestines were also adherent to the posterior wall of the bladder, the superior and posterior aspects of the uterus, and to the surface of tumor. Douglas's fossa was entirely obliterated. Upon separating the adhesions near the fundus of the bladder, a cavity of about the size of a hen's egg (diameter four centimetres) was found, which seemed to be a portion of the general peritoneal cavity, shut off by adhesions. It was bounded in front by the posterior surface of the bladder, at its upper third, laterally and posteriorly, by the mass of adherent intestines. This cavity communicated both with the small intestine and with the bladder, in the former case, by two fistulous openings about six mm. in diameter, situated close together, and each leading into a separate knuckle of small intestine. As nearly as could be ascertained, one communication was with the ileum, the other with the jejunum. There were three openings from this false cavity into the bladder, situated side by side, and separated only by narrow bridges of tissue; the largest measured one centimetre in diameter, the others two and three mm., respectively. The bladder was thus opened through its posterior wall, near the fundus. The cavity above described contained a mass of soft, yellowish fecal matter, and three hard, black calculi of irregular shape—all too large to have passed, fully formed, through the fistulous openings in the intestines. (Analysis of these calculi showed them to be enteroliths.) The pelves and calyces of the kidneys were much dilated, the renal parenchyma being atrophied and the seat of a chronic diffuse nephritis. No evidence of an acute interstitial nephritis. The dilated pelves contained a dirty, brownish, purulent fluid, having an offensive urinous odor. Both ureters were greatly dilated, the dilatation extending along their whole course, the caliber of the right being nearly equal to that of the small intestine. They contained an offensive fluid similar to that in the pelves. The bladder was capacious, its longest diameter being eleven cm. It contained soft fecal matter, turpid urine, and gas. The uterus was normal. On the right side the adnexa were completely buried in a mass of adhesions. Upon the left side the site of the ovary was occupied by a polycystic tumor, which filled the pelvic cavity and extended upward into the abdomen. Its diameter was four cm. Its adherent to the small intestines and to the sigmoid flexure, which lay behind it. The upper half of the tumor had a peritoneal covering, while the lower half was devoid of it. The growth was found to be a multilocular ovarian cyst, having one large cavity, the inner wall of which was covered with papillomatous growths. This inner surface was of a black color, and in places was sloughing.

The Birth of an Elephant.—Dr. Gustavus E. Sussdorff, of New York, contributes to the July number of the New York Medical Journal and Obstetrical Re-
view an account of the process of parturi-
tion as it took place in the case of the
elephant "Queen" last February. The
period of gestation was 597 days. There
was no noticeable enlargement of the
abdomen until it suddenly became quite
prominent the day before labor began.
This enlargement did not subside with the
expulsion of the foetus and after-birth,
but continued four days longer. During
the latter months the mammae became
swollen, and soon filled with serous milk.
These were the only signs of pregnancy
to be seen. The labor began at 3 P. M.
February 2. At this time the mammae
were greatly distended with milk, which
came away continuously in drops. The
vagina now began to drop down and swell.
In a short time thick mucus began to come
from the vagina in long ropy strings, and
almost poured out just before delivery.
From 3 until 8 o'clock "Queen" was evi-
dently uneasy, as she constantly moved
her body from side to side, but did not
seem to suffer pain, and quietly munched
some hay up to the very moment of de-
ivery. At 8:10 the young elephant was
born, the head presenting, completely
enveloped by the unbroken mem-
branes. The head and part of the
body rested between the hind legs
of the mother, and touched the
ground. Without waiting a moment, the
mother ruptured the membranes with her
two hind-feet, when the young one rolled
out, on its back. The membranes were
no sooner liberated than they quickly re-
turned into the vagina. The umbilical
cord had not been seen at all, having
probable been torn away during the
descent of the foetus. The mother now
quickly turned to the young, and, on
seeing it, began to roar and bellow
furiously, which she continued for ten
minutes. As soon as she saw the baby
she also at once placed one fore-foot on
it and rolled it several times, as one does
a lemon under the palm of the hand, the
bellowing and roaring continuing. In a
moment or two more she placed her ab-
domen upon a short post in the ground,
to which she was chained, standing,
almost upon her head, and grasping the
post with her trunk, thus forcing the
abdomen with great power against the
post. "Queen" remained in that position
for about ten minutes; then became
quiet, and, while playing with her young,
took some food. Nothing indicative of
after-pains could be recognized after this,
and in one hour and thirty minutes the
placenta was expelled. With it there
came about two quarts of clotted blood.
There was no hemorrhage either from
the uterus or from the umbilicus of the
calf. The duration of labor was five
hours and ten minutes. The calf, a fe-
male, weighed 245 pounds, and stood
just three feet high. It began nursing
one hour and forty minutes after birth.
It had two middle upper teeth. The
umbilical cord entered the abdomen about
three inches anterior to the vagina, and
had been detached very close to the
abdomen, as none was visible at that
point, the canal being open and large
enough to admit a good-sized finger for
half an inch. Dr Sussdorff remarks that
there are several very interesting and in-
structive points in this history. First, the
period of gestation is evidently not
affected by change of climate and cap-
tivity, lasting about nineteen and a half
months. The time of labor is short, and
evidently there is not much pain. The
sagacity of the animal is remarkable, as
shown by the manner in which she
ruptured the membranes, the means she
took to excite respiration by rolling the
young, and, finally, her effort express the
placenta from the uterus. He then de-
scribes the placenta and the foetal mem-
branes, comparing them with those de-
scribed by Owen, and adds a summary of
various observations that have been made
of the milk of the elephant as compared
with that of other animals, giving draw-
ings which show its microscopical char-
acters in comparisou with those of cow's
milk.
Original Department.

Iodoform.

By D. W. C. Wade, M. D., Holly, Mich.*

I SHALL attempt to exclude from this paper, text book literature in the main, and direct your attention at once to some of the properties, combinations and methods of using iodoform that are new, some of which are now for the first time presented to the public. That iodoform has, in its unchanged form, a sedative action, both locally and systemically, is quite probable, depending, without doubt, upon the formyle element of its composition for this effect. Formerly this property was accepted as the one to which was attached a special interest, but recent studies have developed and explained another property that so overthrows the former one, that it is now but little mentioned. This department of iodoform consists wholly and exclusively in separating from its combinations, while in contact with loosely combined organized tissues, resulting in the development of nascent iodine. It should be understood in order to appreciate the value of this change, that the halogens in a nascent form have immensely exaggerated attrac-

*Read at the Clinton County Medical Society meeting, held at Ovid, July 13, 1882, and published by request of the Society.
scribed, are a sedative, a deoxidizing agent and a promotor of glandular action. The deoxidizers and the oxidizers are all active anti-ferments because they change the constitution of weakly organisms. In the present state of our knowledge the indications for the use of iodoform must be based upon the foregoing described properties.

Let us now consider some of the affections for which theory and clinical experience teach us to prescribe iodoform. These I design to discuss only cursorily, avoiding as much as possible pathological references.

 Constitutional affections requiring iodine are not as readily influenced by iodoform as by iodine combined with hydrogen (hydriotic acid), or as salts which develop this combination in the stomach, and which may thus enter the circulation; because when iodoform furnishes iodine to the circulation it will be combined with oxygen (iodic acid), which it is quite likely does not represent the peculiar effects to be obtained from the non-oxidized preparations.

In anemia, I think I have observed that iodoform makes more prominent the effect of iron, although I cannot explain in what manner, perhaps because it is not satisfactorily explained in what manner an excess of iron increases the proportion of red corpuscles in any case.

In nervous conditions attending general or local diseases, as uterine diseases, indigestion, exophthalmic goiter, wasting diseases, or in convalescence from acute diseases, iodoform, quinine and iron, with me have no equal.

As a local application, unless contraindicated by too much sensitiveness (which is rare), I always combine chloral hydrate with the iodoform. Chloral hydrate in some particulars has a similar action to iodoform, and the value of the latter is greatly enhanced by this combination. Generally, too, where practicable, still more can be effected by the addition of sub-nitrate of bismuth. Various other combinations are often of value, especially camphor and opium.

In the treatment of wounds, it is to the anti-fermentative property of iodoform that is due its special prominence at this time. And now I desire to call attention to the continuous action of iodoform as a septicide, which depends upon its insolubility, until changed, and hence its very slow removal by absorption. This property is almost alone enjoyed, among the anti-ferments, by iodoform. As a preventive of fermentation in wounds, during an operation, by destroying germs, its insolubility renders it nearly inert.

To prevent putrefactive changes during the subsequent treatment, it will probably continue to hold a high position.

In the treatment of ulcers, the cause, if possible, being otherwise removed, I have found no other application to equal the following:

Take of

<table>
<thead>
<tr>
<th>Substance</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iodoform, powdered, 30 grains</td>
<td></td>
</tr>
<tr>
<td>Sub-nitrate of bismuth, 60 grains</td>
<td></td>
</tr>
<tr>
<td>Chloral hydrate, 15 grains</td>
<td></td>
</tr>
<tr>
<td>Glycerine, 2 drachms</td>
<td></td>
</tr>
<tr>
<td>Oil of rose geranium, 10 drops</td>
<td></td>
</tr>
<tr>
<td>Water, to make 3 fluidounces</td>
<td></td>
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</tbody>
</table>

Mix and write. Shake and apply.

In the innumerable skin diseases that may be reasonably attributed to a local morbid agent, I have derived much benefit from the use of the above combination. I place eczema early in the list of those that may be thus satisfactorily treated.

In nasal catarrh, without stenosis, or after the sinuses have been rendered pervious by suitable treatment, iodoform is at present my reliance.

Take of

<table>
<thead>
<tr>
<th>Substance</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iodoform, powdered, 30 grains</td>
<td></td>
</tr>
<tr>
<td>Lycopodium, powdered, 240 grains</td>
<td></td>
</tr>
</tbody>
</table>

Mix and write. Use as a snuff.

Take of

<table>
<thead>
<tr>
<th>Substance</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iodoform, powdered, 10 grains</td>
<td></td>
</tr>
<tr>
<td>Chloral hydrate, powdered, 1 grain</td>
<td></td>
</tr>
<tr>
<td>Petroleum ointment, 120 grains</td>
<td></td>
</tr>
<tr>
<td>Oil of rose geranium, 3 drops</td>
<td></td>
</tr>
</tbody>
</table>

Mix and write. Apply through the sinuses on lint at night.

In gynecological practice, iodoform has been very favorably mentioned in the periodical medical literature. Its kindly action upon a suppurating surface has doubtless been the means of its adoption in uterine catarrh. It seems to me very
likely that the time is near at hand when something more will be understood in regard to suppuration—why it occurs, and how the changing pus becomes a local irritant, thus continuing the first and constant element of inflammation, hyperesthesia. Now, from what we know, pus may be kept from putrefaction; may be kept in check; may be prevented entirely, under favoring circumstances, from becoming an accompaniment of inflammation. Iodoform may act in more than one way, if used locally in affections of the uterus, but its power to preserve the albuminous fluids from becoming local irritants, I believe to be one of its important attributes. I cannot say if iodoform can accomplish what no other remedy can in the hyperæmia and hyperesthesia of the uterus and its adjacent structures, but I am confident that its use is a valuable addition to other treatment. In the pathological conditions above mentioned, one of my standard prescriptions is as follows:

Take of
Iodoform, powdered, 30 grains.
Sub-nitrate of bismuth, 60 grains.
Chloral hydrate, 15 grains.
Glycerine, 1 drachm.
Oil of rose geranium, 10 drops.
Tinct. of opium, 1 fluidounce.

Mix and write. Shake and apply near the neck of the uterus on cotton wool.

The wonderful success of the local use of iodoform, especially in diseases of the tegumentary tissues, led me to desire to witness its effects upon the respiratory organs. There appeared, however, to be no practicable method of accomplishing such a purpose, on account of the physical properties of iodoform not as yet having permitted its use by spray or otherwise. Insufflation of the powdered drug was pronounced unsafe to pass the glottis, and my further labors centered on the spray. A search of the literature gave me no encouragement, but I determined to find if possible a solvent that in itself would not be objectionable. These experiments resulted in the adoption of acetic ether, which I found would dissolve iodoform in the proportion of 10 grains to the ounce. By then diluting with glycerine, I had a compound that by atomization could be inhaled. Before attempting the inhalation, I threw the spray upon a wet slide and examined it microscopically. The iodoform was precipitated in a very minute state of subdivision, without crystallizing points. These experiments were made last February, since which time I have used this treatment in most of the affections of the respiratory passages, with much more pronounced success than I have been enabled to accomplish by any other plan. The recent developments in the pathology of lung infiltration, and in its antiseptic treatment by continuous inhalations, have given me hope to expect that the continuous action of so potent a local remedy as iodoform, when precipitated upon the surface of the minute ramifications of the lungs, may develop more than had recently been anticipated to accrue in the local treatment of consumption. I have not yet had an opportunity of furnishing clinical evidence in support of this theory, and I bring up the subject in the interests of a cooperative test. This is the formula I use:

Take of
Acetic ether, 4 fluidrachms.
Iodoform, 5 grains.
Glycerine, 4 fluidrachms.
Chloral hydrate, 5 to 10 grains.

Mix. Dissolve the iodoform before adding the glycerine. The acetic ether should be chemically pure, which may not be found in the shops. I have not had a satisfactory article, until it was made with reference to purity by Swift & Dodds, of Detroit, especially for this purpose. Some samples would not mix with glycerine, and the impure goods rapidly change the iodoform to free iodine.

Acetic ether quite effectually covers the odor of iodoform, at least so that the inhalation is not at all disagreeable. I have now used iodoform in this manner several hundred times, and I have not yet observed any undesirable effects, either local or constitutional.

You can find many other medical and surgical uses for iodoform in print, but it has been my intent to avoid a compila-
tion in this essay, and I will close, without even covering all the ground not included in the literature of the subject, hoping that some of the thoughts I have presented may be sufficiently suggestive without a further recital.

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Cool Air, etc., in Measles and Scarlet Fever.

Read before the Michigan State Medical Society,
by Thomas N. Reynolds, M. D., Professor of Materia Medica and Therapeutics, and of Clinical Medicine in Detroit Medical College.

MANY children die or recover badly in measles and scarlet fever from want of fresh air. The same obtains in other affections also, but proportionately perhaps oftener in these two of the major exanthemata.

The people imagine heat indispensable, and they dread draughts. Physicians advise a warm atmosphere sometimes to favor eruption on the surface, to protect the air passages in measles and the kidneys in scarlet fever, and the result is often bad air for respiration. Equable heat to the body is necessary, but should be maintained by the clothing or artificially in the bed and not by raising too high the temperature of the room. Better have it rather low than too high, provided the body be kept warm.

Hot air is not generally necessary for the bronchial affection in measles. I have seen a case do well in a room that froze water at night, and have come to think lately that a somewhat cool room is best always in measles and scarlet fever, whether sthenic or asthenic. Not over 60° Fahrenheit in winter is better, and as cool as possible in summer, with very free ventilation.

In scarlet fever especially cool fresh air is essential to promote active interchange of the normal gases in the lungs and elimination through them also of some of the poison. It relieves restlessness and is sedative because grateful to the patient. It is antipyretic somewhat from mere presence in the nares and throat; and nothing is so decided a vaso-motor stimulus as cool, fresh air when supplied for respiration in place of the hot and impure. It gives firmness and efficiency to the whole circulatory apparatus.

Efficient capillary and venous circulation favors secretion and excretion and relieves internal congestions; in scarlet fever necessary in the glomerular and intertubular capillaries of the kidneys, and the automatic nervous ganglia of both body and brain.

In both these affections the stomach and bowels should have attention at first; patients are usually taken in full habit, the temperature rises, the secretions are checked, and the bowels should be moved at once. Sometimes they have moved sufficiently, but generally not. Solid food should then be withheld till the eruption is over. Little more than small drinks of water should be given in sthenic cases for the first two or three days.

Medicines are rarely necessary in ordinary uncomplicated measles except to please friends.

In scarlet fever where the temperature is greater I give vegetable acids diluted with water freely for the first few days, or whenever there is thirst, and as long as they agree with the stomach and bowels. Citric acid is good in the form of lemonade without sugar. I prescribe for a child four or five years old:

B. Acidī acetici diluti, 5 ss.
Aque ad 1 p. v.
Misc et fiat Mistura.

Sig.—Teaspoonful in water every hour if awake.

It proves in a degree diuretic, diaphoretic, antipyretic and sedative, and promotes elimination from the alimentary mucus surface. It increases destructive metamorphosis, especially adipose, so desirable in the fleshy. This, with its stimulus to elimination, tends to lower heat of body; and renders it to a certain extent curative as well as an agreeable drink. It is a sedative largely from allaying the thirst.

Mineral acids do none of those things so well and are not so appropriate during the stage of eruption.

Digitalis is beneficial in venous distension and weak cardiac contraction.

Quinine is essential in malarial com-
plication, and generally useful in high temperature and extreme septämia, but need not be resorted to at first, and rarely at all in scarlet fever.

The cold bath is not generally without some risk from shock or imperfect reaction; but extreme temperature may be lowered somewhat by cold to the head and palms of the hands and occasional quick sponging of body with cold water, followed by friction.

We close with the end of the eruptive stage; for the acute tubal nephritis, median otitis and lymphadenitis, if they happen to follow, form new considerations, and are the principal results, besides death, we try to prevent.

Chylous Urine Without Albumen.

By O. W. Owen, M. D.

Roberts says, page 323 in his work on "Urinary Analysis," that, chylous urine always coagulates if heated with nitric acid; also that albumen is invariably present in greater or less amounts; the following case, however, although undoubtedly one of chylous urine had no albumen, and does not coagulate either with heat, nitric acid, or both.

Mrs. B., æt. 30, was delivered four years ago of a living child. There was tenesmus of urethra following the delivery and the urine was drawn from the patient. She was instructed in the use of the catheter and has been in the habit of using it from time to time ever since. The urine has been examined by one or two attending physicians, who have never found any pathological condition. She has been a great sufferer and is extremely nervous and emaciated. I was called to see her one evening about 10 o'clock; found her in bed; temperature 103½; pulse 80; fleeting pains in limbs (especially around the joints), lumbar region chest and face. She had had a slight attack of diarrhöea during the day. Tongue coated, dry and brown; abdomen tympanitic with pain on pressure; extreme desire to micturate every few moments; when the call was attended to only a small amount of urine was passed. I requested that it all be saved as I wished to make an examination of it. Ordered salicylic acid, grs. 2; pulverized opii, gr. ¼, every two hours, and that her knees and limbs be wrapped in cotton.

At my morning visit found the temperature was reduced to 100, with less severe pain: continued treatment. In the evening the 24 hours accumulation of urine was given me in a clean bottle, amount about eight ounces. I at once made a chemical and microscopical examination, with the following results: oder acid, reaction acid, specific gravity, 1018; sediment flocculent, with small, hard, white masses, ranging in size from a pin's head to microscopical portions; color, bluish-white, looking like skimmed milk; earthy phosphates, normal in amount; sulphate, chlorides and urates minus; alkaline phosphates, slight excess; normal coloring matter, albumen, glucose, biliary acids, abnormal coloring matter, all minus. No further coagulation could be produced in any way, and I was forced back upon the microscopical investigation for a solution of the mystery. Upon examining a drop under a ¼ objective, mucus and pus were found in small amounts, but fat globules were so thick as to nearly hide all other objects. They were of various sizes, ranging from 1-5000 to 1-500 of an inch. A large number were of a pale contour, and looked like, and probably were lymph cells. Iodine gave no reaction, but ether shaken up with the urine in a test tube dissolved out the fat, which floated on the top in large yellow drops. Uric acid was present in about normal amounts, but no casts or other evidence of any kidney trouble was discovered. The only conclusion that could be arrived at, then, was that the urine was filled with chyle, or rather fat and lymph cells derived from the kidneys, and that there was no desquamation of epithelium.

On my third visit found the patient had been unable to pass water for twenty-four hours, and I endeavored to pass a small gum elastic catheter and failed. A gum catheter, with stylet, was then resorted to with no better success. The urethra was elongated and fell down in the roof of the vagina. Prof. Inglis was
then called in consultation, as the patient was suffering great pain over the bladder and lumbar regions. Upon the doctor's arrival, I requested him to pass the catheter. After about half an hour's manipulation, the stricture was passed, and the catheter entered the bladder. About twenty ounces of light colored urine was passed, which, upon standing, became milky and presented all the appearances of that first voided, but as jard had been used to oil the catheter, of course the results of the examination could not be given with certainty. Since then the urine has been drawn with the catheter, and the patient is still under observation. Different theories have been mooted as to the cause of this peculiar trouble. The authority first cited believes the chyle to be poured directly into the ureters and bladder, through the lymphatics without going through the kidneys. Other urinologists believe the disease to be secondary to some spinal or other nerve irritation. From a careful study of this case I would incline to this latter theory, as it would seem almost impossible for the chyle to penetrate the ureters and bladder without appearing in other channels, i.e., the intestines and skin. The treatment has been varied in the reported cases and so far has proved of little value. Patients have suffered for years without help, and it would seem that until the seat of the pathological change is determined that little or nothing can be done for its cure or relief.

31 State Street.

Stretching of the Optic Nerve.

From experience gained in seven operations Dr. H. Kuemmel comes to the conclusion that the optic nerve can be stretched without the causation of great irritation in the orbital connective tissue and conjunctiva. The effect on the nerve manifests itself by changes in the circulation, by an increased fulness of the veins; possibly of the arteries. Ophthalmoscopic examination after the first operation gave evidence of transient oedema. Neither was there intraocular hemorrhage, nor hemorrhage into the retina, and inflammation of the optic nerve did not follow, although the stretching had been done energetically. No bad after-results followed. In a case of atrophy of the optic nerve a decided improvement was brought about by the operation.—(Deutsche Med. Wochenschrift, 1882, No. 1.)

Sulphide of Calcium as an Antisuppurative.—Dr. Andrew H. Smith, chairman of the committee on restoratives of the Therapeutical Society of New York, furnishes to the New York Medical Journal and Obstetrical Review for June, 1882, a report of the committee on the use of sulphide of calcium for the purpose of preventing or diminishing suppuration. After giving the experience of several members of the society, Dr. Smith concludes his report as follows: "Judging from this limited number of cases, it would seem that we are warranted in concluding that in many cases of suppurative affections, ranging from the small pustules of acne to extensive suppurating surfaces, an appreciable, and often a very marked, benefit is derived from the use of the calcium sulphide, suppuration which would otherwise take place being averted, or the quantity and duration of an existing discharge being lessened. At the same time its action is not uniform; and in many apparently favorable cases it will fail entirely. The drug is somewhat prone to irritate the stomach, and this circumstance affords an indication for small doses frequently repeated instead of larger ones at longer intervals. One-tenth of a grain every two hours in acute cases will generally secure the full therapeutical action of the drug, but larger doses may sometimes be required, and some patients will bear well a grain three or four times a day. Even in small doses the sulphide will occasionally produce headache, and the patient is usually more or less annoyed by eruption of sulphuretted hydrogen.—V. Y. Med. Jour. and Obstet. Review.
The Detroit Clinic.
A WEEKLY JOURNAL.
Issued Every Wednesday.

H. O. WALKER, M. D., Managing Editor,
177 GRISWOLD STREET.

DETROIT, Mich., July 26, 1882.

GEO. S. DAVIS, Medical Publisher, Box 64.

We are in receipt of the report of the Eye and Ear Department of St. Mary's Hospital, and St. Mary's Free Eye and Ear Infirmary, of Detroit, for the two years ending June 1st, 1882, by Eugene Smith, M. D., surgeon in charge and professor of eye and ear diseases in Detroit Medical College.

The doctor has performed during that time, before the students of the Detroit Medical College, the following operations Upon the Eye:

For Cataract. .......................... 19
For Enucleation. ......................... 24
On Iris. .................................. 39
On Lachrymal Apparatus. .............. 41
On Lids. .................................. 47
Paracentitis. ............................. 4
Strabotomy. .............................. 26
Unclassified. ............................. 42

Total operations on the eye, 242

Upon the Ear:
Paracentitis Mem. Tym. .............. 4
Incision for Mastoid Periostitis ... 1
Removal of Polypi. ..................... 6
Incision of abscess of meatus. ...... 3

Total operations on the ear, 14

Total of all operations ....... 256

Total of eye cases of all kinds treated both in the Hospital and at its Free Infirmary in the two years .......... 1780

Total of such ear cases .......... 367

Grand total ....................... 2147

From our personal observation of his methods, however, we know that he lays great stress on cleanliness at the operations and frequent changing of the dressings afterwards.

The report further says: "It affords me much pleasure to again mention the great benefit to patients operated upon, derived from the increased facilities of the new hospital building. The great success of the operations made during the past two years must, in a great measure, have depended upon the perfect hygienic surroundings of the patients. Their isolation, not only from patients in general, but from eye patients in particular, has contributed much toward their cure. Europe, the mother of special hospitals, does not offer, in the way of special hospital facilities, any advantages over St. Mary's."

Translations.

[Translated from Berliner Klinische Wochenschrift by J. A. Wessinger, M. D., Howell, Mich.]

Therapeutics of Laryngeal Phthisis

By Dr. Beetz, of Mainz.

It was during the pseudo-scientific era in medicine, when the repair of phthisical ulceration of the larynx very rarely attracted attention, that M. Schmidt first received credit for his scientific use of inhalations of antiseptic materials in the treatment of disease of the vocal organs; through whom the question of treatment was placed in a new light and also a lasting advance made as regards prognosis in these ulcerations. There is hardly a locality upon the human body that is less frequently the nidus of exact antiseptics then the laryngeal chamber. Antiseptic principles of treatment, from their very nature, have gained lasting ground, however immature research in this direction may have been. It is chiefly during the last few years of medical progress that we have learned to know that iodoform has not only decided antiseptic virtues, but that it is also a specific for local syphilitic, scrofulous, and tubercular processes. The time is near
at hand when, in the treatment of tubercular ulcers of the larynx, iodoform will supercede other measures just as it has displaced Listerism in the treatment of tubercular disease of the joints. It only remains for the evil anticipations in regard to this drug, to be abolished, and disinfecting inhalations established, that much benefit will be derived from this remedy in these difficulties. In the short notice of the annual reports of Virchow and Hirsch, I glean supplementary that Lincoln (New York Medical Record, 1874) had given much credit to powdered iodoform in the treatment of Laryngeal ulcerations. The above reports in regard to its application, together with the elaborate article of Lincoln, have been almost entirely forgotten. It was only after Dr. Kirnberger had treated with iodoform a number of public patients suffering with extensive tubercular ulceration of the larynx and pharynx, and had reported the beneficial results, that a series of original research was instituted in this direction, through which it was found that iodoform, on being pulverized and rubbed up in ether, could be inflated into the larynx without pain, so that the supplementary article, morphia, is not required during the iodoform treatment. Applied in this manner, iodoform will remain attached to the ulcerated surface for hours at a time, and when sufficient—in severe coughing more frequently applied with a little morphia—has been applied with the use of the head mirror you will produce a complete coating of the ulcer and in this way produce the antiseptic iodoform bandage about as complete as is possible in this locality. The applications, and still less the absorption of iodoform, 2 grm. pro die, are so small that intoxication need never be feared. The unpleasant features connected with this method of treatment, the acid odor which it is impossible entirely to conceal, its free passage into the nasal cavity, and also the necessity of its being applied three or four times a day, certainly stand against its use. Suitable to overcome this difficulty, we may precede each insufflation with an inhalation of a weak solution of carbolic acid; this will also cleanse the ulcerated patches and prevent coughing which would reject a large quantity of the iodoform inflated. The objection that by this procedure the result is due to the carbolic inhalations and not to the iodoform, may be partially true; to obtain the true efficiency of iodoform I administered it, without preceding with the carbolic inhalations, in one case when disease of the lung was not yet extensive and comparatively no sputa; in this case the method was certainly pregnant with good results; the erosion on the left vocal cord was healed in a very few days, at the same time active cicatrization of a deep ulcer in the right vocal cord took place. From this it would follow that there is as yet no good evidence for combining the two agents. The preceding remarks should certainly not take the place of our time-honored materia medica; the number of cases treated is yet too limited, and the time of observation too short to give this method of treatment a very elevated position. It is only after years of observation of the behavior of phthisis under iodoform and the accumulation of vast stores of statistical material, that we can decide whether the iodoform treatment is an advance in the therapeutics of so prevalent and so frightful a disease.

Abdominal Drainage.

Dr. F. A. Kehrer applied the following new method of abdominal drainage in a case of ovariotomy with success. It is based on the experience that the danger of septic poisoning is much less, the more dry the abdominal cavity. He placed three long rubber tubes in the cavity of the abdomen and then introduced through these disinfected wicks of the thickness of a little finger. The whole was attached to the wound in the abdominal wall. The external bandage was soon wet through by the secretion from the wound and had to be changed thrice in two days. When the bandage was removed the third time, the tubes were taken out, because the secretion had ceased. The patient recovered.—(Centralblatt für Gynäkologie, 1882.)
While an anxiety for the weal or woe of ultimate results may often lead us to disregard for a time pet theories of pathology or therapy, yet is it not the thorough study and research which we perform in endeavoring to reconcile an apparently empirical treatment with settled pathological points that makes of us, not empiricists, but practical physicians? I am led to this train of thought by my observation of a case in which though I may not have been able to cordially "clasp hands across the bloody chasm" which separated the symptoms and treatment, yet I hope that some of my readers may.

Case. A. S. H., æt. 72 years, the father of a large family. Has always been a hard worker since he settled on his Michigan farm in 1836. Has been troubled five or six years with hemorroids dependent, probably, principally upon habitual constipation. The piles have never been very severe. His habits as to eating have always been rather irregular. Was always strictly temperate as to the use of alcohol never taking any except occasionally in the form of cider. For the past four or five years has had some dyspeptic symptom such as gaseous eructations with occasionally vomiting after meals, but up to within a year these had not been considered severe enough to need treatment. He was an habitual smoker, having used the weed for the past twenty years. In October, 1880, a council of two well informed physicians was held upon his case. For about a year previous to this time the patient had grown appreciably worse; had received some treatment, but without any permanent good results. At this time his condition was thoroughly examined and the disease pronounced cancer of the stomach. There were, I think, good grounds for the diagnosis, for when I saw patient in the latter part of December, 1880, in company with one of the physicians, his symptoms were certainly alarming. The disorder of digestion was great. Appetite almost nil, and the ingestion of even the most unirritating food followed by regurgitation of an acrid fluid from the stomach and generally in an hour or two by vomiting. The vomited matter generally consisted of the ingested food with or followed by a glairy mucus, also at times contained a yellowish billious matter. Only occasionally could anything be found resembling blood, and then in small brownish-black clots or masses. The vomiting did not seem to depend entirely upon the ingestion of food, however, for emesis would often occur irrespective of the taking of either solids or liquids. Could get no history of blood being vomited in large quantities except once, about four weeks previously. As that occurred at night, all the attendant could say was that the vessel contained quite a large quantity—a pint or more—of dark colored fluid. The bowels were and had been constipated, cathartics being-
necessary to secure any movement. Emaciation was great; the patient, who in health had weighed about 150 lbs., now weighing only 85 lbs., and very weak. Still he was not confined to his bed all of the time, as he insisted upon being dressed, and would sit in his chair for an hour or two at a time. The presence of pain, however, seemed to be the most distressing symptom. A feeling of soreness or rawness, as he expressed it, was felt most of the time in the epigastrium, but the most severe pain, which was to a certain extent paroxysmal and of a lancinating character, was felt in the left hypochondriac region. This spot was distinctly localized and could be covered by the end of the finger. Pressure has, during the paroxysms of pain, seemed to give slight relief, as did also hot applications, but the suffering could be made bearable only by opiates in large doses.

A thorough search was made for any tumor in the gastric region, but none was found; neither was there any glandular enlargement found, intra-clavicular or elsewhere. Though I felt very skeptical as to the malignant nature of the trouble, I had to confess that many of the symptoms pointed to that diagnosis.

I had forgotten to mention that though the countenance did not clearly show a cancerous cachexia, there was yet a peculiar sallowness of skin. The treatment as I learned had been mostly bismuth, argent. nit., etc., with as nearly fluid diet as possible, but the patient had continued to fail. He was really dying from inanition and pain. Large doses of morph. sulph. seemed to be the only remedy for the latter, the former seemed uncontrollable. For two months the case was treated by the physician first in charge and myself. Milk diet was given with temporary relief, but the gastric irritability soon returned again. Tr. iodine with acid carabolic, according to Bartholow's formula, were also attempted as gastric sedatives, but entirely without success. The bowels were continually constipated, but I noticed that when moved by a cathartic the patient seemed to feel considerable relief for a few hours or even for a day. In March the case came into my charge alone, and the prospects for success seemed to me to be anything but flattering. I had taken particular note, however, of the improvement which seemed to follow an action of the bowels, and I decided, if possible, to regulate that one condition. Far from sanguine of success I prescribed

B
Fl. ex. cascara sagrada, ʒ j.
Tr. nux vom., ʒ j.
Ext. malt, q. s. ad., ʒ jv.

M. Sig. One-half teaspoonful four times daily; this alternating at equal intervals with powders of bismuth. subnit. No sudden change was discernable, but the stomach seemed tolerant of the treatment and in about three days the bowels moved with a very much lighter cathartic than had been previously required. I persevered; slowly but surely the stomach gained tone; the vomiting decreased as did also the pain, and the bowels gradually became quite regular in action without the use of any cathartic. A strict but gradually stronger diet was given. After eight ounces of the preparation, as above, had been used, I changed to the cascara cordial, as per Parke, Davis & Co.'s formula, adding to it tr. nux vomica, in slightly larger doses than before, and doubling the amount of fluid extract of berberis aquifolium used in their formula.

At the present time, one and a-half years from the time of commencing the treatment, the patient is, considering his age, in good health. He occasionally has slight dyspeptic symptoms, but no worse, he says, than he had five years ago. There is yet a slight tendency to constipation, which is relieved by an occasional light dose of cascara cordial. His hemorrhoids trouble him but little. In this case I have given the symptoms as fully and as clearly as I can, and also the treatment. I leave it for my readers to supply the "missing link" of pathological diagnosis and therapeutical application. I do not claim the preparation or treatment in any way specific for similar cases. I only hope that, aside from the interesting points of the case, it may teach some other almost despairing brother the lesson which I learned. "Never give up a human life while there is one chance left."
Detroit Sanitation.

We were glad to receive last week from Dr. D. O. Farrand, President of the Board of Health of Detroit, a copy of the first annual report of the board, under the new law.

The present system of sanitary government in Detroit was established one year ago, in pursuance of an act of the legislature, passed at Lansing, May 26th, 1881, and we have watched its formation and operation with a great deal of interest all the way through.

It encountered some opposition at first, but all who have noticed its work or read the report, will see that it, and the men who worked under it, have done marvelously well in the short space of time.

The board is at present constituted as follows:

EX-OFFICIO,
Hon. Wm. G. Thompson, Mayor.
Hon. H. P. Bridge, Controller.
Hon. H. M. Dean, President of the Metropolitan Police Commissioners.

APPOINTED,
D. O. Farrand, M. D., President.
Morse Stewart, M. D.
John Flinternann, M. D.

HEALTH OFFICER,
O. W. Wight, A. M., M. D.

CLERKS,
E. W. Tallmadge.
A. F. Schulte.

CITY PHYSICIANS,
Ferdinand Kuhn, M. D.

Edward J. McPharlin, M. D.
Charles P. Frank, M. D.

SANITARY POLICE.
Joseph Burger, Sergeant in charge.
Amos S. Lane, Meat Inspector.
Frank Blum, Assistant Meat Inspector.
Wm. Bannister, Noah Charboneau, James Canfield, John Jantz, Daniel Kavanaugh, Patrick Murnane, Thomas J. Myler, Emery A. Noble, Edward S. Silsbee, Thomas Thompson, detailed to make sanitary inspections, to serve papers and to placard houses for infectious diseases.

The first named six officers, who constitute the board proper, serve without compensation; but the health officer, who is the executive of the board, receives $3,000 per year, and the three city physicians receive yearly $1,200 each. Clerks are paid according to work done.

The report, written by Dr. Wight, the health officer, who is a well-trained and efficient sanitarian, is very able and elaborate, especially the section on "Public Sewerage and House Drainage," and we shall endeavor to give space to some of it in this issue of THE CLINIC.

In the mortality table for the half year ending May 31st, 1882, the whole number of deaths reported is 1,269. The greatest number from a single affection is that from phthisis pulmonalis, and is 129; from small-pox, 9; from scarlet fever, 50; from diphtheria, 80.

Under the head of small-pox the report advocates strongly vaccination and re-vaccination, isolation and disinfection, as the chief means of prevention, and recommends the erection of a one-story, flame-ventilated small-pox hospital, which, it claims, would be non-contagious, and might be placed within a populated district of the city.

The use of the name "pest-house" is discouraged.

Separate systems of sewers are recommended, one for storm-water and land-water drainage, another for sewage only. Also that the sewers at the river be carried farther into the stream and open just over the surface of the water, instead of under it as now.

It recommends the abolition of all
slaughter houses in the city, and the establishment of a common abattoir outside the city limits, which shall be under the supervision of the sanitary officer.

It insists on the necessity of large factories burning their smoke; and explains the practicability of burning the smoke, and the butyric and other acids that create the offensive odor and nuisance at the glucose factory on Fort street west. It also recommends that the glucose factory have an entirely separate large sewer to the river to carry off waste.

Ice will hereafter be under the control of the board, who will prohibit the sale for use in contact with food and drink of that which has been cut from water not sufficiently pure for public supply.

Milk should be inspected by inspecting the dairies and the persons that handle it.

The drinking water of the city has been chemically examined at the "intake," near the head of Detroit river, at the "pumping well," after passing through the settling basin, and from a "running hydrant" in the city, and is pronounced by good authority to be perfectly wholesome.

All the ordinances pertaining to health are now very comprehensive and complete, and we desire to express appreciation of the wisdom and labor of our Fathers in the Council, and our Brothers on the Medical Board; and to bespeak for them all, in their sanitary work, the everlasting thanksgiving of an intelligent population.

For the future of Detroit, unique in its harbor, and broad, world-renowned, well-behaved, unchanging river, which never rises nor falls perceptibly, and never disturbs anything on shore—with its forest-treed park-like avenues, broad business thoroughfares, and everywhere level and well-kept well-shaded streets, we know that if its citizens prove worthy of their inheritance, it will always remain as it is—one of the fairest cities that ever sat gracefully on the bank of a great noble river, or ever adorned and made happy the homes of a people in any spot on the face of the mundane globe.

T. N. R.

Abstracts.

[Abstract from Detroit Board of Health Report for 1886.]

THE PUBLIC SEWERAGE AND HOUSE DRAINAGE SYSTEM OF DETROIT.—Dr. Buchanan, in England, and Dr. Bowditch, in the United States, simultaneously demonstrated that the wetness of soil is at least the exciting cause of phthisis. Surface accumulations of water are not only inconvenient and unsightly, but also disagreeable and unhealthy. Sub-soil dampness makes the site of any habitation incompatible with comfort and duration of life. Therefore, the first care in the preparation of the abodes of man, and, it might be added, of domestic animals, should be the drainage of the soil. Removal of water from beneath and around the house and outbuildings increases warmth, fertility, and wholesomeness. What is true in this respect of an isolated habitation, is also true of collections of habitations in the village, and groups of villages constituting the city.

Whatever engineering device is employed for draining the soil and removing rainfall should be used exclusively for the conveyance of water uncontaminated with putrescribe organic matter. Such water may then be safely discharged into any convenient natural reservoir, or adjacent stream, where economy and security from flood may dictate. For removing storm water, surface water, and sub-soil water from the isolated habitation, neatly constructed ditches, agricultural tiles properly laid, and occasionally deep drains of porous brick will be sufficient. In villages, well-paved gutters, with more frequent and larger deep drains of porous brick will be needed. In cities, brick mains, adapted in size to the areas from which the water is to be removed, must be added. A suitable size for the site of an isolated habitation, with its outbuildings, in the country, may be regarded as about three hundred square feet. The annual rainfall on that area, at the fair estimate of thirty-six inches, would amount to 270,000 cubic feet. The annual rainfall on a square mile, the average size of a village, would be nearly 84,000,000 cubic feet. On ten square miles, the area of a considerable
city, the annual rainfall would be more than $36,000,000* cubic feet. On a city of ten square miles more than 20,000,000 cubic feet of water may be precipitated from the clouds in a single hour. These figures show that the drainage system of inhabited places should be adequate, as well as adapted to the desired end. Details belong, more especially, to the engineer, but he should know exactly what he is required to accomplish; his art only furnishes the means to an end pointed out by sanitary science.

**IT IS AN IMPERATIVE LAW,** which can not be violated with impunity, that organic wastes of every kind must be removed from inhabited places before the process of putrefaction begins. The excrements of man and domestic animals, the refuse of manufacturing processes, garbage, offal, wash-water, kitchen-slops, decaying vegetable or animal matter, whether liquid or solid, must be carried to some place where the same can not contaminate the air breathed by man, pollute the water which he drinks, nor infect the food which he eats. As the excreta from the kidneys and intestines of a thousand human beings in a community amount to more than a ton each day, it follows that the annual product of this kind in a city of one hundred thousand inhabitants is about forty thousand tons. The higher the organization of the animal the more poisonous are the excreta in a state of putrefaction. Domestic animals contribute a varying quantity, as a greater or less number of them are required for luxury or industrial use, according to the pursuits and habits of the people in different localities. The waste of kitchens is only second in importance to the excreta of human beings and the domestic animals. Distilleries, breweries, tanneries, slaughter-houses, gas works, various factories, produce more or less liquid or solid organic matter in different cities. The putrescribe matter of street-sweepings really belongs in the category of animal excreta.

Now, it is very evident that all **SOLID ORGANIC REFUSE,** such as garbage, offal, and manure, must be removed by cartage. No system of water carriage can be devised which will answer the purpose. Portions of garbage, offal, etc., if properly managed, may be economically fed to ducks, geese, chickens, fishes, or swine. The rest must be returned to the land for fertilization, except in places, like New Orleans, where there is no land and a great river may safely receive all that is given to it. Where there is neither land nor mighty stream, perpetual fire must swiftly do the sanitary work of oxidation. Here, again, details must be left to the engineer, supplemented by the practical economist; only the engineer and the economist must not at all interfere with sanitary ends. The most difficult problem of all is to get safely rid of liquid organic refuse, that is, of water containing putrescribe matter in solution or suspension. Engineers who are quacks in sanitation, and sanitarians who are quacks in engineering, have practiced running it into the drainage systems of inhabited places. In fact, this has been the plan generally adopted, till quite recently Col. Waring, who is both engineer and sanitation, has been bold enough and enlightened enough to put into practice a plan that was previously little more than a timidly-advocated theory. To the great detriment and cost of the public, the sewerage systems adopted in towns are determined by men who are profoundly ignorant of both sanitation and engineering.

**THE PREVALENT PRACTICE OF REMOVING SEWAGE BY MEANS OF THE WATER DRAINAGE SYSTEM OF INHABITED PLACES IS OPEN TO MANY AND VERY SERIOUS OBJECTIONS.**

I. Ditches, gutters, tiles, and porous brick conduits for removing surface and sub-soil water are comparatively cheap. It adds immensely to the cost to transform water drains into sewers, so as to make them at all fit to convey liquid wastes. The combined expense of a separate drainage system and an independent sewer system is much less than the expense of a single system that cannot be so constructed as to perform the double service of removing water from the soil and liquid refuse from habitation.

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*The area of Detroit is 13.1 acres.*
2. In most places it is not difficult to find a proper outfall for the water of a drainage system. As soon as sewage is mixed with the flow of drains the whole mass is contaminated, and the trouble and cost of securing a safe outfall are, as a rule, greatly increased. The necessity of pumping vast quantities of rain-water and sub-soil water, mingled with the liquid refuse of houses and factories in the same system in the new sewerage works of Berlin and Dantzig, increases the running expenses to an extent threatening failure.

3. The sewage proper of a city is nearly a constant quantity. It is approximately measured by the amount of water daily used in houses and factories. Consequently, the engineer in constructing a system for the removal of sewage proper can adapt it to a constant flow and make it self-cleansing. On the contrary, rainfall is an immensely variable quantity. A drainage system for its removal must be of maximum size. When sewage, therefore, is turned into the drainage system, a slow flow will be inevitable much of the time, resulting in putrefaction and the generation of sewer-gas, the presence of which within the area of inhabited places dangerously violates the most vital law of sanitation.

4. In the drainage system all conduits are purposely made to let water in. The object is to convey water away from the soil. But a porous drain will strain sewage through into the earth, and gradually pollute it. Consequently, a conduit for the conveyance of sewage must be made tight. Hence the absolute incompatibility of the two ends sought in the same structure. A good sewer is a bad drain. A good drain is a dangerous sewer. Attempts are constantly renewed to attain the double quality of perviousness from without and imperviousness from within, with unceasing and inevitable failure. Sanitarians who are quacks in engineering have tried it in vain. Engineers who are quacks in sanitation have tried it equally in vain. Quacks in both engineering and sanitation, sometimes well represented in City Boards of Public Works, obstinately keep up their search for the unattainable, like the seekers of the philosopher's stone and the inventors of perpetual motion.

5. Water stored in cisterns is almost invariably poisoned by the way of overflow pipes which discharge into the sewer system of inhabited places and return the dangerous gas. And the drain-pipes from the cellars and basements generally furnish avenues through which this invisible foe of human life in cities finds easy ingress to habitations. A separate drainage system affords an easy means of guarding against peril from such a source. Sanitary inspectors are often astounded by finding a tube from an ice-box, in which choice and delicate food, like meats and milk, is kept, running directly into a sewer-pipe. The combined sanitary and engineering quack will tell you, with pitiful ignorance, that the deadly sewer gas is kept out by means of a little water-trap, through which a baby could blow with a straw. A separate system, used exclusively for sewage, is the only certain safety against such danger.

6. With the clumsy, costly, perilous, combined system in general use for removing water and sewage together, the earth of towns gradually becomes infected with organic matter in a state of putrefaction. Hence the water of springs and wells at length becomes polluted and unfit for use. With a separate, properly constructed and properly managed system of impervious pipes for the removal of all sewage, and with other sound sanitary regulations for the care and removal of solid organic refuse, there is no reason why the spring-water and well-water of towns should not remain clean and wholesome. Besides, when the earth of inhabited places is kept so clean as to preserve the purity of the water, no exhilarations will arise from it deleterious to health and dangerous to life.

GOOD SEWERAGE AND DRAINAGE.

This is not the place to describe in detail the separate sewer systems for the removal of liquid organic wastes from inhabited places. The engineer must conform to the requirements of sanitary science. Any system will be faulty which allows sewage to putrefy at all, either in
its source, on its journey from human abodes, or in its outfall. The plumber must use only good material, his workmanship must be skillful, and he must adapt his art to the ends of sanitation. All soil-pipes must be of iron, lead-jointed, and not only impervious to water, but also to gas. Soil-pipes should be carried up through the roof, with undiminished caliber, and be open at the end. Foot-ventilation never should be omitted. Traps should be as near perfect as known mechanical contrivances can make them. No pains should be spared to ventilate all waste pipes. Proprietor, architect, and plumber should be held conjointly responsible for sewer-gas in or around any habitation. Common sewer-pipes in the public streets should be impervious to both water and gas. Engineers and contractors, as well as the authorities ordering public works, should be held responsible for the quality of the material used and for the skill and honesty of construction. Too much pains can not be taken to make the sewer system of a town as near faultless as possible. The outfall is a matter of great moment. It may be, exceptionally, into a great river, as at Detroit or Memphis. Generally it will be best to return sewage to the land for disinfection and fertilization. Whether surface irrigation, or intermittent downward filtration, or a combination of these methods, will be best in a given instance, must be determined by sound engineering and sanitary judgment.

The great principle to be kept in view is the removal of sewage (not sewage diluted with vast quantities of surface and subsoil water) without pollution of the soil, without putrefaction, and consequently without generation of sewer-gas on the journey.

The entire excreta of human beings may be admitted to the sewerage system for water-carriage. The privy vault should not be tolerated in any civilized neighborhood. Where there is no sewer system, some form of earth closet ought to be used, and the contents frequently removed. The liquid portion of the excreta of horses and other domestic animals should be constantly removed by the sewer system. The solid portion should not be thrown upon the ground and bleached by rain, but be kept under cover, dry, and frequently carted away. In fact, no organic matter should be thrown on the ground, nor deposited in the ground near human habitations. The soil where man dwells is sacred, and it is sanitary sacrilege to pollute it. He who fouls the air that he breathes himself, or the water that he drinks, or the food that he eats, is a barbarian who might learn wisdom from the cat or decency from any swine not demoralized by contact with man. He who fouls the air that another must breathe, or the food that another must eat, or the water that another must drink, is a criminal, to be classed with those who maim and kill.

There are more reasons for such care in the removal of organic wastes from inhabited places than appear on the surface. The chemistry and hygiene of putrefaction are complex, involving many practical considerations. Wherever there is a collection of putrefying organic matter, whether on the ground, in the ground, within a faulty sewer, or under a habitation, there is a tireless foe to health and life. Not only are putrescent collections of garbage, decaying vegetables, manure, offal, and human excreta harmful in themselves, by reason of exhalations poisoning the air and leaching liquids polluting the earth; they are also depositories and multipliers of disease germs. Such collections may not produce infectious diseases de novo, but they lessen the vitality of people living in the neighborhood, and thereby lessen the power of resisting epidemics. It is a well-known pathological fact that nature struggles to eliminate disease by excretory processes. Accumulations of filth containing excreta may therefore harbor seeds of various communicable maladies. Sewer-gas, while it may not beget scarlatina, diphtheria, small-pox, and other contagious diseases, easily becomes the vehicle of conveying them, through obscure and intricate channels. Nor is this all. It is well known that a dung heap will take cholera, hold it for an indefinite period, and convey it to human beings; that is, cholera dejecta thrown upon a dung-heap will plant in it the germs of
THE DETROIT CLINIC.

the disease, there to take root and multiply, and may communicate themselves to man under favorable circumstances. A privy vault will take typhoid fever, have it badly for a long time, and communicate the disease to human beings. It is probable that a heap of putrescent garbage may catch diphtheria in the same way, multiply its germs, and communicate them to unsuspecting children. There is little doubt that every seething mass of organic matter is affected with yellow fever in the midst of an epidemic of that disease. It is believed by many experienced physicians that yellow fever is not communicated from person to person, but is always caught from surrounding objects.

So great is the influence of filth in these various ways that no epidemic can make any serious headway in the midst of cleanliness. One frequented privy vault, down with typhoid fever, is more dangerous than a house full of human patients. A big trunk full of dirty clothes, sick with yellow fever, is more to be shunned than a small hospital full of human victims of the disease. A village dung-hill, planted with cholera, is more perilous than a dozen cholera corpses. A foul sewer, swarming with scarlatina germs, may be more dangerous to a neighborhood than an infected school house.

It has been objected in relation to separate systems for drainage and the removal of sewage, that droppings of horses and other animals in the streets, steeping in the rainfall, will be a source of pollution to surface water, rendering it putrescible, and consequently capable of generating sewer-gas. The simple and effective remedy is cleaning the streets frequently and well. Most cities would thereby be greatly improved, both in appearance and salubrity.

It has also been objected, that, in quarters where the vitrified pipe sewer system for the removal of sewage does not extend, there the inhabitants must throw the liquid wastes of household life upon the ground. No such necessity exists. Even an isolated habitation in the country should have its sewer-pipes, and entirely separate from the drainage system, to convey kitchen slops, wash water, and other dangerous liquids to a place of safety. The reason why typhoid fever, diphtheria, and some other fatal diseases are so prevalent in country districts is that privy vaults so frequently seep into wells, and animal excreta of pig-pens and stables are left to poison the earth and the air. The ground about kitchens, super-saturated with slops, very often becomes putrescent in the summer warmth, breeding disease which superstitious ignorance attributes to Heaven. A householder may dispense with his parlor and its adornments, if necessary, but he can not afford to invite upon himself and family disease and death by neglecting to provide the means of keeping the site of his habitation dry and clean. Laborare est orare,—"to labor is to pray,"—said the wise old monk, and the most effective prayer for health is to supply every needed hygienic device for the sacred home of the family.

It is further objected that most of our cities are already sewered for the double purpose of removing storm water and sewage through the same conduits, and that we cannot afford to do the costly work over again. It is one of the fates of progress that faulty methods must be followed by reconstruction. No works last forever; and when we build anew we can do it better. In the meantime, the faulty old sewers, with their dangerous debouchement into the nearest streams, lakes, or ocean harbors, can be washed out, disinfected, and used exclusively for water-drainage, while a supplementary system, with safe outfall, for the removal of sewage alone, is constructed with proper engineering skill under the direction of sanitary science. The cost of such a supplementary system is not more than one-fourth of that of the prevailing system.

Many Obstacles

lie in the way, which must be overcome by effort and conflict. In the first place, civil engineers must be taught enough sanitary science to make them understand the limitations of their own sanitary ignorance. Otherwise, they will continue to use their large influence with town authorities to persist in making costly, fine sewers that are not and can not be adapted to the incompatible double purpose of

[Continued in our next.]
Dr. A. S. HEATON, professor of clinical medicine in the Detroit Medical College, died at his residence in Detroit, July 9th, 1882, in the 54th year of his age and 33d of his practice.

He first became a little poorly, without definite ailments, in 1876, and left with his wife and daughter for a nine months stay in Europe. He returned wonderfully improved, and enjoyed excellent health, till in the fall of 1880 he had occasional orthopneea and severe spells of coughing with slight white expectoration, and renal casts were sometimes found. He gave up practice the following May, 1881, and visited the south and also Wisconsin in search of health. At this time slight oedema of the feet began, and occasional difficulty of breathing and other symptoms of pulmonary oedema still remained.

He improved a little while staying at Waukesha with cheerful companions and drinking the water, but soon after returning in autumn the oedema increased and became more general, and ascites took place.

Dr. Farrand, who attended him, recognized in September a small cardiac murmur, and Dr. Smith, at Dr. Heaton's own request, looked for and found typical retinitis albuminurica. On Thanksgiving day in November we spent a long hour with him and found the dropsies considerable, with symptoms of pulmonary oedema and congestion. He had dyspnoea on exertion and frothy expectoration with some lividity of lips and occasional slight spitting of blood. There was a mitral systolic murmur quite plainly heard at the apex and at some distance to the left.

His appetite was fair, he was very cool and courageous, and was methodic and persistent in pursuing the details of his case, asking such questions as "our opinion of the action of digitalis on the glomerules of the kidneys" as well as on the heart.

Saw him again in February, when he was "up and dressed," and going about his room. Every particle of dropsy had shortly before left him, and from being very stout all his life, had now become strikingly thin, and was sitting he said " tailor fashion" for the first time in his recollection. He ate and felt well for quite a time, and one day in June stole out to the Woodward ave. fence in front of his house, as he said, " just to look round a little."

On the 1st of July he grew rapidly worse, and died at 5 A. M. on the 9th. We found him at 10 the evening before rather comatose, pulmonary congestion marked, dyspnoeic, and expectorating blood, and having eaten very little for a week. During the last week he had deep coma at times, but escaped the uremic convulsions, from which he had sometimes expressed the hope to be spared.

The post mortem showed small amount of serum in pleural, pericardial and peritoneal cavities, and somewhat enlarged and nutmeg liver; kidneys, with firmly adherent capsules, pale and shrunken cortical portions and granular feel on surface, but weighing about normal (5 ½ oz.); spleen, 17 oz.; heart, dilated a little on right side, and hypertrophied considerably on left, the whole organ weighing 17 oz., with small vegetations on free margins and bases of each cusp of the mitral valve; lungs, slightly emphysematous at the apices, and oedematous at the bases, and small regions of pleuritic adhesions of different dates.
Dr. Heaton was born in Loudoun county, Virginia, Oct. 17, 1828, and graduated at Pennsylvania University in April, 1850. His father, Jonathan Heaton, who was a doctor, graduated at the same college. His grandfather, Jas. Heaton, was also a doctor, but graduated with his preceptor, as was the manner then in this country, (1786).

The grandfather's certificate of qualification is very interesting and suggestive of the condition of the times, and we publish it here:

These may certify whom it may concern, that the Bearer hereof, James Heaton, from Loudoun County, Virginia, hath faithfully served me as an Apprentice in the Practice of Physick above three Years, during which Term he hath conducted himself with the strictest Temperance and Sobriety. And by indefatigable Industry hath acquired an extensive Share of the necessary Skill in his Profession. He hath been entrusted during the latter Part of his Time in the chiefest Charge of visiting Patients, and prescribing in their Cases in a large Practice of Medicine, and from his Success, that may under the Blessing of God be attributed to his intense Assiduity and faithful Discharge of the Duties of his Profession, hath given a very general Satisfaction in those parts; And thence merits our Recommendation, and is hereby recommended to the public Trust and encouragement of his Countrymen in his Physical Capacity here, or wherever he may choose to reside.

JONATHAN INGHAM, JUNIOR.

Bucks County,State of Pennsylvania,
May 10th, 1786.

Of the same Place, We, the Subscribers, have known Dr. James Heaton during his Residence in those Parts, and account him worthy of the above Recommendation:

Inhabitants of New Jersey.

Alexander Clark, Practitioner of Physick.
Carl Geally.
Joseph Hart.
George Taylor.
Andrew Larison.
Capt. Daniel Brink.
Abel Everitt.
Jacob Holecomb.
Samuel Landis.
Sam'l Holcomb.
Henry Waterhouse.

Inhabitants of Pennsylvania.

James Peller, Gent.
Nat'l Ellisott, Esq.
Mathias Cowell.
Geo. Wall, Junr.
Joseph Griggs.
Capt. Zebulon Pike.*
James Barrett.
Benj'n Kinsey.
Sam'l Harrold.
John Duer.
Mablon Worthington.

It is written on the first page of a four-page sheet of coarse heavy paper whose pages are 15x10½ inches in size and has been handed from father to son, till now it is in possession of Mr. Jas. S. Heaton, only son of the subject of this sketch, who has broken the doctor succession by lately graduating in law. Several near relatives are doctors, however, among whom is Dr. Townsend Heaton, of the Marquette Iron Region, Mich.

Before graduating in 1850, Dr. Heaton was engaged as physician at the Northwest mine on Lake Superior, and went there at once. He afterwards went to the Cliff mine, and subsequently moved to the Franklin and Pewabic mines. He left the mining district in 1868, attended lectures and clinics for six months at his old alma mater in Philadelphia, and settled in Detroit in February, 1869. He took Dr. Armour's practice then and conducted a leading practice till a year before his death. He was visiting physician for many years to Harper Hospital, and shortly before his illness began, he accepted from the trustees of Detroit Medical College the Professorship of Clinical Medicine in that institution, and much was expected from him before the students, both in the lecture room and the wards of Harper Hospital with which the Detroit Medical College is connected. Finding his health growing worse, he proposed to resign in September, but was asked not to do so by the faculty of the college, who desired to express for him, in a measure, their high appreciation and respect, by continuing his name in association with theirs.
At his death, meetings were held by the profession of Detroit, and the Detroit Medical and Library Association, of which he was an active member, pleasant recollections of him were recited and appropriate resolutions were sent to the family.

He was a man of exemplary character and good business habits, as well as medical skill, and leaves his family, consisting of his wife, son and daughter, in excellent pecuniary circumstances.

T. N. R.

The excellence of Dr. Wight's article on City Sewerage and House Drainage, has induced us to exclude some clinical matters till we have published it all, except small portions that refer more especially to Detroit.

T. N. R.

Book Notices.

We are in receipt of the First Annual Announcement of the College of Physicians and Surgeons of Chicago, and hope for "many returns of the same." The craft seems strong-built and well-officered and equipped, and we "hail it out" with pleasure, wishing it delightfully fair weather and a very pleasant sail.

The Third Annual Announcement of the Michigan College of Medicine of Detroit came last week, and we think our young sister looks thrifty and well.

The Fifteenth Annual Announcement of the Detroit Medical College is also at hand. With its access to the three large hospitals of Detroit and its staff of twenty-four teachers, it seems as if it might still continue to teach young men medicine with excellent advantage.

The college organization have bought the Y. M. C. A. property on Farmer street, opposite the public library, and have decided not to remodel, but to build anew upon it this fall. The building of the new Harper Hospital has also been unexpectedly delayed, and the lectures of the college which begin on September 13th, will in consequence be held in the old college building on Woodward avenue, in connection with Harper Hospital.

T. N. R.

Abstracts.

[Abstract from Detroit Board of Health Report for 1882.]

The Public Sewerage and House Drainage System of Detroit.

[Continued.]

Removing storm water and sewage; just as architects persevere in constructing monumental hospitals in defiance of medical, surgical, and hygienic requirements.

In the next place, the inertia of popular ignorance and apathy, and the conservative resistance to innovation, must be met and conquered. At the outset, the sanitary teacher and preacher is the sole reliance. His services can never be dispensed with. Special treatises, the proceedings of sanitary associations, and, above all, the constant reiteration of hygienic facts in the periodic press, are rapidly creating a public opinion which will be irresistible. The family doctor is already looking for the causes of diseases in the sanitary surroundings of habitations. The servant of Christ, like the good Bishop Ireland, of Minnesota, begins to instruct his flock to observe cleanliness, as well as to pray, in order to avert the wrath of God in epidemics.

Finally, a public sanitary conscience must be created by the enactment and enforcement of wise sanitary laws. "I have given it my deliberate opinion," says Alexander Baine, "that authority or punishment is the commencement of that state of mind recognized under the various names of conscience, the moral sense, the sentiment of obligation. The major part of every community adopt certain rules of conduct necessary for the common preservation of, or ministering to, the common well-being. They find it not merely their interest, but the very condition of their existence, to observe a certain number of maxims of self-restraint and of respect to one another's feelings on such points as person, property, and good name. Obedience must be spontaneous on the part of the large number, or on those whose influence preponderates in the society; as regards the rest, compulsion must be brought to bear."
It is not proposed that "those whose influence preponderates" shall constrain the rest to adopt a particular sewerage system, but that they shall compel, by wise and regular administration, the general observance of sanitary laws for the common good. "Compulsion must be brought to bear" to secure respect for health and life, as well as for property and good name. The recent experience of England and of certain cities in the United States clearly demonstrates that enlightened public opinion fully sustains the judicial enforcement of sanitary codes.

Of course, the system here described is far in advance of any now practically adopted and executed, but it affords a high standard for comparison, and an ideal towards which sanitary engineering is ardently striving. The combined system of Detroit is the result of accretions, as the city has grown without a definite plan. Judged by a system entirely satisfactory from a hygienic point of view, it is defective enough; but, judged by other systems in use in American cities, it is among the best. The natural advantages of outfall and ground cannot be surpassed. The older portions of the system, while strikingly defective in the light of recent knowledge, are monuments of the enterprise, intelligence and public spirit of honored citizens. To point out the defects of our sewer system cannot be construed as in any way reflecting upon these who, in advance of their time, projected and executed it. To blame them would be quite as ungenerous and unjust as to blame Sheele and Davy for not knowing as much chemistry as Roscoe and Frankland.

In this connection, I gladly avail myself of a critical description of the sewerage system of Detroit, made by Mr. W. F. Craig, C. E., Assistant City Engineer, in an honest and courageous paper read before a State Sanitary Convention at Detroit, in January, 1880. The facts given by Mr. Craig have not been successfully disputed, and it would be much better to make them the basis of improvement than to pervert them into occasion of personal abuse. This gist of his criticisms will be found in the following extracts:

PUBLIC SEWERS.

"The construction of some of the older sewers has been very deficient, they being laid with dry buttons with the top arch grouted or laid in common lime, which has since dissolved or worn away, and are now much out of shape, as may be seen in Randolph and Riopelle streets, and I presume in most of the sewers built at that time—as well as rising the hill at Jefferson avenue and Fort street at a very steep grade, making them from that point too high to effectually drain many of the deeper cellars connected with them—as well as having numerous depressions which allow sediment to accumulate, and which is the case with nearly every sewer in the city. Among the most foul may be mentioned Labrosse. Seventh, Fourth, Lewis, Second, Second below Michigan, Grand Sewer, and Randolph street sewers, the deposit reaching 1 1/2 feet in depth and in some instances more, with numerous shorter places of the same kind in other sewers and all the outlets.

"Among the peculiarities of the sewers of this city is the manner of their connections. At Seventh and Michigan a sewer 3 feet 9 inches by 5 feet, discharges into a sewer 3 feet in diameter on the same grade. At Fourth street, south of Michigan avenue, a 4-foot cylinder discharges into a 3-foot cylinder as before. At the Eleventh street outlet there is received the Seventh street, Trumbull avenue, and Twelfth street sewers, and in my judgment it is not too large for Trumbull avenue sewer alone.

"The Grand sewer receives Cass street sewer and Shelby street sewer, and is of smaller section than the former (Cass street sewer), besides having an outlet impeded by water-pipes 8 inches in diameter passing directly through it, and which is the case with the same sewer east of Woodward avenue, 6 pipes passing through it at different places. Nearly every sewer connects with another at right angles and often on steep grades, making their effect at clogging the receiving sewer the more severe. At the corner of Third street and Canfield avenue the Third street sewer
curves up stream to make as near a right angle connection as possible. At the corners of Beaubien and Fremont and McDougall avenue and Fremont streets are curves that would do credit to a snake, and need to be seen to be appreciated. The Woodward avenue sewer below Woodbridge street seems to have no bottom except the original clay, being constructed with side walls arched, and has washed out in places. The bottom was washed out of the old Grand sewer in a dozen places, also the sewer at the corner of Fifth street and Michigan avenue, as well as innumerable small holes in the top of the older sewers.

"Sewers were built as far back as 1836, and are still in operation, although too large, as mentioned in Mr. Smith's report of 1861; but now, as improvements have been extending in their districts and more territory drained into them than intended when built, they have been found inadequate to carry the water or too shallow to drain the cellars, which has called out attempts to relieve them by connecting any other sewer in their vicinity that might relieve them for the time being, which already has made such a labyrinth of sewers that it would puzzle any one to tell where certain rainfall enters the river; and of such sewers, I should doubt the utility of running a sewer through Locust street from Crawford street to Trumbull avenue to relieve Crawford street sewer, when Trumbull avenue has an insufficient outlet for itself, besides depriving Fourth street sewer of its water and making it the most foul sewer in the city, and without providing some means of flushing it. This same is the case with Labrosse street sewer from Fifth street to Trumbull avenue, only the connection of Labrosse street sewer is so low at its outlet, and being stopped with quick-sand, that it contains about 1 1/2 feet of matter that most persons would prefer to see at a distance. Although these sewers may do some good it is principally to the extent of their capacity in holding water, and under pressure undoubtedly deliver some of it to its outlet.

"I should also doubt the healthfulness of draining the old Grand River avenue sewer into the Cass street sewer and leaving it open to be flooded or back-watered, allowing the matter to settle, when on the receding of the water it becomes a first-class gas-machine. I should also doubt the utility of spending big money for a cut-off for Randolph, Brush, Beaubien, and St. Antoine street sewers, in Woodbridge street, when the same several sewers at Fort street east are only about 8 1/2 feet deep to their bottom, when by extending the cut-off up to about Gratiot avenue, where the ground is higher, and consequently the sewers have more depth, and by so doing utilize the sewers above that point, and devise sewers suitable to the requirements of the points below.

"Every outlet in the city is insufficient for the capacity of the sewage leading to it, they being built nearly or entirely submerged, which allows the water to back in them from 200 feet to 3,000 feet, thus allowing the sediment to settle in them (from the slack current in the ordinary flow), and give off the dangerous gases as well as chokes the outlet, when required by storm-water, and as a consequence most of the sewers have been under a pressure of water or back-water from 6 to 30 feet, backing into drains, cellars, etc., and doing much damage as well as driving all sewer-gas into the most convenient opening, traps to the contrary notwithstanding. And taken with their right-angle connections, I should judge that they will not carry within from 30 to 50 per cent. of what they should carry, and were evidently calculated to carry, which is a very important item when they will now carry freely and without flooding as much as is demanded of them.

"Lately side man-holes have been constructed in all the deeper sewers for the purpose of making a cheaper connection for receiving basins and laterals, giving the water a dead fall of from 3 to 25 feet, vaporizing the sewage, which may be carried up the sewers, without providing means for ventilation, or to give direction to the water falling, that it may not impede the water-flow in the main sewer, as well as preventing an inspection without a bath when there is water flowing in them. In
several instances main sewers are connected the same way, as may be seen at the corners of Woodbridge with Beaubien and St. Antoine streets, at the corners of Fremont street with Russell street and Grandy avenue; at the corner of Randolph and Woodbridge streets a 5-foot sewer discharges into an 8-foot sewer direct in the top with at least seven feet fall in the clear, notwithstanding the 8-foot sewer was intended to drain four other sewers back of this connection, and I think it a disgrace to any one having to do with it.

"To my knowledge, there has been no attempt to ventilate or flush our sewers, nor is there a flap-valve to prevent sewage-gas from flowing free, which allows it to concentrate. Formerly ventilation was partially accomplished by means of the receiving-basins being untrapped, but so many complaints were made that finally those in the greater portion of the business part of the city have been trapped, as well as along most of the paved streets where stone receiving-basins have been placed. All grates in the unpaved streets are placed over the open ends of pipe and are not trapped, and generally being in back streets are not so much heard of as a nuisance, although frequently the gas is well concentrated, and I have noticed it very strong on the sidewalk in certain stages of the atmosphere. Although I am well aware that at the ordinary temperature of the sewers (about 65 degrees), certain stages of the atmosphere will cause a down draft, it has been, and is, I think, generally up in both public and lateral sewers, and I am perfectly satisfied in my own mind, after a careful examination of the sewers, that with the good general grade and the volume of their ordinary bow, if they had sufficient outlet, and such matter as was given to them was given fresh, and the laterals and dead ends of the publics flushed, with some of the connections altered, and the numerous small obstructions, such as small piles of brick and mortar, and other collections removed, that no nuisance would be caused by untrapped receivers and grated man-holes, which would have the effect of thoroughly ventilating them, and obviate largely the danger and nuisance caused by them.

"Considering that the sewers between Beaubien and First streets, and between Fourth street and Trumbull avenue are all connected by these tap sewers, and the gas may be freely transposed, I wonder what the effect would be should an epidemic strike the city that could be carried by sewers. I am informed by Assistant City Clerk Kelly that the death rate is less than any other city, and at the same time that he says that the average is about 180 per month, and as they are compiled from the entries in the cemeteries, and not all of them, I doubt the correctness of the rate, and think it more."

LATERAL SEWERS.

"It has been and is the custom in this city to build lateral sewers in all alleys as soon as application is made for the same, the property adjoining being assessed to pay the cost. They are usually built of brick, egg-shape and fifteen inches by twenty inches in size, and having a grade of one foot in 200, which is sufficient to keep them clear with any ordinary matter. No provision is made for inspecting them by means of man-holes or lamp-holes or for their ventilation or flushing, except in some instances street grates or receiving basins have been connected with them, and where such connection has been made I have not heard of their clogging up from that point to their outlet. Mr. Glaser, who has the most perfect knowledge of the city's sewers, informs me that from their dead ends to about their middle, a distance of from 100 to 600 feet, it is usual for them to be more or less filled with deposit, and I noticed that when they connect at the bottom of the main sewer, which is frequently the case, the deposit reaches from the commencement, but which is caused by the manner of supplying the matter to them. Mr. Glaser also informs me that traps, when placed between privy vaults and sewers, have not operated successfully more than six months; and now very few, if any, are in use in such position, leaving an opening in the vault for sewer gas to rise at any of the numerous connections thus made. All the laterals are connected with the public at the most convenient place.
from the top to the bottom of the public, and at or nearly at right angles with the main sewers. There is no fixing the size of the sewers relative to the work required of them, they being of the same size for sewers whether 200 or 1,200 feet in length, intending to drain $\frac{1}{3}$ of an acre or 8 acres. I have noticed that in building lateral sewers it is the custom for the connections that are called for by the residents to be made by the contractor; and as usually the sewers are not called for until overflowing vaults make it a necessity, the contractor will run the crock to the vault, when from 1 to 3 cubic yards of the putrid mass will be allowed to enter the sewer at once, which causes an unbearable stench as well as furnishes material to clog up the lateral and work its way into the sags and dead water of the main sewers (cause enough for sewer gas). I understand that Mr. Ledbeter, who had formerly the charge of sewers, would not allow a full vault to connect with a lateral, and he is entitled to that much credit. It is needless to state that laterals having no defense are in some places well supplied with sticks, stones, brick, and other solids; and I estimate that of Detroit's 90 miles of lateral sewers, 50 miles are elongated cesspools, and the balance lacks but little of it from the matter passing through them and absorption of brick; and it is of the highest importance that some means be taken to flush and ventilate them, as well as to regulate the connections made with them and so arrange, if possible, that all decomposable matter be supplied in as fresh a state as possible, and not allowed to lie in the vaults until putrid, as is now generally the case, they not being constructed upon any approved plan, and not drained to their bottom when connected with sewers, except in few instances."

One of the gravest defects of the sewer system of Detroit is that the mouths of the main sewers empty into the river in part below the water line. Just so far as the outlet of the sewer lies under water, to that extent it is obstructed, causing a damming back inside of the sewer to force a full outflow. Such damming back also causes a pressure on the air or gasses in the sewer above, forcing traps in drains leading from houses. Besides, the partially submerged mouths of sewers become more or less filled up with sediment, mechanically obstructing them and lessening their capacity to carry off storm-water. And around the mouths of the sewers, in the dead water near the shore, there is going on a constant filling up process, by deposit of sediment.

In my judgment, lateral sewers should be of sound cement or vitrified pipes, adapted in size to the area to be drained, well laid and tightly jointed. They should connect with the main sewers at an acute angle, so as not to obstruct the flow by transverse currents. Proper Y connections should be provided opposite all premises to be drained. And I earnestly recommend that a separate system, to be used only for sewage, be kept steadily in view as a future possibility. Existing sewers will remain useful and necessary for storm-water drainage. It may require one, two, or even three decades of time, but Detroit will at length adopt and execute a better system.

A far greater sanitary danger to the city than the imperfections of the sewerage system is the introduction of sewer-gas into habitations by faulty methods of house-drainage. Privy vaults are constructed in thousands of back yards and connected by untrapped crocks with the sewers. Flushing water is not provided. Once or twice a year a putrid mass of excrement is washed out into the sewer, liberating great volumes of poisonous gases, frequently loaded with the germs of scarlet fever, diphtheria, and other infectious diseases to be forced into habitations, perhaps blocks away, through waste-pipes insecurely trapped, or not trapped at all, to do their deadly mischief in unsuspecting households. In many a house, especially of the tenement class, there is a waste-pipe, often untrapped, from the kitchen sink to the privy vault, giving free ingress to the odors, poison-laden, that no pains should be spared to exclude.

This matter is of such grave importance, that I here reproduce in a condensed form
a few paragraphs on the subject written elsewhere.

SEWER-GAS.

That peculiar organic vapor generated by the putrefactive fermentation of animal excreta is not very well understood by chemists. At Paris, the gas which bubbles up from the sewage-beds in the bottom of the river Seine has been found to contain in one hundred parts:

- Carburetted hydrogen ........... 72.00
- Carbonic acid ................... 12.30
- Oxide of Carbon ................ 2.54
- Sulphuric acid ................. 6.70
- Other substances ............... 5.57

But the chemical composition of sewer-gas does not fully indicate its deleterious nature. It is not only a poison in itself but is also known to be a vehicle for conveying the disease-germs of typhoid fever, small pox, scarlatina, diphtheria, and other contagious and infectious maladies. It is less obvious to the senses than carburetted hydrogen, but in small quantities is more deleterious in its effects.

How to keep this poisonous gas out of buildings connected with public sewers is a problem that interests a large number of people in this city. "An old fashioned sewer," says Geo. E. Waring, a very high authority in sanitary engineering, "has been well called a retort for the manufacture of sewer poisons which are 'laid on' at every house by an ingenious system of pipes delivering an intermittent supply through every water-closet, bath-tub, and wash-basin, and producing its annual crop of zymotic diseases." "It is very well," says Dr. Sandwith, "to boast of traps and similar mechanical arrangements, but remember there is such a thing as corrosion of metals, and the smallest defect, no larger than the interior of a straw, may introduce into your houses vast volumes of gas."

From all of which the prudent householder may conclude that his family is safer without the connection with the public sewers. His conclusion is unquestionably correct, unless he has the intelligence to find and the means to pay for the services of an architect, a builder, and a plumber, who know enough to construct a "modern" house without filling it and poisoning it with sewer gas.

HOW TO KEEP IT OUT.

A water-trap is almost universally relied upon to prevent the ingress of poisonous vapors from the sewers through drain-pipes into houses. Such "traps" are only a delusion and a snare. The water in them is by no means an effective barrier against the dreaded gas. Every boy who blows through a straw into a tumbler of water knows that his breath bubbles up from the bottom of the glass. When, from any cause, the pressure of the air is less inside the house than it is in the sewer, it will pass in through the trap almost without obstruction. A sudden fall of rain, filling the sewers, causes pressure of the gases therein and forces them through water-traps into our habitations. The fall of temperature at night, especially during the colder part of the year, produces a greater contraction of air in the dwelling than in the underground sewer, which causes a slow but continuous ingress of the invisible enemy. Draught of the chimney, sucking in air to feed the cheerful fire in winter, when all the doors are closed, also sucks in the sewer-gas, through the inverted syphon filled with a slender column of water below the wash-bowl. Moreover, it is a well-known chemical fact that liquids absorb and transmit gases. Recent experiments at Glasgow and New York prove that sewer-gas passes abundantly through the water-trap in a trap, even there is no outside pressure or inside suction to help it along. Besides, every time water is thrown down through a waste-pipe, syphon action is liable to empty the trap entirely, leaving, perhaps for hours, a free aperture from the foul sewers into that portion of the house most used. If the wash-basin or water-closet is not used for a day or two, the water in the trap will evaporate and thus open the door to the subtle fiend. Bad workmanship may leave an open joint, decay may make a fissure, accident may cause a slight break, through which this ever-present ally of disease and death may steal its way to the innermost recesses of our homes and cause them to be draped with mourning.

Concluded next week.
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From the Centralblatt für Chirurgie. Translated by H. Erichsen, M. D.

Cartilage and Bone in a Tumor of the Mamma.

R. VON HACKER (Vienna) describes an interesting case in which cartilage and bone was found in a mixed tumor of the mamma, which originated as a cysto-adenoma and developed later on into carcinoma. The tumor, which had existed 23 years ago in the form of a small knot-like induration, grew slowly and became quite large. The severe pains which appeared late in the case were caused by retention cysts and by the formation of carcinoma. Before the operation, a diagnosis of long existing carcinomatous cancer was made. The author is of the opinion that the connective tissue of the cysto-adenoma was the starting point of a new growth in the tumor, which changed from myxoma to fibroma, from hyaline to cartilaginous and bony tissue. Dr. Hacker did not perceive any other mode of development of the cartilaginous tissue than that from the connective tissue, and does not think it possible that the tissue could have developed through metamorphosis of the epithelial cells of the lymphatic ducts, a process which often takes place, according to Wartmann, in enchondroma of the parotid gland. — _Archiv für Klin. Chirurgie_ Hft. 3.

An Abnormally Long Styloid Process as the Cause of Dysphagia.

D. WEINLECHNER relates two cases of the above trouble. In the first, a lady patient experienced since twelve days a severe pain, accompanied by a sensation of pressure in the right tonsil. On examination a hard body was found, the blunt end of which pressed forward against the mucous membrane. It could be traced outwards, could not be felt above but corresponded in all to the site, etc., of the styloid process. Weinlechner pressed it forcibly outward and it disappeared with a crash, plainly heard by all around. The dysphagia disappeared. After ten months the patient returned with the same trouble which had appeared since three days. Pathology and treatment were the same; neither after the operation nor on the next day could a hard body be felt.

In another case observed by the author it was impossible to fracture the bone. The author draws attention to the fact that this anomaly may impede incision of the tonsil from below upward. — _Wiener Med. Wochenschrift_, 1882.
A Case of Complicated Umbilical Hernia.

Dr. Pergami operated upon a case of reducible umbilical hernia, which could not be kept, back in the following manner: After reducing the hernia he applied an elastic ligature to the sac. When necrosis set in after two days, Pergami thrust two needles through the pedicle below the ligature and applied the figure of eight suture. The patient recovered.—Gazetta Degliospitali, 1882.

Abstracts.

[Abstract from Detroit Board of Health Report for 1882.]

The Public Sewerage and House Drainage System of Detroit.

(Concluded.)

The first requisite to guard against the ingress of sewer-gas is good material and faithful workmanship. Then a safe egress must be made for the "viewless" fiend. Send him elsewhere. Outwit him by giving him an escape into outer air. This can only be done by complete ventilation of the whole house drainage system. The soil-pipe, instead of having a closed termination within the house, must run up through the roof and the end be left open in the upper air. A "hood" may be placed above it, giving it a draught, like a chimney. The ascending gas can then not only find its way out, but it will be drawn out. It is well to speed the parting of the unwelcome and unwholesome guest. Whenever there is a smaller waste-pipe or soil-pipe in the house, leading from a water-closet, bath-tub, sink, or wash-bowl, a ventilation pipe should be carried from below the trap into the main soil-pipe running to an open termination above the roof already described. These smaller ventilating pipes not only draw off the sewer-gas in the smaller waste-pipes and soil-pipes, but also prevent syphon suction from emptying the traps. The house-drain should lead to the public sewer through a trap. And above this trap a ventilating pipe, outside of the house, should be carried up above the highest windows. There will then be a perfect circulation of air from the outside ventilating pipe, through the soil-pipe, ascending above the roof.

Ventilating pipes have sometimes been carried into chimney flues. This is wrong, for often there is a down draught through the chimney at night, caused by the cooling and consequent contraction of the air within, which would bring the gas directly into the living-rooms of the house. The roof-leaders have sometimes been used as ventilating pipes outside. This is wrong again, for the roof-leaders may be filled by falling rain just when the compressed gas in the sewers, flushed from the same cause, is escaping most freely.

In nine out of ten, probably in ninety-nine out of a hundred houses in this city connected with the public sewers, the gas in question is a perpetual guest. Like the traditional ghost, it comes through closed doors. It comes to stay. Nothing but the subtle cunning of science can bar its ingress. It is worse than the skeleton that is said to be in every man's closet. It is more unwholesome than a rotten corpse. The cadaver might be enclosed in a single room. The poisonous gas is everywhere. The effluvium of the corpse does not lie in ambush. The gas comes from the organic decay of the whole neighborhood. To-day it brings with it the contagion of typhoid; to-morrow it introduces diphtheria; next day it smuggles in scarlatina. It gives no warning, and its unknown presence is not shunned. It sleeps with you, creeps into every cell of your lungs, and lays shadowy fingers on every drop of your heart's blood. "Animal matter," says Dr. Robert Smith, "which chiefly is found to be dangerous, is, in fact, the faces of dejecta of human beings and of cattle. It might be supposed that these substances had already been decomposed, but such is not the case. The decomposition is very imperfect, and, when they are allowed to stand, putrefaction sets in, closely allied to, perhaps exactly the same, as that which takes place in other animal matters, such as blood, or
in a mixture of flesh and water. When these substances decompose, the result is, so far as we know, nearly the same as the decomposition of the entire animal body. We are not able to tell the difference between the products of putrefaction from our cess-pools and those from our grave-yards." Excreta are the wastes of the body, and in decay more dangerous than the body itself. Sewer gas, the product of the putrefactive fermentation of excreta, is more poisonous than the effluvium of a decomposing dead body.

**SHOULD VENTILATION OF SOIL-PIPES BE COMPULSORY?**

The spirit of our institutions is in favor of personal liberty. The public authority, or the governing agency, should not interfere with private rights. It is a belief entertained by many, that a man has a right to do what he pleases on his own premises. This doctrine, in order to be tenable, must always be qualified by the further proposition that a man has a right to do on his own premises, or elsewhere, what he pleases, provided he pleases to do nothing injurious to others. He cannot do what violates the rights of others, simply because he does it on his own premises. For example, no man has a right to store gunpowder in his kitchen. He has no right to undress before an open window in his house looking out towards his neighbors. He has no right to allow accumulations of human or animal ordure on his premises, to the sanitary detriment of the public. He has no right to kill his own child because he does it in his own house. Neither has he a right to endanger his own household and perhaps set up a center of contagious or infectious disease, by neglecting or willfully refusing to employ the proper means to keep poisonous sewer-gas out of the house. The public agency has a right to forbid him the use of public sewers, unless he will conform to regulations manifestly for his own as well as the public good. The caprice of the individual must be subjected to the well-being of the whole. He who intelligently demands personal liberty for himself must respect it in all. Freedom and obedience to just law, properly tempering each other, constitute enlightened liberty.

Civic authorities, in all civilized countries, have imposed regulations for the general good. Cities, therefore, fix fire limits for the public safety. They regulate the sale of intoxicating drinks by requiring licenses. Here and elsewhere, conditions are imposed on the use of public water. There is no reason why regulations for the use of public sewers should not embrace a requisition to ventilate soil-pipes in the houses of individuals. Such a requisition is rigidly enforced in various cities of Germany and England. There is no reason why it should not be enforced here. No man has a right to poison his wife and children with sewer-gas, any more than he has to feed them with diseased or putrid meat.

Therefore, I recommend the Common Council of this city to pass a carefully drawn ordinance, requiring every citizen who is permitted to connect his house with the public sewers to comply with regulations that shall secure his household against unsanitary conditions. Most admirable are the conditions required by the authorities of Frankfort-on-the-Main, under which. buildings, yards, gardens, etc., are allowed to be drained into the new sewerage system. Complete plans must be furnished by the owners of property, a duplicate copy of which is kept among the documents of the sewer department. The plans presented must contain all the works projected. Excellent from a sanitary point of view is the requirement that "all drains are to be so arranged as to accomplish the most complete drainage practicable of the buildings and grounds." The method of drainage and the materials to be used must be approved by the sewer department. Tarred iron pipes, lead-jointed, are recommended as the most durable and safest, and, in and near the houses, must be everywhere used as described. Earthenware pipes are permitted, but within the house they must be encircled with a layer of concrete at least ten centimeters thick. All drains must be jointed water-tight. Drains must be shut off by flap-valves, which can be
screwed down securely, whenever there is danger of a back flow when the sewers are unusually full. Rain-water spouts must be carried underground into the sewers, and must be of iron with cemented joints. All pipes must have a fall of one in twenty, except by special permission and with provision for abundant flushing. Cisterns for rain-water must be made with overflows dipping below the surface of the water and secured by syphon-taps. Fluid substances from houses, yards, passage-ways, etc., are not allowed to run into the public streets, but must be carried underground into the sewers. Immediately after completion of a house-drainage system, all vaults must be emptied and filled with earth. The connection of any water-closet can be permitted only when the water supply is sufficient to completely flush all matters through the local drains into the sewers. Exactly to the point under discussion is the regulation that "the vertical soil-pipes of all water-closets, even if small in diameter, must be carried up above the roof and beyond all windows, for the sake of ventilation." These and many other admirable regulations, to the number of twenty-five, are required of every person to whom permission is given to use the public sewers. The authorities imported an English engineer, Mr. W. Lindley, who, in cooperation with Dr. G. Varrentrapp, worked out for Frankfort-on-the-Main one of the finest sewerage systems to be found in any city of the world. A suitable inspector, conversant with the builder's profession and the plumber's art, connected with the Department of Health, should co-operate with the Board of Works in carrying out a reform of this kind, which would sensibly decrease the sick list and death rate of our fair city. The cost to the public treasury would be but a few hundred dollars per annum. Owners of property would be more than compensated for the additional cost of "doing well what it is worth while to do at all," by the increased security of their households, by the greater comfort of living in an atmosphere free from sewer poison, by diminished doctors' and undertakers' bills, by the enhanced value of their homesteads. If new houses were built under such guaranties of safety, they would be sought for by tenants in preference to all others, at a higher rent.

Tenosynovitis: its Causes, Nature, Symptoms and Treatment: Based upon an Analysis of Fifteen Cases.—Tenosynovitis may be defined as an affection usually occurring in the forearm, and characterized by a peculiar creaking of the tendons as they move in their sheaths, depending upon a particular kind of strain to which the muscles belonging to these tendons have been subjected.

Cause.—The predisposing cause of the affection is the occupation of the individual, and in studying, therefore, fifteen cases occurring in subjects of otherwise average health, the nature of their employment is worthy of special attention. In three of the fifteen, the disease occurred in men employed in a dyehouse, whose work consisted in wringing the goods, which had been soaked in dye; in two, the patients were weavers, who throw the shuttle from side to side with the index finger of the right hand; one case occurred in a baker, from kneading bread; one in a boiler riveter, from hammering; one in a car driver, from using the brake; one in an iron molder, from the continued use of the shovel; one in a plaster worker, from stirring plaster with a hoe; one in a washerman, from using a clothes wringer; one in a laborer, who continued to work after receiving a severe contusion of the forearm from the fall of a heavy iron pipe; and one each in a rope twister, a marble rubber and a painter.

In contrasting the above-named occupations with many others, requiring far more muscular effort, and giving employment to many more workmen than these, the idea suggests itself that it is not the mere amount of strain to which the muscles and their tendons are put, that predisposes to the disease, but rather the kind of effort, which is of a tedious, continuous, monotonous sort. On the other hand, trades which would appear likely
to furnish subjects for the disease more frequently than those which have already been spoken of, fail to do so. This, in some instances, can be explained. Gold beating, for example, where an eight pound hammer is used almost uninterrupted for five hours, and is carried from above the shoulder down to the level with the waist, would seem to contradict this view, as the disease is unknown to one of the largest gold leaf manufacturers; a careful study of the movements of the operatives in performing this work, however, shows that the strain is not upon the muscles of the forearm, but rather upon those of the shoulder and arm; as the hammer descends simply by gravity and returns by recoil from the elastic block, composed of alternate sheets of gold and animal membrane, to a point where the biceps and deltoid muscles complete the elevation.

The exciting cause of the attack is usually the resumption of work to which the individual is thoroughly accustomed, after a shorter or longer interval, when he is out of practice, and when the parts involved in executing special movements have become less actively nourished; though in the case of the washerwoman, the clothes wringer was used for the first time, and the rope twister was doing work that was new to him. In the laborer the attack was of traumatic origin.

Pathology.—The means of determining the exact lesion in this disease are necessarily to a certain extent conjectural, but as the pain and crepitus are coincident in their onset and subsidence, as there is no impairment of motion after recovery has occurred, and, as the parts under treatment regain their normal condition in a very short time, it seems highly probable that there is no true inflammatory process at all, certainly none beyond the stage of congestion, and that the creaking which exists is due to insufficient lubrication, with consequent dryness, not, as has been supposed, to exudation of lymph. Under rest and counter-irritation the congestion very soon disappears, the synovial surfaces pour out their proper fluid, and the tendons once more move smoothly and noiselessly, in their sheaths.

Symptoms.—Soreness, amounting to positive pain upon motion or pressure along the course of the affected tendons, inability to use the part, and the presence of the peculiar creaking, which is communicated to the finger on palpation, are the symptoms which denote the existence of tenosynovitis.

Diagnosis.—From its common seat upon the dorsum of the forearm, this affection may be mistaken for fracture of the radius. The history of the case, however, showing that there has been no blow or fall, as a rule; the quality of the crepitus, which is much softer and finer than that of fracture, and like that of cellular emphysema after fracture of the ribs, or that produced by rubbing two pieces of cloth between the fingers, and the way in which the crepitation may be elicited—all leave little chance of error. The disease will not be mistaken for a strain of the muscle, if a careful physical examination is made.

Treatment.—From what has been already said, it will be seen that the disease is at once acute, painful, and disabling. It, however, yields, as a rule, readily to treatment; for the patient can seldom work more than a day after he is attacked and finding that he exhausts the usual home embrocations, without relief, promptly seeks aid elsewhere; this enables the surgeon to institute treatment before an advanced stage is reached and permanent mischief done by a depositition of plastic matter. Absolute rest of all the parts concerned, is the most important element in the treatment; a palmar splint, therefore, from the elbow to the tips of the fingers is applied, when the forearm is the part affected. Counter irritation is next indicated, and may be employed in one of two ways. If the skin is red, a band one inch broad of tincture of iodine should be painted in an oval form around the area over which the creaking is felt; while a lotion of lead water and laudanum is applied within this band. In cases where there is but slight creaking, and no redness of skin, tincture of iodine may be painted directly over the diseased
part, without the employment of any lotion. The dressing is reapplied each day, until all pain, tenderness, and creaking have disappeared, which generally occurs at the end of four or five days. After this a roller bandage alone is continued, until the parts have regained their tone.—Wm. Barton Hopkins, M. D., in Clin. Lancet and Clinic.

**Bacillus of Tuberculosis.**—Dr. Osler claims to have verified Koch's discovery, and has demonstrated the bacteria to the senior students of McGill College, Canada. The doctor found the bacillus unlike either the putrefactive or splenic fever type. We hope that whenever any tuberculous deposits are found that practitioners will examine them microscopically and publish results.—Canada Med. and Surg. Jour.

**Case of Pregnancy in a Woman Aged Sixty-Two.**—Dr. John Kennedy (Edinburgh Med. Jour.) reports a case of this kind. Labor normal and easy. The woman was born in 1818, and had menstruated regularly up to the time of conception. She had been the mother of twenty children and had miscarried three times. Her age was undoubted from records in the hands of Dr. Kennedy.—Virginia Med. Monthly.

**Fœtus in Fœtu.**—Dr. Lubimoff, Kasan, Russia (Vratch Vedomisti), reports as follows: A little girl born at term and living, had a perineal tumor, the th'right half being hard, the left soft. On autopsy the right half contained different portions of a fetus, a well developed foot, with six toes; a rudimentary arm, and a stomach. Between the two tumors were small dermoid cysts containing epithelial cells, striated muscular fibres, bits of cartilage, and bones containing marrow in their interior.—Chicago Med. Review—Virginia Med. Monthly.

**A Tough Placenta and a Tough Woman.**—At a late meeting of the London Obstetrical Society (June 7) Mr. Hopkins Walters exhibited a uterus with one ovary and Fallopian tube and a piece of omentum, that had been torn away by a midwife in the attempt to remove an adherent placenta. The patient made an excellent recovery.—N. Carolina Medical Journal.

Prof. Dr. Braun, of Dorpat, has discovered, that the early asexual forms of Bothriocephalus latus are found most frequently in the liver, spleen, muscles, intestines and sexual glands of the pike. This accounts for the occasional endemic prevalence of the disease in those districts where the pike is common and extensively eaten by the lower classes.—London Lancet.

The Medical Faculty of the new Western University of London, Ont., has been organized and the prospectus issued for the first session.

Dr. T. C. Smith, of Aurora, Ind., gives sulphate of soda for acute articular rheumatism.

B. Sodii sulph. 3 jas
   Acidi sulph. arom. mxx
   Sacch. alb. q. s.
   Aq. 3 viij.

M. Sig. Take at once hot on an empty stomach. This is followed by 3 j of soda sulphate, dissolved in water, well sweetened, every three to four hours.

Dr. Atkinson employs the following in the treatment of diphtheria:

B. Acidi boracii, gr. xv-xx
   Glycerina, 3 j
   Infus. roseo, 3 viij.

M. This can be employed as a gargle or may be applied by means of a brush several times daily.—Journal de Therapeutie.—Clin. Lancet and Clinic.

A case of rupture of the uterus, complicated by escape of the intestines beyond the vulva, which luckily ended in recovery, is reported by Dr. D. W. Bullock in the North Carolina Medical Journal.

Prof. Volkmann, of Halle, is to fill the chair of surgery at Berlin University, to be vacated by Prof. Langenbeck.
The Detroit Clinic.

A WEEKLY JOURNAL.

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GEO. S. DAVIS, Medical Publisher, Box 64.

The Congress of German Surgeons.

The report of the eleventh Congress of German Surgeons lies before us and gives evidence that the meeting was well attended and that the subjects discussed were many. It is impossible for us to give an abstract even of the papers read at this gathering, so numerous were the communications. B. V. Langenbeck and Zeller, of Berlin, sounded their voices in favor of iodoform. Prof. Langenbeck stated that he was in the habit of using small quantities of the new antiseptic, and on that account had not seen a single case of poisoning by iodoform. The new turf mull bandage was spoken of by Dr. G. Neuber, of Kiel. The bandage once applied is left on till healing is complete. Two hundred and twelve major operations were treated in this way, and in 85 per cent. healing had taken place when the bandage was removed. Dr. N. thinks that the turf-mull does not cause inflammation, pieces of this substance having been introduced into the peritoneal cavity of rabbits and guinea-pigs without peritonitis following. Dr. Sonnenburg (Berlin) advocates permanent baths for the treatment of surgical diseases. Dr. Gluck (Berlin) recommends salicylate of soda as a specific, not only for acute articular rheumatism, but also for pyaemic diseases of the joints. Helferich (Munich) reported a case of successful transplantation of dog's muscle into man. Lange (New York) doubted that such an implanted piece of muscle could perform its function. Gluck said that he had proved by experiments, which were carefully made by himself, that such is really the case. Stüller spoke of syphilitic diseases of the joints, and illustrated his remarks by several cases. Shede (Hamburg) read a paper on the after-treatment of extirpation of the larynx. Mikulicz (Vienna) lectured on the gastro-scope and the oesophagoscope, accompanied by demonstrations on or rather in the living subject. Lanenstein reported a case of resection of the pylorus. Death occurred on the eighth day after the operation. Rydygier (Culm) presented a patient whose pylorus he had successfully resected for ulcer of the stomach. Crede, Jr., (Dresden) reported a successful extirpation of the spleen made by himself. Essays on various subjects of surgical interest were also read by Güterbock, Braun, Küster, Kraske, Hagedorn, Landau and many others.

Room for Just One More

A NEW medical journal, the organ of the College of Physicians and Surgeons of Baltimore, has recently been started in that city with G. H. Rohé as its editor. It will appear monthly, is called the Medical Chronicle and introduces itself with the following words: "There is at present no other monthly medical journal published within the limits of Maryland, Delaware and the District of Columbia. There appears to be no reason why in this city—the metropolis of the South—a well-conducted medical monthly should not succeed. The editor believes that it will and in this faith presents herewith the first number of The Medical Chronicle.

Probatum est. We hope that this new aspirant to the favor of the medical profession will not be disappointed. May it grow and prosper.

This meeting was called to order by J. T. Woods, M. D., of Toledo, O., in the City Council Chamber of Decatur, Ill., Jan. 25, 1882, at 9 o'clock A. M.

Before a permanent organization was effected Dr. Woods read a paper on the "Organization of Railway Surgery." The paper is a common sense view of the relations of a railroad corporation and the surgeon, in a business aspect, as to the care of injured railroad employees, together with a history of the organization and progress of the Surgical Railway Services of the Wabash and its tributaries since 1875. On the reassembling of the meeting at 2 p. m. Dr. Woods presented an able paper on the "Transportation of the Injured."

The following officers were elected: Dr. J. T. Woods, of Toledo, President; Dr. W. J. Chenowith, Decatur, Ill., Vice-President, and Dr. C. B. Stemen, Fort Wayne, Ind., Secretary.

The Society adjourned to meet at the call of the President.

The Hippocratic Oath.—I swear by Appollo, the physician and by Esculapius and Health, and Allheal, and all the Gods and Goddesses, that, according to my ability and judgment, I will keep this oath and this stipulation; to reckon him who taught me this art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers and to teach them this art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the art to my own sons and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others. I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give a woman a pessary to produce abortion; with purity and holiness I will pass my life and practice my art; I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption, and further, from the seduction of females or males, of freedmen and slaves. Whatever, in connection with my professional practice or not in connection with it, I see or hear in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times.

But should I trespass and violate this oath, may the reverse be my lot!—Southern Clinic.

Syphilis from skin grafting is a possibility, as shown by a case reported in the British Medical Journal. Grafts were taken from several different persons, and, some of them taking cicatrization, progressed rapidly, when grayish ulcers appeared, followed ten weeks after the first grafting by a roseola and subsequent syphilis. One of the contributors had a chance a year and a half previous, with mucous patches around the anus.—Medical Annal.

Ipecacuanha as an Oxytocic.—Dr. L. F. Pitkin, of Newark, N. J., reports a case in the Medical Record where a hard and resisting os was softened and dilated, and a tedious and painful labor speedily brought to an end by the administration of three 5-grain doses of ipecacuanha at intervals of about twenty minutes.—Obstet. Gazette.
A Foetus Without an Umbilical Cord and a Novel Arrangement of the Membranes.

By A. F. Kinne, M. D.

Mrs. A. W. B., 20 years old, and in fine physical condition, called me Aug. 3, 1882, in the morning. She had been having pains all night, which had come to be pretty regularly intermittent; and there had been some show; and if in the family way at all, she very properly feared a miscarriage. But her reckoning called for a six months' abdominal enlargement, which was deficient; and the foetal motions, if felt at all, had been very feeble and indistinct; so much so that there still remained some doubt in her mind as to her condition. A digital examination, however, settled the matter that the pains were due to uterine contractions. The uterine neck was found to be entirely obliterated, and the os soft and dilatable. But nothing presented. Being confident that a conception of some sort was present, it seemed to me that this was a curious feature of it. Both the os and the uterine fundus were high up in proportion to the degree of the abdominal enlargement, but by examining bimanually, I could pass half a finger's length into the uterus without touching anything.

I was running two cases that morning, and was obliged to leave this patient just here and go to the other one. Ordered 20 grs. chloral.

Returning after a short interval, I could touch the edges of a membrane at the os and within, during the pains, a bag of water, and the foetal head. There had been no discharge of the waters in my absence or at any time previous. And the pains were now still more active, and there was some bearing down. I could easily have ruptured the membranes and got the foetus; but this would have been wrong. We were waiting for the separation of the placenta—the whole ovum; and for procuring or hastening this result, I know of no measure so effectual as firm supra-pubic pressure. And in this way we were successful in the present instance. The foetus came away enveloped within a long and narrow amniotic sack, and was followed immediately by a small placenta, closely attached by its center. But this is not all. Speaking from the specimen which is before me, we seem to have the remains of another sac attached to the edges of the placenta, and it is apparently rudimentary. Here is all I can find of it at any rate. It is of about the same width around the whole circle of the placenta, and is wide enough to line the upper half or two-thirds of the
uterine cavity. This is the chorion; and is not this the membrane that I could touch before I felt the bag of waters?

The inner sac, containing the foetus, is between 10 and 11 inches in length, and, in general, takes the form of the foetus within it, with the legs extended, being very strait about the foetal legs and ampler about the body and head. At the center of the placenta, where it receives the umbilical vessels, it is a mere neck, and, surgically speaking, this is the umbilical cord, but it has no appreciable length. The blood vessels pass at once, not into the cavity of the amnios, but in between the two membranes that compose its periphery, and out again into the umbilicus, some six inches lower down. Attached immovably by its umbilicus to the inside of so narrow an amniotic sac, and suspended heels upwards, in this unnatural manner, and without sufficient support from below, it is not strange that the motions of this foetus were never distinctly felt, and that it grew in six months to be only 10 inches in length. Indeed, its ultimate death must be attributed to this unnatural confinement and suspension. Here at the umbilicus there is a small opening through the membranes into the cavity of the foetal peritoneum, and its liver, stomach and intestines are hanging in a little cluster on the outside of the amniotic sac.

But after all, the principal abnormality is in the arrangement of the membranes, for the umbilical vessels are here, and that they should be only six inches in length is no novelty. But the manner in which these vessels are wrapped about and bound up with the foetus by the amnios, and in which these two sacs are nested like pill boxes together, must make this a rare case if not an entirely new one.

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Atropine Vaseline.

By C. R. Eggemann, M. D.

A TROPINE vaseline was first proposed by Goldzieller, of Budapest, and possesses numerous advantages over atropine sol. It is known that in phytenu-
lar, conjunctival and corneal inflammations, in spite of the continued use of the atropine sol., the physiological action is wanting, viz., that of mydriasis.

The cause of this is that none of it is taken up, consequently none is absorbed. Where the myosis, ciliary irritation and injection and photophobia are so intense as to counteract the power of atropine sol., it is of the greatest importance to possess such a form as atropine vaseline, which is more certain of the absorption of the mydriatic than the solution now in use, which is completely wasted away by the excessive flow of tears.

In cases where the atropine vaseline has been used for any length of time, attention is called to the value of its preventing the irritation caused by the action of atropine upon the lids and ulcerated cornea. The application, by means of a camel's hair pencil, or a small wooden spatula, to the outer portion of the lower lid, is easier and more certain that the instillation of the solution.

The usual atropine intoxication, due to instillation of the solution into the eye, is caused by the solution passing through the puncta into the nose and pharynx. This is absolutely avoided in using the atropine vaseline. In private practice the poisoning due to carelessness in mistak-

ing the atropine sol. for other drops is also avoided.

It is also useful in inflammation of the deeper structures of the eye, e. g., iritis, cyclitis, etc., in which the long continued use of atropine sol. excites a conjunctivi-
tis, combined with a diffuse dermatitis of the lids, cheek and forehead. In burns of the conjunctiva, it is the most rational and best remedy. It can be used in the same strength as the solution, from 1 to 4 grs. to the ounce of vaseline.

In writing the above prescription, give special directions to the druggist to rub it thoroughly.

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A family of six persons at Murceaux, France, died from eating poisonous fungi for mushrooms.
**Translations.**

Gleanings from French Medical Journals by H. Enchs, M. D., Detroit, Mich.

**Morphinism and its Treatment.**

It is in Germany, writes M. Landowski, that morphomania demands the greatest number of victims. The introduction of the terrible habit followed the war of 1866. Within the last decade numerous institutions for the special treatment of the morphine habit have sprung into existence, and are patronized by all classes of society. Among 157 morphomaniacs there were 35 physicians. According to Burkart the circulation is principally affected by morphine. It produces at first an acceleration, afterwards a considerable slowing of the heart beats. This is caused by the venous stasis and the multiple visceral hyperemia. Trembling, and an increase in the secretion of sweat are symptoms following the abuse of morphia constantly. The urine nearly always contains sugar; often albumen.

As regards the treatment of the habit, there are two methods in vogue at present; the forced and entire abstinence from the use of the poison and the gradual suppression. Forced suppression is dangerous and may be followed by fatal collapse. It is much better to diminish the dose of morphia gradually, and to administer between times small doses of opium. It is well to deceive the disease by injecting (hypodermically) pure water, rendered bitter by sulphate of quinine.—*Journal de Thérapeutique*, 1882.

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M. Dujardin Beaumetz recommends the combination of the bromides and chloral as being very useful in whooping cough. He gives one desertspoonful of the mixture in a glass of milk, to which the yellow of an egg has been added, evening and morning.

B Potassii bromidi, $\frac{1}{2}$ ss.
Sodii bromidi, $\frac{1}{2}$ j.
Ammonii bromidi, $\frac{1}{2}$ ss.
Aque, $\frac{1}{2}$ ij.
Chloral syrupis, $\frac{1}{2}$ ss.

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Dr. Mascarel employs the following method for the cure of fissure of the anus:

1. Wash the anus every day with lukewarm water, to which a tablespoonful of glycerine has been added.

2. After each defecation introduce a mass of charpie of the size and form of the little finger and well besmeared with the ointment given below, into the anus:

R Glycerine and oil of bitter almonds, 4 5 viiss.
Simple ointment, $\frac{1}{2}$ j.

3. Before introducing the charpie, annoint carefully the exterior of the anus with the same ointment.

4. If there is great constipation give five centigrams of the powder of the root of belladonna every evening. By this treatment the anal fissure is cured in from three weeks to one month.

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In the Medical and Surgical Reporter Dr. De Graff, of Elmira, N. Y., describes a new instrument made for him by Geo. Tiemann & Co., for the removal of large intra uterine fibroids. It is a forceps, the entire length of which is twelve inches. Length of blades from pivot, five inches. Inside diameter at greatest curvature, two and one-half inches. Width of blades, one inch. Dr. De Graff also reports a case in which his new invention was put to a test and found useful. He says: "Just ten days after the last attempt at removal of the tumor we again chloroformed our patient, introduced one blade of the forceps, then the other, without the slightest difficulty or delay, brought their opposing edges as nearly in opposition as possible, and then rotated the smooth blades laterally, within the uterus, until all resistance was overcome, the blades revolving with the greatest ease and smoothness. Then the tumor was delivered precisely as you would a fetal head within the grasp of regular obstetrical forceps. Not the slightest hemorrhage followed this delivery, nor did any untoward symptoms arise thereafter, until complete recovery occurred. The tumor measured six inches in its longest diameter, and five inches in its transverse diameter. It proved to be a hard, elastic fibroid."
American Ambulance Lectures.

MEMBERS of the police force and train hands should receive a course of lectures on what to do in cases of accident. Lectures of this kind have been delivered for some time by members of the Ambulance Association, which is composed mainly of medical men. Policemen should be instructed specially as to how to distinguish between apoplexy and drunkenness, the failure of which has been a disgrace in every city, large and small. Both policemen and train hands should be told how to ligate and compress a bleeding artery, how to apply a temporary splint for fracture, how to bandage a limb properly, how to treat burns and scalds, how to dress wounds, and a great many other things of equal importance. At the end of the course examinations should be held, and certificates given to those passing them. These "Samaritans," as they are called by Professor Esmarch, the earnest advocate of this system in Germany, should make monthly reports of the work done in various accidents, etc., to the secretary of the association, who would then issue his annual report at the end of the year. We are convinced that a great many lives would be saved, and much good accomplished, were this association to become a fact. We hope that the medical profession of this country will unite their efforts towards its establishment.

Cremation.

WE hope, that the time will come when cremation will be universally adopted. There are so many arguments in its favor, that we believe it is destined to become the method of disposing of the dead in the future, perhaps in the near future. It has been proven, that bacteria, the originators of terrible diseases, are carried to the surface of the earth by earthworms. Can this occur, when not only human beings, but also diseased animals are given up to the purifying flames? The last cholera epidemic in London, England, started near one of the large cemeteries, and was undoubtedly caused by the noxious gases arising from the bodies of the dead. It was claimed formerly, that during the process of cremation, the poisonous gases passed out through the chimney of the furnace, distributing disease freely in the neighborhood. That might have been true to a certain extent, but since we have the improved ovens (Gorini furnace, etc.) with consumers for these gases attached, such is an impossibility. Being buried alive is a thing of the past as soon as the cremation is fully introduced. We clip the following from the Medical Herald and commend it to the notice of opposers of cremation on the grounds of religion:

"The most prejudiced religious man cannot offer one valid objection, for if God is to call up the scattered remains of the dead from both land and sea on the day of final resurrection, the ashes shall be as easily resolved from the urn as from the debris of a building in which bodies may have been accidentally consumed by fire." We should like to see the christian, who believes, that God will not take unto himself the soul of the brave fireman, who rushes courageously into a burning building to rescue his fellow beings and has the misfortune to fall and perish in the flames, while an indolent crowd is looking on below. Nay! nay! we believe that he will be twice as welcome in the kingdom of heaven. Some day we will have Westminster Abbeys on a small
scale, where amid grand monuments and costly urns, the simple tablet of wood shall have its place, its inscription remaining legible, not being blotted out by the elements, as it is to-day. Each church could have its own urn-hall and the burial ceremonies could be conducted according to the belief of the deceased. We believe that not only hundreds, but thousands would be converted were we to show them an exhumed body, green and decomposing. This horrible sight in mind, they would hencethaw swear by cremation and contribute their share to make this sanitary measure popular, and aid in its introduction.

**Book Notices.**

**The Physician Himself and What He Should Add to the Strictly Scientific.**

This is the title of a neat volume of 194 pages, written by Prof. D. W. Cathell, M. D., and published by Cushings & Bailey, of Baltimore, Md. It is rather difficult to place this interesting book in any class of medical literature. It may be said, that it fills a space vacant heretofore in the literature of our profession, something that cannot be said of many books. It is full of good advice to beginners, but older practitioners as well may profit from its pages. It not only tells the young physician how to conduct himself and his practice properly, but also how to obtain the cash reward for his services. The principles laid down in this book are in accordance with our code of ethics, although often relating to matters of business. The practice of medicine of to-day is half profession, half business. The professional part of medicine is taught in every medical college. The business part must be learned in the wear and tear of every day practice, and is often only gained by sad experience. We welcome this useful guide to success in medical practice, that will prevent the young doctor from stumbling on the stony path, and heartily recommend it to our readers.

**Transactions of the Medical Society of the State of West Virginia for the Years 1881 and 1882.**

Much has been done to elevate the standard of the medical profession in West Virginia since this society issued its last report, and the volume now before us is replete with expressions of joy and satisfaction over the change that has been effected. We cannot agree with Dr. B. W. Allen when he speaks of "the dare-devil reckless sness of a Billroth, who works for fame, or rather notoriety, and without any apparent well-founded idea of benefit to the patient, no matter who he may be, so he once gets him in his clutches." Professor Billroth declared lately, with emphasis: "I am no longer the bold and dauntless operator I was known to be in Zurich; now I always ask myself this question: would you let this operation be performed upon yourself, if you were in your patient's place? As years pass by, one becomes more and more resigned; still I feel that in each succeeding year of life that destiny may yet allow me, I will be more and more affected by hearing of failures and bad results in the work of our profession." Drs T. A. Harris and W. H. Sharp report cases of ovariotomy. S. B. Stidger, M. D., read an interesting paper on a case of sudden death from rupture of the pulmonary artery. Dr. W. H. Sharp presented a report of 500 cases of midwifery. Dr. Allen, of Wheeling, now president of the society, spoke on a case of multilocular ovarian tumor in the meeting of 1881, and made a report on new remedies (surgical division) in that of 1882. The presidential addresses abound with good and timely remarks, and we are sorry that our space does not permit us to review them more fully. Papers on subjects relating to sanitary science were read by Drs C. F. Ulrich, E. A. Hildreth, John Frissell and T. B. Camden. The transactions close with the report of the committee on necrology.

**The Short-Hand Writer.**

This is a new journal published in New York city. Its name indicates its contents.
Lesions of the Orbital Walls and Contents Due to Syphilis.—In the August number of the "New York Medical Journal and Obstetrical Review" Dr. Charles Stedman Bull, Lecturer on Ophthalmology and Otology in the Bellevue Hospital Medical College, considers the syphilitic diseases of the bones forming the walls of the orbit, and of the connective tissue and adipose tissue of the orbital cavity, without reference to those of the eyeball or of the adnexa. Disease of the bony walls of the orbit, he remarks, is not a very common manifestation of constitutional syphilis, though it is by no means rare. The lesions are, 1st, a periostitis or osteo periostitis, with or without subperiosteal abscess; 2d, gummy tumor of syphiloma of the periosteum; 3d, periostosis, hyperostosis, or exostosis of one or more bones; and, 4th, caries and necrosis, involving more or less of the entire thickness of the bony walls. Clinical observation would seem to afford ground for the belief that the bones of the orbit are not so frequently affected by syphilis as other parts of the bony skeleton, but the dead-house teaches a somewhat different story, and he is inclined to think that a more careful and minute examination of the patients in the venereal and surgical wards of our large hospitals would lead us to alter our opinion in regard to the frequency of the occurrence of the bony lesions in this region. Some of the symptoms are slight in severity and transient in duration, and often are not pronounced enough to attract the attention of any one but the patient. These lesions, according to most authorities, belong to the last stages of syphilitic infection, though the most recent investigations seem to point to the existence of two forms of periosteal disease due to syphilis, which are to be distinguished from each other by the intensity of the process, and the period of constitutional infection at which they occur. It seems to be a recognized fact that the cases of syphilitic osteitis and osteo-periostitis developed during the early or secondary period of constitutional infection are much less severe than those observed later. The latter are accompanied not only by subperiosteal and osseous gummata, but also by dense osteitis and necrosis. In the late, as in the early, osseous symptoms of constitutional syphilis, the exciting cause of the bony lesion and of its location is generally found in con- tusions, repeated bruiseings, and slight injuries. Though these various lesions of the bony orbit are generally regarded as late manifestations of constitutional syphilis, yet attention has been called to their by no means very rare occurrence as an early lesion, and this is particularly the case with periostitis of the orbit. Perhaps the most interesting cases of syphilitic orbital disease to the clinical observer are, he adds, those which present the results of chronic hyperplastic bone disease, such as periostosis, hyperostosis, and exostosis, both on account of their rarity and of the possible resulting deformity. There seems to be still some doubt as to the pathogenesis of periostosis, pathologists being divided in opinion as to whether it is the natural result of a plastic periostitis, or whether it is a distinct pathological process in itself. It is certainly a rare process in the orbit, where periostitis syphilitica usually either yields to treatment and leaves no trace of its presence, or else ends in supuration and caries. Periostosis here is probably a chronic periostitis which has ended in induration or sclerosis, forming a tumor, more or less circumscribed, along the orbital margin, and very rarely occurring in the deeper parts of the orbital cavity. Ricord believes in the existence of three kinds of periostosis—inflammatory, gummy, and plastic, of which the last is probably merely a stage of the first. He cites but one case of the gummy variety, occurring deep in the orbit on the nasal side, and which was probably nothing more than a periostitis with the formation of a subperiosteal gummata. It is probable that the process is simply a thickening of the periosteum, and that the term node would apply equally well to circumscribed periostoses of the orbit,
as in other parts of the body. They never occur as precocious lesions of syphilis, but are late manifestations, the result of long continued plastic inflammation, originating, probably, in the periosteum and confined to it, and only in isolated cases ending in ossification. They are generally sensitive to pressure, and painful at certain periods of the day. If they happen to occur in the vicinity of the supra-orbital foramina, there is more or less trifacial neuralgia all the time, which increases in severity as the periostosis spreads. Though rare under any circumstances, and almost always observed along the orbital margins, it is probable that they occur deep in the orbit, at or near the apex, and around the optic foramen, oftener than we have supposed. It is probable that many of the cases of paralysis, partial or complete, of one or more of the extrinsic muscles of the eye, coming on somewhat gradually, are due to a periosteal node pressing on the muscle or its nerve branch in its course or near its origin, producing at first paresis and then paralysis by direct pressure as it grows. Such a node, growing from the periosteum at the extreme bottom of the orbit, might if of any size, easily involve the origins of all the straight muscles of the eye, and this without any very great projection into the cavity of the orbit. Of course in such an instance the optic nerve would probably also be involved, and there would be atrophy of the nerve fibers, perhaps preceded by neuritis descendens. These cases the writer believes are not so very uncommon, and they offer a plausible explanation of the reason why so many cases of paralysis of the ocular muscles in syphilitic patients are not cured by well-directed antisyphilitic treatment. The periosteal thickening goes on gradually, involving the origin of the muscle or its motor nerve branch, until the latter becomes atrophied from compression, and then, although in favorable cases the periostosis may be absorbed by treatment, the mischief has been done and the paralysis is permanent. Another symptom which may be produced by periostosis deep in the orbit is exophthalmus. This form of periostitis, involved in periostosis, does not tend to spread, and hence is but little likely to involve the orbital tissue. Any projection of the eyeball is here due to the periostosis itself. Furthermore, there are no signs of acute inflammation, no constant pain in the orbit, and no sensitiveness to pressure along the orbital margin. On pressing the eye backward pain is experienced, but the process may go on from the beginning without any pain, and the patient's attention may first be attracted by the exophthalmus, more or less limitation of motility of the eye, then diplopia, or double vision, and finally impairment of vision. The author treats of various other lesions properly included under the title of his paper, and discusses their pathology and treatment.

Post-paralytic Chorea.—In a paper read at the recent meeting of the American Neurological Association by Dr. A. D. Rockwell, electro-therapeutist to the Woman's Hospital, New York, and published in the New York Medical Journal and Obstetrical Review, for August, 1882, the author relates a case of post-paralytic chorea treated by the application of ether spray to the spine, the internal use of conium, and the employment of central galvanization. The patient was cured in ten weeks, although the affection was severe and of a year's duration. In regard to the efficacy of the ether spray the author is in doubt, but is inclined to regard it as of but little value. In two cases of chorea where the measure was exclusively attempted, in one instance for two, and in another for four weeks, there was but little, if any, modification of the symptoms. Out of a very considerable number of cases of chorea that he has treated, both with and without the spray as an adjunct, the choreic symptoms have seemed to subside as readily in one instance as in the other. There has been, however, so much testimony to its value, and the operation is so easily performed by the friends of the patient at home, that he usually approves of its use. He has much more confidence in the efficacy
of conium, but, in face of the numerous remedies, each one of which has at times been proclaimed to be the best, he hesitates to speak in very positive terms. As has been said of iron, zinc, arsenic, strychnia, etc., so perhaps it might be remarked of conium, that it is the readiness with which the ordinary case of chorea tends to recover, quite as much as the efficiency of the remedies, that has given them such repute in this condition. In the case related he began with five-drop doses of the fluid extract thrice daily, adding a drop each day, until the dose reached twenty-five drops. He regards conium as occasionally of positive value in the treatment of chorea in its more chronic form, evident amelioration having followed its exclusive use in several of his cases. Although in the beginning the dose should be small, yet it should be pushed to a much higher point than is generally done. In regard to the value of electrical applications, he still holds the same favorable opinion as formerly, and, with added experience, claims the same position for it in its relation to this disease. And yet, he admits, there is much adverse testimony as to its value. He accounts for the unsatisfactory results obtained by some observers on the ground of a possible incompleteness of the methods of application, or a lack of persistency in the efforts made. Electro-therapeutical measures should be, to a large extent, matters of detail, and in few diseases is this attention to thoroughness of treatment more imperative than in chorea. Localized applications will not as a rule command success. General faradization and central galvanization he believes to be the essential methods of procedure; and these, when attempted, should be carried out with as much care and precision as other important processes. After thoroughly wetting the hair, his method is, in central galvanization, to apply to the head a sponge cap electrode sufficiently large to cover almost its entire surface. The current is then gradually increased, without interruptions, to the point of easy endurance. In the case related he habitually made use of thirty to thirty-six zinc-carbon cells, or, to speak more accurately, a current strength of about forty-five volts. He adds a caution against passing through the head of a child, or even that of an adult, a current of the same power without due precaution in regard to the size and position of the electrodes, and to the gradual increase and as gradual decrease of its strength. By attention to these points, however, much can be accomplished that would otherwise be impossible.

Dr. R. Newman, of New York, treats all strictures of the urethra under his care by electrolysis. He introduces an electrode bougie (French); connects the free end with the negative pole of a galvanic battery and closes the circuit by applying the positive sponge electrode over the abdomen. He has treated strictures in this way for the past ten years, and as he affirms, with complete success.—Medical Record.

Dr. Starke (Berliner Klin. Wochenschrift) advises that before swallowing powder or pills of quinine, a weak tartaric acid lemonade be taken. This procedure not only greatly accelerates the solution and absorption of the quinine, rendering its physiological action much more prompt, but also obviates the unpleasant gastric irritability so common after the administration of larger doses of this drug.—Peoria Med. Monthly.

Dr. W. J. Kennedy reports the case of a woman pregnant at the age of sixty-two.—Edin. Med. Jour.—St. Louis Courier of Med.

Dr. Morell Mackenzie, of London, sailed on the 12th of August from Liverpool, on a brief visit to this country.—Med. News.

Dr. C. Max Richter, of California, reports a case of resection of the pylorus for cancer. The patient died three hours after the operation.—Cincinnati Lancet and Clinic.
The expediency of removing the retained placenta under certain circumstances is worthy of the most careful attention, tho' how often do we notice the bad effects arising from a premature action taken by the physician in order to meet previous engagements. One of the important rules of long standing, that the placenta, if retained, should always be removed, is now, almost without exception, so invariably followed that its greatness can scarcely be fully realized. Certain conditions do arise, from time to time, when it is very difficult, and in some instances impossible, to be governed by this rule entirely; and some cases occur in which there has been a difficulty in recognizing the fact that either a portion has remained attached, or some abnormal contraction of the uterine organ has been the cause of retention.

The firm closure of the uterus, and the firmness of its adhesions, are among the predominating causes that prevent its entire removal. Whenever we have to deal with premature expulsion of foetus, then our hopes of introducing the hand is generally retarded. Seldom it is in the fully developed organ that we are unable, at any rate with the assistance of chloroform, to pass our hand sufficiently far to empty the uterus. Besides these obstacles the condition of our patient must be considered before we attempt its removal; as, for instance, through the already arrested hemorrhage, although, should our patient be the victim of severe flooding, it would be highly imprudent to wait, because the shock of operating would be less injurious to the system than the depletion; whereas, if the hemorrhage has been checked, beside saving patient from shock of manipulating, it will be an advantage to wait till the shock of bleeding has passed and circulation established from the smaller vessels, and the heart restored to its proper tone.

Before I leave the subject I wish to draw attention to another point, viz.: edema of vulva most frequently following primipara cases, and consider it a very annoying impediment, especially when the case is of long standing and the parts so sensitive to the touch from the vaginal secretions that continually pass. To illustrate the ideas:

I was called to see Mrs. — on May 14th; found her suffering from severe pain in back and extending to her maternal parts. I ordered Dover's powder and rest in recumbent position, and before she attempted to walk to put on her ab-
dominal support. This being done, she received relief in a few days. About the 1st of July she went to visit her relations. However, she was not there over a week until her husband wrote me, stating his wife's feet and eyes were swollen badly. I ordered acet pot. bicarb. pot. and tr. digitalis, with an alkaline laxative. She improved rapidly, and on the 13th was delivered of a child (very small), before I could get there. She was attended by a physician who was desirous of attending the case, and to complete it before I could arrive. He made extra exertion toward removing the placenta, made traction on the cord, and pressure on fundus, all to no avail. Gave ergot F. E. and used friction, all to no appreciable benefit. When I arrived I found the vulva very tender and swollen, and the patient would cry and turn all colors at any attempt of handling the cord, but through my persistence I made an examination, and found a patent os sufficient to admit one finger. I deemed it necessary to give her rest, and administered pot. brom. grs. 44, so she rested for six hours quietly. By this time tenderness had almost disappeared from vulva, and could stand any traction I found necessary. Made another examination, and found os the same; then, determined to complete the case, gave chloroform. I then made traction once more, but no advancement; so I introduced my hand well up into the uterus and explored it, discovering a hard attached mass well up on the right side. With my fingers I detached the adherent portion with some difficulty, followed by a severe hemorrhage. Ordered ergot F. E. 5ss., and retaining hand in uterus, made pressure on fundus with the other. Shortly I had contraction, and elevated the foot of the bed to extent of six inches, nothing remaining in half an hour but slight bloody mucus discharge. Ordered carbolic acid injection 1 in 81, and she made a rapid recovery, making 24 hours from birth of child to the time the placenta was taken.

From a previous examination of her urine, slight traces of albumen were found, which might be indications of being effected with albuminaria during the last months of pregnancy. However, the symptoms were somewhat indicative, since swelling of eyelids (lower) and edema of legs and vulva, and yielding to the alkaline treatment. The pain that was complained of during my attendance, with sensation of heat about the eighth month, I now consider the results of inflammatory action going on in the placenta; the serotinal surface was yellow and thickened, and the part firm and consolidated to the extent of about an inch. This case is one of the few that lead to such rapid recovery.

**Translations.**

**Detroit, August 20, 1882.**

*Editor's Detroit Clinic:*

I have received an abstract of a paper on the "Contagion of Pulmonary Phthisis from the point of view of History and Public Hygiene," to be read by Prof. A. Corradi, of Pavia, at the meeting of the International Congress of Hygiene and Demography in Geneva, next month, the valuable conclusions of which I translate for you, as follows:

1. Belief in the contagion of phthisis or tubercular consumption dates from remotest antiquity. It has been maintained in every age, not only as an opinion among the people, but also as a scientific doctrine.

2. In the second half of the last century, this belief culminated; probably because the disease became more frequent than ever before. The State, in several countries, was compelled to interfere and to take measures in the interest of public health, for the purpose of preventing the spread of contagious phthisis.

3. On the other hand, in the first half of our century, the doctrine of contagiousness lost ground, anatomico-pathological investigations having taking the lead in etiological questions.

4. Only recently experimental pathology has resumed the question and under-
taken to give the doctrine of contagion the support of the results of inoculation with tuberculous products. Still further, ability to demonstrate that the virulent principle of the disease is represented by a mycrophyte, a bacillus has been claimed.

5. Clinical observation must determine the question which experimentation has so definitely propounded: pathology has to settle many other questions raised by the doctrine of the parasitic nature of tuberculosis, and to reconcile this doctrine with the fact of predisposition and heredity.

6. If contagion or transmission is possible, the conditions thereof still remain to be determined.

7. Meanwhile, hygiene must regard phthisis as a suspected disease, that is, as a disease which may be communicated or transmitted under certain conditions.

8. Attention must especially be paid to the relations established by habitation: by making such relations less intimate and continuous, the sources of infection will be weakened, if not destroyed; and at the same time those exhalations will be removed which, aside from any specific action, enfeeble the organization and predispose the phthisis.

9. Although it cannot be certainly demonstrated that food communicates tuberculosis, nevertheless it will be prudent to abstain from the flesh and milk of phthisical animals.

10. Especial care should be taken in the selection of lymph, bovine or humanized, for vaccination.

11. The institution of exclusive hospitals, at least of separate pavillons, for phthisical patients is earnestly recommended.

12. The results of recent studies and investigations arrived at determining under what conditions and by what ways tuberculosis is transmitted, indicate the especial prophylactic measures to be adopted.

13. Whatever opinion may be entertained on the subject of the nature of pulmonary phthisis, no one doubts the advantages in the struggle which organic resistance affords; for this reason one of the most potent barriers to the diffusion of this plague of civilization must be erected by the practical hygiene which secures the physical and moral well-being of the people.

O. W. Wight, M. D.,
Health Officer of Detroit.

[Translated from Wiener Medizinische Wochenschrift by J. A. Wessenger, M. D., Howell, Mich.]

Diabetic Neuralgia.

Prof. Drasche, of Vienna, says: The clinical observations and physiological experiments, as well as the autopsical conditions, indicate without a shadow of doubt that diabetis is largely governed by pathological conditions of the nervous system. Observations in this direction have been numerous and successful. However, Worms was the first to detect, or rather the first to call attention to the symmetrical neuralgia present in, and as a result of Diabetes. Since this I have observed two cases of neuralgia of diabetic origin, one bilateral and unilateral; and have treated the same with very favorable results. Little has been the experience, but so positive is this trouble in nature, that we are justified in rendering a verdict in favor of this new form of neuralgia. This, however, will be farther considered in clinical medicine, and the therapeutics of neuralgic troubles will be thoroughly investigated and advanced if possible. Although Senator, in his treatise on diabetic urine, regards neuralgia merely as accidental, and gives it only a casual consideration; it is, however, a notorious fact that effable neuralgia is very frequently observed in diabetes. Mary speaks distinctly that disturbances of the nervous system occur in diabetes, that neuralgia, etc., especially ischialgia, are very frequently wrapt in the same garb as diabetes. Froming goes so far that he supports by experimental research, removing of the ischiadic nerve, or severely cauterizing it with phytic acid or Fowler's sol., in dogs and rabbits, that glycosuria results from profound nerve irritation; in a few instances evidence of severe ischialgia was present with the
diabetic conditions. Brown writes that he has frequently found severe pain in the hip as a symptom of diabetes. There are many isolated cases on record in which, as a result of diabetes, the ischiatic nerves presented the same post mortem conditions as the central nervous system. The statement that various neuralgias in diabetes are very frequent and extremely difficult of treatment, is only too true. Rosenstein has therefore justly been led to exclaim that every obstinate case of neuralgia should lead the attendant to search the urine for sugar, especially when the peripheral nervous system is at fault. He cites a case, to illustrate, in which it was only after an anti-diabetic course had been instituted that the neuralgic pains abated, and finally yielded completely to the treatment. In spite of the manifold experience, and the various monographs and clinical work upon neuralgia in diabetes, it has only been of late that symmetrical neuralgia has received prominence as a symptom of this malady. Worms narrates two cases in which symmetrical neuralgia of the sciatics and also that of the inferior dental nerves, was present; also very severe pain at various points of homologous nerves, and which was not in the least amenable to treatment with any of the standard anti-neuralgic agents. It requires merely a short experience with this terribly painful diabetic neuralgia to portray the immediate necessity of an efficient antagonist.

The first case of symmetrical sciatica that came to my notice was that of a man over 50 years of age, who had unconsciously suffered from diabetes since 1864. At the time the neuralgia began (1876), he voided daily two litres urine, containing 60 gr. sugar. The pain invaded the entire ischiatic distribution on each side, conjointly, and with the same intensity. At the close of each successive day the pain invaded the knee joint with such terrific violence that the patient would utter cries of anguish. This pain was not in the least modified with hypodermics of quinine, bromides or morphine. After a course of sea-bathing the sugar was slightly diminished, followed also by a slight cessation of the neuralgia. It was only after ordering and thoroughly adapting an anti-diabetic diet, through which the quantity of sugar was diminished to 4 grm. daily per litre, that the obstinate neuralgia was abolished, and had not returned in 1879, when the patient died from hepatic carcinoma.

The second case was that of a man 60 years old, having tubercular infiltration of the left pulmonary apex. The case came under the supervision of Dr. Worms in October, 1878, for a very severe and intractable pain in the inferior dental nerve. The pain had the peculiar indescribable character of a neuralgia, and was bilateral. It was of such vehemence that the patient frequently resolved upon suicidal means of relief; frequently the tongue, the inferior maxillary articulations, the superior maxillary bone, and facial nerve seemed to be involved. The peculiarity of the bilateral affection inclined Worms to investigate as to the possibility of the presence of diabetes; however no symptoms of this malady, other than these, had been present. Upon examination, the urine was found to contain 25 grm. sugar to each litre, the daily quantity voided was 1½ L. After four days of regulated diet, the diminution of the pain was decided, and the sugar was reduced to 10 G. per L. The diabetic regimen was continued for five months when the pain entirely ceased, and ever afterwards, no symptoms of neuralgia presented themselves. After thoroughly executed observations Worms drew the following conclusions: that a special neuralgia, symmetrical in character, is present in diabetes; that in does not yield to the ordinary methods of treatment; that the recovery takes place only after the cessation of the glycosuria, and that through pure anti-diabetic measures. Worms places this neuralgia in the diabetic category, the same as cause and effect; to illustrate, the same as lead-paralysis resulting from a saturation of the system with the plumbic salts, and hence the treatment. The question whether or not diabetes results from peculiar changes in the neur-
lemna or the parenchyma of the nerves, and also experimental results, has been largely evaded by Worms. Together with the two cases of diabetic neuralgia, I will report a very interesting case of unilateral intercostal neuralgia occurring in a man 64 years old in good circumstances, being a railroad superintendent.

In 1870 patient first began to suffer from lancinating pain, intermittent in nature, in the left lower intercostal space. After consulting his physician, who advised him to repair to a favorite water cure near Vienna, and to limit himself to a milk-diet, he was somewhat relieved. The house-physician of the institution diagnosed incipient disease of the spinal cord. Even at this time he had observed that the pain always began about two hours after meals, and continued about two hours at a time. After his return to Vienna, the pain reached its climax, and he now gained no relief from hypodermic injections of morphia. Notwithstanding both internal and external medication, such as warm baths, etc., his condition was very little modified and at this time the pains would begin after supper and continue during the whole night with intense severity. He now (1872) consulted the medical authorities of Vienna, who diagnosed his difficulty to be intercostal neuralgia, and ordered large doses of quinine which, however, gave no relief. During the summer following the patient went to Baden, where he took 90 sulphur baths with, however, no relief. The physician at this place diagnosed his trouble to be gout, and directed the patient to abstain from animal diet. During the summers of 1873, 1874 and 1875, patient resorted again to the Baden baths with the same result as before. During the winter of 1875 several painful spots of his sternum were scarified, and croton oil applied as a counterirritant; during the profuse vescication the pain became constantly more excruciating. During the following summer (1876) he resorted to Krapina-Tölplitz, where his diet, as directed by a physician, was composed almost entirely of strawberries with sugar and milk. As this course of treat-

ment, together with the baths, was entirely futile, he resorted to Kurort where he remained during 1877, 1878 and 1879. Finally he was also advised to go to the Gastein baths, and here, after consulting the physician, he was advised to repair to another region—of the Alps. During his entire travels from one health resort to another, together with the vast stores of council, it never once happened that his urine was analyzed, and after all that the patient had several times spoken of the large amount of urine passed, especially during the night.

In 1880 patient consulted a homœopath who diagnosed his condition to be one of a gouty nature, and ordered patient to abstain from meat diet, and to limit himself to milk for breakfast and supper, and farinaceous food together with stewed fruits for dinner. After this mode of treatment the pain occurred regularly three times a day two hours after each meal, and with most extreme intensity. The patient was unable to retire at night and wandered about his room maniacal from the pain and with intent of suicide. The pain would remit slightly during 8 of the 24 hours. The patient became very rapidly emaciated (32 lbs.) during the last year. He resorted daily to a bath of lukewarm water which gave him a little relief, during the time that there was a slight remission of the pain. From his own account patient had taken upwards of 580 baths with, however, no beneficial results. He finally fell into the hands of a quack acquaintance of electro-therapeutic notoriety, who seemed to be “thoroughly acquainted with the very nature of his difficulty,” and promised a complete cure; however, after charge upon charge of electricity, of many weeks duration, the patient did not manifest the slightest tendency to recovery. In this despondent and depraved condition the patient consulted me November 11, 1881. After the first interrogation patient gave me a very exact history of his suffering during the past ten years, and earnestly pleaded a speedy relief for the same if possible. The mental depression was great, there seemed to be an involuntary
tendency on the part of the patient to shed tears, skin of a peculiar sallow hue; he was frightfully emaciated also, and was certainly suffering from intercostal neuralgia. The pain was distributed throughout eight intercostal spaces; the pain—intermittent paroxysms—began two hours after each meal and continued from then with most terrific intensity from three to six hours. Upon close inquiry as to the condition of his urine, I learned that during the last five years, patient urinated frequently during night, that he suffered from incessant thirst, that, as the vessel was emptied each successive morning, the lower strata of urine seemed to be very dense and agglomerated to the bottom, that he had lost sleep and for years past had resorted to milk diet with cereals and stewed fruits. The patient doubted my knowledge of his case very much, when I told him that he was probably suffering from diabetes, and that I would relieve his neuralgia without even resorting to the materia medica. The urinary analysis on Nov. 12, gave 1.76 per cent. sugar or 21 in every 3,200 cc. the quantity voided daily. The patient was now limited exclusively to a meat diet with a flask of Karlsbader-Schlossbrumen before and after dinner. November 14, patient noticed a decided remission of the pain, so that his sleep was very little disturbed during the night. Upon my visit November 19, the patient approached me jubilant, and the bright rays of joy radiating from his happy features, for he had been free from pain for two days in succession. The urinary analysis during the same day gave only 22 per cent. sugar. His condition was improved from day to day, and the patient once more could enjoy life, which he had so shortly previously decided to sacrifice. December 19, the last time I saw patient, he said he felt as well as ever, and that I had wrought a complete cure of his trouble. Hereupon I gave him further instruction as to diet, and also ordered him to drink the above named wine during the succeeding summer. As far as I am aware of the history of, or as far as the history of cases of diabetic neuralgia is known, there is not as yet a well authenticated case of unilateral diabetic neuralgia on record. It is certainly very essential that we know that certain forms of neuralgia result from diabetes, in order that our principles of treatment be correct; without this knowledge, as we see from the above report, our course of treatment will not only be futile, but decidedly injurious. The regular, in fact typical, invasion of the pain after meals, would according to my knowledge of the pathology, indicate the surcharge of the blood with sugar, and hence the toxic effect upon the nerves through which it flows.

Dr. J. S. Wight, in the Medical Gazette, after relating several cases of dislocation of the humerus comes to the following conclusions:

1. At times it is very difficult to make a diagnosis of an injury to the shoulder; in fact, in some cases it may be quite impossible to conclude that there is not a dislocation of the humerus.

2. In some cases of injury to the shoulder the most expert may not be able to make a diagnosis—of course, without a diagnosis the treatment must be entirely empirical—and may augment the results of the injury.

3. In a case of injury to the shoulder, when the surgeon is not sure of the diagnosis, it being possible that there is a dislocation of the humerus, it will be desirable to give the patient an anæsthetic and make the attempt to reduce a dislocation; when, in all reasonable probability, if there is a dislocation of the humerus, reduction will take place.

4. I am so far convinced of the correctness of this practice, that I consider it inexpedient to omit it in an obscure case of injury to the shoulder, and it seems to me that such practice ought to be held as belonging to those practices implied in ordinary skill.

5. If the surgeon employs this procedure properly in conjunction with other appropriate treatment he ought not to be held responsible for imperfect result after dislocation of the shoulder.
NUMBER 57 Louisen Strasse, Berlin, a plain building, only differing from its neighbors by the inscription, "Kaiserliches Gesundheits-Amt," is the birthplace of one of the greatest discoveries made in the nineteenth century, namely, the discovery of the bacillus of tuberculosis by Dr. Robert Koch. A Berlin correspondent of the Philadelphine Med. News speaks of the house as follows: "The various rooms in the house are differently occupied by chemists, pathologists, etc., each having his own set of compartments and assistants. Just across the street is the Charité, whence to derive any kind of material for examination, and adjoining on the south is the large veterinary college with a full corps of teachers to supply material of its kind. "Dr. Koch's apartments proper consist of a suite of connecting rooms, a kind of flat, as it were, in which there are at present five workers besides himself. These workers are representatives, or, I might say, delegates, from different departments of the house or from foreign governments. For instance, there is one here now from the Saxon, one from the Hungarian government, and one from the German marine service. Each one, like Dr. Koch, has his own desk, separated from the rest by projections of shelves and drawers, as in a well-filled library, covered and filled with specimens and tools. Perhaps the most striking furniture of the rooms is the array of test tubes; by the hundred they are here, each partly filled with sterilized substances, gelatine or blood, and each stopped with a plug of cotton which has become brown in the process of sterilization. The tubes contain the parasites of many known and described, and many as yet undescribed, diseases of animals, growing in the culture substance, and abstracted daily for inoculative experiments, or for further cultivation in fresh material. These tubes crowd the shelves and stands in every direction, but never in the least confusion, as each is distinctly labelled as to contents and date of preparation."

The skepticism with which all discoveries of new germs are regarded by scientific men all over the world, renders it almost impossible for any one to proclaim a new discovery in this department of science unless he can demonstrate it and show that it is founded on carefully made observations. The fact that Dr. Koch has demonstrated the bacteria of tuberculosis over and over again and has received the support of Prof. John Tyn dall, Dr. Osier, and many others, makes it almost certain that the cause of tuberculous phthisis has been discovered and that we may hope to see thousands spared from this horrible malady in the future.

The bacteria are found in the walls of the caviies and their contents (caseous pneumonia and bronchitis) in mesenteric tuberculosis and in scrofulous glands. They are always found in the inoculated tuberculosis. The bacilli are cultivated on prepared bovine blood-serum; the bacteria colonies appearing in about ten days develop in a distinct type. They are then stained by vesuvin and become visible, appearing in the microscopic field as little rods, their length corresponding to about one-quarter or one-half of the diameter of a red blood corpuscle. The specific virus, gained by successive cultivation, is introduced into the subcutaneous cellular tissue, abdominal cavity
aqueous humor of the eye, or directly into the blood vessels. All of these inoculations were followed by unmistakable tuberculosis, even in animals (rats, dogs), otherwise not predisposed to the disease.

Medical News.

Cholera in Japan, parts of India and western Asia, and is gradually working westward.

A new medical school has been established in Sydney, Australia.

There are people cynical enough to believe the world is wanting in gratitude. They never saw an undertaker hover around a doctor.—_Harpr._

A French newspaper advertisement reads: "Wanted! a distinguished, healthy-looking man to be cured patient in a doctor's office." Some Yankee must be teaching the French doctors how to succeed in business.

Punch's Medical Student.—"What would you do, sir?" asks Punch, "if you were called to see a man who had hung himself?" "I would cut him down." "Then what would you do?" "I would cut him up."

Mr. T. Spencer Wells, Surgeon to the Queen's Household, has been elected President of the Royal College of Surgeons of London.

Fifty-five thousand pounds of quinine are consumed yearly in the United States.

Prof. Dr. N. Friedreich, of Heidelberg, died, July 6.

The young woman of Lawrence who was reported cured of hip disease by prayer at Old Orchard last week is still obliged to use a crutch.—_Boston Advertiser._

I have known a practitioner, perhaps more than one, who was as much under the dominant influence of the last article he had read in his favorite medical journal as a milliner under the sway of the last fashion-plate. The difference between green and seasoned knowledge is very great, and such practitioners never hold long enough to any knowledge to have it get seasoned.—Dr. Oliver Wendell Holmes.

Abstracts.

Removal of a Fibrous Tumor of the Male Bladder, the Viscus being opened as in the Median Operation for Lithotomy.—In the discussion following the reading of the case the opinion that tumors of the bladder were not diagnosed, nor removed as frequently as was desirable prevail. The author advised that in certain cases of hematuria, not clearly vesical tumor, an incision should be made into the membranous urethra from the perineum for the purpose of exploring the bladder. Prostatic outgrowths should not be mistaken for tumors of the bladder, no case of malignant tumor should be operated on; nor should the removal of villous tumors be attempted.


Apomorphia as an Expectorant.—We read in le Journal de Therapeutique that Dr. Beck used apomorphia as an expectorant in sixty-three cases of bronchial catarrh and in thirty one of broncho-pneumonia. The bronchial secretion becomes more fluid and the thick secretion common, particularly in broncho-pneumonia is ejected with more facility. The prescription for an adult is as follows:

**B**

Apomorph. chlorhydrat. gr. ⅓.
Ac. chlorhydric. dil. m. xx.
Syr. simplicis, ⅓ j.
Aquae, ⅔ iv.

The dose is a tablespoonful every two, three or four hours. A teaspoonful would be the proper dose for children of from three to ten years of age.—_Med. and Surg. Reporter._
Placenta Prævia.

By J. J. Valade, Jr., M. D., Newport, Mich.

APRIL 10, 1882, was called to see Mrs. S. She had been suffering from uterine hemorrhage for several hours, being, as she supposed, about seven months advanced in pregnancy. Vaginal examination revealed some blood clots, but no dilatation of the os. Prescribed: R. Morph. sulph., gr. ii.; acidi gallici, ʒ i.; make powder, No. viii. Sig. One to be taken every two hours until the hemorrhage ceased; then, tr. ferri chlo., gtt. xv., every three hours, for several days. Diagnosed the case as one of placenta prævia, and informed the husband of the nature of the difficulty, and what we might expect at any time.

Between the above date and May 2, hemorrhage occurred every few days, but was controlled by astringents and opiates and absolute rest in a recumbent position. On the night of May 2nd I was again called and found bleeding, but no dilatation of the os. Prescribed ferri persulphat., gr. i.; morph. sulph., gr. 1-6. every hour. Determined to dispense with the use of the tampon if possible, and found after waiting for some time, that my patient was again relieved.

From the latter date until June 1st the hemorrhage occurred every few days, but either ceased spontaneously, or with the aid of the medicines above mentioned; after this date, however, the bleeding ceased entirely, and the patient got up and about without inconvenience.

During the month I began to doubt the correctness of my diagnosis, and regretted having expressed so positive an opinion, as young physicians are sometimes liable to do.

July 3 was called at 10 A.M., and found my patient in labor; this was about two and a half months since the first occurrence of the hemorrhage, and once since its cessation; labor natural, and no hemorrhage.

When the os was sufficiently dilated to admit of the finger, the placenta could be plainly felt, partially detached and hanging down between the head of the foetus and anterior wall of the uterus, and receding with it as dilatation advanced.

Upon the completion of labor, the husband wished my opinion concerning the correctness of my former diagnosis; this was satisfactorily proved by an examination of the placenta, which appeared to have been separated from the cervical zone of the uterus for some time, the detached portion, about one and a half inches, being smooth and covered by a delicate membrane.

Such a favorable termination as the above could not, of course, be expected.
when there is a central implantation of the placenta over the os; but as this condition does not exist in all cases of this class, may we not hope, in some cases, to preserve the lives of both mother and child, by abstaining from too active measures? The tampon, for instance, is a potent agent in arresting hemorrhage of the uterus; but is nearly equally certain to produce miscarriage if pregnancy exist.

In the case above stated danger would have attended premature labor during the time the placenta was being detached from the expanding neck, but was not accompanied by any unusual symptoms at full term.

Selections.

Treatment of Infantile Gastro-Enteritis.—From observations made in the Childrens’ Hospital at Pesth, Epstein concludes (Prager Med. Wochenschrift) that a liquid diet, poor in fatty matters, is the basis of treatment of gastro-enteritis in young infants. He recommends particularly an albuminous lemonade, obtained by beating up the white of an egg with a pint of water, previously boiled, the resulting mixture being then carefully filtered. At the Pesth hospital this is prepared fresh three times a day, and is kept in a bottle well corked and placed on ice. In a word, all precautions are taken to prevent the introduction of microorganisms into the system.

Nursing from the breast should be completely stopped for the first few days. Every three hours fifty grams of milk at a lukewarm temperature may be given to the child, either with the bottle or by spoonfuls. The child should not be put back to the breast until the loss of flesh, which is considerable at first, commences to diminish.

Again, when at the commencement there is violent vomiting and rejection of yellowish curds, M. Epstein washes out the stomach daily, for from eight to fifteen days, by means of the cesophageal tube. As regards direct remedial measures, M. Epstein employs the following potion:

- B. Soda & magnes benzoat, 9 iv.
  Sp. vini gall., 3 ss.
  Aque, 3 vj.

M. Sig. Teaspoonful every two hours.

When there is any tendency to collapse, recourse may be had to the following:
- B. Tr. valerian, 3 ss.
  Vini port (pur.),
  Aether sulph., iii 3 ss.

M. Sig. One or more drops of this mixture may be given in a spoonful of water.

When the child presents any sign of cerebral hyperæmia, with great agitation, chloral in small doses may be prescribed:
- B. Chloral hydrat., grs. viii.
  Aque, 3 xij.

M. Sig. A teaspoonful of this solution may be given every half hour while excitement continues.

Finally, when the inflammation has reached the large intestines, and symptoms of dysentery supervene, it may be attacked directly by the following enemata:

- B. Ac. boracic, 3 ss.
  Aque destill., 5 iiij.

M.

or with—

- B. Argenti nitrat., gr. xij.
  Aque destill., 5 ixs.

M.

The results obtained from this course of treatment are, it appears, excellent.—Medical and Surgical Reporter.

Chancre of the Cervix Uteri.—Dr. Marcek (Arch. Derm. Syph.) reports twenty-four cases of chancre on the vaginal portion of the cervix. In most cases the lesion was upon the anterior lip and on the os.

The earliest stage does not present the characteristic appearances—induration, sharp, livid border, diphtheritic deposit—which the ulcer assumes at a later period. Several tubercles are often found in the vicinity of the lesion. Inguinal glandular swellings and papule about the labia and vestibule are not infrequent. If the consecutive symptoms of syphilis are already present the vaginal portion is firm, enlarged, the tubercles have ulcerated bases
covered with bleeding granulations. If the initial lesion is situated in the cervical canal, it can, of course, only be discovered after ulceration or sloughing of the os. Its progress may be entirely free from symptoms. It is generally so slow that the primary lesion may still be present when the secondary symptoms have already disappeared. Cicatrization of the sore proceeds slowly and may be frequently interrupted or retrograde. Stenosis and atresia of the cervix have been observed in cases. The hypertrophy and induration of the cervical tissue may cause dystocia.

The treatment is principally local: vaginal irrigation three or four times a day with one per cent. solution of potassium chlorate or carbolic acid; tampons saturated with solutions of iodine, chloride of iron, and iodoform; if much infiltration of the cervix exists, painting with tincture of iodine or bichloride of mercury solution (1:10). Exuberant granulations are touched with solid silver nitrate. Stenosis of the cervix is remedied by the insertion of tents. The usual constitutional treatment is pursued.—*Columbus Medical Journal*.

**Migrations of the Ovum.**—To settle the question whether or not it is possible for ova to travel across part of the peritoneal cavity or that of the uterus, Dr. Leopold, of Leipzig, has performed some important experiments. In these he made use of eight rabbits. In each case he opened the abdomen, tied the right Fallopian tube in two places and cut out the piece between the ligatures; the left ovary was carefully removed, then the abdominal wound was closed. After thorough recovery each animal was put to the male. In six cases the result was entirely negative, but in two pregnancy followed. The abdomen of the latter was opened; in one four placenta were found in the left horn of the uterus, and one in the right. In the other, there were three placenta in the left horn, and two in the right. He thinks that these experiments settle the question. In these rabbits ova could only reach the uterus by travelling across the peritoneum from the right ovary to the left Fallopian tube; and could only get into the right horn of the uterus by passing down the left horn and up the right. They prove, therefore, that it is possible for ova to migrate, not only across the peritoneum but across the uterine cavity.—*Med. Times and Gazette. Obsteric Gazette*.

**Lipoma of the Hand.**—M. Notta, of Lisieux, has operated upon a patient who presented himself six years ago with a rather large, soft and fluctuating tumor in the palm of his hand, which had been at first considered a cyst and punctured, but the puncture had no effect. The tumor was removed and proved to be a lipoma. The disease was consecutive to an abscess of the forearm which had healed readily under carbolized dressings.—*Jour. de Med. et de Chir., July, 1882. Cincinnati Lancet and Clinic*.

**Rupture of the Uterus—Partial Escape of Fœtus—Missed Labor.**—This case is detailed in the Philadelphia Reporter of July 8, 1882. The patient, when within a week of confinement, fell against a chair, the back of which was broken off, except two uprights, one of which entered her side, piercing the uterus. The fœtus partially passed through this opening into the abdominal cavity. The woman recovered promptly, the extra-uterine portion of the fœtus evidently becoming encysted. Labor was missed, menstruation coming on in three months. She carried the fœtus for five years, when, following, and incident to, an illness on her part, it commenced to break down and come away per vias naturales. It was finally removed by means of polypus forceps, the cervix being incised to the vaginal junction by Prof. Goodell. The opening into the cyst could then be distinctly made out by the finger introduced into the uterine cavity. The patient was suffering greatly from septicemia, but finally made a tedious recovery.—*Columbus Med. Journal*.
The Detroit Clinic.

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The National Board of Health.

It is with a feeling of deep regret that we notify our readers of the suspension of the bulletin of the National Board of Health. The bulletin was the voice of this useful body; now it must remain mute and cannot warn the people of our great country of impending danger. The story is easily told. The funds of the board were limited to such a small figure in the current sundry bill that the continuance of the bulletin became an impossibility. Of all the shameful acts of the last Congress, this certainly was the worst. The Board not only possessed the good wishes of the medical profession, but enjoyed the hearty co-operation of all sanitary organizations throughout the United States. The work, that it has done so far, was eminently useful and productive of good to all men. Now that it has died, all we can do is to lament its deplorable fate and hope for its resurrection on some day, when our law-givers shall be governed by a better sense for the good of the public.

Chloroform.

In view of the many deaths that have occurred recently in England, Canada and this country from the administration of chloroform, we deem it highly proper to warn the profession to be extremely care-

ful in its use. No doubt, the perchloride of formyle has many advantages over ether, the greatest being that it is agreeable and does not produce nausea. But, when we take safety into consideration, we must prefer ether and this anesthetic should be used in all operations in which nausea can do no possible harm. Every physician should examine his patient thoroughly before giving either ether or chloroform and should carefully examine the heart, lungs, and kidneys. We have seen cases in which this had been neglected, fortunately without bad result. We are happy to say, that to our knowledge, recently, but one death followed the administration of chloroform in the United States, the majority of deaths occurring in England. Why is it, that the English will not use ether? Because it is an American invention? We hope not! It would be criminal to sacrifice the lives of many to national pride.

Many of the deaths from chloroform are no doubt caused by an improper use of the anesthetic, others by wrong position (deaths occurring in dentists' chairs), and again others by improper means of resuscitation, as for instance crowding the mouth with water and brandy when fresh air should be allowed to enter freely. In case respiration is suspended during the administration of chloroform, we should advise turning the body upside down so as to restore the circulation in the brain and then open all the windows in the operating room and let all the fresh air come in that can. Fresh air is all that is wanted.

Medical Legislation.

We hope that many of our medical practitioners will become members of the next legislature and do their very best to introduce and secure the adoption of a good medical law. If we cannot have a State Examination Board we will be content if every person practicing medicine is compelled to register his diploma unless passing an examination in Medicine and Surgery before the State Examination Board. The late Giddy and Detroit Univer-
sity affairs have shown how necessary such a measure is. Thousands of quacks would be ousted from Michigan by such a law. California has its State Examining Board. In West Virginia, Illinois, and many other states, all legally qualified practitioners are compelled to register. Why should not we enjoy similar protection from impostors.

Obituary.

Dr. Francis Atwood, one of the professors in the Minnesota College Hospital, a graduate of the literary and medical departments of Harvard University and a pupil of that celebrated teacher, Albrecht von Graefe, died at St. Paul, Minn., August 5th, thirty-six years of age.

Professor Andrew Buchanan, of Glasgow, passed over to "the great majority" lately, aged 84 years.

Prof. W. H. Mussey, Professor of Clinical Surgery in the Miami Medical College of Cincinnati, died August 1st, aged 64 years.

Prof. Balfour, of Cambridge. By an unfortunate accident in the Alps, this distinguished investigator lost his life, and the University, which had so recently established for him a chair of Morphology, mourns over an unusually brilliant son. Though a very young man, Mr. Balfour had done exceptionally good work, and his two volumes of comparative embryology will secure him a lasting reputation. He was one of a band of earnest workers which Professor Michael Foster has gathered about him at Cambridge, and in a touching notice in the British Medical Journal Dr. Foster places on record a fine estimate of his life and work.—Canada Med. and Surg. Jour.

Abstracts.

SUMMER COMPLAINT OF INFANTS—Cholera infantum is often used as a synonym for summer complaint, but the two terms are not interchangeable; the former is the name of a distinct and well characterized disease, the latter is a popular title for a group of diseases. Not one case in ten of summer complaint is truly an instance of cholera infantum, although summer complaint is commonly made to include all cases of bowel disorder occurring in children at this season of the year. Most cases, however, of so-called summer complaint are serous diarrhoea, or gastro-enteritis, and entero-colitis, in which many causes are concerned. Especially do we find bad hygiene, poor ventilation, unhealthy surroundings, and errors in diet, such as eating unwholesome food, spoiled green fruit; or in infants, the dirty feeding bottle and bad milk are fruitful factors of this form of disease. A child that has just managed to get along for many weeks under an improper diet and the consequent chronic gastric disorder, finds itself unable to continue the struggle for existence, when to the burdens it already has borne is added the debilitating influence of hot weather. Sometimes it is the nursing mother that is at fault, because, fatigued and overheated, she gives her child the breast to keep it from fretting, without reflecting that her feverish milk is unwholesome; and then expresses surprise that her milk disagrees with the child.

As a rule, however, it is the bottle-fed child that furnishes the victim to summer complaint, because its milk is sometimes hot and sometimes cold, occasionally too sweet, frequently nearly sour, rarely fresh and never uniform, nor scarcely ever prepared exactly alike. Cholera infantum, on the other hand, is analogous to, if not identical with sporadic or British cholera in adults. It is due to a specific cause, is decidedly epidemic, is not limited to hot weather nor caused by it, nor are the symptoms those of insolation or thermic fever. It may come on suddenly in an apparently healthy child, producing violent symptoms without prodromata; the child may go to bed well and have an attack during the night, quite independently of any indiscretion of eating or other known cause. It is believed, however, that chil-
dren suffering with chronic gastro-intestinal disorder are more subject to its attack, and have less powers of resistance.

As regards treatment, cases of cholera infantum require prompt and vigorous therapeutic measures. The hot bath may be needed to avert the imminent collapse; brandy and ice to check the vomiting, and the use of opium by the mouth or rectum to relieve the tenesmus and promote purging, which is of a watery character, and without the fecal odor or color.

Summer complaint, whether in the form of gastro-intestinal catarrh or colitis, presents a different clinical picture, and affords more time and scope for therapeutics. The child has had a diarrhea for some time, perhaps irregularly; is getting worse, and its food does not agree with its stomach and is often vomited; the discharges are frequent, clay-colored or yellow, according to the amount of bile contained, and if the large bowel is inflamed there is more or less blood and mucus, or the discharge may contain some hematin, and assume a bright green color on exposure to the air; there is more tenesmus than in cholera infantum, and the child is less prostrated by the disease, which may last for weeks, getting better or worse, according to the fact whether vigilance is exercised in regard to the diet, or some new indiscretion is committed; the child's skin is more or less feverish, while in cholera the surface is cold. From the fact that both classes of cases occur during the hot weather, it has been inferred that summer complaint is a form of insolation or thermic fever, and is to be treated by ice. This is unphilosophical in theory, and fatal in practice. Dr. N. S. Davis, in his communication to the Children's Section of the American Medical Association, at its last meeting, on "Serous Diarrhea and Cholera Morbus in Infancy and Child hood, and the Best Means of Lessening the Mortality from these Affections," presented a judicious and timely contribution to the subject, and pointed out the proper use of water, by the sponge bath, night and morning, as an invigorator of the nervous system—not as a means of exerting heat, but to excite reaction and improve the physical condition, so as to enable the child the better to resist heat. He states that an examination of the statistics of several large cities shows a ratio of only about five deaths from cholera infantum annually for every 10,000 inhabitants in San Francisco seven in New Orleans, twenty-five in Boston, and thirty in Chicago, and observes that "there must therefore be some efficient cause not common in all large cities," and proceeds to explain on meteorological and physical ground. We think an explanation nearer at hand is to be found in the fact that in southern cities the houses are built for hot weather, and are therefore better ventilated, that the children are clad in lighter clothing, that there is a good supply of healthy milk for babes from negress wet nurses, and finally, that there is a much smaller proportion of the population living in squalor and filth in New Orleans, than in Boston or Chicago.

To the usual recommendations for hygienic treatment, change of air, proper clothing, carefully regulated diet, and the tonic effects of the daily sponge bath, we would add that in the medical management of the case astringents and opiates should be sparingly used, and only after clearing out of the intestinal tract any irritating material by small doses of calomel or gray powder, followed by castor oil (or salid oid in infants), and the use of starch enemata, medicated with chloral and morphia. The patient may drink cold water in small quantities as often as desired; it is better to use a weak solution of arrow-root or the white of an egg diffused in water, than ice water, and the diet restricted to boiled milk, and only a limited amount of this. Powders of peptic and bismuth are often highly serviceable but in many cases brandy given in liberal doses will prove the best means of averting the tendency to fatal exhaustion.—College and Clinical Record.—Peoria Med. Monthly.

Dr. H. E. Marion read a paper on two cases of empyemia before the Boston So-
ciety for Medical Observation, and concluded his remarks by saying:

It must be a source of profound satisfaction to those of our profession whose names I need not mention in this presence, to review the various opinions expressed and compare the practice of today with that of comparatively a few years ago, when, by their united efforts, the science of medicine received a fresh impetus by their practicing and teaching paracentesis thoracis.

I purposely forbear repeating any part of the literature of empyemis. I have reported these cases thinking they illustrate points of sufficient interest to engage the attention of this society for a few moments. The case of Mrs. H. well illustrates the conservative treatment. Time was when the popular practice was to make a permanent opening at once, having demonstrated the presence of pus in the pleural cavity. In this case the patient was aspirated twice, and a large amount of pus was removed at both times. After the last operation the patient began to improve in every respect as to her general condition, still with a demonstrable amount of pus in the pleural cavity. The improvement was so marked that the operation was not again repeated, but she was sent away into the country, with directions to return, or seek advice in case she did not continue to improve. Nature, in a short time, made a permanent opening into one of the bronchi, thus saving her the annoyance of a permanent opening through the thoracic wall, and reducing to a minimum the chances of septic infection.

In these days of antiseptic surgery we are taught to look with horror upon the admission of air to a fresh wound unless it be surcharged with some antiseptic material. In this case, as I then thought, carelessly on my part, air entered the chest freely at the second operation, but, apparently, no evil resulted therefrom.

In the second case the first question of interest is that of diagnosis. During the first week, I have no doubt in my own mind, from the rational symptoms, chill, cough, rusty sputa, hurried and painful respiration, frequent pulse, and high temperature, herpes, severe pain in the side, together with the physical signs, dullness with subcrepant râles, followed by flatness, dislocation of heart, and âegophony, that it was a case of pleuro-pneumonia with effusion.

After the first week the patient was seen by Drs. I. L. Hildreth, E. H. Stevens and Otis H. Marion at different times, so that every subsequent state of the disease came under the observation of more than one individual. With pleuritis of the left side, and pneumonia of the lower lobe of the left lung, effusion came on gradually, rapidly increasing on the eighth and ninth days. A large amount of serum with some pus was removed. After an interval of twenty four to forty-eight hours the middle and upper lobes of the right lung became involved, showing all the rational and physical signs of pneumonia. This ran through its course in seven days, when resolution was established with colliquative sweat, subsidence of temperature falling from 104.5° F. to normal, and pulse from 140 and 150 to 100. Following the resolution of pneumonia of the right lung, he was again aspirated, this time a large quantity of odorless pus being removed. In ten days after resolution of the pneumonia of the right lung, he had a severe pleuritis of the right side over the middle and lower lobes. During those ten days he was aspirated twice. A permanent opening was not made until the first was found to be offensive, and the patient had for three or four days shown unmistakable signs of pyæmia.—*Boston Med. and Surg. Journal.*

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**A NEW WAY TO DETECT STONE IN THE BLADDER.**—Mr. G. M. Davidson, in the Lancet, calls attention to the "auditory method" of detecting vesical calculi. This simple method consists in connecting the end of the catheter with the ear of the surgeon by means of an india rubber tube two feet long and with a bore three-eighths of an inch in diameter. One end was slipped over the handle of the sound and the other end
held close to the ear. No difficulty was experienced in exploring the bladder, because the tube was so flexible, and it only required a little care to prevent the interference of extraneous noises, as rubbing against the coat; etc. A small calculus was introduced into the bladder (for experiment) and when nothing could be heard or felt by the sound alone, yet by means of the tube the calculus was distinctly and unmistakably heard. With a large stone the click was greatly intensified when heard through the tube. A small piece of coal was crushed to rough powder and introduced into the bladder. The ordinary method revealed nothing, but through the tube a rough grating sound was distinctly heard.

This method of exploration of the bladder may yield important practical results. Not only may (1) a small calculus be detected, which would be otherwise overlooked, but (2) it may be that practice will enable the operator to distinguish the size and character of the surface of a calculus readily; and (3) it also appears likely that a somewhat similar ear connection with a lithotrite will enable the operator to find and secure small fragments more readily, and so crush them. [This method is by no means new. Dr. Andrews of Chicago first introduced it several years ago, and it has been used by the writer several times. Ed. Clin.]

The Bacillus of Leprosy.—Additional interest is attached to the statement of a bacillus lepræ, coming as it does at a time when Koch has been making his discoveries about the bacillus of tuberculosis. In 1874 Armaner Hansen reported that he had found small rod-like bodies in leprous tubercles. Köbnèr has found these bacilli in the blood drawn from both old and new tubercles, and also in that drawn from apparently healthy parts. That leprosy is not more frequently spread by contagion may be explained by the fact that the bacilli are not found in the epidermis, and that, although they are found in the discharge from leprous sores, patients who have arrived at this deplorable condition are almost universally shunned.—Chicago Medical Review.

Medical News.

Dr. J. J. Mulheron has an editorial on Athletics.—Boating, in the last number (August, 25) of the Michigan Medical News, that deserves attention. It is a well written article.

Prof. Bergmann, of Würzburg, is the supposed successor of Prof. B. von Langenbeck in the Berlin University.

We have received a copy of the 34th thousand of the Multum in Parvo Reference and Dose Book, by C. H. Leonard, M. A., M. D. It fills its place well as a remembrancer. Price in cloth, 75 cents.

John Hunter at his Wife's Party.—John Hunter had no sympathy with his wife's poetical aspirations, still less with the society which those aspirations led her to cultivate. Grudging the time which the labors of practice prevented him from devoting to the pursuits of his museum and laboratory, he could not restrain his too irritable temper when Mrs. Hunter's frivolous amusements deprived him of the quiet requisite for study. Even the fee of a patient who called him from his dissecting instruments could not reconcile him to the interruption. "I must go," he would say, reluctantly, to his friend Lynn, when the living summoned him from his investigations among the dead, "and earn this d—d guinea, or I shall be sure to want it to-morrow." Imagine the wrath of such a man, finding, on his return from a long day's work, his house full of musical professors, connoisseurs, and fashionable idlers, in fact, all the confusion and hubbub, and heat of a grand party, which his wife had forgotten to inform him was that evening to come off. Walking straight into the middle of the drawing room, he faced round and surveyed his unwelcome guests, who were not a little surprised to see him—dusty, toil worn and grim — so unlike what "the man of the house" ought to be on such an occasion. "I knew nothing," was his brief address to the astounded crowd. "I knew nothing of this kick-up, and I ought to have been informed of it beforehand; but, as I have now returned home to study, I hope the present company will retire." Mrs. Hunter's drawing rooms were speedily empty.
"Modern Lithotritry."
By H. O. Walker, M. D.

[Read before the Canada Medical Association at Toronto, Ontario, September 7th, 1882.]

GENTLEMEN—Among the topics that have received marked attention in the domain of surgery for the past few years is "Modern Lithotritry," so called by Dr. Bigelow, of Boston, to whom belongs the credit of introducing to the profession this decided improvement in the manner of removal of stone from the bladder.

It will not be presumed that I can add anything new in this direction further than the reporting of a few cases that have come under my observation,—a sort of a mite offering to the great weight of evidence already presented in favor of this procedure, "rapid lithotritry with evacuation."

Since 1834, the time when Civiale first introduced "lithotritry" or "lithotripsy," little advancement had been made in this direction until 1878.

All operators were timid about producing cystitis from a prolonged instrumentation of the bladder. Possibly this had become traditional, yet the great operator of the world, Sir Henry Thompson, emphasized the fact that manipulation of the bladder should not exceed five minutes, and in the majority of instances limited it to three minutes.

Clover, of England, made a step in the right direction, but his evacuating catheters were too small. After Dr. Otis, of New York, demonstrated the fact that the urethra was capable of admitting much larger instruments than had heretofore been supposed, Dr. Bigelow conceived the idea that Clover's principle with the large catheters would do the work at one sitting. His first results were given to us in the January number of the American Journal of the Medical Sciences for 1878, since which time he has made decided improvements in the appliances for the operation.

Bigelow's set of instruments consist of a Lithotrite and evacuating apparatus. This particular set are not necessarily essential, for other gentlemen have attained the same results with other instruments, yet the idea is Bigelow's and to him alone belongs the credit of the procedure.

The Lithotrite, the one I exhibit you, is Bigelow's, and consists of a lock, wheel, or ball, and blades. The blades, you will observe in this instrument, consist of a shoe or female blade, the sides being low, so that a fragment readily falls upon it. The small blade, or stamp, is serrated with triangular notches, alternating, being so constructed to form inclined planes, observing that it is much shorter and narrower than the female blade, thereby being next to an impossibility to nip the bladder.

The Evacuating Apparatus is an improvement on the one first described by him, and consists of, as you observe, a large rubber bulb, with a glass receptacle at its base fastened to a standard.
its upper part is attached a large rubber tube which may vary in length to suit the fancy of the operator, and to this is connected the evacuating tube by means of two stop cocks, to prevent the entrance of air or escape of water. It also has a smaller tube with stopcock attachment, for the purpose of filling the bulb with water, preparatory to washing out the bladder. This apparatus is a decided improvement over the old one, inasmuch as it does away with having to fill the bulb by pouring in the water, and if it were not for contraction of the bladder at the time of manipulation of the instrument, allowing the escape of a few drops along side of either the lithotrite or evacuating tube, the operation would be essentially a dry one.

The following cases represent pretty much all the obstacles that we are liable to meet with in performing the operation:

Case 1. Mr. G., æt. 63 years. Had bladder symptoms for fifteen years, and had previously been operated on by lithotomy, and subsequently submitted to two or three crushings without evacuation, when, in the latter part of June, 1878, I saw him, in consultation with his physician, Dr. C. C. Yemans, of Detroit. It was decided to attempt the final removal of the stone by Dr. Bigelow's method, which was done July 5th, 1878. Patient under ether, the fragments of stone were easily seized and crushed. After cutting the meatus (which may be necessary in certain cases in order to introduce the tube) No. 29 F. evacuating tube was introduced, and between 40 and 50 grains of phosphatic calculus were removed. Time of operation, one hour and ten minutes. Patient made a rapid recovery and has had no return of the trouble.

Case 2. Eddie McG., æt. 16 years, first had bladder symptoms two years ago. His physician, Dr. G. P. Andrews, discovered the presence of stone April 18, 1878, when he transferred the case to me. April 25th I used the lithotrite without the evacuating apparatus, removing about 20 grains. May 1st, used it again, removing 23 grains, after which there was a subsidence of symptoms and general improvement.

July 15th he again returned, and examination revealed the presence of a small calculus. July 16th, the patient being put under the influence of ether, I crushed and removed with the evacuating apparatus (using tube No. 30 F) sixty grains of phosphatic calculus. Time of operation, one hour and twenty minutes. The operation was performed in my office, and after recovering from the anaesthetic he took the street car for his home. No unpleasant symptoms occurred. A re-examination one week after failed to detect any fragments of stone. He continued to improve until August 15th, when he was suddenly attacked with great pain on micturition. Examination revealed a small fragment. Putting him under the influence of chloroform, as it was with great difficulty that he succumbed to ether at previous operations, I readily crushed and evacuated about twenty grains of stone. And as all muscular contraction was thoroughly relaxed by the chloroform, a further examination detected a large roughened surface high up and firmly attached behind the symphysis pubis, and after great difficulty I succeeded in dislodging it. At this sitting there were removed one hundred and fifty seven grains. Time of operation, one hour and thirty-five minutes. Owing to the unpleasant and dangerous effects of the chloroform, I deemed further efforts at removal of stone unwise. Three weeks afterward I removed seventy-eight grains, and after repeated examinations I am satisfied that it is all removed. The nucleus of calculus proved to be very dense and hard, and of the lithic acid variety. Several pieces weighing over twenty grains came away through the evacuating tube. Had there been no difficulty with the anaesthetic, and a thorough muscular relaxation taken place, I am confident that the operation could have been completed at one sitting. There were no untoward symptoms whatever after any of the operations. Entire quantity removed, three hundred and forty-seven grains.

Case 3. I. D., æt. 70 years, has had difficulty in urination for about 25 years. July 22, at the request of Dr. Shurly,
Dr. Kiefer and myself made an examination of the patient under an anaesthetic. Had no trouble in detecting calculus. July 25, assisted by Drs. Shurly, Kiefer, Farrand, and Wyman, I made the operation. Had great difficulty in introducing lithotrite, using evacuating tube number 29 F., which was also introduced with difficulty. Patient acted badly under anæsthetic, and had to desist from operation after 45 minutes, removing between 90 and 100 grains of phosphatic stone. He experienced great pain after the operation, and gradually sank and died next morning at 7 o'clock. In the afternoon made a post mortem examination. Cutting down, it was observed that the tissues in the vicinity were quite adherent, the result of old inflammation, with an excessive amount of fatty degeneration of all the organs. Had no trouble in passing the fingers through the walls of the bladder. Both kidneys contained about a teaspoonful of pus. Prostate gland very much enlarged, measuring fully four inches in length and one and a half inches in thickness. There was also an old false passage through it, which had been evidently made larger by the lithotrite and the evacuating tube. Death in this case was from shock, consequent upon the operation. Whole weight of the calculi, 320 grains.

The origin of stone in this case was undoubtedly the enlarged prostate gland.

Case 4. Joseph S., æt. 27, native of Detroit, German descent. Dec. 17, 1879, consulted me in reference to a bladder difficulty with the following history: Nine years ago had a chancreoid at the meatus which lasted for three or four weeks. After healing there was considerable narrowing at the meatus, for the relief of which, it was cut. Seven years ago, he first observed difficulty in passing his urine, which gradually increased until about three years ago, when the act of urination became excessively painful and frequent, often attended with a flow of blood and pus. For the last two or three months he has been compelled to stop work. His habits are good. No here-ditary history of any kind. His general health was fair. No great amount of loss of flesh. Appetite at times is voracious, and at all times good. The introduction of a No. 8 Eng. searcher readily detected a stone in the bladder. Dec. 18. Examination of urine revealed a large quantity of pus, spec. gravity normal, acid reaction, with no evidence of kidney trouble. Ordered quin. sulph. grs. v. three times a day, also to drink Bethesda water. Dec. 19. Examined him with Bigelow's Lithotrite without any difficulty. Diameter of uretha 29 m. Continued treatment, also salines cathartic next morning. Dec. 20. Assisted by Drs. Kaiser, Carrier, Conant, Owen and Robbins, I performed the operation of litholapaxy after the manner of Bigelow of Boston. Instrument used, Bigelow's lithotrite No. 27 F. First seizure, 3/8 of an inch, time of use 12 minutes, then introduced tube No. 29 F. for 20 minutes, evacuating quite a large quantity of fragments. The prolonged evacuation was due to imperfect anaesthesia. The lithotrite was again introduced crushing a considerable sized fragment, and the aspiration again resorted to, making a thorough work. Time, from the commencement of anaesthesia until the completion of the operation, one hour and thirty minutes. Amount of stone removed, 287 grains; patient rallied satisfactorily. There was at no time after the operation any chill or increase of temperature. The only difficulty that supervened was intestinal flatus, so much so, that on the 5th day after the operation I had to resort to an hypodermic injection of morphia, to relieve pain. This passed away before the end of the week, being benefited by enemas. Dec. 23d, I was called to see him, and found him suffering from herpes zoster of the right side, between the arm pit and hip. Relieved in a few days by internal and external use of tinct. mur. ferri. The after treatment in this case, was sulphate of quinine 2 to 5 grs. 3 times a day. Also,

Fl. ext buchu, 3 ss
Fl. ext. uva ursa, 3 ss
Liq. potass., 3 jis
Syrup tolu, q. s. 5 li.
Sig.—Teaspoonful every four to five hours. The strong ammoniacal odor of the urine gradually disappeared, and the patient readily held his urine from 2 to 6 hours, while previously there was a desire to urinate every few minutes night and day. January 16, 80, I examined him with negative results as to urinary calculi. He remarked that he had quite forgotten that he had ever had any bladder trouble. However, this patient came back to me in the following January, stating that for the past few weeks he had had some of the old symptoms and was fearful that the stone was reforming, but I was unable to detect any. Did not see him again until March 1st, 1881, when the searcher readily detected what he was fearful of.

March 5. I crushed and removed in one hour and ten minutes 120 grs., since which time up to the present he has been perfectly well.

At the time of the last operation he was pursuing the vocation of milk peddler, constantly jumping on and off his cart. The time for the operation and recovery therefrom required but three days, when he resumed his milk-peddling. There were no unpleasant symptoms further than the disagreeable effects of the anaesthetic, which lasted but a short time. This reformation of stone after entire removal of stone has only occurred twice in my experience in twenty operations that I have made by both lithotripsy and lithotomy.

Case 5. Mr. C. S. G., æt. 41, came to me through the kindness of Dr. Cole, of Memphis, Mich., in the early part of August, 1880, with the following history: Had a severe attack of renal colic—left side—about two months previous, and shortly afterwards noticed a slight irritation at the time of urination, which gradually increased up to the time that I saw him. Careful examination failed to find a stone. He called again, Sept. 18, 1880, when no difficulty was experienced in finding a small calculus.

Sept. 29. After three or four days preparatory treatment, I removed, in forty minutes, 35 grains of phosphatic calculus.

In this case Bigelow’s lithotrite and a No. 25 F evacuating tube was used. This man had a contraction of the urethra at the peno-scrotal fold, which necessitated some dilatation previous to the operation, therefore, the use of the small evacuating tube. For four days following the operation this patient had a slight chill, followed by an increase of temperature, never more than 1-5°. One week from the time operated upon, he left for home, well, and there has been no return of the trouble to date.

Case 6. Wm. B., farmer, æt. 62 years, presented himself at the clinic of the Detroit Medical College, May 31, 1882, for the relief of a bladder trouble that had existed for about a year. The usual symptoms were present, indicative of stone in the bladder, and easily verified by the searcher.

June 9. With the patient under ether, I removed (using a No. 27 F tube) 70 grs. of calculus phosphatic variety in 40 minutes, with the loss of a very few drops of blood.

June 10. While passing urine he had a slight chill, with slight increase of temperature (1-5°). No further untoward symptoms followed, and on the fourth day following he went to his home in Essex, Ontario, entirely relieved from his former symptoms.

All these cases, with the exception of Case 3, made remarkably good recoveries.

Case 3. The man aged 70 years was a risky operation, whatever the method might be, both as to his general condition, and to the irregularity and enlargement of the prostate, and I am positive the cause of this man’s death was the injury to the prostate with the lithotrite and evacuating tubes.

The points to be considered in this operation are:

1st. The selection of the case to be operated upon. This will depend upon the size of the urethra being sufficiently large to admit the passage of the evacuating tube, also upon the size of the stone to be crushed. Cystitis is not necessarily in the way of the operation, for a number of cases, where cystitis has
been extensive and of long standing, have terminated happily. It is to be presumed that all operators will take into consideration the general condition of the patient, particularly as to renal complications.

2d. A perfect knowledge of the anatomy of the parts, and the accustomed use of urethral instruments.

3d. The dangers attending the operation are injuries to the bladder and urethra. Injury, however, to the bladder is not of very great importance, as it will act nicely after injury when empty and at rest. But not so with the deep urethra, for it is a marked fact that any injury to the membranous and prostatic urethra are quite often attended with unpleasant results. The reports of deaths after this operation are mainly attributed to injury of the urethra, as revealed by post-mortem examination.

The details of the operations are as follows. Perform, when possible, the operation upon a table of a convenient height; yet the apparatus is so constructed that it can be accomplished with the patient in bed. Two assistants are necessary—one for the ether, and the other to attend to the washing bottle. Some operators prefer a quantity of water in the bladder before introducing the lithotrite. Some difficulty may be met with in keeping it in the bladder; this, however, can be done away with by applying a rubber band over the penis before introducing the instrument. Carbolated water is preferable, at a temperature of the body. The length of time for using the lithotrite will depend upon the size of the stone, as well as upon the judgment of the operator. The evacuating tube is then introduced and attached to the rubber tubing and the connection established, when a gentle pressure is exerted upon the bulb, throwing the water into the bladder, and suddenly letting go the bulb when the sucking process commences, and the fragments will be seen to drop in the receiver below. This maneuver is sufficiently repeated until the fragments cease to drop, or the bulb ceases to expand, which may be due either to a large fragment or a part of the mucous membrane becoming engaged in the orifice of the tube. Changing the position of the tube, or a sudden pressure upon the bulb will be sufficient to displace it. It may be necessary to again introduce the lithotrite and crush the fragments that escaped the previous crushing. Occasionally these fragments may escape the jaws of this instrument; and the maneuver, as suggested by Dr. Keyes, by turning the patient on his side with a full bladder, will roll the fragment of stone out of a pouch or sac, and permit of its being seized.

In comparing this operation with lithotomy, we must take into consideration its applicability to the case presented to us. All cases under fourteen years of age call emphatically for lithotomy, necessarily so from the small sized urethra. Encysted stone, unless easily detached, demands lithotomy. Contractured urethrae will in some instances call for the same operation; yet, often these can be operated upon previously and then lithotrity performed. Very hard stones may possibly have to be removed by lithotomy, as well as very large ones. The dangers attending lithotomy are well known. Therefore, all things being equal, it must be clear to us that modern lithotrity must necessarily be the preferable operation.

Society Proceedings.

(Reported for the CLINIC.)

The Fifteenth Annual Meeting of the Canada Medical Association.

GENERAL SESSION.

The fifteenth annual meeting of the Canada Medical Association was called to order by the President, Dr. G. E. Fenwick, Montreal, September 6th, at 10:30 A. M., in the City Council Chamber, Toronto, Ont.

After the reading of the report of the committee on arrangements, by Dr. Canniff, Drs. D. H. Goodwillie, of New York, and H. O. Walker of Detroit, who were
present, by invitation took seats near the platform.

Dr. Osler, of Montreal, Secretary of the Association, read the minutes of the last meeting, which were adopted.

On motion of Drs. Wright and Can-niff, Dr. W. B. Carpenter, of London, England, the eminent physiologist, was elected an honorary member, and it was announced that he would address the meeting upon the subject of vital statistics. A committee was appointed to call upon Dr. Carpenter and ascertain when it would be convenient for him to deliver his address.

Dr. Fulton, of Toronto, presented the report upon necrology. Among the names read who died during the year were those of Drs. Berryman, of Toronto, Campbell, of Montreal, Mack, of St. Catherines.

At this time Dr. Workman, a former president of the Association, entered the room, and was invited to a seat near the platform; also Dr. Elsberg, of New York, who was elected a member, by invitation.

Dr. Graham, Toronto, read a report on the Practice of Medicine. He referred to the International Congress held last year, and to the publication of discoveries made by Koch, of Berlin, regarding tuberculosis, a disease which he attributed to the presence of bacteria. Subsequent investigation tended to confirm this theory, and if it should be substantiated, a great advance would have been made towards the prevention of the disease.

Dr. Carpenter now arrived and was introduced. Thanking the association for its courtesy, he proceeded with his address, emphasizing the fact that great advantages could be derived from a uniform system of statistics instituted by the Dominion Government. In England the system was perfectly uniform. It was first introduced about 1839, four or five years after that into Scotland, and a few years later into Ireland. In the tabulation of these statistics the method was worked out by Dr. Farr, a man whose assistance to vital statistics cannot be over-estimated. To him we owe a word very important "zymotic," as isolating one class of diseases from another. Curiously enough, however, in Sir John Pringle's work on "Diseases of the Army," now about 140 years old, the same ideas precisely were enunciated. He was a man of philosophic mind, and was afterwards president of the Royal Society. He called the result of his investigation "fermentation." This was of course the same word as zymosis, its Greek equivalent, and fully covered the idea of poisonous germs being introduced into the blood. After giving several cases of what he called the "convertibility of fever," or the interchange of types, he said that most of the profession were now of opinion that there was no such thing as a universal distinction of fevers. Sir Robert Christison, who had long studied the subject, believed typhus and typhoid could not always be distinguished. That famous observer, Sydenham, said there was no difference between scarlet fever and measles. Pasteur, with whom the speaker had much intercourse last summer, held as he did, that the media in which germs are developed, have an important effect on the germs themselves.

The system of vital statistics had brought out this fact: that the prevalence of non-zymotic diseases was in pretty equal quantity all over the country, and that the occasional doubling or tripling of the death rate in certain localities was due solely to zymotic diseases.

A vote of thanks to Dr. Carpenter was moved by Dr. Sweetland, of Ottawa, seconded by Dr. Oldright, of Toronto, and carried.

The meeting then adjourned to meet again at 5 P. M., for the purpose of organizing the sections on medicine and surgery.

SECTION ON MEDICINE.

The Section on Medicine was organized with Dr. Macdonald as chairman, and Dr. Stewart as secretary.

The first paper was by Dr. Osler, of Montreal, on the occurrence of echinococcus in America. Nine of these cases had occurred in Canada, while in the United States the disease was not nu-
merous. He had collected statistics of sixty-one cases. The usual manner of introduction of tenia echinococcus into the human body was by drinking water that had been polluted by dogs, and principally manifested itself in the liver and spleen. Yet he had seen instances of it in the lungs. The exhaustive character of the paper is such as to make it one of value and reference.

Drs. Graham and Temple reported cases that had come under their observation.

Dr. Osler stated that the treatment in Iceland and Australia was by aspiration and incision, while some cases had been cured by spontaneous rupture.

Dr. Cameron, of Montreal, read an interesting paper upon "Axis Traction," which he illustrated by diagrams and a variety of forceps. There were three kinds of forceps, the straight, the pelvic curved, and the curved with retractors of Tarnier. The advantage of the straight forceps was that it did not interfere with the natural rotation of the head, but a great disadvantage was, that when the head was high up the instrument could not fail to come in contact with coccyx. There was also the liability to slip and injure the perineum and soft parts. The curved forceps was less liable to slip, but the line of action was not in the axis of the pelvis, and if the instrument was so adjusted as to bring the line of traction right, it would be sure to come in contact either with symphysis. To combine the advantages of these two kinds of instruments and eliminate their disadvantages. Tarnier had invented his double detractor, which had the advantage of action along the traction axis and at the same time permitting the natural rotation of head. The objections urged against Tarnier's instrument was its clumsiness and cost and the danger of injuring the internal cavity.

Dr. Holmes, of Chatham, in discussing the paper, said that he had been accustomed to the use of forceps after the manner described by Dr. Albert Smith, of Philadelphia, directing the woman to avoid pressure and thereby avoid laceration.

Dr. Temple thought Tarnier's instrument as complicated, and that much simpler ones were better.

Dr. Stewart, of Brucefield, cautioned against the excessive use of instruments.

Dr. Alloway, of Montreal, read a paper on abortions, which he did not think had been properly handled in some of the leading treatises, such as Leishman's. The great danger arose from hemorrhage by dilation of the os uteri. He dealt at length on the modes of treatment recommended by different authorities, and the difficulty of carrying out some of them. His own experience was in favor of the uterine scoop. He condemned the use of the placental forceps. He related a number of cases in which the uterine scoop had been successfully used, and described the manner of placing the patient and using the instrument.

Dr. Tye, of Chatham, said he really thought they were passing through the iron age in the matter of obstetrics. After seeing all the forceps and scoops and other iron instruments, he really congratulated himself that he was not a woman. In his practice he relied chiefly on the instruments provided by nature, and he found them very suitable.

Dr. Campbell, of Seaforth, said he had heard Dr. Spence, of Edinburgh, who must be regarded as a high authority, express himself decidedly in favor of Tarnier's instrument.

Dr. Rodger, of Montreal, while he disapproved of undue multiplicity and complication of instruments, yet the valuable assistance rendered by them could not be overlooked. He spoke in favor of the tampon and placental forceps in abortion. After their use, and twenty-four hours' plugging of the os, matters were found in a satisfactory condition.

The section now adjourned to meet again next day at 2 P. M.

EVENING SESSION.

THE PRESIDENT'S ADDRESS.

After thanking the members for electing him to the office, he expatiated on
the benefits received from the meetings of the society. The programme before them was a wide one. It was to be desired that the discussions should be thorough, and with this view it had been arranged that the association should meet in sections. It was necessary that they should come to those meetings with minds open to conviction, as otherwise discussion would be useless. He referred to the influence which the British Medical Association possessed in the councils of the nation. A great deal of the work of that association was done by its branches, and he hoped to see the same plan adopted in Canada. He then gave an account of the attempted formation of a Provincial Medical Society in Montreal in 1845. Had that association been consummated, he thought the medical profession would have been in a very much better position to-day. Taking up the subject of health statistics, he quoted Lord Beaconsfield’s reported remark that the first business of a minister should be the health of the people, and he hoped similar words would be used by some Minister at Ottawa. They were so far without any system, but the government was desirous of receiving suggestions, and had placed $10,000 at the disposal of the Minister of Agriculture. He thought that the collection of the statistics should be governed by municipal regulations. At present it might be well to limit the collection to towns and cities where some provision was already made, as, for instance, boards of health or health officers. He would recommend that the committee appointed at the last meeting to confer with the government on this subject be continued.

Dr. Botsford, referring to the president’s address, said that the great question was how to carry out a system of collecting health statistics which should be efficient, and at the same time not attended with too much expense. He moved a vote of thanks to the president for his address.

Dr. Grant, of Ottawa, in seconding the motion, spoke of the importance of the matter, and said he had found the members of the Dominion government anxious to cooperate with the medical profession.

Dr. Bray moved that a committee be appointed whose duty it shall be to take into consideration the subject of public health and vital statistics, with a view of preparing a scheme for the collection of such statistics, such scheme to be submitted for the approval of the Dominion government.

The matter was deferred until next day, and the Association adjourned, in order that the sections might meet.

"Rest and Tracheotomy," by Geo W. Major, B. A., M. D., etc., late Clinical Assistant Hospital Diseases of Throat and Chest; London, Eng., Instructor on Laryngology and Diseases of the Throat, University of McGill College, and Ontario Physician to the Montreal General Hospital.

In this paper was reviewed the principles generally of rest as applied to medicine and surgery. The value of rest in diseases of the throat are entered upon more in detail and gargles soundly denounced as unscientific and wrong, violating as they do the laws of rest. Though local applications be required, "throat bathing" was recommended as equally effectual, and as merely a gentle inclination of the head backwards was required, it did not so frequently violate the principle of rest. The arguments used were sufficiently clear and conclusive for anyone. Too great rest was barely possible in so far as the larynx was concerned as deglutition and respiration were carried on, even though phonation was suspended. and consequently a certain amount of motion was exercised. Perfect rest could be had only by an artificial opening below the larynx proper, and its value was proven by the narrations of its results in cancerous, syphilitic and tuberculosis cases, as well as in morbid growths and paralyses with, or without spasmotic actions of some one or other of the intrinsic muscles. The diagnostic value in malignant disease of the presence of indurated glands under the anterior border of the middle third of the sterno-mastoid muscle was also
attended to; this fact has not been before recorded, and Dr. Major looks upon it as of great importance in the attempts at early diagnosis of laryngeal cancer. The indurated glands exist before ulceration takes place in the morbid growth. His experience extends over seven cases; in all, this condition was noticed, and on the same side as the malignant development. He had not found it in syphilitic, chancreoid or other diseased states, and he wished this fact recorded. He also counseled gold instead of silver cannulas, and gave it as his experience that gold opposed the action of mucus, bronchial and traumatic secretions much better than silver, and was in consequence much less irritating. Rest as applied to hysterical conditions he lauded, especially when any vitiated method of phonation or respiration had been acquired, and referred in this regard to his researches on attempted phonation on inspiration as one at least of the causes of hysterical aphony or dysphonia.

Dr. Ryerson, of Toronto, sided with Dr. Major in his views, as also did Dr. Fenwick, more especially in relation to cancerous diseases, as it merely substantiated his extensive experience of colotomy for cancerous diseases of the rectum.

Dr. Elsberg, of New York, who happened to be present, endorsed most heartily the views expounded by Dr. Major, and among other remarks said that he deserved the thanks of the Association, even if he had simply confined himself to denouncing the old-time method of gargling. He held it was the duty of those who had devoted themselves to special subjects to give the result of their special knowledge to their brother practitioners. He had some years ago had his attention drawn to the fact that the principle of rest in cases of inflammation applied to the throat as well as to any other part of the body. Under the influence of rest inflammatory conditions subsided, and perhaps gave way to renewed action. The larynx was moved in three functions, namely, in the production of voice, in breathing and in swallowing. The first was a voluntary action, and it was possible, therefore, to secure complete rest. Breathing, though absolutely necessary for life, might be made easier, and by tracheotomy the larynx might be relieved from active participation in respiration. Was it advisable to practice tracheotomy for this purpose? He did not share in the opinion that it was a simple or harmless operation, but he considered it was valuable in appropriate cases. With regard to the third function, swallowing, tracheotomy did not afford complete rest, but other means might be taken to give partial rest.

Dr. Hingston asked Dr. Elsberg and Dr. Major to state in what cases they would or would not use tracheotomy? He also dissented from the view that the rest produced could have any curative effect on the disease.

Dr. Elsberg said he would use it in all cases in which stenosis indicated it. With regard to the second point, he had not enunciated the opinion that it could cure but it might arrest for a time the progress of malignant disease.

Dr. Fenwick also considered that rest might retard the progress of malignant disease.

Dr. Sutherland, of Montreal, exhibited thirteen specimens illustrating the terminations of aneurism, all of which were exceedingly interesting. Three of them showed nature's method of cure.

Dr. Sheppard, of Montreal, exhibited specimens of cervical glands, interesting from the fact of their rarity; also a spine with six lumbar vertebrae.

Dr. Grant read a very interesting paper on a case of cancer of the breast, following eczema of the nipple, which was discussed at length by a number of the gentlemen present.

The section then adjourned.

GENERAL SESSION.

THURSDAY MORNING.

The meeting was called to order by the president at 10 o'clock.

REPORT ON SURGERY.

Dr. Sheppard, of Montreal, read an interesting report on recent advances in surgery, dwelling on the importance of antiseptic dressing of wounds, advocating the dry dressing with iodoform and.
boracic cotton. Sponge grafting in the case of granulating ulcers, and in cases where new tissue was required had been found of great service. Dr. McEwen, of Glasgow, and Dr. McManus, of London, had succeeded by means of sponge grafting in effecting the formation of new portions of bone. He also referred to the subjects of nephrotomy, treatment of club foot, and the surgery of the joints.

Dr. Brodie, of Detroit, was introduced by Dr. Canniff, and on behalf of the American Medical Association expressed good wishes for the success of the Canadian Association and suggested the advisability of their attending the meeting of the American Association in Cleveland next year.

Dr. Canniff moved a vote of thanks to Dr. Sheppard.

Dr. Grant, of Ottawa, seconded the motion, eulogising the admirable resumé of Dr. Sheppard. He referred to the valuable services of M. Pasteur in the field of surgery, and emphasized the importance of antisepticism in the treatment of disease. He also referred to the wonderful method recently discovered by M. Pasteur of introducing or promoting the growth of new bone.

Dr. Roddick, of Montreal, was not able from his experience in hospital practice to speak so highly of the importance of dry dressing. He considered moist dressing exceedingly valuable in major cases where drainage was necessary. Antiseptic dressing, when properly carried out, he considered of the very highest importance. When it was used there was no necessity to disturb the wound for several days, thus allowing rest so essential in the healing of disease.

Dr. Hingston, of Montreal, gave his opinion on antisepticism and the theories of Lister. He stated what he considered the difference between antisepticism and cleanliness on the one hand and Listerism on the other, illustrating his ideas by narrating a case of amputation of the breast by Dr. Simpson, of Edinburgh. In that operation the utmost cleanliness had been observed, and dry dressing used with the best results. There had not been a drop of pus. From his experience he was not quite satisfied as to the safety and value of the carbolic spray in antiseptic treatment.

Dr. Mackay, of Woodstock, narrated some experiences of his in the treatment of club feet.

Dr. Sloane stated his opinions as to the value of different kinds of dressings for wounds.

Dr. Workman referred to a reported case of the successful use of whiskey dressing.

Dr. Ferguson made a brief statement in regard to the proper strength of carbolic acid to be used in spray.

Dr. Stewart, of Brucefield, related a case of a medical gentleman who had been obliged to give up the use of carbolic spray from the injurious effects on himself as well as unsatisfactory results in his patient.

Dr. Harrison, of Selkirk, pointed out the incorrect impression prevailing in some minds that Listerism obviated the necessity of cleanliness when it was desired to remove or destroy the germs of disease. He made some humorous remarks in regard to the imaginary nature of some supposed new discoveries.

Dr. Canniff stated his views. He did not think the whole credit was due to Dr. Lister. M. Pasteur and Dr. Samson Gamgee, of Birmingham, had also rendered service of the highest order.

Dr. Campbell, of Seaforth, wanted an explanation of what was really meant by Listerism. He had seen operations performed with and without spray, and he had heard that Lister never used the spray at all. It was introduced by others. He asked the chairman to define Listerism.

The chairman said that would be a very arduous task for him. His own practice was to cleanse wounds and then apply the spray. He considered the use of the spray advantageous, and meant to continue the use of it till something better was introduced. Even with the use of antiseptics he had not found it possible to prevent suppuration, and he was
Tain newly-introduced drugs such as nitroglycerine was next referred to.

On motion of Dr. Campbell, seconded by Dr. Stewart, a vote of thanks was passed to Dr. Tye.

VITAL STATISTICS.

Dr. Canniff, chairman of the special committee appointed to seek from the Dominion Government improved legislation in respect to sanitation and vital statistics, submitted the report of the committee. He suggested that as he had supplied members with copies of the report, consideration of the subject should be deferred till the following morning, by which time members would have an opportunity of studying the report.

Dr. Oldright seconded the proposal, and suggested that it should be the first subject taken up on the following day.

Dr. Canniff agreed to this addition to his motion and also pointed out that his committee ceased to exist with the presentation of their report. It would therefore be necessary before any action could be taken in the way of applying to the Government to appoint a new committee.

The motion was carried and the meeting adjourned.

MEDICAL SECTION.

This section came to order at 3 P. M. Dr. McDonald in the chair.

The first paper of the afternoon was by Dr. Harrison, of Selkirk, on "A Peculiar Form of Fever." The fever would be at times remittent, while it would subside for a few days and then commence again.

His treatment at first was quinine, without benefit, when he changed it to iodine, malto-pan and carbolic acid. Two cases died in thirteen to fourteen weeks, as the result of exhaustion, while one recovered in eight weeks. The peculiarity was the great variation of symptoms, and the long duration of the disease.

Dr. Riddel stated that in his opinion these were cases of a kind of malarial fever peculiar to this part of the world, partaking of the nature of cerebro-spinal meningitis.
Dr. Ross, of Montreal, did not think from the diagnosis of these cases as submitted by Dr. Harrison, that they were in a position to discuss them. There might have been internal suppuration of some internal organ such as the kidney. This could only be ascertained by examination of the urine. It was not impossible that there might have been ulcerative endocarditis.

Dr. Tye, of Chatham, stated that some time ago a large number of cases of the kind so graphically described by Dr. Harrison had come under his observation. Indeed it had been at one time almost epidemic.

Dr. Holmes, of Chatham, had had similar cases under his observation. He did not agree with Dr. Riddel that it was malarial fever.

Dr. Mullin, of Hamilton, read a paper on Diphtheria. There were, he said, various forms of the disease, and in some cases other ailments were set down as diphtheria. The severity of the attack depended greatly on constitutional and other conditions. The low forms of animal growth that invaded the fauces and tonsils of the diseases were very tenacious of life. The bacteria and bacilli present should be destroyed if possible by cautery or otherwise. Opinions differed as to the value of treatment in diphtheria. Some held that a certain proportion of cases would recover by the unaided vis medicatrix naturae, while others would not recover under any treatment.

Dr. Holmes, of Chatham, read a paper on "Cholera Infantum." The chief causes were hot weather, damp atmosphere, defective alimentation, bad ventilation and drainage. Improper clothing and indigestible food were also great causes. The symptoms were elevation of temperature, abnormal character of stools, thirst, pain and vomiting. To prevent the disease proper alimentation, ventilation and clothing were necessary. The air should be pure and the clothing in hot weather slight. Newly-born infants should not, if possible, be artificially nursed. In cases where this was inevitable, the milk or other food should be perfectly pure and fresh. Cleanliness was a matter of great importance, and want of this hygienic condition, was a great cause of the disease. The treatment must aim at reducing the temperature and restoring the normal character of the stools. If this could not be done the patient would die. To reduce the temperature sponging might be used or the evaporation of spirits on the body. The use of opiates to relieve pain or to act as astringents should be carefully avoided, as he had always found their administration unfavorable. Castor oil was useful and minute doses of hyoscymine might be taken with advantage.

Dr. McDonald, chairman, stated that so far as this disease was concerned they had reason to rejoice. The disease was not so virulent as in former days, and better modes of treatment were now at command. In Hamilton he used to order his patients to take the steamboat as far as Brockville and return by the first boat that was met. This he had found very successful.

Dr. Stewart read a paper giving an account of three cases of sciatica and one of painful stump treated by stretching the sciatica nerve. In each case he had used antiseptic precautions. Nerve-stretching was now recognized as an important means of curing neuralgia, but the practice was not unattended with danger. In some cases where the operation proved fatal the result was distinctly traced to the use of chloroform. Ether should always be given in these operations in preference to chloroform. The operations were very successful, 97 per cent. of all cases treated being either entirely cured or greatly relieved.

Dr. Ross said they were very much indebted to Dr. Stewart for bringing under their notice this mode of treatment which he believed Dr. Stewart was the first to use in this kind of disease. He had himself unsuccessfully tried it in a case of tetanus.

In reply to Dr. Workman, Dr. Stewart said the discovery had been made by a medical gentleman who had cured a patient suffering intense pain by accidentally stretching the nerve.

Dr. Prevost, of Ottawa, read a paper in which he described a case of tumor of
the bones of the skull, with specimen. There was an aperture in the frontal bone. The skin covering the tumor was of normal color. The intellect of the patient did not seem much affected. He was, however, drowsy and dull. He walked slowly and his memory seemed affected. He went to the hospital and soon fell into a state of indifference, which was after a time followed by coma and death. The autopsy of the case showed that the morbid products had originated in the bone of the skull.

Dr. Ross remarked that Dr. Prevost had been very fortunate in securing such a valuable specimen. It would have been interesting to know more about the antecedents of the case.

CASE OF PARALYSIS.

Dr. Cameron exhibited a boy under treatment by him for pseudo-hypertrophic muscular paralysis. The treatment was the administration of cod liver oil, syrup of the iodide of iron, arsenic, and the application of galvanism. The boy showed the peculiarity of his movement in ascending stairs and also in rising off his back.

Dr. Ross said he believed such cases were rare, and were found chiefly amongst boys of the age of the patient.

Dr. Cameron stated his views in regard to the case, which were those of Charcot and Bristowe. He would like to hear the opinions of those present.

Dr. Sheppard gave it as his opinion that in such cases the lesion originated in the anterior or motor nerves issuing from the spinal cord.

Dr. Black submitted notes of an autopsy of a case of echinococcus of the liver, together with the specimen. He narrated the history of the case, which lasted during a considerable time, resulting ultimately in death, as expected.

Dr. Osler made remarks on the case, stating the opinion that fatal result in this case was due to suppuration of the cyst, which was one of the chief dangers of the disease.

PHANTOM TUMOR.

Dr. H. P. Wright, of Ottawa, read a paper in which he gave the particulars of a case of phantom pregnancy. The tumor was situated on the left side, and developed in such a way as to produce in the mind of the patient the idea of pregnancy. The movements of the tumor tended to confirm this idea, as they so much resembled those of the living fetus. The woman was apprised of the presence of a tumor. When chloroform was administered reduction was effected, thus proving what was suspected. Such cases were found chiefly among those subject to undue exertion, spinal irritability, and menstrual irregularities.

Dr. Ross stated that in a case which had come under his observation the woman was convinced that she was carrying within her a dead extra-uterine fetus, and it was with great difficulty that she was persuaded to the contrary.

Dr. Ellis described the chemical composition of milk from distillery-fed cows. The result of the analysis showed that this class of milk contained more fat than others, the remaining solids being about normal. He was not prepared to say whether this kind of food produced any morbid condition of the cow.

SURGICAL SECTION.

The surgical section was convened at 3 P.M., Dr. Grant in the chair.

Dr. Hingston, of Montreal, read a paper on "Certain Obstructions of the Air Passages." He reported cases; one where a horn button had become lodged in the nostril, his first attention being called to the boy for general nervous trouble, when he discovered the existence of the button, which he removed, followed by a speedy recovery. Another where a lady had swallowed a false tooth. There were no distressing symptoms for a considerable time, when a cough set in. Inversion was first tried, without benefit. After becoming much worse she consented to tracheotomy for its removal. It was quite curious that there had been no worse symptoms, from the appearance of the tooth, and its attachments as exhibited by the doctor.

Dr. Fulton read a paper on a case of polypoid fibroma of the bladder in a child. Cystotomy, he said, was the only rational mode of treating these growths. The use
of a double-eyed catheter might be used with advantage in the case of small polypoid growths. The paper was discussed by Dr. Hingston and others.

Dr. R. A. Reeve, of Toronto, read a paper on "Orbital Diseases," dwelling mainly on the importance of an early recognition of such affections and timely operations for their removal. Specimens of tumors removed, and photographs of cases were exhibited.

Dr. Ryerson treated on the subject of "Polypus nasi." He described the various modes of treatment, and gave his opinion that removal with a "snare" was the most efficacious.

Dr. Walker, of Detroit, read a paper on "Modern Lithotrity," describing some cases in which he had used with success Bigelow's instrument, which crushes the stone in the bladder, and removes it by means of an evacuating tube. Remarks were made on the paper by Drs. Hingston and Roddick.

Dr. D. H. Goodwillie, of New York city, read a paper on "The Operation for Closure of the Hard Palate and Hare Lip Immediately after Birth." The operation for the relief of this deformity is made in the following manner: The child is placed under an anesthetic, and by means of a small revolving knife and the surgical engine a small V shaped section was removed inside of the alveolar process of the intermaxillary, also running up into the septum a little and at the same time the edges of the cleft of the hard palate are freshened by the revolving knife. Holes are also made on either side of the hard palate for the purpose of passing suture pin clamps to hold the maxillae together. Just enough was taken away by the V shaped section to allow the alveolus of the intermaxillary to resume its normal position.

Now, by means of a forceps the maxillary bones are forced together so as to close the cleft of the hard palate. Then a nasal forceps is passed into the nostrils, grasping the septum, and the nose is drawn into perpendicular position, and at the same time the intermaxillary is forced into its normal place, closing up the V shaped section made by the revolving knife.

The alveolar ridge of the intermaxillary now meets with the maxillary of the opposite side. They are held together by the suture pin clamps which I have devised for the purpose, made of steel and gold plated.

The cleft in the lip is now closed, by first carefully applying the compression lip clamp on each side of the cleft lip, to prevent hemorrhage.

After the edges are pared, then carefully approximate both skin and mucous membrane, by passing the first suture in the vestibule of the nostril and ending with the vermillion border and then complete the operation by passing the suture pin clamps to take the strain off the sutures.

The advantages of this method are, viz.:
1. The cleft in the hard palate is closed in all cases where there is a normal amount of bone developed.
2. The alveolar ridge with the tooth germs are saved and brought into place, securing as near as possible the normal outline of the mouth and subsequent development of the teeth.
3. The nose is brought into normal position, and over distended nostril restored.
4. The external normal appearance of the face is reclaimed.

Dr. Ferguson, of Toronto, reported three cases of eczema that he had successfully treated by the use of viola tricolor, internally and quinine baths.

Dr. Cameron described some cases of morbid pathology that had come under his observation, and exhibited a woman suffering from an immense tumor, which covered her whole face. The meeting of the section then closed.

In the evening the members of the association attended a concert at the Educational Department, given in their honor by the medical profession of Toronto.

The address of welcome was given by Dr. Workman, of Toronto, and replied to by the president, Dr. Fenwick, followed by a delightful musical programme.
After the exercises the guests enjoyed the advantages of a promenade through the museum.

GENERAL SESSION.

FRIDAY MORNING, Sept. 8.

The Association convened at 10 a.m., Dr. Fenwick in the chair.

The first report was by Dr. Worthington, of Clinton, on "Climatology and Public Health of Ontario." He stated that the committee had sent out a series of questions to different medical men in various parts of the province, with the request that they be returned and answered, to serve as the foundation of a report on malarial poisoning. Thirty-seven circulars were sent to seventeen counties, and replies received from twelve medical men residing in ten different counties. In four of these no malaria was reported to have existed for many years, but in the remaining six it was said to be prevalent. In the malarial districts, the answer was that it prevailed to an unlimited extent, and was termed the curse of the country. In the districts referred to the country around was reported to be flat, with sluggish streams whose beds and banks consisted of alluvium. The first effect of cultivation was to increase the evil, but it afterwards became the true remedy. Malarial poisoning seemed to be more active after the month of July until the cold weather. In the Lake Scugog district, malaria prevailed to such an extent as to cause the people to request the attention of the Government to the matter. The better draining of all low-lying land was suggested as a remedy, with the cultivation of the eucalyptus globulus, as practised in the marshy districts of the South.

Dr. Ferguson referred to a case where the removal of a strip of woodland had been followed by the appearance of malaria where none had previously existed. In the county of Grey a tract of 200 acres of swampland which had caused a great deal of malaria was cleared and put in grass. For ten years no ague was reported. The land was again broken up, and immediately after five cases of ague were reported.

Dr. Riddel said that forty or fifty years ago ague was prevalent in Toronto all along the front of the city. Wherever there were swamps, marshy lands, and rice grass, there ague would be found. The products of decayed vegetation often ascended in the form of gas, and this created a new danger. In Toronto, ague seemed to have been replaced by typhoid and other fevers.

Dr. Oldright said the Provincial Board of Health had been requested to send up a commission to inquire into the causes of the outbreak of malaria there. It was said that malaria was increasing in some districts of the country, especially in those places where mills had been established, the debris and sawdust from which had been allowed to accumulate on the banks or bed till it decayed. With regard to the commission of the Ontario Board of Health, they had under consideration remedial measures of a practical nature which would be made public as soon as possible.

Dr. Worthington said there was not the slightest doubt in his mind that malaria proceeded from vegetable decomposition. In cases where it had appeared in high lands, there had generally been some accessible stream.

Dr. Canniff submitted the following resolution from the Sanitary Committee: That for the present the collection of sanitary statistics shall be confined to the cities and large towns of the Dominion, the results to be published monthly, and the deductions drawn therefrom to be circulated in the various centers specified. That a commission be appointed by the Dominion Government in order that by consultation and cooperation of the Local Government a common basis may be arrived at for carrying out such sanitary measures as may be necessary for the consent of the Dominion Government; the commission to consist of two or more medical men, with a legal adviser.

Dr. Fenwick said it was important that there should be a committee in communication with the Government on the subject. He had spoken to Dr. Carpen-
This subject was discussed by several members present, all agreeing with import of the resolution, which was adopted.

The nominating committee brought in a report recommending the election of the following officers for the ensuing year, which was adopted:

President—Dr. Mullen, Hamilton.
Vice-Presidents—For Ontario, Dr. Tye, Chatham; for Quebec, Dr. Gibson, Cowansville; for New Brunswick, Dr. Atherton, Fredericton; for Nova Scotia, Dr. Jennings, Halifax; for Manitoba, Dr. Kerr, Winnipeg.

General Secretary—Dr. Osler, Montreal.
Treasurer—Dr. Robillard, Montreal.

Local Secretaries—For Ontario, Dr. Saunders, Kingston; for Quebec, Dr. Brunelle, Montreal; for New Brunswick, Dr. Coleman; for Nova Scotia, Dr. Almon, Jr.; for Manitoba, Dr. Whiteford.

Committees—On Publication, Dr. Ross, Montreal; Dr. J. H. Cameron, Dr. Fuller, of Toronto; the general secretary and the treasurer. On Therapeutics—Chairman, Dr. H. Punnett. On Medicine—Chairman, Dr. Stewart, Brucefield. On Surgery—Dr. Grasett, Toronto; Dr. Brunelle, Montreal. On Obstetrics—Chairman, Dr. Kennedy, Montreal. On Necrology—Dr. Fulton, Toronto; Dr. Atherton, New Brunswick; Dr. La Chapelle, Montreal. On Climatology—Dr. Laroque, Dr. Botsford, of St. John; Dr. Worthington, of Clinton; Dr. Playter, of Toronto. On Ethics—Drs. Malloch, Gardner, Montreal; Mawdsden, Quebec; Bayard, St. John; Parker, Halifax; W. J. Almon, Halifax; Steenes, St. John; Beaudry, Montreal; Chas. Morrison, London. On Arrangements—Drs. Sullivan, Saunders, Fenwick, Metcalf, and Sweetland.

It was decided that the next place of meeting should be Kingston, and after a vote of thanks to the Mayor and medical profession of Toronto and the retiring officers, the Association adjourned.

[We are largely indebted to the Toronto Globe and Daily Mail for this report.]
IT was in 1795 that the French adopted the ten millionth part of the quadrant of the meridian measured between Dunkerque and Barcelona, as the basis of a new system of measures. For the metric system, then originated, there are claimed as prominent advantages: 1. That it is founded on nature. 2. That it is decimal throughout, and hence it secured ease of reduction from one of the units of the system to another.

The French did not stop with decimal weights and measures, but divided time also into tenths; and, ignoring the Lord’s day, they made one day in ten a holiday, and the last few days of each year, sans culottes.

These French decimal systems were designed to supplant all others; but the early flinging off of the decimal division of time, by the French themselves, may but presage the final disaster to metric weights and measures.

Indeed, it does not appear that even the French people themselves are wholly converts to the metric system, for the terms of the old systems are said to be still more or less in use in France, in spite of the compulsion of nearly a century of despotic power, and in spite of the persuasion of the stepping-stone—the système usual—a binary modification of the metric, which was legalized in France in 1812, seventy ago.

The metric system was legalized in the United States in 1866. At the metrical convention in Paris in 1875, the French made great efforts to have their system made compulsory in the United States, and in other nations, but the action of the U. S. agent was not ratified by Congress.

If the French system is desirable, let us have it. If it is false to what its friends claim for it, why then should France, with an area equal to Pennsylvania, and a population of 41,000,000, dictate to “the Anglo-Saxon world,” with an almost boundless territory which belts the globe, and with an English-speaking and foreign population of more than 250,000,000?

As to the alleged advantages of this system, will they bear inspection?

1. Is the metric system “founded on nature?” The metre is the measure of a portion of a great circle. Is it philosophic or according to nature to take a curved line as the basis of universal and infinite measures? Sir John Herschel, in a letter to the London Times, speaks of the earth’s polar axis—a straight line—as a natural standard of measures; (it is in fact one which has long been used in astronomy); and he shows that the British inch is an integral part of that axis.

That the original determination of the meridian circle was erroneous, has been proven by later measurements, and hence the French metre is not the 10,000,000th
part of the quadrant of the meridian. Again, if we must have a curved line for the basis of measures, who shall decide which of the earth's meridians shall be used, since it is now known that the equator is not a circle, but is "an irregular curvilinear figure," and that consequently no two meridians of the earth are of equal measure?

The first claim, then, is dead; the French system is not "founded on nature."

The other claimed "advantage" is the decimal nature of the metric system. The difficulty here is that the statement is true; the system is too truly decimal to be universally useful. It is too rigidly decimal to be used in its purity, without a binary modification, even by the French themselves. Who, then, will make the dose compulsory to Americans? The inferiority of the decimal millimetre to the American inch is seen from the following extract from the paper read before the American Society of Mechanical Engineers by Mr. Coleman Sellers, of Philadelphia, and which was printed in the Journal of the Franklin Institute, was copied by the New York Times, and which I find in "Our Rest" (Chicago):

"The inch and the millimetre—one 25.4 times larger than the other—are, then, the units to be compared. Either, of course, may be divided by tenths; but the millimetre must be so divided, and on the other hand, it cannot be subdivided by a repeated process of halving, as can the inch. One consequence of this at first apparently slight distinction, is that the millimetre is not nearly so well adapted as the inch to the purposes of the draughtsman. The millimetre furnishes only seven useful scales, as against 12 furnished by the inch, to which may be added, of course, the decimal subdivisions. All the inch scales may be read from any good rule; but below the one-tenth millimetre scale, special scales must be constructed, and besides, drawings on the millimetre scales are not so readily raised and reduced as on the one-half, one-quarter, and one-eighth inch scales, on which radius and diameter dimensions may be interchanged. Again the millimetre does not lend itself to the system of shop and merchant sizes—that is, the system of sizes by which goods are made and sold—nearly so readily as the inch. The system of sizes lies at the bottom of all modern facture by machine. Thus, all the screws, bolts, drills, nuts, etc., among us increase in size, say by sixteenths of an inch up to one inch, by eighths up to two inches, by quarters up to three inches, etc., or the series may be varied as may be convenient. Nothing could be more easily memorized or used; but a similar series is impossible under the Metric System. German bar iron, for instance, advances by one millimetre up to 40 millimetres, by two millimetres to 80, by five millimetres above 80. The system must be memorized by 40 and 80, by 1, 2, and 5. German drills, again, advance in size thus: 10, 12, 15, 18, 20, 23, 25, 28, 30, etc. The system must be memorized entirely; there is no step for the memory."

While it is true, of course, that the metric system, being decimal, affords great ease of reduction from one of the units to another of its own system, yet the ugly decimal figures which are needed to show even approximately the relation of any unit of the metric system with the unit of any other system, make it impossible to transfer accurately from any system to the metric. Hence the demand to kill by legal exclusion every other system, and to cram the metric measures down the throats of the people compulsorily. In America, the entering wedge, designed to push altogether aside the established weights and measures, has been the effort to introduce the metric system in medicine and pharmacy, where slight inaccuracies are not as readily detected as in commerce and the mechanic arts. But the wedge has rebounded! For a few years after the metrical convention of 1875, many medical societies hastened, while inexperienced in the French system, to put themselves on record as endorsing it; and many, if not most of their members, for a time used the metric terms. It was claimed that liability to mistakes...
in prescription writing would be thus diminished; experience proved that this claim was itself a mistake. And now there are hosts of physicians and druggists—sick of pedantry, and of transferring to and from the metric system—who tacitly, if not boldly condemn the use of French measures, as inaccurate, inconvenient, and impracticable.

Do the people think that this French child, born when France was saturated in the atheistic and licentious origies of her revolution, shall dominate the world?

"The King of France with forty thousand men, Marched up the hill,—and then marched down again!"

It is not universally known that organized opposition to compulsory use of the metric system has taken the form of "The Society for the Perfection and Preservation of Weights and Measures," which has branches in Chicago, Cleveland, Pittsburgh and Boston.

**Correspondence.**

**Specialties.**

We place in this column the following communication to the CLINIC from a well-known specialist of Detroit:

Students have been advised to "avoid adopting a specialty in the practice of medicine; that it is a rock which has ruined many physicians who might otherwise have won fame, wealth, and entire satisfaction with themselves." As no one can be a sound physician or surgeon who has not laid a good broad foundation, and learned the facts of disease as it affects every part, so no man can be a good specialist who is not well grounded in general medicine and surgery. It is no more safe for a person to leave out of his studies the diseases of one set of organs, than it would be to overlook their anatomy and their physiology. That many have mistaken their calling is no doubt true, but that the mere adoption and practice of a specialty was the rock upon which they were ruined is doubtful. As a doctor's degree can never confer sense, so all can not succeed in the practice of a specialty. If one were to judge from the apparent success of some general practitioners and even well-known quacks, it would seem as if qualification in the specialist is more necessary to success than in the general physician.

The separation of medicine, first from the other natural sciences, and now into specialties, is due to the fact that the increase of knowledge is far greater than the increase of individual mental power.

It is generally conceded that while many may practically have a fair acquaintance with many parts of our science, none can hold it all. No matter how talented a man may be, he can not be a complete master of the science and practice of medicine and surgery in its full acceptance. If any there be, who is self-sufficient enough to believe he can, let him study carefully the work of the recent International Medical Congress, held at London, Eng. See the amount of new scientific work done by the 16 sections, seven of which were devoted to well recognized specialties, and disabuse his mind of the idea.

We do not advise students to start out with the idea of making specialists of themselves; but, if after several years experience in general practice, a liking for any particular branch arises, we say cultivate it, and if circumstances are favorable, he may give his attention to that branch exclusively with profit to his patients and himself, though few get "wealth," no matter how great their "fame."

A specialist should be one who knows, not less of disease in general, but more of the particular class of diseases to which he has devoted most time, and especial attention and study.

**Specialist.**

**Book Notices.**


This hand book by the distinguished editor of the Archives of Dermatology, is principally intended as an aid to the study of
skin disease for the medical student, and
as such serves its purpose well. More-
over, its price is so low that it is acces-
sible to all.

**What To Do in Cases of Poisoning.** By Wm. Murrell, M. D., M. R. C. P., Lecturer on Materia Medica and Therapeutics at the Westminster Hospital, etc. Second edition. Geo. S. Davis, Medical Publisher, Detroit, Mich., 1882.

This little book contains many useful hints for the medical practitioner, which will aid him in the hour of need. We agree with the author that nothing is more painful than to be called in to a case of poisoning and not know what to do. He thinks that every doctor should have an antidote bag, and mentions the articles it should contain. He says: “The antidote bag should contain every drug and instrument likely to be required in a case of poisoning. It should be to the toxicologist what the midwifery bag is to the obstetrician. It should always be kept filled and ready for use, so that in case of emergency the doctor would simply have to take or send for his bag, and would not have to look for stray bottles or in-
struments at a time when every moment is of importance.” He speaks highly of the stomach-pump, and says: “Every doctor should have a stomach pump or an efficient substitute. It may not be wanted for years, but it may be wanted to-morrow, and a life, or many lives, may depend on its being in working order.” In the latter part of the book the poisons are taken up seperately, and their lethal dose and antidotes are given. On the whole, the book is well worth reading.

**Transactions of the Indiana State Medical Society for 1882.**

Through the kindness of the secretary, Dr. E. S. Elder, we are in receipt of a copy of the above transactions. The annual address by the president, Dr. M. Sexton, of Rushville, was on the regulation of the practice of medicine in Indiana, vaccination, and the prevention of disease, and is replete with good sense. Dr. A. P. Preston, of Greencastle, reported a case of complete transverse rupture of the vagina at its juncture with the uterus, in which no hemorrhage occurred after that organ was expelled from the body. The woman died. Dr. J. R. Weist, of Richmond, read a paper on hot water in surgical practice, and Dr. J. F. Hibbard, of the same city, one on bacteria. Dr. Wm. H. Bell, of Logansport, had a paper on the management of still-born children after resuscitation. Dr. Bell thinks that out of ten infants resuscitated after having been still-born, where the work of resuscitation had lasted three-fourths of an hour or over, at least six of them will die within two or three days. He says: “I think that experience will bear out the statement that just in pro-
portion to the time that the child has been deprived of the means of oxygenating its blood, will be its danger of subsequent death.” Dr. B. related six cases of still-birth in support of his opinion. Dr. J. S. M. Murray, of Frankfort, read an interest-
ing paper on regular physicians and practices, that could be read with profit even by the “big guns” of our profession. W. Austin, M. D., of Windfall, reported a case of ovariotomy. Dr. M. F. Porter spoke of a new method of treat-
ment of fracture of the clavicle. Dr. Field, of Jeffersonville, presented a paper on the etiology of endemic fevers. A very good paper on epidemic cerebro-spinal meningitis was read by Dr. R. F. Stone, of Indianapolis. Papers were also read by Drs. J. A. Axling, C. D. Pearson, H. V. Sweringen, G. W. H. Kemper, and others. The society is to be congratulated on this successful meeting. The volume, containing the transactions, is bound in cloth (as all transactions of our state medical societies ought to be), and of neat typographical appearance.


This is a very able monograph on the use of nitro-glycerine in the treatment of angina pectoris. After speaking of the history, dose, and physiological actions of the drug, he relates numerous cases of the above disease in which it was given with decided success.

**Ten Years Experience in the Treatment of Structure of the Urethra by Electrolysis.** By Robert Neumann, M. D., New York City. Reprint from Medical Record, Aug. 12th and 19th, 1882.
This is an interesting paper, and deserves to be read by everyone. The author has waited on purpose eight years, in order to give a report which allows no doubt.


Society Proceedings.

[Reported for the Detroit Clinic by H. Erichsen, M.D.]

Meeting of the Detroit Medical and Library Association, Sept. 4, 1882.

The meeting was called to order with Dr. E. Lauderdale in the chair. Owing to the absence of the secretary, the reading of the minutes of the last meeting was dispensed with, and Dr. M. K. Ross elected secretary pro tem.

Dr. Ross: "I have here a letter from Mrs. A. S. Heaton, which explains itself."

Dr. M. K. Ross:

Dear Sir—Please find enclosed check for $25.00 for Detroit Medical and Library Association, with a wish for its continued prosperity.

Respectfully,
Mrs. L. J. Heaton.

On motion of Dr. Carstens, the thanks of the society were voted.

Dr. Carstens exhibited an ovary, broad ligament and a fallopian tube, removed by him for hystero-epilepsy, and reported the case as follows:

Dr. Carstens: "I was called August 4th, to Muir, by Dr. De Vore, to see Mrs. P., aet. 24, sterile. Her family history was very good; she had always been well until four years ago, when she first had severe attacks of pain in the region of the left ovary, with exquisite tenderness. These attacks came on every three to four days and then would stop for a month and then reappear, always worse at menstrual periods. They gradually increased in severity and frequency until six weeks ago, when she was attacked with hystero-epileptic convulsions lasting from five to twelve hours. These latter attacks would sometimes skip one to three days, and then come on again; she would have two or three in one day. An aura was noticed by her for a second or two before the attack came on; it was blackness before her eyes and numbness of her hands, but it was so sudden that she often fell from the chair before she could lie down on the bed. Menstruation was regular, but the attack of hystero-epilepsy was worse at that time. Bowels regular, appetite good, sleep refreshing. Patient complained of severe burning pain on the top of her head. There was no leucorrhrea or uterine disease, so far as could be made out. Physical examination revealed a retroflexed but otherwise normal uterus, and great tenderness in the region of the left ovary. The lady insisted on some radical means being used to relieve her, as she would rather die than continue to suffer as she had. She had been treated by very good practitioners, and all the different antispasmodics had been used without benefit, so that only surgical means remained. She readily submitted to an operation for the removal of the ovary or ovaries, after all results and dangers had been explained to her. She was put under the influence of ether, and the usual incision in the median line made through the peritoneum. Introducing the finger I found the left ovary adherent to the large intestine. It was loosened, taken out and tied with catgut. The fallopian tube was adherent to the small intestines and omentum. It was dissected off, tied with catgut, cut off short, and dropped back into the abdominal cavity. A small cyst, about the size of a cherry, was now found attached to the left broad ligament; this was also removed; three deep silver sutures were introduced to close the external opening. The ovary was then cut off, and when the ligature which held the stump of the ovary was to be cut, it slipped off and the stump dropped down among the intestines. It
took some time to fish it out again and tie it—this time with silk; finally it was accomplished. The right ovary was found in apparently a normal condition, and therefore was not removed. The blood was sponged out from between the intestines, and the external wound closed, a few superficial silk sutures added, an antiseptic dressing applied and the woman put to bed. She rallied well from the operation, and nothing was heard from the case until two weeks after the operation, when I received a letter from Dr. De Vore, stating that the woman recovered without rise of temperature or any untoward symptom. "It is a success in every sense of the word, the wound healed by first intention, not a convulsion nor a pain in the head, and she says she feels as well as she ever did."

"Strict Listerism was carried out during the operation, except the spray."

Under the head of prevailing diseases, Dr. Jamieson reported a number of cases of influenza.

Dr. Robertson had had several cases of cold in the head, which he considered hay fever. He also had eight or nine cases of asthma with coryza. He had been called at night to a man who thought himself dying. The case was one of severe asthma, and recovered promptly by the use of carbonate of ammonia.

Dr. Owen had seen numerous cases of summer complaint, and said that in his opinion the disease was caused by bad sewerage.

Dr. Carstens thought the trouble was due to filth.

Dr. Wyman: "As far as my observation goes, I think that bad feeding and atmospheric conditions have as much to do with the disease in question as any other cause. If mothers would feed their children properly, and expose their bodies frequently to the air, they would be less liable to have summer complaint. The children are covered with feather-bedding, even in hot weather."

Dr. Carstens then reported the following case:

Man, 43, had erysipelas of the right leg and purpura hemorrhagica. A large spot the size of a hand, developed on the thigh, and another about six inches long surrounding the leg. This became gangrenous and sloughed. The man went into a typhoid state and finally died three weeks after the commencement of the disease, in spite of large doses of iron, quinine, with beef-tea, whisky, wine, etc.

Dr. Wyman spoke of a case of gangrene, which came on after the patient had borne his full weight on his arm.

Dr. Campau asked whether the bearing of the patient on his arm acted as an exciting cause.

Dr. Wyman said that the patient undoubtedly strained the deep muscles of the arm.

Dr. Robertson then related the following case:

"In speaking of peculiar inflammations, I had a case beginning in the latter part of June, which for a time rather puzzled me. A young man presented himself at my office, with what appeared to be an ordinary attack of gonorrhoea. The day following he had a chill and then a high fever (temp., 103°F), which lasted a few hours. The next day there was a little swelling and induration underneath the glans penis, near the frenum. Two days later this gave evident signs of an abscess, which was incised. Thick offensive pus to the amount of about a thimbleful was evacuated. Several days later the patient had another severe chill and a high fever (temp., 104°F); was obliged to go to bed for a few days. In the meantime he began having severe pains in the calves of both legs; was scarcely able to walk. Although there was tenderness on pressure, still no swelling or redness could be detected. About the same time he began having severe pain in the muscles of the left thigh and in the biceps muscle of the right arm. In both of these places the pain was soon followed by swelling, redness and pitting on pressure, and from the appearance abscess seemed inevitable. Frequent chills and high fever occurred almost every day. Large doses of the sulphate of quinine
and salicylate of soda were given at short intervals, and poultices applied to the inflamed parts. The inflammation lasted about six days and then subsided suddenly without any formation of pus, all now seemed doing finely. The gonorrhoeal discharge had succumbed early in the treatment to a mild injection of sulphate of zinc.

For nearly a week he was apparently well, but one morning he noticed that there was again considerable discharge from the penis, and a hard induration behind the glans on top of the penis. This increased rapidly, and soon an abscess formed, which was opened, and about a teaspoonful of thick pus evacuated. Chills and a high fever occurred nearly every afternoon. Pain in both knees and in the right shoulder, and in many of the muscles in different parts of the body. A few days after the incision of the abscess, the left epididymis began to swell and was soon as large as a base ball. The scrotum was red and infiltrated, but there was little or no pain. Chills occurred at irregular intervals.

The testicle was strapped in the usual manner and in a short time all inflammation and swelling disappeared and the patient was discharged well.

I considered this a case of gonorrhoeal rheumatism, but the peculiarity in the case was that the inflammation occurred mostly in the muscular structures and not in the joints, as is usually the case, and that they were so severe, and still no suppuration occurred.

Colchicum and other remedies were given freely for a while, but seemed to have no effect whatever.

The quinine and salicylate of soda, although said to be of little use by some authorities, seemed to have a decided effect in this case. Lemon juice was given freely.

The gonorrhoeal discharge was not great, and in both instances was relieved in a few days by injections of sulphate of zinc, gr. j; aquæ ½ j, twice a day.

Dr. Carstens asked whether any member of the society knew of any case of cancer being cured by a quack.

Dr. Wyman stated that he has known of sores on the lips and cheeks, diagnosed by regular physicians as lumps, cancer, etc., that were cured by quacks.

Dr. Wyman believes that pulv. ergotæ, applied locally, can cure sores on the lips and cheeks. If powdered ergot is efficient, why should not zinc paste prove useful?

Dr. Carstens: I have seen cases cured by the use of nitric acid, but believe that most of the cases are not cancer.

Dr. Wyman: I believe with Dr. Carstens, that most of the cases are not cancer, possibly one once in a while. Quacks thrive by frightening their patients.

Dr. Robertson: In this connection, I would like to speak of a case of so-called cancer that came under my notice some time ago which will illustrate to a certain extent the difficulty of making a correct diagnosis.

Mrs. M., a colored woman, came to me complaining of a large tumor with the surface ulcerated which she had had for a long time upon her forehead above the left eye. She gave about the following history. About a year previous there came a swelling upon her forehead, which gradually increased in size, until about the dimensions of a small hen's egg. It caused her considerable pain, and although many poultices had been applied, there was no indications of suppuration. After it had been there for a long time, she was convinced by her friends that the growth was cancerous, and she applied for relief to a so-called cancer curer. He said it was undoubtedly a cancer, but he would relieve her of the difficulty in a few weeks. He applied some kind of a caustic paste which soon destroyed the skin and a greater part of the tumor, but the treatment seemed to stimulate the growth of the thing, for whenever the doctor declared that the cancer was killed and that all that was necessary was to allow the wound to heal, just so often would an angry fungoid tumor spring up in a few days.

At last, becoming discouraged, she consulted a regular physician, who said it was an epithelial cancer, and the best way
to relieve the difficulty would be to cut it out. Being afraid of the knife, she came to me to see if I could not take it away without cutting. I found a large fungoid mass of tissue about the size of a silver dollar. There was a considerable discharge of pus.

The tissues in the immediate neighborhood were infiltrated and some of the glands of the neck enlarged.

After a careful examination, I felt convinced that it was a carcinoma of the epithelial variety, and was about to tell her that her chances for life were small, when by chance I examined the throat and noticed a few scars upon the soft palate and a small opening into the pharynx, just at the junction of the membranous and bony palate. Being certain now that the patient was syphilitic, I put the patient upon large doses of iodide of potassium with a tonic, and had the pleasure of seeing the tumor gradually decrease in size and in the course of a few weeks entirely disappear, leaving only a large scar as the result of the caustics. I have seen the patient once since and then there was no recurrence of the disorder.

Cases of this kind, gentlemen, go a great way towards teaching us to take every precaution in making a diagnosis. Virchow says: "Make a correct diagnosis, and the case will treat itself."

Drs. Erichsen and Wright were then elected active members, and the society adjourned.

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Medical News.

With pleasure we direct the attention of our readers to the able article (The Metric System! Is it a failure?) of Dr. L. Hale, Lecturer on Prescription Writing in the Medical Department of Union University.

Prof. H. Nothnagel, of Jena, is successor to the famous Duchek in the Chair of Medicine at Vienna.

The health officer of Detroit fears that cholera will be brought to this country by emigrants next summer.

"Run for the doctor! Run! Tell him to come instantly. Poor Bobby! How he cries! It must be the plum-pudding that has disagreed with him! Jane, bring Daffy! If you can't find Daffy or the Preservative, bring the Syrup of Poppies."

The opportunity of physicking a baby is not to be missed. Fetch the Elixir. It costs only eighteen pence a bottle—"a real blessing to mothers”—ignorant ones especially. Let any honest individual hint that the child has eaten too much, and the answer is, "Nonsense! What can you know of that? Ah! here comes the doctor! Ah, sir! he cries, and cries, and cries so; the poor dear must be ill!"

"What has he been eating?" "He has only had some plum-pudding, and a very little bit of cake with comfits, and an apple, and—" "Why, the child has eaten too much!" "La, sir, it can’t be; his appetite is remarkably small." "Well, you must wait until morning. We shall see how he is then."

"Wait, sir, wait? Why, the child is quite ill! He must have some medicine. "The child is ill with over-gorging—medicine would only make matters worse. Leave nature to relieve herself. He will be better in the morning."

"Won’t you give him a little daffy?" "Oh, rank poison!" "What! poison? I have given it to him fifty times, and he has always been the better for it. I have given him some now." "What? Daffy, plum pudding, comfits, apples, et cetera, et cetera! Why, the child must have the strength of a horse to survive all that."

Doctors dare not always be honest to customers, else they would oftener speak out their mind freely, as this honest but rather rough doctor did.—Old English Journal, 1852.

The Stomach.—I firmly believe that almost every malady of the human frame is, either highways or byways, connected with the stomach. The woes of every other member are founded on your belly timber; and I must own I never see a fashionable physician mysteriously consulting the pulse of his patient, but I feel a desire to exclaim: "Why not tell the poor gentleman at once, ‘Sir, you have eaten too much; you’ve drunk too much; and you have not taken exercise enough.’" The human frame was not created imperfect. It is we ourselves who have made it so. There exists no donkey in creation so overloaded as our stomach.—Combe.
Complicated Footling Presentation, with a Case.

By J. A. Wessinger, M. D., Howell, Mich.

I WAS called on the evening of April 28 to Mrs. M., æt. 23; primipara, well developed and quite well nourished. Upon digital examination found OS sufficiently dilated to admit my index-finger; uterine contractions short and frequent, which condition had been maintained since morning. After a few words of encouragement and the statement that her confinement would, in all probability, not take place before midnight, I departed from the patient with the assurance that I would see her again in three or four hours. 12 P. M., uterine contraction more severe; examination revealed OS dilated to the size of a twenty-five cent piece. At 2 A. M., OS dilated to the size of a dollar coin. Upon digital examination detected what I considered the feet of the child, in other words I had a footling presentation. At 3 A. M., rupture of membranes, followed immediately by prolapse of funis together with protrusion of one foot; hereupon my diagnosis evidently was verified, and about that time I imagined I had my hands full, because the ques-

An Unusual Relation between the Placenta and the Membranes

Tincture of Iodide in Erysipelas

The Treatment of Intussusception

Fasting in Acute Rheumatism

Detection of Vesical Calculi in Children

Bed Linen Stained Yellow by the Perspiration

Operation for Uterine Displacements

Treatment of Infantile Diarrhoea by Powdered Charcoal

Naphthaline as an Antiseptic

tion was not so much what to do as what not to do. "I thought I saw grim death staring me in the face." I immediately reduced the funis prolapse, and then attempted cephalic version, but this was of no avail. I now decided, at all hazards, to perform rapid delivery by grasping the feet and making moderately strong traction, with pressure at the fundus to bring down the uterus at the same time and thereby prevent hemorrhage. Upon partial delivery of the limbs found funis wound once around the left leg, just above the ankle; I flexed the limb as hastily as possible, and then liberated the cord by passing it over the foot; I now saw freedom once more, and then continued delivery of the body; just previous to delivery of the head ordered patient ex. ergotæ fl. 3 ss.; discontinued pressure upon the fundus and proceeded with delivery of the head; this completed, the child was now suffering from asphyxia; but as there was quite severe uterine hemorrhage, I determined to secure the safety of the mother first; for this purpose I resumed pressure upon the fundus together with the internal administration of sps frumenti 3 i., with ergotæ gtt. xx. Having secured uterine contraction, and thereby cessation of the hemorrhage, I directed attention to the child, which, upon a few efforts at restoration, resumed animation, which seemed to have been
suspended. As all danger had now been averted it was given into the hands of the nurse for farther care. About twenty minutes from this time, delivery of placenta took place, whereupon the mother, although weak, felt quite well, and after consuming about an hour with the necessary attention of the patient, I left her in a very good condition. The subsequent recovery of the patient was rapid and complete.

Remarks.—In the diagnosis of the presentation in this case, I resorted to a method that never before occurred to me; neither do I remember ever having seen any literature upon this point, which is as follows: Introduce both index and middle fingers into the uterine cavity, separate them from each other; apply the tip of index finger to extremity of great-toe, and tip of middle finger to end of heel; in this way we get the length of the foot; as the foot of a child is from three-fourths of an inch to an inch longer than its hand, measuring from the base of metacarpal bone of thumb to tips of fingers, it follows that we have a ready means of determining whether or not we have a footling or hand presentation. In order to practice this method successfully we must be familiar with the tactus eruditus.

I cannot claim this method as new, because, as yet, I am not sufficiently well acquainted with the literature upon this subject; therefore, should any of my readers have any knowledge, upon this point in diagnosis, we earnestly request a report of the same. Grant the request of the members of our profession to make use of this method and report upon its utility. The fact that the funis, in this case, was abnormal in length offers itself as a cause of the pro-lapse, its increased weight, according to the law of gravity, would cause it to occupy the most dependent portion of the uterine chamber; also the length of the cord, in all probability, was concerned in its being entwined about the left leg.

In regard to the management of complicated labor we have all become ac-

quainted with the fine delineations, and the beautiful, concise and almost exact regulations of our authors, and the glowing enthusiasm of the didactics in the amphitheater; while we should in no wise neglect a profound knowledge of our literature, and by no means evade instruction, we must remember that literature and instruction are not always compatible with individual experience. We should not forget our old stand-by, our good judgment, in all things.

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TWO HUNDRED AND FIFTY CASES OF MALARIA TREATED WITH THE TINCTURE OF IODINE.—Dr. Robert B. Morison, in Maryland Medical Journal, says: The use of iodine in the treatment of intermittent fever is by no means new.

Stillé and Maisch in their dispensatory, under the head of iodine and its uses, say: "In intermittent fever iodine displays decidedly curative virtues, both in tropical malarial regions and in those of temperate zones. The tincture has been given in doses of from five to fifteen minims largely diluted."

So successful have we been with iodine, we always order it now in intermittent fever of the acute sort. We give it to pregnant or nursing women; we give it where there is diarrhoea or constipation, and we have only heard, out of these 250 cases, from two where the chills have not been controlled by it. The dose is a pleasant one, and the opinion of the patients is decidedly in favor of taking it instead of the bitter malarial mixture. In only one case was nausea caused by it. In this case the dose was decreased to one-half the regular dose, and a cure effected. We had no case of iodism, nor did we discover any albuminuria. The patients, as is natural after an acute disease, generally need a tonic, and this we always order in the form of iron or one of the bitters.

In conclusion, I will say, the treatment is an established fact at the dispensary, and is carried out by the experience of others elsewhere and in private practice. Dr. Hoffman has tried it at the jail with success, and is, after having seen it so often given, quite as much convinced as I am of its efficacy.—Southern Med. Record.
The Detroit Clinic.  
À WEEKLY JOURNAL.  
Issued Every Wednesday.  

H. O. WALKER, M. D., Managing Editor,  
177 GRISWOLD STREET.  

DETROIT, MICH., SEPT. 27, 1882.  

GEO. S. DAVIS, Medical Publisher, Box 641.  

Medical Aid Associations.  

BENEVOLENT societies of the above kind should exist in each and every land. Medical men in temporary distress, and the widows and orphans of the same should be assisted and relieved by the societies in question. Annuities should be paid out to those of our profession who are over sixty years of age and cannot provide for themselves. To our knowledge there are now several medical benevolent societies in existence. There are the British Medical Benevolent Fund in England, which counts among its members such men as Sir James Paget, Erasmus Wilson, etc., and the Huelfsverein fuer Aerzte in Germany. We hope that it will not be long before similar societies are organized in the United States, for the good of all medical men, that is, regular physicians. The poor man in our profession, having worked in the physicians' treadmill for life without remuneration, will then at least have the consoling thought that his family is provided for.  

Columbus Medical College.  

THE shameful story of the internal rottenness of the Columbus Medical College is best told in the words of Dr. James E. Reeves, who, under the head of "Cheap Diplomas," recited it to the West Virginia State Medical Society.  

"On the 13th of last January an applicant for a medical certificate, a resident of West Virginia, came before the district board at Wheeling and failed to pass a satisfactory examination within the meaning of the law.  

Ten days later, or about the 23d of January, he knocked at the door of the graduating class of the Columbus Medical College, and was admitted. Within one month from that time he was graduated; and at the brilliant display at Comstock's opera house on the evening of the 24th of February, he received his diploma.  

I have it from an eye-witness that he presented to the faculty letters of recommendation from prominent gentlemen in West Virginia, and that in the distinguished graduating class (which was spoken of by some of the professors as one of the brightest and best which ever came from that school) one man was graduated who did not know what the iris was, nor the pupil; could not locate the mitral nor tricuspid valves; placed the valvula conniventes in the brain, and the ilio-cecal valve in the rectum. There were several of that sort, but they are just now as much doctors (in Ohio at least) as you or I.  

What an impressive, never-to-be-forgotten scene at the commencement! The stage decorated with beautiful flowers, the orchestra discoursing sweet music and stirring the hearts of the audience; the faculty, in double file, marching upon the stage; the 59 graduates taking their places in the front rows of the parquette; and the applause and the bouquets which greeted the new doctors! It was most appropriate that a prayer was then and there offered."  

We are in receipt of a supplement to the Columbus Medical Journal, in which Dr. Baldwin states as follows:  

"I have absolute proof of the graduation of one man who had never attended a previous course of lectures, and who made no claims to have done so. I am in possession of facts, also, which I have not yet verified, to the effect that at least two others have been granted diplomas on a single course of lectures. Short
time men, a la Dent, are too numerous to mention."

There is one thing we are sorry for every time we notice it; that is personal attacks of medical men published in the daily press. We believe that an injury is done to our profession every time such an article appears in the columns of the daily newspapers. Dr. Hamilton, of Columbus, used this unworthy channel to inform the inhabitants of that city of the treason (?), etc., of Dr. Baldwin. Why inform laymen of matters that belong properly before the medical profession?

**Medical News.**

St. Louis is supplied with water gas for fuel purposes, made by the Lowe process. The laying of pipes is progressing, with ten miles under contract.—Sanitary Engineer.

Dr. John F. Fulton is the successor to Prof. F. Atwood in the Chair of Ophthalmology and Otoology in the Minnesota College Hospital.

**Conversion of a Vegetarian.**—A party of friends who were boarding at a "hygienic" establishment, while taking a walk in the fields were attacked by a bull which chased them furiously out of his pasture. "That's your gratitude, is it, you great hateful thing?" exclaimed one of the ladies, panting with fright and fatigue. "After this I'll eat beef three times a day!"—Cin. Lancet and Clinic.

According to the Columbus Medical Journal, about 6,000 new doctors are every spring thrown out to seek a living by absorbing a portion of the practice of those already in the field. By a recent calculation from admitted data, each doctor in the United States would have two paying patients, if they were equally divided. What are the new men to do?

**Epigram.**

If men lived to Nature, by Nature controll'd,
The doctors by art would not pocket their gold;
But mankind live by art, and put Nature aside,
Therefore, doctors in carriages pros'ously ride.
The fault, then, with men is—not doctors, "tis said—
For these ride for their living; those ride for the dead.

**Selections.**

**Venesection in Heart Disease.**—In the Lancet, Bedford Fenwick, in the course of an interesting article on this subject, says that his attention was first called to the value of venesection in heart disease by a mere accident. A young man was admitted into the hospital with mitral stenosis and aortic regurgitation. His condition became gradually more and more critical until he became drowsy, almost comatose, and his death was hourly looked for. When in this condition he threw up his arm, and striking his nose violently, it began to bleed freely. Attention being called to another patient, his nose was allowed to bleed, thinking that it would soon stop. He lost some twelve or fourteen ounces of blood, and when again examined was found perfectly conscious, breathing quietly, and calmly said that he felt much better. His improvement was uninterupted, and in a few days he returned home.

Loss of blood is a common cause of fatty degeneration, therefore, it would not be wise to bleed where we have or fear fatty degeneration.

Dr. Fenwick only uses leeches or cupping to remove blood directly from the cardiac region in cases where stenosis exists. He imagines that we obtain thereby more certain and more rapid results with a more accurate loss of blood than when venesection from the arm is resorted to. Still, this is a matter of such great practical importance to the patient's welfare and to our own success, that he feels bound to state distinctly some reasons for his judgment: 1. The patient and the patient's friends usually object less when leeching or cupping is suggested, than when "bleeding" is proposed, and they are less alarmed at a local application to the seat of disease than at the procedure necessary to open a vein and keep it bleeding. 2. The quantity of blood to be abstracted can be more accurately measured and controlled, and is generally much more easily ob-
tained, in cases of advanced stenosis, by local than by brachial venesection. 3. Even as, like all practical men, he gives a hypodermic injection of morphia at the seat of pain, although he cannot explain why its insertion there should give so much greater and more rapid relief than when introduced into the same blood at a distance, so he cannot explain why a little blood removed from the cardiac region should afford greater and quicker relief than is derived by the abstraction of even a somewhat larger quantity from the arm. He does the former and leaves the latter undone in these cases, because he is convinced of the great practical truth that thereby greater good is gained.

He has been astonished to find how drugs which had been given for days or weeks without apparent benefit, as soon as even a little blood has been removed, seem at once to assert their power again. Next, with regard to acute pericarditis and endocarditis, he has not had the opportunity of using venesection in many such cases, but where he has done so he has invariably bled by cupping the cardiac region, and always with good results; so successfully, indeed, as to make him believe that if this measure be taken at the onset of the disease it will very often, if not always, cut the attack short, or at least greatly mitigate its severity.

Finally, with regard to pain, more or less severe and more or less persistent in the cardiac region, he has found nothing give such rapid and complete relief as local abstraction of blood. In conclusion he summarizes thus:

1. In cases of valvular stenosis, if dyspnœa or pain, or urgent symptoms be present, bleeding is generally useful; that it appears to be better to bleed often, if necessary, but to take only a small quantity each time, and this by means of eeches or the cupping glass, direct from the cardiac region.

2. In cases of valvular incompetency, if urgent dyspnœa, or cyanosis, or stupor be present, it appears best to bleed freely from the arm, to about sixteen or twenty ounces, if necessary, and, if possible, once, for all.

3. In cases of acute pericarditis and endocarditis the attack may possibly be cut short by freely cupping the cardiac region at once.

4. In cases of cardialgia without any evident cause, leeching or cupping over the heart's area will probably give relief.

—Medical and Surgical Reporter.

AN UNUSUAL RELATION BETWEEN THE PLACENTA AND THE MEMBRANES.—In the September number of the New York Medical Journal and Obstetrical Review Dr. Henry J. Garrigues, of New York, describes a remarkable relation between the membranes and the placenta. The placenta measured twenty centimetres in diameter, the cord sixty-four centimetres in length, and both were of normal thickness. The cord was inserted centrally. The membranes which had contained the child did not adhere to the edge of the placenta, but started from the point of insertion of the cord on this organ. Measured in a flaccid condition, hanging down around the cord, this bag was forty-one centimetres long. It was easily separated into two layers. The inner layer was covered with the epithelium characteristic of the amnion, a single layer of flat polygonal cells, which were in a state of fatty degeneration, as proved by numerous oil globules found in their interior. The outer layer consisted only of connective tissue, which, in some places, contained a few round or oval cells, and many fat drops. In other places some loose shreds were found on the outer surface, which showed a greater number of similar cells. At the placental end of the cord the sac was seen to form a kind of triangular mesentery, embracing the first eleven centimeters of the cord, and attached to the sac to a similar extent. The two layers forming this fold were not united, so that the finger could be pushed in between them up to the cord; but at the lower end (i.e., nearer to the foetus) they grew together, so that a pouch was formed between the "mesentery" and the cord, admitting half the
length of the index. At the placental end of the cord there was found in the interior a small clear vesicle of the size of a pea (the umbilical vesicle). The placenta presented the common shining, smooth foetal surface. The edge looked ragged, as if something had been torn from it, and in one place even a small, square piece of membrane about two centimetres in either direction was found attached to it. This membrane had no epithelium, and was composed of an inner layer of connective tissue, and an outer layer containing many round and oval cells. From the foetal surface two membranous layers could be dissected off. The most superficial was exceedingly thin, the deeper one comparatively thick, and bound by isolated fibers to the placental tissue. The foetal surface had no epithelium. The chief point of interest was that the sac in which the foetus was placed, and which contained the amniotic fluid, was not attached to the circumference of the placenta, but to its center, all around the insertion of the cord. Microscopical examination showed that this sac was composed of the amnion and the chorion, but had only scant remnants of decidua attached to it here and there. On the other hand, the portion of membranes found attached to the edge of the placenta was composed of decidua and chorion without amnion, and the foetal surface of the placenta had no amniotic epithelium. Dr. Garrigues supposes, therefore, that the placenta all around was separated, after the birth of the child, from the decidua, which remained attached to the interior of the womb. Secondly, that the amnion and the chorion together formed a fold from the circumference to the center of the placenta, which fold on one side was open, and formed the meso-cord described. Such a folding was, perhaps, brought about by accumulation of fluid between the chorion and the decidua after the formation of the placenta. At first he supposed that the amnion alone partook of the folding; but then we should find, he adds, on the sac surrounding the foetus, the line where the chorion had been torn, and there was no trace of anything of the kind. He thinks, therefore, we must conclude that the chorion remained close to the amnion all the way, and was folded with it so as to cover the foetal surface of the placenta twice, as well as the amnion. This supposition is corroborated by the fact that two layers could be dissected from the foetal surface of the placenta. The outer one was very thin, and this he took to be the chorion; the inner was thick, and this he explains as being the two layers of amnion grown together by their epithelial surfaces.

Professor Volkman, in his address before the International Medical Congress, mentioned the following cases of heroic surgery recently and successfully performed: For a large enchondroma in the costal pleura that occupied the left wall of the thorax. Professor Fischer removed a large piece of the chest wall and ribs so that the heart and lungs were exposed, and an opening as large as a child's head was made. Patient discharged from hospital after four weeks. In the case of an echinococcus of the liver, which in front and at the side was covered with thick layers of liver tissue, and which projected into the thoracic cavity. After resection of the seventh rib, he opened the healthy pleural cavity, which was free from adhesions. The thorax was freely opened, the diaphragm cut into, the echinococcus sac opened, the annial bladder extracted in toto, and the patient recovered without complication. Mr. Hahn, of Berlin, in two cases of wandering kidney, where the mobility and discomfort induced thereby had attained an unusually high degree, drew out the organ in question through a large wound in the loin, and sewed it into the same. Both patients recovered and lost their pain. More than two hundred times, he alone, without in one instance bad results following, had incised, drained and washed out diseased knee joints without exciting suppuration.

Tincture of Iodine in Erysipelas.— Dr. Hutchinson, in the British Medical Journal, says, one of the most remarkable and

I THINK THE RAPID CURE IN THIS CASE IS ENTIRELY由于 THE IODINE APPLICATION, AS FROM ITS VERY FIRST APPLICATION THE LOCAL SYMPTOMS SHOWED MARKED IMPROVEMENT. CERTAINLY, IN MY EXPERIENCE, I HAVE NEVER SEEN SO APPARENTLY DESPERATE A CASE RECOVER SO SOON.—PHYSICIAN AND SURGEON.

THE TREATMENT OF INTUSSUSCEPTION.—In the September number of the New York Medical Journal and Obstetrical Review, Dr. W. R. Gillette, Physician to Bellevue Hospital, relates a case of intussusception in a child nine months old, relieved by injections of water, the administration of chloroform by inhalation, and manipulation of the tumor felt through the abdominal wall. This, he states, is the third case of intussusception in infants which he has seen, and which he has been able to reduce by these means. HE THINKS THAT THESE CASES, FROM THE PHILOSOPHY OF THEIR CONDITION, AND THE NECESSARY MEASURES FOR RELIEF, ARE BEST MANAGED IN THE WAY INDICATED. IN TWO OTHER Instances, IN WHICH HE SAW AND ADVISED THIS TREATMENT, REDUCTION WAS UTTERLY IMPOSSIBLE under the other methods tried. THE CHILDREN IN EACH of these cases were held while struggling, and the injections forced into them against all voluntary and involuntary efforts which they could make. HE DEEMS THE ADMINISTRATION OF CHLOROFORM ALMOST ABSOLUTELY NECESSARY in these cases. THE REASON is NOT DIFFICULT to FIND, INASMUCH AS, WHILE IT GIVES US SUCH PERFECT CONTROL of the patient, IT also ELIMINATES THE ELEMENT OF MUSCULAR SPASM. Moreover, massage is a powerful adjuvant to the hydrostatic pressure of water in these cases. IN the first two cases the obstruction was not overcome until massage also was employed.

FASTING IN ACUTE RHEUMATISM.—Dr. Wood, Professor of Chemistry in the Medical Department of Bishop's College, Montreal, reports in the Canada Medical Record a number of cases in which acute articular rheumatism was cured by fasting, usually from four to eight days. Less positive results were obtained in cases of chronic rheumatism. The patients were allowed to drink freely of cold water, or lemonade in moderate quantities if they preferred. NO MEDICINES were GIVEN. Dr. Wood says that from the quick and almost invariably good results obtained by simple abstinence from food in more than forty cases in his own practice he is inclined to believe that rheumatism is, after all, only a phase of indigestion, to be cured by giving complete rest to all the viscera.—SOUTHERN PRACTITIONER.

DETECTION OF VESICAL CALCULI IN CHILDREN.—Volkman suggests the following. The bladder is to be nearly empty, and under the influence of an anaesthetic, an examination is to be made with the left hand in the rectum. The right hand presses firmly above the symphysis pubis, forcing the bladder down upon the rectum. IN THIS WAY EVEN SMALL CALCULI can be detected, although he has generally found them to be larger when extracted than he had expected on examination.—North Carolina Medical Journal.
Bed Linen Stained Yellow by the Perspiration.—A correspondent of the Med. Press and Circular writes: I have a patient who was at one time a hard drinker. By great efforts he has been for the past two months a total abstainer. He has been taking Richardson’s coated pills, containing phosphorous and quinine. He came to me the other day in a great fright, saying that his perspiration at night stains his linen yellow. The man states that he is in thoroughly good health. Can the phosphorous be the cause? He states that there is a sulphurous smell from his perspirations. Upon this the editor makes the following comments: We are not aware of any case in which phosphorous or quinine, either separately or combined, has produced the effects above mentioned. This yellow coloration of the perspiration, however, has occasionally occurred spontaneously. We have not heard of an instance in which there was a sulphurous smell. It is worthy of remark that phosphorous, even in medicinal doses of a twentieth of a grain, sometimes produces jaundice.—Louisville Med. News.

Operation for Uterine Displacements.—Dr. Alexander, visiting physician to the Liverpool workhouse, has performed a new and what promises to be a very successful operation for the cure of uterine displacements. The operation is performed as follows: The bowels having been cleansed by a laxative given on the preceding day, an incision two inches long is made obliquely across the external inguinal ring, and a careful dissection downward, until the pale straggling fibres of the round ligament are exposed and isolated from the inguinal nerve and other structures. When well exposed and clearly isolated, they should be grasped by a pair of broad pointed forceps, as high as possible, which, following the guidance of the ligament may be carried well into the abdominal ring. Traction should then be made and the ligament drawn out an inch or more. Five or six catgut ligatures passed over and under the ligament will secure its attachment to the surrounding tissues, and then the wound is closed except at the most depending part, the after-treatment being antiseptic dressing, rest in bed and op’lates for a few days.—Missouri Valley Med. Monthly.

Treatment of Infantile Diarrhoea by Powdered Charcoal.—Dr. Guérin, in referring to a recent communication to the Académie, de Medicine, made by Bouchardat, remarks that for a long time he has been in the habit of combating infantile diarrhoea by mixing the milk in the sucking bottle with charcoal powder. He usually adds half a teaspoonful of the powder to one bottle of milk. The infants take the milk readily, and in a few days the greenish stools of the little patients change to a dark yellow, while their consistence becomes increased. In addition to the admixture of powdered charcoal, the milk is diluted by one-half or one-third of its bulk of sugared water. He has frequently seen intractable summer complaints yield in a few days to this treatment.—Southern Practitioner.

Naphthaline as an Antiseptic.—Naphthaline has recently found a new and important use in medicine. It has been found that this hydrocarbon is an excellent antiseptic, which kills fungi and bacteria in a short time. For surgical bandages and in contagious diseases, as far as experiments have been made, it has answered an excellent purpose, and seems well adapted to replace in many cases those antiseptics now so much used, namely, carbolic and salicylic acids, and iodiform. It has one great advantage over carbolic acid, being absolutely free from poison, and can therefore be used in any desired quantity without causing any disturbances. It also surpasses all other antiseptics in cheapness. As 100 kilos of pure naphthaline can be bought for 60 marks (about seven cents per pound), there is no doubt that it will soon find general use for medical purposes.—Scientific American.—Cincinnati Lancet and Clinic.
Original Department.

Head Presentation Complicated by Looping of Cord Around a Leg.

By S. E. Campbell, South Bay City, Mich.

I WAS called, on the morning of the 11th inst. to attend Mrs. K., æt. 22, primiparae. Found, on arriving at the bedside, that she had been in labor a little more than five hours, and with, from her statement, a remarkably easy labor. Just as I was about to make an examination a strong pain came on and the "waters" broke; and on passing my hand under the clothes I found the head delivered, and the pain continuing the shoulders and trunk as far as the umbilicus were expelled; there it stopped, the child lying with its right side and back to the mother's left and crying lustily. I expected that I could easily extricate it; but no, it would come no farther. I could hook my finger around the cord just within the vulva and found it tense; and concluded it was a short cord, and not wishing to injure the child by lacerating it at the attachment to the abdomen, which seemed imminent, I tied it once and with difficulty cut it within the vulva, about an inch and a quarter from the body of the child, when delivery was easily accomplished. What was my surprise to find a normally long cord, but with quite a firm knot in it.

What caused the delay in delivery? I am not aware of any case where there was obstruction by looping of the cord around a leg in head or shoulder presentation; but from the existence of the knot, and ease with which the delivery took place after cutting, I believe that the cord was around the leg in such a manner as to make a knot, and just at sufficient distance from its attachment to the placenta to allow delivery so far and no farther.

The further progress of the lying-in was very satisfactory, indeed.

Talipes calcaneus valgus in both feet, one quite marked, exists in the child.
Sept. 29, 1882.

Translations.

[From the Centralblatt für Chirurgie. Translated by H. Brichsen, M. D., Detroit, Mich.]

A Large Urethral Calculus.

Dr. Gallozzi reports a case in Il Morgagni, 1881, No. 2, of an urethral calculus, 33 g. (a little over an ounce) in weight, which he removed from the pendulous portion of the urethra of a young man, 16 years of age. The stone had been increasing in size during twelve years, and extended tumor-like from the glans.
penis to the scrotum. A catheter was introduced easily alongside the calculus, a valve-like fold of the urethral mucous membrane closing the pouch in which it lay. The stone was one of the uric acid variety.

Carcinoma of the Larynx—Laryngotomy Performed by Prof. v. Winiwarter—Recovery.

A 55 years old patient (female), suffering from a carcinoma which occupied the left side of the larynx, complained since six months of hoarseness, dyspnoea and dysphagia which became so severe as to necessitate tracheotomy, which was made April 3, 1881. On the 19th, Prof. Winiwarter extirpated the larynx. An antiseptic bandage was applied and healing took place without reaction. On the 9th of July an artificial larynx was introduced. Eleven months after the operation there was no recurrence of the disease and respiration and deglutition were performed without difficulty. The artificial larynx proved unbearable to the patient, and a tracheal tube was substituted.

Superficial Excoriations of the Tongue.

In two cases (females) occurring in the private practice of Dr. W. Hack, he noticed beside red, also yellow-margined excoriations. The latter changed location gradually, and were painful even when unirritating food was taken into the mouth. Hereditary syphilis as the cause of these desquamations could be excluded with certainty. Both women had suffered from the affection since childhood, and the tendency to these excoriations was traced back three generations. Dr. Hack closes by saying that he has observed these yellow-margined excoriations only in females, while in 600 soldiers he has found twelve times, red excoriations, but not once yellow-margined ones.

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**Book Notices.**


Truly a rare and remarkable book; one which deserves to be read by every obstetrician at home and abroad. That the author has made a few errata in spelling the names of the various Indian tribes is excusable, as they are as difficult to spell as the tongue-breaking designations of the lakes of Maine. Dr. Engelmann must have had difficult labor indeed in gathering the notes for this book from all over the world. That he has carried out his intentions with complete success, and has ended his labor well, this book evinces. We have been convinced anew by it that the position in labor is of no material importance, and that the obstetrician should allow the woman to assume that position which is most convenient to her. As regards external management of labor cases, the savage races of which the author speaks, are as far advanced as the modern practitioner of midwifery. Some of the illustrations in this book are quite comical, as for instance that on page 78; others are instructive, all are interesting and enhance the value of the work. Labor among Primitive Peoples should be placed beside Playfair on obstetrics, and no library is complete without it. We have no hesitancy in commending this recent valuable contribution to obstetric literature to our readers.

**Ninth Annual Report of the Secretary of the State Board of Health of the State of Michigan for the fiscal year ending Sept. 30, 1881. Lansing, 1882.**

Contains the reports of the several meetings held by the board in 1881, the proceedings and addresses at the sanitary convention at Flint, and a large number of papers relating to sanitary matters. It is an excellent evidence of the compulsory talent of Dr. Henry B. Baker.


Selections.

Multiple Sarcoma of the Skin.—A case of this very rare disease occurred in Neumann's Clinic at Vienna lately. It is described by a correspondent of the Maryland Medical Journal, A Russian Jew, aged thirty-four, and apparently in excellent health, appeared, having on his abdomen an erythema which upon further investigation was found to be lumpy. His abdomen looked as if covered with large varicose veins. Upon turning him around, under the right scapula, there was a half-moon shaped tumor, about the size of a large watch, raised above the surface of the skin an eighth of an inch. There was no ulceration. The color was a light brown, and the surface had the appearance of normal skin when viewed under a magnifying glass. This was the only tumor projecting above the skin. Various lumps could be felt on the abdomen, which were quite hard and varying in size. The disease was seven years old. Leprosy, syphilis, and sarcoma cutis, were the three possible diseases, and as the two former were excluded, both Neumann and Kaposi settled upon the latter, making a diagnosis of multiple sarcoma of the skin. Such cases are very rare, Neumann only having seen three in the course of his large experience.—Medical Record.

Petroleum in Diphtheria.—Dr. Lamarre, of Saint Germain, has lately employed petroleum oil topically, with very encouraging results in an epidemic of diphtheria. Archambault has tried it in the Children's Hospital, but without any obvious advantage. In two severe cases it was used, with the result that one died and the other recovered. In the case which recovered there were albuminuria, engorgement of the cervical glands, and nasal diphtheria. Petroleum is a rapid solvent of the false membrane, and must possess distinct advantages under some circumstances. This fact, coupled with its antiseptic property, renders it a promising remedy, although its odor always renders its use disagreeable. It has accomplished sufficient results to justify its further use. We believe that it has been applied more or less in this country, but we are not aware of any published results of the treatment.—Medical News.

The Blue Tailed Fly.—"Egypt is as deadly in August as India in June," say old travelers; and this sinister reputation is only too well deserved. The same distempers which almost destroyed the army of Louis IX, of France, at Damietta in the thirteenth century, decimated the troops of Bonaparte and those of his successors, Kleber and Menon, at Alexandria in the end of the eighteenth. Indeed, those who have been in lower Egypt during the unhealthy season may well wonder, not that so many should succumb to the climate, but that any one should escape. The dreadful "khamsin," or hot wind, which the strongest man cannot face without instantly feeling his muscles unstrung, his skin parched and feverish, and his whole body limp and nerveless as a wet rag, is of itself a sufficient agent of evil. The fevers engendered by the malaria of the Nile delta are virulent, as even those of European Turkey, while the devastating visits of the plague itself are neither few nor far between. A less fatal but equally formidable enemy to an invading army is the terrible "Egyptian opthalmia," which, although often brought on by the unclean habits of the natives, is at times generated in another and a very singular fashion. A small green fly persistently settles upon the sores of the diseased eyelid, and when driven off carries the infection along with it wherever it alights. So common is this disease among the Arabs that Mehemet Ali is said to have formed two battalions of one-eyed men, the one wanting the right eye and the other the left. In 1798 this complaint made great ravages in the army of Bonaparte, one of whose best
Is Conception Possible after Double Ovariotomy?—Dr. Boisliniere (St. Louis Courier of Med., April, '82) says that he knew of three cases where conception and safe delivery had occurred after double ovariotomy. The Fallopian tubes, or one of them, may remain after the operation, and may be connected with a portion of the ovarian stroma also remaining, so that ovulation and menstruation may continue. It is said that each ovary contains 350,000 Graafian vesicles capable of becoming impregnated when they come to maturity, so that a woman with both ovaries contains enough possibilities to populate a city larger than this. It is not only the stroma that contains ova, but the ovigenic layer surrounding the stroma, and a part of this layer might be left after the operation of double ovariotomy and the Graafian vesicles find their way thence into the Fallopian tube. Dr. Maughls had stated that he did not believe that he had removed all the ovarian tissue in his cases, and it was quite possible that Dr. Engelmann had not removed all the tissue, as he scooped it out with his hand. Then there was always the possibility of the presence of supernumerary ovaries. Of course if the Fallopian tubes were all removed entire, there would be no opportunity for the ova to enter the uterus, and conception would be impossible, unless the spermatozoids had reached the ovary through the duct of Gartner—this duct is always found in the sow, and occasionally in the human female.

American Medical Weekly.

Inguinal Hernia of the Ovary.—Professor Rosati reports a case of inguinal hernia of an ovary resembling a strangulation of the intestine, where a removal was followed by restoration to health. A Florentine woman, 48 years of age, presented herself to his surgical clinic (Presse Médicale Belge et Sperimentale) for relief from a tumor situated in the left inguinal region and about the size of a large potato. This tumor, rather hard and somewhat nodular, offered slight fluctuation at the level of greatest prominence. There was also a painful spot aggravated by pressure, the pain radiating to the umbilicus and epigastrium. Reduction was easy, but the tumor reappeared immediately upon removal of the pressure.

According to a statement of the patient, her mother had been aware of the existence of the tumor from her birth. At first very small; it attained the size of a walnut.

The patient has menstruated regularly since fifteen years of age, and has been three times pregnant. The first and third pregnancies terminated normally, the second in an abortion at the third month. It is interesting to note that during the two normal pregnancies, and beginning with the seventh month the tumor passed up into the abdomen and remained there until delivery, permitting the patient to lay aside the bandage she was accustomed to wear.

Finally, a few days previous to the consultation, and just at the onset of menstruation, the patient was seized with a chill, accompanied with severe headache and a bad cough; the entire abdomen became painful and in a short time vomiting supervened.

Professor Rosati diagnosed the malady as one of irreducible, congenital, inguinal hernia of the omentum, and prescribed rest in the recumbent posture, low diet, morphine internally and applications of ice to the seat of pain. But after a few days the vomiting became more pronounced; the retention of feces was complete, and the surgeon had recourse to the operation for strangulated hernia. Arriving at a point of fluctuation, which he supposed to be the hernial sac, he incised it with care and gave exit to a sticky fluid. The other prominences not communicating with this one were likewise incised.

The pedicle of the tumor, extending up

officers, becoming blind in the desert, was forced to cling to the tail of a comrade's horse in order to make his way back to the camp. It is a common saying in Alexandria that "an Egyptian Arab with two eyes is as rare as a snowball in June."—Southern Clinic.
to the abdominal opening of the inguinal canal was enucleated, and the operator recognized that the tumor was riddled by little cysts. Certain by this time that he was dealing with the left ovary, he severed the pedicle between two ligatures of catgut, inserted a drainage tube and united the edges of the wound. The recovery was complete in a few days. Microscopic examination of the specimen confirmed the belief that it was ovarian. — *Jour. de Med. et de Chirurg, Prat.,* July, 1882.— *Cin. Clinic and Lancet.*

**RETENTION OF FœTUS DURING SIX YEARS; REMOVAL OF BONES THROUGH ANUS.**—Mr. Hough, after making some general observations on extra-uterine pregnancy, related a case of a patient under his care who was now twenty-nine years old, and had been married twelve years. In September, 1874, she became pregnant for the first time, and menstruation ceased. Throughout January and February, 1875, she had more or less sickness; but did not come under observation till early in May, when she sent for Mr. Hough, on account of a slight discharge of clotted blood, and some pain. Labor appeared to be commencing, and she was recommended to keep quiet, and send for a nurse; no vaginal examination was made. In a few hours the pain abated, and the discharge ceased; at this time distinct foetal movements were felt, and the foetal heart was heard. She was seen from time to time till the autumn, but nothing calling for interference occurred. The shape of the body altered, the tumor being more to one side than previously had been the case, and the milk disappeared. In October, she was seen by an eminent metropolitan surgeon, who diagnosed ovarian disease, and recommended her to take liquid extract of ergot; and, after taking this for a fortnight, the catamenia came on, and had continued regular from that time to the present. For several years Mr. Hough lost sight of her; but, at the beginning of the present year, she consulted Dr. Humphry, who at once communicated with him about the case. At this time the great pain from which she suffered rendered further examination necessary. Ether was administered, and, on examination per rectum, a large cavity, in which the bones of the foetal head could be felt, was discovered, and one by one Dr. Humphry extracted the foetal bones, through the opening in the bowel, by the finger. The patient did extremely well, and at the present time no trace of the cavity remained, and she was in perfect health.

Dr. Humphry gave an account of an almost precisely similar case. The patient, aged twenty-four, had been married about a year, when the catamenia ceased, and the breasts and abdomen began to enlarge, and for a time there was morning sickness. At full time, the symptoms of labor (recurring pains with colored discharge) came on. The labor was unusually protracted. Mr. Ramsay, of Shalford, on examination, found the os closed, and the neck of the uterus small, hard and firm. The enlargement of the abdomen was greater on the right side than on the left, and did not present the oval outline of the gravid uterus. The pains returned at intervals of a week or ten days for two months. She then became an in-patient, under Dr. Humphry's care, in Addenbrooke's hospital, complaining at this time of constant pain in the lower part of the body, and of a blood-stained, somewhat offensive discharge from the vagina. On examination, a swelling was found occupying the lower part of the abdomen, and extending from the symphysis pubis to about half an inch above the umbilicus, which was dull on percussion. The os and cervix uteri were as in the ordinary unimpregnated condition, and so undilatable that it was found impossible satisfactorily to explore the interior of the uterus. During her stay in the hospital, two foetal nails were passed per vaginam; at the expiration of five weeks she was discharged. Two months later, she complained of severe abdominal pains, and had a rigor, and in the course of a few days began to pass a large number of foetal bones by the anus. From that time the woman began to regain health.
and strength, and the catamenia had since been re-established. Dr. Humphry had recently examined the patient; there was still a firm swelling in the pelvis, containing probably some bones, but nothing could be discovered by the finger in the rectum or vagina.

The important practical lesson to be deduced from these two cases, and others like them, which have been recorded, was, that the result is often favorable when they are left to themselves. The chief dangers were in the earlier stages of extra-uterine foetation; but, when the later stages were reached, the prognosis was, on the whole, good.—British Medical Journal.—Physician and Surgeon.

Dr. Francis Valk, of New York, reports a peculiar case of trachoma in the Medical Record. On examination of the lids, the lower presents the usual appearance of chronic conjunctivitis, smooth and somewhat congested. On evertting the upper lids, I found them to be covered by perfectly dry bodies, a very pale pink in color, no signs of blood vessels in any part of the everted lids; they were hard to the touch, like cartilage, and shaped like little squares lying close together, about 1 mm. on each side, with a deep and narrow sulcus between them, and small masses of dry pus lying in the retrotarsal fold, the presenting surfaces of these trachomatous bodies were perfectly flat and even. After attending to the general health and applying a strong solution of nitrate of silver, scarification was tried, and as this did not bring any improvement about, the doctor, acting upon the advice of Prof. Roosa, decided to operate. He took a pair of new and sharp v. Grefe's fixation forceps, and taking up each body separately, between the teeth, he first pressed them tightly and then twisted the bodies off. This process was quite slow and took some time, but it seemed to be doing the work very effectively. He removed all that he could see, and then applied an 80-grain solution nitrate of silver. The patient recovered from the ether well, enjoyed a good night's rest, with little or no reaction in the lids nor ecchymosis in the surrounding tissues. Afterward he had constant daily applications of various astringent preparations, but with no return of his trouble. and left for home with instructions to use a mild spray of tannic acid and glycerine, applied daily.

The appearance of the everted lids in this case was very peculiar and difficult to describe, being so devoid of any proper blood supply that it was impossible to stimulate the absorbents so as to cause these hard, cartilaginous masses to disappear with any possible applications.

Fissure of the Neck of the Bladder.
—M. Reginald Harrison thinks that fissures commencing in the prostatic urethra, and involving the vesical orifice, are frequently causes of irritable bladder. The symptoms of fissure of the vesical orifice are analogous to those observed elsewhere. There is pain on micturition, and a sensation of contraction and dilatation at the close of the act, accompanied with a sharp stinging pain behind the scrotum, which is very significant. Occasionally a few drops of blood escape as micturition terminates. The pain varies in degree in the same patient, being intense when the urine is highly acid and less so when it is neutral or alkaline. Examination of the prostate by the rectum invariably produces on pressure a sharp sensation as if a knife were piercing the gland. Similarly, the passing of a sound in the bladder is distressing. Occasionally these cases are referred to some gouty or rheumatic disorder; by the French the term contracture du col vesical often includes them. When this affection is considered to be traceable to either gout or rheumatism, the patient is almost invariably placed on an alkaline treatment with decided advantage, for the reason already mentioned. The improvement is, however, only temporary, and is directly traceable to the altered reaction of the urine. Vesicle fissure is, however, seldom cured, though it may be palliated by such means; in addition, rest and the application of a weak solu-
tion of nitrate of silver directly to the prostatic urethra are sometimes effectual.

On more than one occasion Mr. Harrison has succeeded in effecting permanent benefit by temporarily paralysing the sphincter action of the neck of the bladder. The relief that immediately follows cystotomy in vesical fissure, otherwise irremediable, justifies the risk of such a proceeding, which is considerably less than that attending many other operations more frequently and less hesitatingly performed.—Liverpool Medical and Chirurgical Journal.—Medical News.

Pathology of the Nails—Dr. P. G. Unna, Hamburgh, Germany (Vierteljahr Schrift fuer Dermatologie und Syphilis, January, 1882), has recently met with five examples of a morbid state of the nails. Essentially chronic in its evolution, susceptible of variations and even of spontaneous disappearance, the disease presents three degrees of intensity. At first it is characterized by the development in the middle part of the nail of one or more rarely two, longitudinal crests, which raise the horny substance out, and seem nothing else but an exaggeration of the normal imprints in the bed of the nail. In the second degree the elevation is increased, the subjacent skin becomes reddened and painful on pressure, and the nail undergoes a pronounced thinning. In the third degree the thinning leads in neighboring parts of the free border to complete destruction of the nail, and to the production of a gap of variable extent.

The two lateral parts become independant of each other, and in consequence of the loss of substance cease to be parallel, and converge toward each other in front. The anatomical causes of this condition are unknown, but Unna believes that it is due to a venous stasis is the capillary web of the nail matrix. It is closely allied to the condition reported by Gosselin as occurring to adolescents. Unna bases his idea as to the pathology of the disease on the existence of circulatory affections in the majority of his patients. The first was emphysematous, and had chronic bronchitis and haemorrhoids. The fourth suffered from chronic gastritis. The third and second presented symptoms of asphyxia of the extremities. The fifth alone exhibited no other morbid symptom.—American Medical Weekly.

Tumors of the Cord.—Willard Parker, in the Medical Gazette, gives five cases of tumor of the spermatic cord. In the first case the tumor was situated in the left side of the scrotum, and it was at once supposed that the testicle was involved. The size of the tumor was about that of a gallon keg, the skin being freely moveable over it. It was readily enucleated and found to weigh fourteen pounds and ten ounces. The testicle was round below it, a little softer and smaller than normal. The growth returned in loco, but after the second removal the patient remained in good health until the advanced age of eighty-six years. The other four cases presented similar features, and in all of them but one, there was neither recurrence nor metastasis. While these growths did not return, it must not necessarily be inferred that they were benign; still the absence of secondary growth conjoined with freedom of the lymphatics from contamination would incline one to the opinion that the neoplasms were innocent. Dr. Parker would have no hesitation in giving an extremely favorable prognosis in similar cases.—Chicago Medical Review.

The Progress of Cremation.—During the past few years 5,000 persons have joined the cremation societies, which have been formed in twenty-two of the principal cities of Italy, including Rome, Venice, Turin, Genoa, Milan and Bologna. Of the number who have been actually cremated, the annual increase in Milan alone has been as follows: In 1876 there were two; in 1877, nine; in 1878, fourteen; in 1879, twenty-five; in 1880, forty; in 1881, seventy; and thus far in 1882—that is, to June—there have been thirty-six, making a total of 196, of whom 123 were men and 73 women. During the last six
years, besides the cremations that have taken place in Milan, 20 bodies have been cremated in Lodi, and three in Cremona. Others are to be built in Rome, Turin, Como, Brescia and Padna.—Editorial in San Francisco Western Lancet.

Anosmia.—In the Lancet, Dr. E.H. Jacob says that the total loss of smell is so uncommon, and its recovery so very rare, that the notes of the following case possess interest. A woman aged 45 years fell from a stool, striking the back of her head. Ever since (some years) she has been absolutely without the sense of smell. She did not complain of pain, but was nervous, weak and excitable. Iodide of potassium, 15 grains three times daily, was ordered. In a week she said that her head was clearer, but the sense of smell was not improved. Subsequently a constant current, gradually increased to the highest bearable extent (about twenty cells), was passed from the mastoid process to the nasal bones, for five minutes on either side. This process was subsequently repeated four or five times, and while the sense of smell was not entirely restored it was very much improved.—Medical and Surg. Reporter.

Amputation of Scrotum for Leprosy.—In the Glasgow Med. Journal, for June, Dr. Geo. A. Turner reports 136 operations for removing the scrotum performed by him during a residence of 12 years in the Samoan Islands, where leprosy is very prevalent. The size of many of the tumors was remarkable. One measured 30 inches in circumference at the knees, and hung down nearly to the ankles, and weighed 77 pounds. Two others weighed 80 pounds each, one measuring 40 inches, the other 54 inches in circumference. One attained a weight of 54 pounds in the course of two years, though they were generally many years in gaining a considerable size. Of the other tumors removed, one weighed over 50 pounds, three over 40 pounds, and the rest varied from 37 pounds to 7 or 8 pounds. Of the whole number he lost only two cases, one from an obstinate diarrhoea, the other from a fever. In these two cases the tumors weighed 10 and 15 pounds respectively.—Pacific Medical and Surgical Journal.

A Gall Bladder of Enormous Size. The following interesting and perhaps unique case is described by Dr. B. Stiller, in the Pester Med. Chirurg. Presse, 1881, No. 38.—A woman, aged 64, presented a tumor which, beginning at the right axillary line and extending diagonally toward the middle line of the abdomen, reached as far down almost as the symphysis pubis. This immense swelling was found to be an enlargement of the gall bladder. Stiller detected at the post mortem examination that on the lower surface of the liver a carcinoma had grown, which compressed the ductus choledochus, causing this undoubtedly unique enlargement.

Medical News.

Dr. Edward Cox, of Battle Creek, died Tuesday morning, Sept. 19. He was a native of Cambridge, N. Y., and settled in Battle Creek as a physician in 1839. He was one of the leading men of the State. His age was 66 years.—Daily Paper.

A physician fell into a fit while making his round of visits and was carried into a drug store. "Send for Dr. X," says somebody, "No, no," says the dying man, feebly, at the mention of his rival's name, "if he brought me round, it would advertise him. I prefer to die.—Peoria Med. Monthly.

The Sea-Side Sanitary Hotel of the Future.—Anxious guest to the hall-boy: "Boy, where are the water closets?" "Hain't got any, sir, they breeds fever. Boat goes down the harbor every morning. Ladies at nine; gentlemen at ten," "Well, is dinner ready?" "No, sir. We always carbolize the dining-room before meals. Now they are spraying the waiters, sir." Impatiently: "Well, where is your ice-water?" "Don't have drinking water now, sir; 'tain't healthy. Yonder's our Labarraque mixture, flavored to taste. Have a glass, sir?" Guest retires and takes a thymolized julep.—Medical Record.
The Metric System; Is it a Failure?

By A. Witthaus, M. D., Professor of Chemistry and Toxicology in the Universities of Vermont and Buffalo, N. Y., and Physiological Chemistry in the University of the City of New York.

In the Detroit CLINIC of September 20, there appeared an article by Dr. L. Hale, in which the above question is asked, and apparently answered in the affirmative. I say apparently, because the flavor of the article is at times so serio-comic that one doubts the sober earnestness of the writer.

The abandonment of the decimal division of time is held up as a presage of the final and complete overthrow of the metric system. Our author, it seems, does not appreciate that there exists two fatal objections to any change in our method of reckoning time, objections which do not attach to changes in the systems of weights and measures. The lifetime of a nation even, is but a small fraction of time, and, therefore, any change in our method of reckoning, unless it be required to correct error, involves so complete an overhauling of time past as to render it inadvisable. The change in time measure proposed by the French Revolutionists, was an innovation against the accepted and uniform method of the entire civilized world, and was therefore short-lived. The metric system of weights and measures, on the other hand, offers a simple and connected method as a substitute for the veriest pandemonium of differing values. Consider the ounces to which the opponents of the metric system hold with such tenacity. We have three of them ourselves, and the rest of the world had an abundant supply to draw from. We have the ounce troy of 480 grains, the ounce avoirdupois of 437.5 grains, and the fluid ounce which contains on an average 455.669 grains of water. Add to these the fifteen "ounces" and "onces," all differing from each other, which were in use in various European countries before the introduction of metric methods, and we have a scale sufficiently sliding to suit all tastes.

There are, or were, before the use of metric, in use in different parts of the world, 347 measures of length, 147 square measures, 576 measures of volume, and 536 units of weight. Surely there is some slight advantage in substituting for these 1,606 heterogeneous units to units, the meter and the gram; or rather a single unit, as the gram is derived from the meter; even if that unit be not a "natural", one, but merely the length of a bar of platinum in the mint at Paris, and even if it be affected with the serious taint of owing its origin to that wicked people who "ignoring the Lord's day, made one day in ten a holiday."
It is better, according to Dr. Hale, that we continue to measure our buttons by lines (or possibly barleyscorns might do), our glass by inches, our timber by feet, our cloth by yards, our land by links and chains, our distances by rods, perches, poles, furlongs, miles and leagues, our water depths by fathoms and cables, and our horses by hands, rather than adopt a single unit or its decimal fractions or multiples, because "screws, bolts and drills increase in size by 1-16, ⅛, or ¼ inch." If this be the serious objection to the metric system, why could we not adopt the carpenters' compromise, and talk of sixpenny, tenpenny or twenty-penny screws as we do of nails two, three and four inches in length?

"Why should France dictate to the entire Anglo Saxon world?" asks our antigallican friend in true schoolboy fashion. Did France dictate to all the continent of Europe except Russia, Turkey and the Scandinavian peninsula, to cause the adoption there of the metric system? It sounds funny to hear of France "dictating" to the German Empire in these days, in such a matter. The metric system of weights and measures has been and will be adopted for the same reason that prompts the world to buy of France her silks and wines—because they are of the best.

That the metre is not the ten millionth of the quadrant is acknowledged; but is it not strange that when the elaborate and costly surveys made for that purpose failed to measure an acre of the quadrant accurately, "Sir Wm. Herschel shows that the British inch is an integral part of the earth's polar axis." Is he perfectly certain that beyond the five hundred and odd millions of inches which go to make up the earth's axis, there is not a barleycorn or two to spare?

With regard to the decimal character of the metric system, says our author: "It is too rigidly decimal to be used in its purity, without a binary modification even by the French themselves." Let us then forthwith return to the pounds, shillings and pence of our British forefathers, for do we not speak of the half and quarter dollar, and is not our monetary system therefore "too truly decimal to be universally useful."

Our author, furthermore, complains bitterly of the "ugly decimal figures which are needed to show even approximately the relation of any unit of the metric system with the unit of any other system." Now here is a decimal which will probably be entirely to his taste: 1.09714285714285, a beautiful repeater which represents, approximately, the value of the ounce Troy, expressed in terms of the ounce avoirdupois.

It is further claimed that the medical profession, being "sick of pedantry and of transferring to and from the metric system," condemn that system in unqualified terms. If this be true, why is it that (as I am informed by good authority) in the edition of the U. S. Pharmacopoeia now under the press, and subject to the revision of some of the best talent in the land, the old system is almost completely discarded and its place supplied by metric?

In the sentence last quoted appears the true cause of what opposition to the metric system there is in the medical profession. In learning a strange language the beginner makes poor headway so long as he thinks in his own tongue and translates as he speaks, but let him once learn to think in the new language and his progress becomes rapid. So it is with weights and measures; as long as physicians, or others, continue to think in one system and write in another, just so long will they find the process irksome and unprofitable; but let them once begin to think in metric and the advantages of that system will soon become apparent.

One more quotation and I have done: "Do the people think that this French child, born when France was saturated in the atheistic and licentious orgies of her revolution, shall dominate the world?" The cause which calls forth argument (?) such as the above must be in desperate strait indeed. What boots it to this question whether the knife with which the French people cut their king's head off was a meter or a yard long; and how is
the weight of the gram increased or diminished by the atheistic or theistic tendencies of the French people? The question at issue is as to the intrinsic merits of the metric system, and there can be no better proof of its excellency needed than the fact that of all classes of men in any country, who have any claim to deal with things scientific, portions of the medical profession in England and America are the only ones who have not adopted it.

Book Notices.


That a second edition should appear in so short a time is ample proof of the usefulness of this book. The division into chapters is an improvement, as is also the addition of fourteen pages of good reading matter. Again we recommend this book to our subscribers and advise them to read it.

**Abortive Treatment of Mammary Abscesses and the Cure of Fissured Nipples by Means of a New and Effectual Compress.** By Geo. H Noble, M. D., Atlanta, Ga. Reprint from the Atlanta Medical Register, October, 1882.

**The Application of Pressure in Diseases of the Uterus, Ovaries and Per-Uterine Structures.** By V. H. Taliaferro, M. D., Atlanta, Ga. Reprint from the Atlanta Medical Register, September, 1882.

Selections.

**Surgery and the Doctrine of Evolution.**—C. Pitfield Mitchell, M. R. C. S., of Orange, N. J., contributes to the New York Medical Record and Obstetrical Review for September, 1882, an essay, entitled, "An Evolution Aspect of the Healing of Wounds, with Deductions as to Treatment." As the author tells us in a prefatory statement, this is an application of the Spencerian doctrine of evolution to some of the phenomena of reparative action. The essay sets out with a classification of methods of repair from the standpoint adopted. Next, the grounds for this classification are given, and incidentally we are introduced to an important conception—arguing that, since whatever is profitable to an organism, in the way of structural or functional variation, will be taken advantage of by heredity and natural selection, the functional changes naturally involved in recovery from disease will come within the sphere of their operations. With the zymotic diseases, for instance, natural selection may segregate, and heredity may fix, both the physiological peculiarity which insures immunity, and the physiological activities which establish the status quo when the disease has been contracted. Entering upon the immediate topic of the paper, the phenomena elicited by an incised wound, as the occlusion of arteries, the organization of plastic lymph, the development of granulations, and the physiological adjustment of the tissues to new external conditions, are viewed as non-specific functions of the tissues injured superadded to their specific functions. Deducing the evolution of these phenomena from the known action of physical forces, the shares taken by natural selection and sexual selection as factors are then dwelt upon. Special attention is directed to the protective value of the plastic lymph forming on the surfaces of wounds, and the evolutionary steps are described by which this function is acquired. Passing from the structural, the evolution of certain more strictly functional adaptations is next considered. Knowing, in general terms, the atmospheric and other forces to which wounded tissues in the past must have been exposed, the corresponding accommodations of function are inferred. Thus, the general conclusion is drawn that "the molecular constitution of wounded tissues should fit them, on the average, for contact with a mean atmosphere, and certain moderate deviations from this mean." It is pointed out that, although traumatic injuries are not necessary accompaniments of life, they are of such frequency among
the lower animals and man as to give validity to this conclusion. An absence of organized adjustments of function to the remaining forces commonly incident upon wounds is inferred from the inconstancy, diversity, and nature of these forces. Such deductions are shown to harmonize with experience, and certain principles of treatment for healthy wounds are presented as corollaries. The gist of them is, that, so far as the exigencies of practice will permit, wounds should be shielded from the incidence of any force to which we may know a priori there can not exist an organized adaptation. A normal atmosphere should be maintained, and cleanliness should be absolute at every step. Believing that the plasma exuding from the severed tissues is, by "its chemical and mechanical properties, and contact with environing forces during evolutionary time, specially fitted to protect the less stable cells which lie underneath," much importance is attached to the preservation of its integrity. "Wounds should remain open until the surfaces have become glazed, and all interfering applications should be scrupulously withheld." Finally, a verification of these inferences is found in the facts disclosed by Dr. McVail, in his paper in the British Medical Journal for July 23, 1882, on the results of "Ten Years' Surgery in Kilmarnock Infirmary." The method of dressing employed (dry dressing) essentially fulfilled the above-mentioned theoretical requirements, and gave, on comparative analysis, the "best general results covering a lengthened period of time that have ever been recorded in the history of British hospital surgery;" and the last group of cases reported—numbering 421, including 90 operations, 23 major amputations, 45 injuries, 52 abscesses, and 7 compound fractures—showed not a single fatality from any cause.

The Treatment of Hemorrhoids by Injections of Carabolic Acid.—Dr. Charles B. Kelsey, Surgeon to St. Paul's Infirmary for Diseases of the Rectum, New York, recently opened a discussion on the treatment of hemorrhoids, at a meeting of the New York Clinical Society, by reading a paper on the treatment by injections of carabolic acid. The paper, which appears in the August number of the "New York Medical Journal and Obstetrical Review," opens with condensed histories of a number of cases, after which he remarks that beginning this plan of treatment without very much confidence in it, and with the fear of causing great pain, and, perhaps, dangerous sloughing, constantly before him, the method is constantly growing in favor with him, and the more he practices it the more confidence he gains in it. With solutions of proper strength the danger of causing sloughing of the tumors is very slight. There are no objections to this method which do not apply equally to others. He has once seen considerable ulceration result from it in the hands of another; but he has seen an equal amount follow the application of the literature; and he does not consider this as a danger greatly to be feared when injections of proper strength are introduced in the proper way. It is applicable to all cases; is especially adapted to bad cases; and may be used where a cutting operation is inadmissible. It acts by setting up an amount of irritation within the tumor which results in an increase of connective tissue, a closure of the vascular loops, and a consequent hardening and decrease in the size of the hemorrhoid. Except when sloughing occurs, the tumors are not, therefore, removed, but are rendered inert, so that they no longer either bleed or come down outside of the body. In cases in which the sphincter has become weakened by distension, the injections will also have a decided effect in contracting the anal orifice, as injections of ergot or strychnine do in cases of prolapsus. He has used this method of treatment now many times, and has never, except in one case, had reason to regret using it or to be dissatisfied with its results, so far as he has been able to follow them. Although slow to advocate any one treatment of this affection to the exclusion of all others, he now generally adopts this
from the outset in each case, reserving Allingham's operation for any in which the injections may fail. As yet he has met with no such case. Its advantages over all other methods, provided its results prove equally satisfactory, are manifest. The patient is not terrified at the outset by the prospect of a surgical operation, is not confined to his bed, and is not subjected to any suffering. The cure goes on painlessly, and almost without his consciousness. The method requires some practice and some skill in manipulation, in getting a good view of the point to be injected, and in making the injection properly; but this is soon acquired; and he is more and more convinced that the fear of producing ulceration is an exaggerated one, and that when ulceration is produced it is a result either of a solution of too great strength, or of one improperly administered.—N. Y. Med. Jour. and Obs. Review.

HEATON'S OPERATION.—Now the next case is one which you have seen before, and it is a man on whom I propose to operate again by Heaton's method for the radical cure of hernia. I have already done this operation twice upon him, with the result of only a very imperfect obliteration of the inguinal canal. He is one of the three or four cases in which I have tried this method, and in none of these cases has the result been entirely satisfactory. But whenever a surgeon of high standing proposes some new operation with which he has himself had good success, I think we should always give these new methods a fair trial, and that we should perform the operation in precisely the same way in which he has done it. So we feel that this method of Heaton's has sufficient testimony in its favor to make it worth our while to try it thoroughly. The operation consists in injecting a solution of white oak into the areolar tissue of the inguinal canal, with the idea that a sufficient amount of inflammation will be set up in this way to effect a permanent closure of the canal. The solution injected consists of the fluid extract of white oak, with a certain amount of alcohol and ether, to which is added a little morphia. But this addition of morphia I do not like, because if this drug is present in any considerable quantity it bars you from using the solution to any extent you wish. Suppose, for instance, that twenty drops of the solution contain the usual quantity of morphia for a single dose, then if I should wish to deposit three times twenty drops I am prevented, because I fear giving an overdose of the anodyne. And besides, if the morphia is needed, it can easily be injected into the arm in the proper dose.

For injecting the solution I use an instrument which varies somewhat from the usual form, and which I suggested and had made for myself. The idea in it is to have a hollow needle with a blunt point of steel which is nevertheless somewhat acumenated, so that it can be run about in the loose areolar tissue of the canal as far and as freely as a sharp needle, while the danger of wounding the adjacent parts is avoided. With a little care you can determine exactly where the point of the needle is going, and you can easily avoid wounding the vein, which is the chief point of danger here.

This man has been operated on three times before this, and two of them were done by me; and there is now a certain amount of solid material effused here, and there is some degree of obliteration of the canal. But I think it needs to be further obliterated by the injection of more of the solution. Operation.—My syringe now contains twenty minims of the fluid, and I will be contented with this amount for to-day. At the point where I intend to insert the needle I first make a small cut through the skin with a sharp knife, and then through this opening I push the needle into the canal, directing it upwards and outwards, and then moving it in any direction I like. And by taking this precaution I can feel the utmost certainty that I have the needle in the canal. Now I deposit a few drops at three different points in the canal; one near the external ring anteriorly, and another directly opposite to
this and posteriorly, and another near the internal ring and anteriorly, as nearly as I can locate them. An ordinary broad bandage will be all the dressing needed at present.—T. M. Markoe, M. D., in Medical Gazette,—Atlanta Medical Register.

**SALICYLATE OF POTASSA IN ACUTE RHEUMATISM AND DYSEPSIA.**—Dr. M. Donnelly, of New York City, in Virginia medical monthly, said of the above remedy at the American Medical Association; I was convinced that there was merit in salicylic acid, provided it could be employed with safety, and I made some experiments, hoping to find some alkali in greater proportion than soda, so as to produce a thoroughly alkaline salicylate, which I finally found in the bicarbonate of potash.

Two parts of bicarbonate of potash and one of salicylic acid dissolved in a little water, formed a natural solution. The potash was then increased in quantity until one part of the acid united with two parts of potash—say ten grains of acid to twenty grains of alkali in a drachm of water—formed a clear alkaline solution. This solution evaporated to dryness, left a strong alkaline salt of grayish color, sweetish taste, soluble in double its weight of water, which I called salicylate of potassa. The action of this remedy is very rapid. It becomes absorbed rapidly and its influence is felt in a few hours in mitigation of pain. In mild cases the urine and perspiration become alkaline in character in a few hours, but in severe cases several days are required to effect these secretions. This point once reached, improvement is progressive. The sediment in the urine disappears, the metastatic character of rheumatism goes with it and the case goes on to recovery. The remedy is used until all pain and swelling are relieved, and it is then necessary to guard against relapses, which appear at this stage, owing to the lessened powers of resistance to cold of the patient, caused by thinness of the blood. To establish the rich, warm normal condition of the blood is most readily accomplished by the use of an alkaline form of iron, and the best of all is tartrate of iron and potassa. As to the causes of rheumatism, most all physicians agree that abnormal digestive secretions take a prominent part in forming the lactic acid in the blood.

This remedy is too valuable in the treatment of flatulence, pyrosis, heartburn and loss of appetite—in fact, all symptoms of dyspepsia of the acid form to be passed without mention. Its power of controlling fermentation first led me to prescribe it in flatulence, given in powders after meals. It not only relieved this symptom, but digestion improved under its use. With an experience of over two hundred cases of dyspepsia cured by salicylate of potassa, I can unhesitatingly recommend it for any of the bitter tonics. It will be found successful in nine cases out of ten, the tenth one requiring mineral acids, owing to the bilious condition of the patient.—Southern Medical Record.

**DISEASES OF THE EYE DUE TO MASTURBATION AND SEXUAL EXCESSES.**—Prof. Herm. Cohn delivered a lecture on this subject in a meeting of the Medical Section of the Schles. Ges. f. Vaterl. Kultin. A report of this lecture is contained in the Bresl. Ärztl. Zeitsch., iii, 4, 82, and an extract of it in the Deutsche Medizinal Zeitung, iii, 16, 82.

Cohn observed, in cases of masturbation, if practiced to excess, photopsia, conjunctivitis, bleparosperm and paresis of accommodation. Photopsia showed itself always as subjective light phenomena in young persons, the eyes of which represented a perfectly normal pupil, normal vision and tension, an intact sense of space, light and color, clear media; a perfectly healthy optic nerve and a normal retina. The patients had all kinds of phenomena. They saw spots, stars, light wheels, shining circles, or brilliant dots. In the majority these fata morgana ceased during darkness; in all, on closing the eyes. Of conjunctivitis Cohn saw six cases; bleph-
RECTAL POLYPI IN CHILDREN.—Prof. N. J. Bystroff bases the following conclusions upon the notes of thirty-one cases of polypus of the rectum in children, observed by him in the last seven years: The chief symptom of this condition, in some cases the only one, is the presence of blood in the stools, in quantity varying from a few drops to an ounce. The bowels may be regular, or there may be either constipation or diarrhoea. Pain is seldom complained of, but there is nearly always tenesmus. The pathognomonic sign is the protrusion of the tumor, though sometimes, from its situation high up in the rectum, this does not occur. The color of these tumors is darker than that of the rectal mucous membrane. The size varies from that of a pea to a plum, or even larger. The shape is round or egg-shaped, seldom pyriform. In consistence the tumors are soft; the surface is usually smooth, though sometimes rough and uneven. The polypi were located in two-thirds of Bystroff's cases on the anterior wall of the rectum, in one third on the posterior, and for the most part between the internal and external sphincters. Multiple polypi were not observed. The general health was somewhat impaired through the repeated losses of blood. The youngest of his patients was two years and eight months old, the oldest 13 years, the average age being, in boys, 6.8 years; in girls, 7.4 years. The sex seemed to have no influence. A polypus is often mistaken for prolapse of the rectum, but the absence of a round opening in the center of the tumor and of increase in size when straining will serve to exclude the latter. Polypi are more rare than prolapsus; the latter occurs in young children, the former is seldom observed in children under three years of age. In two cases a diagnosis of hemorrhoids had been made—a very rare disease in young children. A change of size, under varying conditions, the presence of other varicosities, and the absence of pedicle will suffice to distinguish piles. From dysentery, polypus is to be differentiated by the absence of fever, presence of tumor, passages which are streaked, not mixed, with blood. An irritating enema suffices usually to bring the polypi to view, or they may be detected by digital examination, or through a fenestrated speculum. Spontaneous separation of the polypus can occur. Its surgical removal is accomplished often previous to ligation of the pedicle, by the knife or scissors. Bystroff does not favor the use of the cautery in these cases.—Deutsche Medicinl Zeitung.—Medical Record.

TREATMENT OF OBSTINATE VOMITING.—In the course of an article on this subject, in the Boston Med. and Surg. Journal, Dr. S. G. Webber says: Often the best method of treating this complication is to give the stomach rest. Sometimes only a large amount of food, taken at one time, excites vomiting; then it is sufficient to resort to frequent feeding, giving a very small quantity each time, a mouthful, or a spoonful every fifteen or thirty minutes; thus the stomach never contains a large mass of food, requiring considerable muscular exertion to roll it about, and by its weight or bulk exciting the reflex irritability of the nerve centers. Many times, however, this is not enough; the stomach requires more complete rest, and the best treatment is to withhold all food and medicine; sometimes a few hours' rest is enough; again it requires
two or three days; then it will be necessary to use nutrient enemata. Where there has been much vomiting thirst may be very annoying to the patient; small lumps of ice held in the mouth will relieve this, and generally do not cause vomiting. After the stomach has sufficient rest it is best to commence feeding by the mouth, with caution, giving a little frequently. Milk and lime water, equal parts, a teaspoonful every half hour, should be first tried; if well borne the amount can be increased gradually. It is a mistake to increase the quantity too rapidly.— Med. and Surg. Reporter.

Resection of the Pylorus.—In a correspondence to the Wiener Med. Woch. Dr. Anton Wölffer, in Vienna, mentions, in regard to the results of the resection of a carcinomatous pylorus, that the woman on whom he performed this dangerous operation one year ago was living in a "splendidly nourished" condition; that all subjective complaints have ceased, and that the repeated and careful examinations have proven to an undeniable certainty that no recurrence of the malignant growth, either in the stomach or in the neighboring lymphatic glands had taken place. He also tells us that the second patient on whom Billroth operated for the same cause, Oct. 29, 1881, was "perfectly well, looked strong," and is happy to be able to return to her usual occupation without any disturbance or impediment whatever."

These are the results that should stimulate us to new exertions; the operation is not alone justified, but in proper cases even strongly demanded. "May it," concludes Wölffer, in his letter, "succeed right frequently, to the benefit of the human race and to the honor of the medical profession."— Med. and Surg. Reporter.

Meniere's Disease.—The following case from the British Medical Journal well illustrates the necessity of caution on the part of the public in forming opinions on matters relating to medicine: On the 21st of last October a court of inquiry was held to inquire into a charge of drunkenness preferred against a sub-constable. He had been seen to stagger and reel while on duty. He was taken to the barracks, where, in a short time, the transient attack of giddiness having passed away, he seemed, as he really was, perfectly sober. He was seen two hours afterwards by Dr. John Ringwood, when he exhibited well-marked symptoms of Meniere's disease; noise and hissing in his left ear, numbness behind the ears and down the left arm, depression, occasional vomiting, giddiness, objects going to the left side, the drum of the ear inflamed, and the left Eustachian tube plugged. Improvement followed inflation with the Eustachian catheter.— Med. and Surg. Reporter.

Delivery with Membranes Unruptured.—In the same connection Van Peyma relates another case with somewhat unusual features. Was called to attend Mrs. B., in fourth labor; previous parturitions normal. On arriving at the house and making an examination, I discovered protruding from the vulva a smooth amniotic sac containing the fetus. Upon applying slight traction by means of a towel wrapped around the mass, it was easily removed. The uterus immediately contracted firmly and so continued. Upon examination of the sac and contents it was found to be the entire unruptured amniotic sac containing the dead fetus as well as placenta, etc. The contents were easily recognized on account of the transparency of the membranes. The mother's last menstruation occurred more than six months previous, and the fetus had the appearance of having passed that age. Although similar cases have been reported, yet the literature upon the subject is exceedingly scanty and the cases very rare.—The Obstetric Gazette.
Examination revealed a tumor as large as an orange filling the upper part of the vagina. The os uteri could be felt above as a projecting rim encircling the neck of the tumor. Examination caused much pain and bleeding, and the patient became so restless that I could proceed with it only with great difficulty. Failure to pass the sound into the uterine cavity did not therefore impress me as much as it would have done had the patient been more tractable, and I diagnosed the case as uterine polypus and appointed a day for its removal. It was Aug. 1st when I went to Amherstburg for the purpose of operating. No sooner had the abdominal muscles relaxed, however, than I became conscious of my error. The uterus was absent from its accustomed place, and the fingers pressed into the os were arrested at the depth of a few lines by a cul de sac, which was evidently bounded above by no solid body like the womb. The finger in the rectum could be made to feel that in the anterior cul de sac, while the one hand in the posterior cul de sac could be nearly made to meet that of the other pressed upon the abdominal wall, only a thin mass of tissue intervening. The tumor in the vagina was, however, much thicker than an inverted uterus ought to have been, and I came to the conclusion that there was still some of the old abnormal growth adhering to the inverted fundus, although not projecting from it in any well defined mass. Aban-
doning further procedures for the time, I persuaded the patient to enter St. Mary's Hospital, Detroit, for further treatment. When she had done so, I concluded first to try the effect of steady pressure in accomplishing reposision, and for that purpose inserted the largest air pessary that I could procure. I removed and replaced the instrument daily and fancied that I could detect some diminution in the size of the tumor.

At the expiration of five days, however, a very foul odor issued from the vagina, which rendered me apprehensive of other trouble and obliged me to discontinue the treatment. Putting the patient under anesthesia and examining her thoroughly, I found that the surface of the mass had become green and putrid. The superficial layers of tissue had mortified under the continual pressure, and had become so soft that I could peel them off with my fingers as one peels an onion. There seemed to be several layers of a fibro-cellular substance, which afterwards under the microscope seemed to be composed of spindle cells intermixed with fibrous tissue. These layers enveloped the whole exposed surface from the fundus to the cervix. I peeled off nearly two ounces of this material before I came to firm and apparently healthy tissue. I then made some cautious though unavailing efforts at reposision, but fearing that the wall in its thin condition should be perforated, soon desisted. She went home and did not return until at the expiration of three weeks, when I put her again under ether for the purpose of effecting if possible a replacement of the organ. This time in company with Drs. Kiefer, Carstens, Cleland, Webber, Gilbert, Walker, Longyear, Boice, Reynolds and others, every manipulation that I had heard of was put in practice without effecting any change whatever in the shape of the uterus. White's repositor was used and great and constant force applied, but without avail. The narrow inverted portion of the neck resisted every effort to dilate it.

The fingers were pushed down upon it from above through the rectum. We tried to replace one horn at a time and to reduce it in the order in which it had become inverted, and continued our efforts for about three hours, when the flagging pulse warned us that we must stop for the time at least. The patient refused to submit to further efforts and left unrelieved for home. Yesterday, for the first time since the operation, she called at my office. It is now thirteen months since she left the hospital. Her general appearance is much better than it was then, and, excepting in one respect, she has been much better. She menstruates regularly and not too freely, has no back-ache and does her own work. She is very much troubled, however, with incontinence of urine and complains that I injured her bladder by my operations. Examination revealed no injury of the bladder, but a large tumor filling the upper part of the pelvis so completely that I could nowhere crowd my finger by it so as to touch the os uteri. I might, indeed, have forced my way to it had I had the patient anæsthetized, but to that or any operative treatment she is not at all inclined. She will submit to no operation unless she can be guaranteed a cure, and as the combination of recurrent tumor and inverted uterus warrants in my opinion no other operation than the radical one of extirpating both uterus and tumor, a guarantee of that sort can not of course be given. The case seemed to me peculiar and worthy of publication.

**Book Notices.**


This is one of the cheap books for the publication of which the above firm deserves the gratitude of the profession. Works by such eminent writers as Day, Beale, Tilt, etc., are sold, printed on good paper and bound substantially, at
such a low price as 75 cents in paper cover and $1.25 in cloth. The author regards ligature combined with incision the safest, easiest and best operation for the great majority of cases of hemorrhoids. He thinks that colotomy is justifiable when an obstruction existing in the lower bowel threatens a patient’s life, etc. It is needless to speak of the value of this book, as it has been looked upon as a superior work of reference for the last ten years.


We have a journal devoted to anatomy and surgery; one of physiology was missing. The vacancy has been filled by the publication announced above. We wish it Gods speed on its journey and hope that it will succeed. The journal is published in Indianapolis, Ind.

We have received from one of the leading book firms of Germany the following, to which we would call the attention. Published by Breitkopf and Hartel, in Leipzig.

Invitation to subscribe to collection of clinical Lectures. Edited by R. Volkman (Halle). Eighth series, comprising Nos. 211-240. Price of subscription for each series of thirty numbers, 15 Reichsmark.

Selections.

The Embryology of the Eye.—In the third article of his series on the development of the eye, published in the New York Medical Journal and Obstetrical Review for September, 1882, Dr. William C. Ayres, of New York, considers the choroid, the ciliary body and the iris, the retina and the optic nerve, and the optic chiasm. Whereas J. Arnold has not been able to detect blood vessels in the locality of the future choroid in embryos of 9 mm., the author has observed the whole primary ocular vesicle surrounded by a system of vessels, running at least one fourth through the corneal tissue, or between the lens and the primary epithelium of the cornea, the ectoderm. The formation and origin of this system of blood vessels he thinks very important, since they certainly represent the earlier stages of the choroid, and demonstrate most positively that neither the chorioidal tissue nor its pigment can have any relation to the ocular vesicle. Also, since the choroid tissue is formed from the mesodermal elements immediately around these vessels, and from them alone, the pigment epithelium of the retina can have no relation to the uveal tract except one of opposition. The development of the choroid is summed up by saying that it takes its origin from the original mesodermal tissue which surrounds the primary ocular vesicle, and is, consequently, a formation in loco. At first its cells are not arranged according to any order, but subsequently a distinction occurs which is completely analogous to what takes place in the cornea in the formation of its basilar membranes. The choroid and sclera are continuous in early embryonic life, but they are afterward separated, just as the anterior chamber was formed—viz., by the production of holes and meshes. In the case of the anterior chamber the process becomes complete, and a free space exists, whereas in that of the choroid it does not become so, and the peculiar loose connection which we find between the choroid and sclera results. The pigment of the choroid is of late origin, and is formed in the same way as that of the iris and ciliary body. As regards the ciliary body and the iris, in embryos of 17 mm. in length, we notice that the end of the secondary ocular vesicle is rounded off, and it is so placed that the line of separation between the two layers runs almost parallel to the optical axis. A little later than this the end becomes pointed, and the external layer lengthens out so as to present its outer surface directly to the front, whereas, before, this position was held by the tissue
which joined the two layers together anteriorly. He lays much stress on this condition, or rather this peculiar step, in the development, since it is, in his opinion, the key-note to the formation of the iris. And it has been overlooked by most authors on the development of this membrane. At 33-36 mm. the pigment layer has developed so much more than the inner one that, the later not being able to separate from the former, a loop has been produced, so that the end of the vesicle is now made up of two layers of cells, both of which have come from the outer or pigment layer of the ocular vesicle. The mistake is often made, he remarks, of supposing that the posterior chamber runs up to the pupillary margin of the iris as a free space, but this is not true, and the reason for it we see in the manner in which the iris is formed. In the case of the retina, soon after the primary ocular vesicle has been completely formed we find it projecting far out into the mesoderm, and approaching the ectoderm, at each successive stage of increase in its volume of tissue, until it has nearly reached the external layer of the head of the focus. This layer it never reaches, however, and there can always be seen a thin strip of tissue between it and the ectoderm. Kessler and some others insist that an actual contact occurs, but this the author has never been able to see in any one of the many specimens he has examined in regard to this special point. On the contrary, there is always the tissue just referred to between them, and this tissue, though very transparent, and capable of being stained but very slightly with any of the various coloring materials known to microscopic technology, can always be seen, on close examination, to contain cells and intercellular substance. There are many peculiarities to be noticed in the formation of the pigment, both of the retina and of the uveal tract. Some authors contend that they come from the same source, and Dr. Ayres thinks that perhaps they do, but not in the sense those authors seem to set forth. The retinal pigment is to be found at an early stage, even be-

fore the two layers of the secondary ocular vesicle have come in contact with one another. It always occurs in the shape of dark-brown points, so to speak, and always on the inner part of the outer wall of the secondary vesicle, where it remains situated in a closed cavity produced by the two walls of this vesicle. These walls never become broken at any point so as to admit of this pigment "wandering" from its original place of formation, and, consequently, it can never be concerned in the production of any portion of the eye where the retina does not play a part. The development of the fovea centralis is considered to be still a matter of great uncertainty.

**SKIN GRAFTING.**—The patient, a pretty little girl of eight, was admitted into the Wellington ward of St. George's hospital with the history that two years ago previously her dress had caught fire, burning both legs from the hips to the knees severely. After a year's treatment the left thigh had healed up; but the right had never got better, and presented a terrible ulcer, extending all down the outer side. She was a bright, intelligent little thing, and her sad condition excited much sympathetic interest. For four months she lay there without any signs of improvement. Though nourishing food, with wine and strengthening medicines, was freely administered, and all manner of local remedies applied, particularly that most excellent dressing, carded oakum, all was in vain; and when, on the 5th of May, the child was brought into the operating theatre, and placed under the influence of chloroform, it certainly appeared to us to be unlikely a case to afford a fair criterion of a new treatment as could well be imagined. Two small pieces of skin were then snipped from the back with a pair of sharp-pointed scissors, and then imbedded—planted, in fact—in the granulations or "proud flesh" of the wound—two tiny atoms, scarcely bigger than a pin's head, and consisting of little more than the cuticle or outer skin which we raise in blisters by rowing or exposure to a
hot sun. Five days later no change
was visible; and by and by the opera-
tion was considered to have failed,
since the pieces of skin had dis-
appeared, instead of growing as had
been expected. But twelve days after
the operation two little white cicatrices
appeared where the seed had been sown;
and in my notes I find that a week later
these were big enough to be dignified as
"islands of new tissue." The most
wonderful part of it is that not only did
these islands grow and increase rapidly in
circumference, but the fact of their pres-
ence seemed to stimulate the ulcer itself,
which forthwith took on a healing action
around its margin. Several more grafts
were implanted subsequently, including
morsels from Mr. Pollock's arm, from my
own, and from the shoulder of a negro; the
last producing a white scar-tissue like the
the rest. In two months the wound was
healed, and the little patient discharged
cured.

Skin-grafting is now performed daily in
surgical practice, and a special instru-
ment—a combination knife and scissors—
has been invented for the purpose. It is
impossible to estimate the immense bene-
fit of this discovery to mankind in many
different aspect. Poor people, hitherto
incapacitated from labor by "incurable"
ulcers, and for years a burden on their
parish, or inmates of workhouses and
asylums, will now again resume their
place in the great toiling hive, from
whose daily is distilled the prosperity of
a nation. Von Graefe's operation of
iridectomy, whereby hundreds of people,
who were formerly considered irremediably
blind, are now restored to sight by a
simple proceeding, is said to have exer-
cised a very appreciable effect on the
poor-rates of the country. As an instance
of true transplantation, John Hunter's
celebrated experiment of causing a human
tooth to take root and grow in the comb
of a cock is a well-known instance. Dentists
now-a-days remove teeth, and having excised diseased portions, replant
them in their sockets with frequent,
though not invariable, success; and cruel
plastic operations have been performed
on rats, by which they have been joined
like Siamese twins, or their tails caused
to grow from their shoulders, or between
their eyes. The late Mr. Frank Buck-
land, in his "Curiosities of Natural His-
tory," gives an amusing account of an
action at law brought by M. Triguel, a
French naturalist, against a zouave who
had sold him what was termed a
"trumpet-rat" for 100 francs; the said
trumpet-rat proving to be an ordinary
"varmint," with the tip of another rat's
tail planted in its nose, and growing
there.—Medical Gazette.

VACCINATION AND ITS RESULTS.—From
time to time the opposition to vaccination
which is always prevalent in the unedu-
cated and superstitious masses, crops out
in the more educated, and even in the
profession itself. We would not attribute
this to deliberate perversity or desire for
notoriety. There are minds so constituted
that they will adopt an opinion without
examination, and then labor earnestly to
prove its correctness. Others, again, are
impressed by one or two isolated facts,
and can only see other facts which give
one interpretation to these. Such minds
are color-blind as to statistics and high-
gavel-blind as to logic.

The opponents of vaccination are treated
to an excellent article in The American,
September 2, from the pen of Dr. Henry
Hartshorne, but one the excellence of
which they will unwillingly appreciate.
He reviews in a masterly manner the late
anti-vaccination writings of Drs. Charles
T. Pearce, P. A. Taylor, Henry Bergh
and others, setting forth in a perfectly
clear style the unfairness with which they
handle statistics, and the baselessness
of many of their confident statements.

The results of vaccination are, indeed,
so sun-clear that it is really a psychol-
ogical puzzle to understand how any per-
son who studies them can harbor an
honest doubt as to the benefit of the prac-
tice. Dr. Hartshorne puts them in a nut-
shell in the following comparison of
deaths now-a-days and in the last cen-
tury.

Look at the latter statistics of the
United States, obtained by our National Board of Health in 1881. Sixty six cities and towns in this country yielded, during that year, in all, 4,000 deaths from small-pox. As crowded cities always furnish much the largest number of cases of such diseases, it is not probable that more than a thousand deaths (representing from five to ten thousand cases) occurred outside of the reported cities. Suppose, then, 5,000 deaths in more than fifty millions of people. This is one hundred deaths to each million of population. For fear, however, that we have under-estimated the deaths in rural localities, let us add to it double or treble it—make it, say—three hundred to the million living. But, as Dr. Fothergill and Sir Gilbert Blane calculated, upon good evidence, the death-rate from small-pox in Great Britain for thirty years before vaccination was introduced by Jenner, was three thousand in every million of the population. Well may it be conceded that the mortality (besides the often hideous disfigurements, blindness and deafness resulting) of small-pox has been lessened since the day of Jenner. Put again, alongside of the above statements, the almost total absence of small-pox from such a country as Ireland, in some recent years (1866, '67, '68, '69), and the official record in the report of the Massachusetts Board of Health, just issued, of the occurrence of but two deaths from small-pox in so large a city as Boston, in eight years—1873 to 1881.

It would take a physician with a singularly elastic conscience to say anything against vaccination after reading the above passage. He must be strangely unaware of the responsibility he incurs, if, in the face of these facts, he throws the weight of his influence against this safeguard.

Indeed, the profession, as such, ought to insist on compulsory vaccination and revaccination every decade of life. The danger has been shown to be null, the protection positive. The duty that, in society, every individual owes to his neighbor, is serious enough to justify the state in demanding that he shall submit to this operation as often as the best authorities on the subject pronounce it necessary. As in other matters, if people will not submit to reason, and by their refusal endanger others, the strong arm of force should be laid upon them.

Personal prejudices are not personal rights, and may be indulged only when they do not compromise the safety of others. Hence we are earnestly in favor of a positive enforcement of vaccination by legal statute in every state in the Union.—Ohio Med. and Surg. Reporter—Southern Practitioner.

The Contagousness of Pulmonary Consumption.—Dr. Herbert Davies, consulting physician to the London Hospital and to the Royal Hospital for Diseases of the Chest, writes to a recent number of the British Medical Journal, giving some strong arguments against the contagious properties of pulmonary consumption. He quotes from a letter, written in 1867, by Mr. Edwards (resident medical officer of the Brompton Hospital for seventeen years) to Dr. R. Payne Cotton, in which he says that he remembers fifty-nine resident medical assistants, whose duration of office has averaged six months, all but two of whom are living, one dying from aneurism, and the other from some unknown cause. The present chaplain has held office for seventeen years, and his two predecessors are living. Of the nurses now in residence one has been here twenty-four years, two twelve years, one eight years, one seven, one six and one-half, and one five years. No under nurse has died of phthisis. The head nurses sleep each in a room containing fifty patients, and two only are known to have died—one from apoplexy, and one, some time after she had left the hospital and after an unhappy married life, of phthisis. All but two of the physicians who have attended the in and out-patients during seventeen years are living. One died from causes unknown, the other from causes unconnected with diseases of the lung.—Med. and Surg. Reporter.

Prostitution in China.—It is generally thought the people of eastern countries are of easy virtue, and decidedly lax
in their morals. Dr. F. Carrow (Maryland Medical Journal) denies that this is true of China. The Chinese code of morals, given by Confucius, holds virtue and chastity as sacred. This scarcely is true among the lower classes. Prostitution in Canton is carried on as a business, and on a large scale. The prostitutes themselves are kept in ignorance of their written language, and thus have no way of learning how the gods frown upon their business. They know no other company than that of their own class, and know nothing excepting that which relates to the life they lead. Female infants are sold for about seventy-five cents. Owners of houses of prostitution come and select the infants which give promise of great beauty or best health and buy them. They have them cared for on boats made for the purpose so as to keep them apart from the world at large. Here they are trained for their future work. At the age of twelve they are put in the society of women who are considered accomplished in the business, and at fifteen they begin the life which is so soon to become a misery. In the majority of cases they go through the different stages of syphilis until tired of life, they end it by taking opium, or are worn out by the ravages of the malady.

*Chicago Medical Review.*

**Syphilis and Alcohol.**—In a recent memoir published in La France Médicale, M. Barthélémy calls attention to the exceptional gravity of syphilitic skin eruptions in patients addicted to the habitual use or abuse of intoxicating liquors. The observations which he gives were all collected while the author was chef de clinique in Fournier's service and relate exclusively to the waiter girls employed in "brasseries," who receive the name of "inviteuses," because it is their business to have as much liquor ordered as possible. In the pursuit of this métier, they are obliged to drink large quantities of intoxicating liquors; one of them absorbed in one day forty-two glasses of beer, five liqueurs and one "grog Américain;" this, of course, was an exceptional case; but most are continually drinking, in order to incite customers to order for them. When these girls contract syphilis, every symptom, even the primary chancre, is of gravity. In one case the eruption did not disappear from the cutaneous and mucous surfaces for ten years. The chancre in one case spread and became as large as a silver dollar, and was surrounded with an extremely indurated border, and notwithstanding treatment, the chancre lasted three months. In another case (Obs. III.) the chancres were still present when a generalized papulo-hypertrophic eruption appeared over the whole body. It was remarked also that secondary and tertiary eruptions appeared much more rapidly, were of greater intensity and of longer duration.—*Med. and Surg. Reporter.*

**Opium and Peristalsis.**—Professor Nothnagel, of Vienna, recently communicated to a German society the results of experiments on the action of opium and morphia on the intestine. The constipating power of these drugs appear due to their being irritants of the splanchnic, the inhibitory nerve of the intestine. That nerve is specifically influenced by morphia, just as the vagus, inhibitory nerve of the heart, is acted upon by digitalis; in fact, in both cases small doses excite, large doses paralyze. It was observed, in a discussion on this question, that the peristaltic action of the intestines is not necessarily the same in man as in animals. Antiperistalsis does not appear to occur in the latter; in our species it is known to exist; though, when obstruction exists, peristalsis in the ordinary direction is quite sufficient to account for faecal vomiting. Dr. Rosenstein, however, had seen chronic faecal vomiting in a patient of his where no mechanical obstruction could be found. Professor Preyer stated that he had seen antiperistaltic movements of the small intestine in animals, and pointed out that the filling and emptying of the cæcum, especially of the very long cæcum, of some animals, could only be effected by alternate peristalsis and anti-peristalsis.—*American Medical Weekly.*
The October number of the Northwestern Lancet opens its second volume. We beg leave to present our congratulation to this its first birthday and hope that its renewals will be many.

Drs. L. P. Yandell and L. S. McMurtry have become editors of the Louisville Medical News, vice Drs. J. W. Holland and H. A. Cottell, retired.

Dr. Jephson was a distinguished physician of Leamington, fifty years ago. The doctor was noted for being brusque and unceremonious. A great London lady, a high and mighty leader of society, who was taken suddenly ill, sent for him. Jephson was so off hand with her grace that she turned on him angrily and asked:

"Do you know to whom you speak?"

"Oh, yes," replied Dr. Jephson, quietly, "to an old woman with the stomach-ache."—Gazette, Medical and Clinic.

Objectionable Anesthesia. Western women are sharp but the Plattsmouth (Neb.) female is entitled to the premium for smartness. The other day she went into a shoe store to buy a pair of shoes. The clerk was in the act of sprinkling some chalk-powder inside, so they might slip on easily. She glanced furtively at him, and remarked: "I know what you are doing." The genial clerk smiled acquiescence. She slid toward the door, and said, in tones that startled his nerves: "You can't chloroform me, mister; I was fooled once before, and I'm blamed if I'll be again." And she left without the shoes.—San Francisco Western Lancet.

Epilepsy with Mania Caused by Masturbation.—The patient, a girl 16 years of age, was found on the street in convulsions, with enlarged pupils. She would be unconscious for two hours and then have maniacal attacks. At last she was sent to an insane asylum, where the physician discovered that she was addicted to masturbation. They secured her hands at night, and after three months she left the asylum entirely well and comparatively cured of the vice of masturbation.—Chicago Med. Jour. and Examiner.

Dr. A. J. Fuller, of Bath, U. S., reports a case of ascites which was tapped no less than forty-three times within a period of one year and three-quarters. The total quantity of fluid removed at the several operations was 1,420 pints. The patient, a married lady, aged sixty-five, died a fortnight after the last operation.—American Medical Weekly.

Mode of Administering Male Fern.—Herr Dietrich (Pharm. Zitung) recommends as most successful the administration of the extract along with castor oil. He gives it in flexible capsules, each containing one gramme of the extract, and two grammes of oil. One dose consisting of six such capsules, preceded by a laxative, is found effective.—Canadian Journal of Medical Science.

Professor Panos, a French authority, prevents mercurial salivation by rubbing the gums ten or twelve times per day, during the use of this mercury, with the following powder: Powdered cinchona, 3 parts; powdered rhhatany and powdered potassium chlorate, each 1 part.—The Physician and Surgeon, Oct.
Some Cases of Antiseptic Surgery.*

By Theodore A. McGraw, M. D.

Mr. President and Gentlemen:

The following cases occurred in my practice in the interval between September 27th, and October 8th, and may serve as the text tonight for a discussion on antiseptic surgery.

The first, a case of fissure of the anus of long standing occurred in the person of a gentleman, of Windsor, and was treated in connection with my honored friend Dr. Coventry of Windsor. The ulcer was incised through the depth of the mucous membrane and the sphincter ani was violently stretched. In these cases, it is difficult to secure perfect antisepsis but partial success may be attained by keeping the wound protected by a coating of ointment containing carbolic acid, iodoform, sulphate of zinc or other remedy of similar action. Of these, the iodoform is my favorite. Treated in this way, the patient rapidly recovered and on presenting himself two weeks afterwards, was found to be quite well of his trouble.

Case 2. On October 1st, Silas Owen a boy of eight, was run over by the cars and his right leg was crushed below the knee. Six hours afterwards at Harper Hospital, I amputated his leg above the knee. I had it first thoroughly washed with soap and water and then with a five per cent. solution of carbolic acid. My own hands and finger nails and those of my assistant were cleansed with the same material and the knives and instruments dipped in dilute alcohol Carbolized silk was used for sutures and ligatures. An Esmarch bandage effectually controlled all hemorrhage. The amputation was made by a long anterior and short posterior skin flap.

The lower portion of the posterior flap was found to be infiltrated with black blood, indicating a rupture of the small blood vessels supplying the skin. I called the attention of the class to the probability of subsequent sloughing. A drainage tube of carbolized rubber was inserted into the wound, which was then closed with sutures, a piece of carbolized gauze was applied over the whole stump, over that compresses of disinfected sponge to press the surfaces of the flaps into close apposition, then many layers more of gauze, over that again a great sheet of cotton wool and finally a roller bandage firmly and evenly applied. The little patient did well from the beginning. On the second day the temperature was 101° F., but after that throughout the whole course of the disease, normal. The first dressing when removed on the third day,
was saturated with an odorless sero-
sanguino-liquid discharge, but the tissues
were free from all inflammatory action,
and the wound seemed healed by first
intention. The second dressing on the
fifth day revealed a discolored spot of the
size of a quarter of a dollar on the
posterior flap but odorless and without
any surrounding inflammatory zone. This
subsequently sloughed, leaving a small
granulating surface. On the seventh day
the stitches were removed. The whole
wound except this sloughing corner hav-
ing healed by first intention.

Case 3. Mrs. D., a patient of Dr.
Carney, of Windsor, consulted me on
account of a small tumor of the left
breast of two years' standing. The
tumor of the size of a hickory nut was
in the edge of the breast above the nip-
ple, attached to the skin but not attached
to the deeper structures. An enlarged
gland could be felt in the axilla. On
Sept. 3d, I amputated the breast. The
whole breast and axilla space was first
thoroughly washed with carbolized water
(5 per cent.). The axilla was then care-
fully shaved and again carbolized. The
breast was removed through a longitudi-
nal incision, the hemorrhage carefully
checked, and the flaps brought accurately
together. The gland was removed from
the axilla through a small incision. Car-
bolized gauze was applied immediately
over the wound, and above that com-
presses of sponge and gauze, the whole
being secured by a snug bandage. The
stitches were removed on the seventh
day. The whole wound healed by first
intention with almost no secretion of pus.
Her temperature on the day of operation
was 100; afterwards normal.

Case 4. A young man, age 24, en-
tered St. Mary's Hospital to be treated
for a tumor above the patella, which for
two years had gradually grown and
causcd intense pain. The suffering from
it was made worse by movement, and
was so severe as to disable him from all
active work. The tumor was situated
with a broad base on the rectus muscle,
but was not attached to the skin. It
was apparently about an inch in diame-
ter, but not more than half an inch in
height. The thigh was shaved and
washed with carbolized water, and the
usual precautions taken with fingers and
instruments. The tumor was found to
consist of spots of melanotic tissue im-
bedded in a gristy structure, probably
degenerated muscle, and to penetrate the
muscle through half of its thickness. It
seemed, indeed, to be an infiltration in
rather than a growth on the muscle. The
wound was closed with silver wire and
compresses of carbolized oakum bound
firmly on to flaps of skin covering it.
The dressings were changed on the
third day. No water was permitted to
approach the wound, which was found
free from redness or fever, but the
whole edge was strewed with powdered
iodoform and the compresses reapplied.
The wound healed throughout by first in-
tention. I kept the patient absolutely at
rest for ten days, fearing lest too early
muscular contraction might tear apart the
young tissue and produce suppuration.
On the tenth day, my bird, tired of con-
finement, vanished and of his subsequent
fate I know not.

Case 5. A German, a chronic drinker,
upon whom, three years ago, I had
operated for perineal extravasation of
urine consequent upon a full and com-
pete rupture of the urethra, returned
with a total impassable stricture. His
first operation had healed with marvelous
rapidity, and when he had left the hos-
pital he had been cautioned in regard to
the necessity of the frequent passage of
a sound. This he, of course, neglected.
On admission this time, his urine passed
through fistulous openings in the per-
ineum, and none whatever through the
penis. Strict antisepsis is in these cases
almost impossible, and yet the careful
use of carbolated injections, even in these
cases, aids materially in securing a quick
and favorable result. An incision through
the old scars and the passage of a cathe-
ter, well carbolized, into the bladder con-
stituted our means of treatment. The
catheter was left in the bladder five days
and then withdrawn to be reintroduced
every third day. The wound is already
nearly healed, and his urine passes freely through the natural channel.

Case 6. A man 68 years old, entered St. Mary's with necrosis of the bones of the right wrist and metacarpus, the result of a deep seated, idiopathic inflammation. The tissues of the forearm were quite edematous and swollen and traversed in the lower third by sinuses containing a facial pus. The old man's general health was much impaired, and his pulse was quite feeble. The forearm was amputated before the class of the Detroit Medical College, on Oct. 7th, 1882. The whole forearm was shaved and carefully washed with carbolized water (saturated solution). All antiseptic precautions were taken and the forearm amputated at the junction of the lower and middle thirds by equal upper and lower flaps. The flaps were brought together with silver wire, a small drainage tube inserted and carbolized oakum compresses bound firmly on the stump. The patient has recovered without constitutional symptoms whatever, although with a moderate amount of suppuration.

In the treatment of these cases the carbolic spray has been altogether dispensed with, experience having shown that it was not absolutely necessary to perfect antisepsis and that it had many disadvantages. Absolute cleanliness and disinfection of hands, instruments, basins, etc., has been always insisted on. In some cases the skin has been shaved with the object, not only of removing the hair, but also of scraping away the outer layer of epidermis in which may lodge some germs of disease. In order to secure a perfectly clean table on which the part to be operated on might rest, the rubber cloth which covered the table was washed with carbolic solution and then covered with a clean cloth soaked in carbolic water. Drainage tubes of rubber or oakum were used where the existence of a cavity seemed to render it necessary, and the flaps were held together by the pressure of antiseptic compresses of sponge or oakum, so as to secure where possible union by first intention over large surfaces. In thus repeating the maxims of antiseptic surgery, I might seem to multiply words without cause, were it not that in spite of the immense discussion on the subject which for several years has occupied the pages of our periodical literature, the profession have not yet so digested the subject as to have it at their finger ends, where it ought to be. It may certainly not be quite superfluous to repeat the lessons of experience in regard to the necessity of absolute cleanliness, when many physicians to-day think it proper to take care of their own horses and yet attend cases of confinement, or to do the daily work of a farm and immediately afterwards to open a peritoneal cavity.

Society Proceedings.

Michigan State Board of Health.

(Reported for the Clinic.)

The regular quarterly meeting of this board was held October 10, 1882, at Lansing, there being present Hon. Le Roy Parker, of Flint, president; Rev. D. C. Jacokes, of Pontiac; Dr. H. F. Lyster, of Detroit; Dr. J. H. Kellogg, of Battle Creek; Dr. A. Hazlewood, of Grand Rapids, and Dr. Henry B. Baker, secretary.

The president read his annual address, reviewing the work of the board and suggesting work for the future in the line of securing the introduction of text-books on hygiene in the schools; greater attention by localities to the pay of health officers; and some amendments to the public health laws, etc.

The secretary presented his quarterly report of work in the office, and annual report of property for the fiscal year ending September 30, 1882.

The secretary presented a communication relative to wounds from toy pistols, describing the pistols and the nature of the cartridges as determined by analysis; also a report of several cases of lockjaw and death following toy-pistol wounds. He also presented a résumé of the work of other State boards of health. He also presented the statement that the immi-
grant inspection service in this State had
been continued through October on a re-
duced scale, impairing its efficiency, and
he was requested to urge, on behalf of
this board, the continuation of the service
through the winter with the same force
as in the past summer, because this
board believes there is great danger that
small-pox will be introduced by immi-
grants from the lower Canadian provinces.

A committee was appointed, on request
of the warden of the State House of Cor-
rection and Reformatory at Ionia, to ex-
amine the plans of desired buildings at
that institution.

Dr. Lyster reported in preparation a
paper on the present knowledge of typhoid
fever, and he was requested to prepare
his paper in the form of a document for
publication in the report, and for distrib-
ution. In this connection Dr. Baker
presented two diagrams showing for the
years 1877-1880 the relations of deaths
from throat disease to population, from
which it appears that the common opinion
among physicians, that this disease pre-
vails mostly between the ages of 18 and
35, and that there is little danger after
40, is not sustained by facts. A greater
proportion have typhoid fever at the ages
between 60 and 80 than at any other age
in life.

Dr. Lyster and Mr. Parker presented,
and they were requested to complete, a
report on the recent epidemic of small-
pox at Flint, and they were requested to
include Dr. Mulheison's report of the same
outbreak.

The secretary was authorized to issue
the circular to correspondents, relative to
diseases in Michigan in 1882, and the cir-
culars and blank forms for annual reports
of health officers and of clerks of the local
boards of health.

The subject of compulsory registration
of plumbers was referred to Mr. Parker
and Dr. Lyster for the purpose of bring-
ing it before the legislature.

The committee on sanitary conventions
was authorized to make arrangements for
a convention at Muskegon about the last
of November, or first week in December.
The secretary was authorized to pur-
chase a Thomson's quadrant electrometer,
and by means of it to enter upon the ob-
servation of atmospheric electricity.

Dr. Kellogg was requested to prepare a
paper on physical culture.

Mr. Parker presented a proposed bill
making it a criminal offense to communi-
cate a contagious disease, and it was
ordered published in the annual report
for the purpose of bringing it before the
legislature.

Dr. Baker reported that he had been
informed of the suspicious illness of some
cattle at the State Fair in Jackson, and
that other cattle which had been exposed
had been taken to the Fair at Grand
Rapids. On his information, Dr. Murray,
secretary of the State Cattle Commission,
had investigated the subject, and believed
the disease to be Texas cattle disease.

In Detroit, it was stated, it was pro-
posed to erect a "flame-ventilated" small-
pox hospital, as proposed by Dr. Wight,
the health officer. Members questioned
the practicibility of the plan, and it was
referred to a committee.

A committee, consisting of Mr. Parker
and Rev. Mr. Jacobs, was appointed on
a plan for the regulation of medical
practice.

Dr. Kellogg suggested some action by
the Board relative to having sanitary
science taught in Michigan colleges.

Mr. Parker presented a report of the
meeting of the American Social Science
Association, presenting abstracts of the
several papers on health subjects.

After transacting routine business the
Board adjourned. Its next regular meet-
ing will be on January 9, 1883.

Meeting of the Detroit Medical and
Library Association.

October 16, 1882.

This meeting was called to order with
Dr. E. Lauderdale, the President, in the
chair.

After the reading of the minutes of the
last meeting, Dr. French was introduced
to the society.

Dr. McGraw read the paper of the
evening, reporting several cases from his
hospital and private practice in proof of
the value of the new antiseptic, iodoform.

Dr. Carstens thought that the carbolic
acid could be dispensed with entirely,
that cleanliness was the main point.

Dr. Reynolds stated that he practiced
medicine when nobody knew of such a
thing as carbolic acid. His brother oper-
ated recently on a woman for cancer of
the breast without the use of an antisep-
tic, but cleanliness was attended to and
the patient got well. It is needless to
say anything as regards the value of the
iodoform.

Dr. Lauderdale said that he met a pro-
minent surgeon of this city a few days ago,
who thought that carbolic acid retarded
the healing of wounds.

Under the head of prevailing diseases,
Dr. Carrier reported an unusual preva-
ience of cases of herpes zoster. In one
case the vesicles ran together and formed
a large bleb. In one case the disease
was due to kidney trouble; in the second
pneumonia caused it, and in the third it
was of nervous origin.

Dr. McGraw asked of Dr. C. what suc-
cess he had in the neuralgia of herpes
zoster.

Dr. Carrier replied that he had used
quinine and iron without success. Phos-
phate of zinc and bromide of potassium
proved useful.

Dr. Douglas said that a great many
cases of diphtheria had occurred in his
district. All of the patients, but one, were
school children.

Dr. Carstens had seen several cases of
herpes zoster and could in almost every
case control the disease by quinine and
opium. Reported also cases of scarlet
fever and diphtheria.

Dr. Hoyt, referring to cases of typho-
malarial fever, lately treated by him, said
that he could bring down the temperature
much faster by giving the bisulphate of
quinine.

Dr. Reynolds had seen a case of typhoid
fever that was announced peculiarly.
The patient a cook, while attending to
her duties at the oven, suddenly fell down.
The dinner burned and she knew it all
the while, but could not rise from the
floor. In this case the delirium was not
marked but the prostration great.

After some miscellaneous business had
been transacted the society adjourned.

PUNCTURE AND ASPIRATION IN INTESTINAL
INVAGINATION.—We read in Paris Medical,
January 28, 1882, that Dr. Godfrey has
treated a case of intestinal invagination
as follows: The patient, a man 37 years
old, was vomiting a greenish-yellow
liquid having a most offensive fecal odor.
His abdomen was distended and very
tender to the touch; and distinct fluctua-
tion, together with dullness, were per-
ceptible over entire course of the colon.
The umbilical region was somewhat
tympanitic. Great tenesmus existed, and
the efforts at defecation only resulted in
in the passage of a little bloody mucus.
Having carefully ascertained that no
hernia existed, the intestine was
punctured, first in the left, then again in
the right iliac region, the largest needle of
a Codman and Shurtleff aspirator being
used for that purpose. More than a pint
of liquid, similar to that vomited was thus
withdrawn, and the patient felt somewhat
relieved. Vomiting now became less fre-
quent, and finally ceased. Morphine first
hypodermically, then by the mouth, pro-
cured sleep, and after three days the in-
testine had resumed its functions, and
in less than a week the patient was again
well.—The Southern Clinic.

LOCOMOTOR ATAXIA WITH WELL-
MARKED TENDON REFLEX.—Dr. James
Leslie, of Hamilton, Canada, sends us an
account of a case of locomotor ataxia in
a shoe-maker, aged forty-five years. The
symptoms of inco-ordination without loss
of muscular power were well-marked.
There were no lightening like pains, how-
ever, and the tendon reflex at the knee
was very distinct. The patient had not
had syphilis. He received the most ben-
fit from daily forcible flexion of the thighs
upon the abdomen.—Med. Record.
Medical Men and Politics.

We think that our physicians commit a great error by persistently declining to "mingle in the muddy waters of politics," as our contemporary, the Michigan Medical News, has it. Especially old gentlemen, retired from active practice, should aspire to a seat in our State legislature or the National Congress; and in the majority of cases, the public that has known them so long and places trust and confidence in them, would elect them. There is no doubt that a few medical men in our law-giving bodies could improve in many directions the present status of medical science and condition of the medical profession in this country. With great pride the Germans point at Virchow, who is not only great as a physician, but just as eminent a politician. In Canada several seats in Parliament are occupied by doctors. M. Paul Bert, one of the stars of the medical fraternity of France, is an active politician.

Selections.

Exirpation of the Spleen.—In an article on extirpation of the spleen, written by Dr. D. J. Zesas, of Zürich, and published in von Langenbeck’s Archiv (28 Band, I Heft., p. 157), the author presents a report of a number of experiments made by himself on animals, with a review of similar experiments made from time to time by other observers. His results were far more satisfactory than those of his predecessors, which he attributes to the fact that their experiments were not confined solely to extirpation of the spleen, but included as well extirpation of the thyroid gland, and, in one of the cases, section of the left vagus nerve.

Zesas operated on six rabbits, all of which recovered rapidly from the operation; five of them were killed at times varying from one to seventeen weeks afterwards, and the post-mortem revealed no marked pathological change.

The author was able to find thirty cases reported of the operation performed on man, with the following results: In twenty cases there was prolapse of the organ, resultant upon penetrating wounds of the abdomen. All of these recovered. In seven cases the operation was performed, for the cure of diseased spleen; three times successfully. The remaining three cases are added to the report; one of them terminated, in all probability, favorably (Volney Howard, for hypertrophy following malarial disease); the other two fatally.

After mentioning the modes of operation, as advised and carried out by Shultze, Adelmann, and Pean, Zesas concludes his paper with a summary of the contraindications for the performance of the operation.

It should be carried out in cases of dislocation of the spleen, prolapsed spleens, which are irreducible or already gangrenous. It should not be carried out in cases of medullary carcinoma of the spleen, as it is generally secondary to like diseases of the liver and stomach. Echinococcus of the spleen must be treated by other methods (puncture, puncture with aspiration, etc., etc.) In scrofulous and tuberculous patients, and those having diseased spleens, as a result of malaria, cirrhosis of the liver, and fevers, all attempts at an operation must be desisted from, and the primary affections treated in the usual manner.
It may not be out of place to make mention here of two extirpations performed in California, which have escaped the observation of Dr. Zesas. They will increase the statistics of extirpation of the spleen, and are, besides, noteworthy, from the fact that in both cases the enlarged spleen was due to malarial disease. The first case was operated upon at St. Mary's Hospital, San Francisco, by Prof. L. C. Lane. The patient had suffered from malarial fever for a long time, and had an enormously enlarged spleen. The incision was made in the linea alba, and the spleen separated from its adhesions, which were very extensive and numerous, and excised. It became necessary to open the wound after closing it, in order to control hemorrhage, which had set in.

The patient sank rapidly; transfusion was resorted to, and he rallied for a short time, sinking again and dying shortly after the operation.

The second case is one performed by Dr. J. R. Simmons, of Sacramento. Patient had also been suffering from some malarial disease. All remedies, including injections of ergotin, had been tried, but proved of no avail, and it was resolved to remove the enlarged spleen. Incision made at edge of linea alba, and spleen extirpated. Measured 15½ in length and circumference, and weighed 7½ lbs. The patient died two and a half hours after the operation, from hemorrhage.

The Medical Times and Gazette of March 24, 1882, contains the report of another splenotomy performed by Howard. The patient was strong, and not anæmic; had never suffered from intermittent fever, presented no signs of leukæmia, except enlarged spleen. Incision in linea alba, great hemorrhage, stopped by ligature and pressure with sponges. Five hours after the operation, collapse and death. Simple hypertrophy of the spleen. Cause of death believed to be due to disturbance of coeliac plexus of sympathetic nerve.—Dr. J. F. Morse, in San Francisco Western Lancet.

The Progress of Surgery.—The remarkable advance that has been made in surgery in our day is well illustrated in the following passages from a recent lecture by Professor Von Nussbaum, of Munich: The great scholar, Phillip von Walther, asserted that it was an impos- sibility for any man to see the deeper parts of the eye. He founded this statement upon the fact that the eye is a "camera obscura;" it is like a chamber with one window, and this window, as seen from without, appears always black, and does not permit of the remote parts of the room being seen. No one disputed this statement of Walther; but scarcely was he laid in his grave when the ophthalmoscope was invented, and the deeper parts of the eye were explored with almost mathematical exactness. The first step was to reflect light into the eye by means of a mirror, then the silverying was removed from a small portion of the back of the mirror, and so, while the rays of light reflected from the mirror lit up the interior of the eye, the structures could be conveniently examined through the transparent part of the mirror.

Dieffenbach, the bold German operator, wrote, in 1842. It is unjustifiable to cut into the abdominal cavity in order to take out a diseased ovary. The organism will not tolerate such interference." Dieffenbach had been dead only a short time when ovariotomy produced splendid results in England; and now Keith performs fifty successive ovariotomies with only one death. A very modest calculation shows that through the ovariotomies successfully performed in England, France and Germany, more than 30,000 years of life have been spared to the human race.

A few decades since it was considered that wounds of the intestine were invariably fatal; no one dared to put in stitches. Now the intestine is drawn out of the abdominal cavity, diseased portions to the extent of several inches are removed and the healthy parts brought together. The bowel, carefully protected, is left outside the abdominal cavity for, perhaps, a few days, until it is soundly healed, and then it is returned into the abdomen. Thus it cannot now be affirmed with truth that wounds of the intestine are necessarily fatal.
It is not very long since a suggestion made by the surgeon Carl Theodore Merren, to remove cancer of the stomach was looked upon as "a beautiful dream of youth." However, Professor Czerny demonstrated practically, four years ago, that a person can continue to live after the whole stomach has been removed. He cut out the entire stomach and stitched the oesophagus to the intestine, and the digestive functions were carried on very well and the patient had good health.—The Naturalist's Leisure Hour.

Sounding the Ureters of the Female Bladder without Preparatory Operation.—Dr. Pawlick, Universitats Dozent, formerly an assistant of Dr. Carl Braun, read a paper recently, in Salzburg, upon this subject. He found that when a woman was placed in the knee elbow position, and the posterior vaginal wall was drawn upward, compressing the rectum by means of a Sims speculum, the trigonum vesicae and the entrance places of the ureters were plainly visible. It is then not difficult, with a specially designed catheter, to sound the ureters.

Dr. Pawlick demonstrated his proposition upon two women, whom he brought with him. He was able, in both cases, in a short time to sound the ureters with perfect safety.—Medical News.—Southern Clinic.

Oleoze, the German Mixture.—Oleoze, so great a favorite in disguising unpleasant remedies, and making most compounds pleasant to smell and taste, is as follows: One part each of the oils of lavender, cloves, cinnamon, of thyme, citron, mace, and orange flowers, three parts balsam of Peru, and 250 parts of spirits. It is not found in any English, French, or American work.—American Medical Weekly.—Western Medical Reporter.

Medical News.

It is said of Chiarè, now Professor of Pathology at Prague and thirty years of age, that he has made 8,000 post-mortem examinations.

Surgical outfits for railways. The Pennsylvania Railroad Company has purchases two thousand tin boxes containing a few simple surgical materials likely to be used in case of accident. The boxes are kept on the locomotives. Each one contains 1 rubber compress, 1 package of absorbent cotton, 6 rolls of bandages, 1 pyramid of pins. This outfit must always be kept up, and when anything is needed requisition should be made at once. With the box are the following simple directions, when an arm or leg is crushed, causing hemorrhage, pass compress around limb immediately below the injured part. In case of rupture, if a vein, tying it lightly until arrival of surgeon. The rupture of an artery can be distinguished by the color of the blood, which is red, and spurts out, while a vein has black blood and flows continuously. For wounds on the head or face, apply absorbent cotton, and bind with a bandage. The company deserves great credit for the humanity and forethought shown in the adoption of this scheme.—Med. Record.

Passing the Examination. "Well," said the narrator, putting down his empty glass, and filling it again with Madeira. "I was shown into the examination room." Large table, and a half-a-dozen old gentlemen at it. "Big-wigs, no doubt," thought I, "and sure as my name is Symonds, they will pluck me like a pigeon." "Well, sir, what do you know about the science of your profession?" asked the stout man in the chair. "More than he does of the practice. I will be bound," tittered a little wisp of a dandy—a west end ladies doctor. I trembled in my shoes. "Well, sir," continued the stout man, "what would you do if a man was brought to you during action with his arms and legs shot off? Now, sir, don't keep the board waiting! What would you do? Make haste!" "By Jove, sir!" I answered—a thought just striking me—"I should pitch him overboard, and go on to some one else I could be of more service to. "By ______! every one present burst out laughing; and they past me directly, sir, passed me directly!"
Original Department.

The Metric System: Must We Use it?

By Lorenzo Hale, M. D., Albany, N. Y.

I HAVE read with interest the remarks of R. A. Witthaus, M. D. He admits, of course, that the claim that the metric system is founded on nature, is false; that claim belongs more truly to the inch, or "thumb" as it is called in France, Spain, and some other countries.

But waiving that point, an intrinsic excellence is claimed by its friends, for the French decimal system, which is founded, not on nature, but on the length of a platinum bar in the mint at Paris. Can any one deny that a decimal system founded upon the British yard, even if it were no better, would at least be just as good?

If superior merit exists in the French system, and if in the days of French supremacy this system could be implanted even in the German Empire, were there then sufficient reasons for its rejection by John Quincy Adams, in 1817, or for the objections to the system urged by the heads of the different departments at Washington, in response to the questions from the House of Representatives, on Nov. 6, 1877?

The burden of the expressions given in answer to the questions of the House was as follows: The Secretary of State "is indisposed to recommend the obligatory use of the metrical system." The Secretary of the Navy said, "it would involve a total loss of all charts and chart plates now in use; disadvantage would be the result of the change." The Postmaster General said, "it is objectionable on account of the expense." The Secretary of War replied, through: First, the Inspector General, "that the change would be inexpedient, as involving a large outlay without any adequate results:"

Secondly, the Quartermaster General: "will infallibly cause mistakes and result in loss." In regard to making the metric system obligatory in transactions between individuals, "it would be looked upon by the people as an arbitrary and unjust interference." "The metric system is not a convenient one for common use," "the decimal system is one which our country applies admirably to money, but even here the government has been obliged, for the convenience of the people, to use half and quarter dollars and eagles. In the use of weights and measures, however there is not so great advantage in the decimal system." "Half a meter is no dimension." "If half a litre, of a delitre or a quarter, eighth or sixteenth of these quantities is provided for, then the metric decimal system is abandoned at once." "The meter is not commensurate with the inch, foot nor yard; all reductions are approximate only." "The unit is too
large and the numbers produced and used are tedious to write and beyond limits of ready apprehension. The ciphers and figures .00000073 convey no idea to a mind trained in the English and American system; yet such combinations are common in French works." "To alter all the machines, engines, etc., will be the work of years and cost millions of dollars." Thirdly, the Surgeon-General spoke of "the disastrous inconvenience resulting to the Medical Department of the Army from the measure in question." "It would be out of harmony with the English-speaking people." Fourthly, the Comissary of Subsistence—"the change when made will bring with it almost inextricable confusion and well nigh intolerable inconvenience."

In opposition to the words above quoted from the Secretary of the Navy, the metric system has been used in the U. S. Marine Hospital Service since 1877. And now, after five years continual use, its good deeds do not so shine before men as to cause its adoption in other departments.

The reasons for the failure of the metric system to obtain governmental approval, and the bar to its use by the Anglo-Saxon people, are, as was given in the Detroit CLINIC for Sept. 20: First, that under many circumstances a decimal division is unnatural and awkward, if not impracticable, and a repeated binary subdivision is really natural. And secondly, this French decimal system is founded on a basis which has no commensurate relations with any other system anywhere in use, and hence the terms of no other system can be accurately expressed in the metric system. This fact, which hinders the use of the metric system side by side with others, leads to the stand, taken by the friends of the French system, that all other weights and measures must by legislative enactment be stifled. It is against this hostility of the French metric system, which "seeks to change times and laws," that the Anglo-Saxon race rebels.

R. A. Witthaus, M. D., to show that similar inharmonious relations exist in current weights and measures, quotes the value of the troy ounce in terms of the avoirdupois ounce as 1.09714285714285, etc. But this lack of harmony is apparent only, and deceptive, for the relation of the troy ounce to the avoirdupois ounce, is exactly the relation of .480 grains to 437.5 grains; the relation of the troy grain to the avoirdupois grain is exactly the same; and the relation of the troy pound to the avoirdupois pound is expressed by the integral numbers 5760 and 7000, which are the numbers of troy grains in each pound.

On the other hand, integral numbers can never be used to express any of the relations between the metric system and other systems, but we have such "ugly decimals" as the value of the meter in feet, 3.280899+, or in inches, 39.37079+; etc., etc., ad nauseam if not ad infinitum.

The very same repeating decimal, used as an illustration by Dr. Witthaus, is an instance of the failure of decimals to express certain relations between integral numbers; and these relations are not such as are so rarely met as the one he has quoted, but are what we must use, nolens volens, every day. For example, 1-16 and 1-8 are decimally .0625 and .125; let anyone judge which form of expression makes most clear the ratio between dimensions. When we wish to express the common relation of 1 to 12, the inch to the foot, or the foot to the yard, 1 to 3, we seek what decimals cannot possibly do, the decimal approximation for 1-12 is .8333 ad infinitum; and for 1-3 is .333 ad infinitum; what would a workman do with a drawing or model where the directions consisted of such decimal figures? And yet, where we see this total failure of the decimal system, we see the relation between dimensions clearly and simply expressed by figures used other than decimally.

Coleman Sellers, M. E., in a paper on "The Metric System in Machine Shops," says: "Beautiful as is a decimal system in calculation, and we all use it save in mental arithmetic, it has been found advisable to avoid the use of decimals as far as possible on the drawings used in
our workshops, even in metric-using countries. A misplaced point is an error easy to make, and may cause no end of trouble and expense. I had hoped for gain in the drawing room from the use of metric scales; I expected to find more than in the machine shop; I have been disappointed in both." The extension of the French decimal systems "to time and infinite space, was given up as impracticable, long ago, and we are now asked to bear the shock of a mighty change to use this inconvenient system, this unhandy system often, for the sake of uniformity with some other peoples in the world." "Is it not better to continue to amend what we have, to encourage the uniformity so desirable, rather than to attempt to make all things new, but in no respect practically better, also ruinful a cost?"

As a step in amending weights and measures, Sir John Herschell has shown that the earth's polar axis (a straight line, and already in use as the astronomer's measuring rod), measures 500,000 British inches; and proposes that the 1,500,000,000th of the earth's axis should be called the geometrical inch; a geometrical foot is then twelve such geometrical inches; a geometrical half pint is a hundredth part of a geometrical cubic foot a geometrical ounce is one thousandth of the weight of a geometrical cubic foot of distilled water, just as now an avoirdupois ounce is one thousandth of the weight of a British cubic foot of water.

The argument of R. A. Witthaus, M. D., is the same as was used one hundred years ago—that a uniform system throughout the world is desirable. But the question is, shall that uniformity conform to the French standard, which has been "tried and found wanting," or to some better system coming from the Anglo-Saxon race?

**Book Notices.**

**A Treatise on the Physiological and Therapeutical Action of Sulphate of Quinine.** By Otis Frederick Manson, M. D., Professor of Physiology, etc., in the Medical College of Virginia. Philadelphia: J. B. Lippincott & Co. 1882. Detroit: John MacFarlane. Price, $1.00.

This interesting monograph of 164 pages is most complete. The author has studied carefully the physiological action of sulphate of quinia and has ascertained its effect in diseases of all kinds. He commences the book with a history of the drug and ends it by describing the mode of administration. It would be well if every valuable drug, as opium, iodide of potassium, etc., were treated of in a separate monograph. Our Materia Medica, that museum of absurd curiosities and worthless rubbish, should be thoroughly cleaned out and the least valuable remedies removed and placed on the second-class list. The physiological action of every valuable drug and its effect in disease should be determined. The exact dose necessary to bring on the physiological action should also be ascertained. At present we are at a loss to say which is the exact dose; one author, for instance, giving the dose of the extract of opium at grs. 1/2 to 1/2, and the other at grs. 1/2 to 2. We know not what amount of a drug is required to continue the physiological action and at what intervals it should be administered, yet this is of the utmost importance when we want to keep a patient under the influence of a remedy. The results of investigations as above, collected in a neat volume of not too many pages, would make a capital text-book for medical students. We doubt not that the reader will derive as much pleasure from the perusal of Professor Manson's book as we have had. It is a step in the right direction and gives evidence of patient study and much original research.

**Anaesthesia of the Pharynx.** —M. Du Cazal remarks that tincture of coca is an excellent medicament to cause anaesthesia of the pharynx. This can be secured by simply painting the mucous membrane. This fact is of interest to all who use the laryngoscope.—*L'Union Medicale.*


It is unnecessary to say anything as
regards the usefulness of this book, written by one of our most distinguished medical authors. One thing delights us with every one of Dr. Bartholow’s works. It is the clearness of expression that pervades them. The reader looks in vain for the bombastic language found in many books from other sources. If our subscriber thinks of getting a book on hypodermatic medication, this is certainly the best he can select.


Against the abolition of the duty on books: A publisher’s arguments.

Selections.

Vesico-Vaginal Fistula Cured by Position.—The following case came under my observation in Fluvanna county, Va., while associated with my father, Dr. R. J. Winn:

On the 23d of January, 1881, he was called to see Mary B., colored, aet. 18, suffering from incontinence of urine and extensive excoriation of the genitals therefrom, supervening upon the birth of a large still-born child, at full term, four days before.

She was not attended by any physician in this, her first confinement; consequently the history of the labor must necessarily be meagre. The fact was obtained from the mother, however, that the labor was tedious, lasting 48 hours. (Her mother is a monthly nurse, and was the officiating accoucheur). Whether her statements be correct or not, this much was plainly evident, viz., a vesico-vaginal fistula detected, both by digital and speculum examination.

The patient was informed of the ultimate necessity of an operation after involution had occurred, and she had obtained some relief from the scalding urine. As a means of affording temporary relief from the trouble, she was placed in the genu-pectoral position with instructions to remain thus as long as consistent with comfort, thus enabling the urine to collect in the fundus of the bladder. No catheter was introduced, but she was directed to change her position at intervals of three or four hours, and let the contents of the viscus pass away.

A moderately strong solution of bi-carbonate of soda was ordered to be given as a vaginal enema immediately after each urination, as also a vaginal enema of carbolic acid solution, three times daily.

With these general directions she was left with instructions that her father must report in eight or ten days, reporting the progress of the case. Failing to receive any tidings of the case, a verbal request was sent to know why such report had not been made. Whereupon, on the 12th day of February (just twenty days from beginning of treatment), he reported that his daughter was well.

To satisfy ourselves of the truth of the old man’s statement, we made a special visit on the 14th of February, and to our gratification and no little surprise, we found a firm, smooth cicatrix taking the place of the fistula, which three weeks before, gave every indication for the necessity of surgical aid.

No claim is made here for originality, for similar results have been obtained in the hands of other practitioners. Yet the facts named prove the value of position in the management of vesico-vaginal fistula, of recent origin, and warrant its fair trial before resorting to the usual operations.—Dr. J. F. Winn, in the Virginia Medical Monthly.

Circumcision—Death. — Mr. F. H. Weekes reports the following case in the Lancet. A young man, aet. 17, was admitted to the hospital with double inguinal suppuring buboes. There was also phimosis of an elongated prepuce, apparently due to the presence of three or four sores at the junction of skin and mucous membrane. General health good. Circumcision was performed in such a manner as to remove all sore places. This exposed a healthy glans, and a urethra free from inflammation. After the operation the patient was com-
fortable for four days. The temperature did not rise above 98.5°. The wound healed for the most part by granulation, and there was scarcely any swelling of the penis. On the morning of the fifth day the temperature was 99.5°, and in the evening the patient was chilly and had a temperature of 105.4°; on the following morning the temperature was 105.4°; pulse 120, weak; respiration 30. He had been delirious during the night. The penis was slightly swollen and covered with a red blush; but this color faded gradually away, and had no definite margin. The posterior lower two-thirds of the left lung were dull on percussion, and in that region could be heard tubular breathing and broncophony. In the evening the temperature was 104.5°, although during the afternoon two five-grain doses of quinine had been given. The next morning temperature was 104.5°; pulse 150; respiration 30. He had not been sick, but had taken very little food. There was a dry, brown tongue, and involuntary passage of faeces. During the afternoon the patient became weaker and died.—Amer. Med. Digest.

Elephantiasis of the Vulva.—The following interesting case, which occurred in the Goculdas Teypal Hospital, has been recorded in the Lancet:—A Hindoo woman, æt. 30 years, presented a most unsightly elephantoid tumor in the left labium, which extended downward into the perineum. In the right labium there was a smaller tumor, about the size of an orange, and unconnected with the first. The incision to remove the tumor on the left side extended from the mons veneris to the end of the perineum, and was carried on the inner side through the mucous membrane on the inner surface of the labium. The incision on the outer side extended to the left groin and margin of the thigh; and when the mass, which weighed about five pounds, was removed, a most unsightly gaping wound was left. There was very little hemorrhage, and slight torsion was found sufficient to arrest that in the three small vessels severed. The smaller tumor on the right was now removed, and the edges of the wound were brought together without any trouble. To effect healing of the first wound the legs had to be brought together and the thighs tied firmly by a broad bandage. Three or four wire sutures were put in, by which the mucous membrane of the vagina and the outer integument were connected. This position, however, was more relied on to assist the healing process than anything else, and she was so kept, with the legs tied together, for over three weeks. It was most remarkable how the parts began to assume their natural shape as the healing process went on. The surface had altogether healed over five weeks after the operation, when the patient was removed by her husband.—Med. and Surg. Reporter.

Midwifery in the Sandwich Islands.—The British Medical Journal has a letter on this subject, from Honolulu, describing the modus operandi of the Hawaiian midwife:—“The midwives here are for the most part men—usually old men. When the woman’s time draws near and labor commences she is placed sitting on a man’s knees with her back to him. He then clinches his hands over her abdomen, and with all his strength hugs the woman to him, until the child is actually forced into the world, falling to the floor between the operator’s feet. The umbilical cord is then cut, and always left very long. Then the woman is placed upon her feet, and the midwife takes her tongue and draws it steadily until she gulps, or retches, this action causing the prompt ejection of the afterbirth. After this she goes and flounders about in the sea, and returns to land ready for such domestic duties as may fall to her lot or inclination. Native children are, as may be inferred from the way in which they are introduced to existence, very easily born but should the baby stick at all, or make any bother about being born, then the mother knows it is going to be half white, as this latter kind of baby is so
much bigger in the forehead. It is a wise child that knows its own father in this country. So well recognized is this fact that natives never ask, "Who is your father?" but only, "Who is your mother?" when they desire any acquaintance with one another's genealogy."—Phila. Med. and Surg. Reporter.

**Attempt at Suicide.**—Dr. S. B. Ward read a report before the Medical Society of the county of Albany, of a case of serious but unsuccessful attempt at suicide.

T. B.,æ. 38, inmate of the Penitentiary, on 30 years sentence for counterfeiting, on July 10, with suicidal intent, cut his abdomen, tried to divide the right carotid and then severed the left brachial artery an inch above the elbow. He did this in his cell at night, and was not discovered till next morning. Dr. H. R. Haskins, surgeon to the penitentiary, found him exsanguinated to the last degree with no pulse at the left wrist and very little at the right. There was a wound one and one-quarter inches long over the left brachial, but the artery was not in sight; one in the abdomen seven inches long, extending from a little to the left of the umbilicus to the ensiform cartilage, through which protruded the stomach, large and small intestines with omentum, which was gashed in several places, and a distinct amount of fecal matter was on the skin, the viscera having been further cut after protrusion. The intestines were cold and dry, somewhat adherent and had fuzz from the blanket sticking to them. Being apparently moribund, the parts were wiped with a dry handkerchief and after an hour returned, immediate attempt causing hiccough and severe pain, and the wound closed with eight sutures, not through the peritoneum, broad bands of plaster being applied around the trunk. The other wounds, bleeding having ceased, were brought together with plaster only. He was kept steadily under the influence of morphia, and after forty-eight hours was removed to the prison hospital. For four days he did not raise his head or move hand or foot. At the end of that time sutures were removed, the wounds having nearly healed by first intention, about an inch of the abdominal wound being still open, but healed at the bottom when I saw him July 27, by the kindness of Dr. Haskins, who gave me permission to use the history of the case. This has gradually filled by granulation. He had had very little pain and no evidence of peritonitis at any time. The tongue has been clean, the pulse always below 100, and the temperature never notably above normal. Morphia was discontinued on the eleventh day, and the bowels moved voluntarily on the fourteenth. A firm subcutaneous mass occupies the place of the brachial artery, where it is wounded, two inches above pulsation being felt. Pulsation is perfectly plain in the left radial, showing that collateral circulation is established. He was returned to duty Nov. 1.

The knife used was one he had made from the steel spring which goes in the shank of a lady's gaiter, its blade 3/8 of an inch wide, two inches long, thin, pointed and well ground. Suicide was probably attempted under an insane delusion.

Death would probably occur in such a case from hemorrhage, shock or peritonitis. The completeness of division of the brachial, with a possible bending of the elbow, checked the hemorrhage probably; the warmth of the weather, with the covering by the blanket, prevented shock from cold; as to peritonitis, the intestinal wounds being inflicted after protrusion, no fecal matter probably entered the peritoneum, and from long exposure all oozing had ceased before their return, the wounds also probably being already closed by exudation begun, but the greatest factor in preventing peritonitis was the copious bleeding.—Medical Annals.

**Parturition Complicated with Whooping-Cough and Pleurisy.**—In the Edinburgh Medical Journal, Dr. Wm. J. Beatty reports the case of a woman who, being pregnant, contracted whooping-cough from her children, three weeks prior to her expected confinement. On the night be-
before labor commenced she was seized with pleurisy. As soon as delivery was effect ed, she commenced to improve, and was entirely well eleven days after confinement. The doctor, in conclusion, says: "This caused me much anxiety, as the complications were really very formidable, and I confess I was rather surprised to find my patient recover so rapidly. Perhaps the pleurisy was cut short by the usual "loss" after child-birth, and, if so, are we right in not bleeding our patients in inflammation of the lungs or their serous envelope? Strange, too, that she lost her whoop."—Medical and Surgical Reporter.

Peculiarities of Disease in Egypt.—The Lancet, in commenting upon the peculiarities of diseases noticed in Egypt by Baron Larrey during Napoleon's campaigns, 1798-1801, says: Another interesting observation of Larrey's is the occurrence of atrophy of the testicles in many of the soldiers of the army of Egypt, in the year 1799, who noticed, after their return to France, a gradual, painless wasting of these glands, accompanied, when both glands were involved, by the loss of all sexual desire and power. This occurred quite apart from any previous venereal disease. In most cases only one testicle was affected. This atrophy was accompanied by other signs of disease—wasting and debility of the lower limbs, failure of digestive power, discoloration of the face, thinning of the beard, and intellectual derangement. Larrey attributes the atrophy to the effects of great heat combined with fatigue and privations, and especially to the use of eau de vie, prepared from dates, to which the fruits of solanacea were added. When the atrophy was only commencing it might be prevented by vapor baths, dry frictions, stomachics, and good food. In regard to syphilis, he states that he found the disease to be mild and very easily cured in Egypt, but all forms of inunction were harmful, and if patients returned to France with the disease still uncured, it became very intractable. He observed, with interest, that although dogs abounded in the Egyptian cities, there was no hydrophobia among them. Camels, however, suffered from a form of madness during the time of rut, and bites from them in this state were dangerous, but the disease was not contagious. The symptoms were the escape of an abundant thick saliva, constant bellowing, horror of water, wasting, fever, falling of the hair, and bad temper, which showed itself by their pursuing men and other animals. If excited, the symptoms increased, and often ended fatally. Horses were subject to ophthalmia, like the men, but this could be prevented by shutting up the stables during the cold, damp nights.—Med. and Surg. Reporter.

Treatment of Burns.—Dr. A. H. Buickmeister, ambulance surgeon, Brooklyn, L. I., furnishes us with the following as the treatment he uses in burns. He says:

After trying the various dressings for burns in vogue and all of them proving unsatisfactory, the following, improvised by the writer, has proved efficacious: To equal parts of linseed oil and water to which lime has been added (making it about three times the strength of the aqua calcis) there is placed enough sodium bicarbonate to make a thick pasty mass (in severe cases morphia may be added); this mass is applied with loose bandages in the usual way. This dressing has all the advantages of the sodium bicarb, alone, and does not adhere to the skin. Dr. Brown, House Surgeon to the Long Island College Hospital, states that cases brought to him with this dressing gave very good results.—American Medical Digest.

Hysteria.—The Medical Press and Circular says that a young girl, aged 20, was found one night by the police in an insensible state, lying on one of the benches of the boulevards in Paris. She was removed to the hospital, where she lay for several days in a sort of a stupor, taking no nourishment and paying no attention to anything around her. Before waking out of her lethargy she gave birth, unconsciously, as she afterwards
affirmed, to a child. Pins and needles were thrust through her legs and arms, but she gave no signs of sensation. All conceivable efforts to rouse her failed. When finally she roused up, she said that she did not remember anything that had occurred, and was surprised to find herself in the hospital, as she was alone in Paris, her parents residing in the country. The daily papers were much excited, and called her the "fasting girl," but the verdict will not fail to be hysteria.—Med. and Surg. Jour.

Dr. Robson, of England, has invented an apparatus designed to supercede the carbolic acid spray apparatus. It is described as follows: A bellows forces air through a cylinder containing cotton wool, which renders the air aseptic; it is then passed through a cylinder containing pumice stone, over which about an ounce of eucalyptol has been poured. The air emerges loaded with antiseptic particles, which destroy all germs that may be floating in the atmosphere of the room where an operation is being performed. During an operation the antiseptic current of air is directed against the wound with gentle force. From experiments he has demonstrated that atmospheric air so treated will render a wound aseptic. So far as known no evil effects follow the use of eucalyptol as described and for this reason he urges the substitution of this agent for carbolic acid spray. As the air rendered antiseptic can be heated if necessary, chilling of the patient is avoided and the liability to collapse after such operation as ovariotomy very much lessened.—Northwestern Lancet.

Prognosis in Diabetes.—Dr. R. Schmitz, of Neuenaler, in Wiener Med. Woch., discusses six hundred cases of diabetes treated for the most part dietetically. He says the question of prognosis is determined by (1) the earliness of the discovery and treatment of the complaint; (2) the strictness with which the anti-diabetic regimen is observed; (3) the etiological factors; (4) the age of the patient; (5) the degree of immunity the patient enjoys when he chances to use sugar-breeding food. In early cases the prognosis is favorable, Diabetes depending on central nervous lesions or on grave chronic affections is serious; depending on worry, pain and grief, or on over use of sugary food, it is less so. Gouty diabetes has the best prognosis. After the age of thirty the prognosis grows steadily worse. It is bad if sugar persists on an exclusive diet of fish and flesh. It is decidedly favorable if eggs, salads, and mild cheese can be taken without breeding sugar, which only reappears when fruits, starchy roots, starch or cane-sugar are taken.—Lond. Pract., Louisville Med. News.

Medical News.

Good-bye to the Doctor.—Bouvart, on entering one morning the chamber of a French marquis, whom he had attended through a very dangerous illness, was accosted by his noble patient in the following terms: "Good day, Mr. Bouvart; I feel quite in spirits and think my fever has left me." "I am sure it has," replied Bouvart, dryly. "The very first expression you used convinces me of it." "Pray, explain yourself." "Nothing is easier. In the first days of your illness, when your life was in danger, I was your dearest friend; as you began to get better, I was your good Bouvart; and now I am Mr. Bouvart. Depend upon it, you are quite recovered."

Midwifery.—Sir James Simpson is another instance of a man who might have taken inter in adversum as his motto. He was one of the poorest of poor students who flock to a Scottish university. There is a pretty village called Inverkip on the Frith of Clyde, near which is Sir Michael Shaw Stewart's great place. He applied for the office of village surgeon, but, not having any local influence, the appointment was refused him. Sir James used to say that he felt a deeper amount of chagrin and disappointment from this circumstance than from any other event in his life.
Propylamine in Chorea.

By J. H. Carstens, M. D.

The exact pathological changes found in chorea not being known in all cases, or rather each case having a pathology and cause of its own, the result is that the treatment varies, that many divers remedies have been used with more or less success. I have seen cases caused by malaria and cured by quinine; cases caused by nicotinism and cured by appropriate treatment. In many cases we cannot find the cause, do not know the pathological changes which cause the symptoms and consequently must treat them empirically in fact try one remedy and then another until we strike the right one. In most of the cases where we do not know what morbid changes have taken place, I have been able to cure by the use of arsenic and zinc.

Two years ago a girl 13 years old, Lizzie I., had an attack of chorea, which I cured with the above remedies. A second attack in February did not yield and after trying other remedies also, I thought I would try propylamine, about which I read in some medical journals, and I am sorry I forgot where, and who recommended it. The result was most gratifying; the girl was soon cured.

Jos. E., æt. 11, was taken with an attack of chorea 18 months ago. He dreamt one night that a dog was chasing a mouse and both ran down his throat, the fright brought on the attack as he had well marked chorea the next morning. He was treated for six months by various physicians without avail and then the disease gradually disappeared without treatment. In January 1882, was suddenly taken with a second attack, which continued till April and was not treated at all. In the latter month he was brought to me and subjected to treatment. Various remedies were tried, arsenic, zinc, strychnine, iron, etc., but he did not improve. I then put him on propylamine as follows:

B. Propylamine, 3 j
Aqua menthe piperitse, 5 jss
Syripi simplicis, 5 ss.

M. Teaspoonful three times a day.

He began to improve immediately and in two weeks was about well, but I made him continue to take the above remedy once a day for four weeks longer. He is now well and attends school. I could report more cases but this is sufficient to again call attention to the remedy. The rheumatic diathesis is found in some cases of chorea, and perhaps that may account for the cure of some cases by propylamine.
A Walk Through Wood's Medical Museum, New York City.

By Hugo Brichsen, M. D., Detroit, Mich.

APPEARING on the threshold of the Bellevue Hospital and expressing to one of the men in the hall my intention of seeing the museum, I was ushered into the Superintendent's room. There the cerberus of the museum, i.e., the Superintendent, issued me, after due delay, a card of permit, and with this in my hand, I wended my way slowly to the monument of one of America's greatest surgeons. The exterior of the building, which is situated on the hospital grounds, is naught but pretty, and nothing would indicate the presence of a repository of anatomical and surgical specimens, were it not for the inscription above the door, "Wood's Medical Museum," founded by the late Prof. J. R. Wood, M. D.

We enter. A steep flight of stairs brings us to a collection of admirable evidence of anatomical art. There are full-sized bodies, showing every artery and vein of the human corpus; preparations of special parts, as, for instance, an excellent one of the arteries of the brain, and other specimens of value. One interested me particularly; it showing the course taken by an inguinal hernia. Then we come to a number of bones reproduced from periosteum, after their predecessors had been resected. The janitor chuckled with delight as he handed me a lower maxillary bone, which had been reproduced, and remarked with considerable pride that Professor Langenbeck, of Berlin, had sent for the specimen. Next we turn a corner, and lo! had we been ladies, we would have had no doubt a so-called fainting spell, or a fit of hysteria; but we are doctors, and fear the devil not. We view with pleasure the two mummies that stand erect leaned against the wall. They are fine specimens, better ones than I saw in the Egyptian hall of the old museum at Berlin. These two representatives (man and woman) of antiquity are, however, not Egyptian, but came, if I am informed correctly, from South America, whether from the banks of the Amazon, the moun-

tains of Peru, or the beautiful valleys of Chili, no one knows. In a glass case, of which there are many in the room, we see pieces of tattooed skin, a ship in full rigging, and Columbia with the Star-Spangled Banner. We cannot but think that this was taken from the fleshy arm of a patriotic sailor, who, after a stormy life, came to rest in Bellevue Hospital. In a niche stands the huge bust of a hydrocephalus, and a little further on another of a man with a gigantic tumor. You can read in his face the suffering which he had to endure for many a year before death relieved him. As we stroll along, we notice the usual amount of necrosed bones, fractured skulls, and monstrosities, to be found in every medical museum in the world. We ascend a stairs and stand before a row of skulls, many of them apparently sustaining the Darwinian theory.

Again we are below, and now come to notice a splendid array of wax casts, illustrative of skin diseases. If one wants to study dermatology, I should advise him to take a manual on the subject, sit before this fine collection and compare the disease as represented by the cast with the description given in his book. Here he finds as good an illustration of leprosy as he does of erythema. If he does not learn dermatology with these excellent casts before him, and the study of the subject in the hospitals of the metropolis, he may just as well quit the business, as all labor would be lost.

After we have seen several interesting tumors and a kidney with renal calculi in situ, our attention is riveted by the head of a monstrosity in alcohol. It is a cyclops, having one eye in the centre of the forehead and the ears on each side of the mouth. Had we read the report of this case in a medical journal, we would have smiled sublimely and called it a trifle untrue; but, having it here before our very eyes, we cannot but believe. At the head of the stairs there is a large chart, giving the date of the first ligation of the various arteries, many of which were performed by New York surgeons.

As we stand in the doorway of the
museum, we hear the hospital clock strike two, and find, to our surprise, that we gave our eyes a feast of two and one-half hours, but we leave the place with the inmost satisfaction that the time was not ill-spent.

**Book Notices.**


This book comes from the pen of an ardent lover of the work in which he has been engaged for a number of years. Dr. Stowell is well calculated for the authorship of the work before us; opportune advantages have been placed in his way for the investigation of histology and microscopy in their relations to the practice of medicine.

The work is divided into three parts, part first being devoted to the microscope and its appurtenances; reagents to be used, and the method of cutting, mounting and injecting of specimens; how to examine blood, epithelium, excreta, muscle, urinary deposits, parasitic diseases of the skin, tumors, starch and the staining of blood. Part second treats of the characteristics of wheat and other cereals. Also a series of articles upon medicinal plants (the work of Mrs. Stowell), a number of which are among the more noted of our new remedies. The last part gives some very valuable hints on the mounting and preparing of microscopic objects, by W. H. Wamsley, of Philadelphia.

The illustrations are plentiful, mostly new, and of a fine order, especially those on "Urinary Deposits." The typographical appearance of the work reflects credit on the publisher.

*Proceedings of the Ninth Annual Meeting (1882), of the Oregon State Medical Society.*

Through the courtesy of its secretary Dr. E. P. Fraser, of Portland, we are in possession of a copy of the transactions of the above society. Although the volume is quite small, it contains much of value. We are sorry that lack of space prevents us of giving a synopsis of its contents.

*Collections of Clinical Lectures.* Edited by Richard Volkmann and published by Breitkopf and Härtel of Leipzig, Germany. Nos. 219 to 221.

**No. 219. Drainage in Peritoneal Operations.** By A. Martin.

In this interesting lecture, Prof. Martin comes to the conclusion that the absorbing power of the peritoneum is great and that it does not become irritated by foreign bodies as long as they are non-septic and that foreign bodies not absorbable become encapsed and remain so for indefinite time. Whenever drainage becomes necessary, he prefers that into the vagina.

**No. 220. On Resection of the Pylorus.** By L. Rydygier.

This is an excellent résumé of all the resections so far performed. From it, we learn that the first operation was performed by Pécan, of Paris, the second by Rydygier and the third by Billroth. The latter was the first successful one. He gives a record of twenty-three resections of the pylorus, speaks of the experiments made on animals, prior to the operation on man, which again shows the value of vivisection and then describes the anatomical relations of the stomach and the operation itself.

**No. 221. Modern Surgery.** By R. Volkmann.

This is a lecture delivered before the International Medical Congress at London, in 1881. It describes the rapid progress made by the surgery of our day, and shows the value of antisepsis, confirming mainly the observations of Nussbaum.

**Selections.**

*The Influence of Sexual Excitement on Wounds.*—In a paper recently published in the Lyon Médical, M. Pontcet draws attention to the evil effects of sexual intercourse when indulged in during convalescence from injuries, opera-
tions, etc., and suggests that this may be a not very unfrequent, though unrecog-
nized, cause of some of the mishaps and complications that occur in private prac-
tice. The sexual act produces a certain amount of shock, which, M. Poncet
thinks, may be placed side by side with traumatic shock, and which leaves the
patient for a certain time after the in-
dulgence in a condition of "least resis-
tance," during which he is especially sus-
cceptible to morbid influences. With re-
gard to the impression produced even in health by the act of coitus, some ther-
mometrical experiments undertaken by
an interne of the Lyons Hospital are
quoted. A thermometer placed in the
rectum was carefully observed on nine
occasions, and it was found that the
temperature was always from five-tenths
to six-tenths of a degree centigrade
(nearly 1° Fahr.) lower just after than
before coitus. During the act, the tem-
perature rose slightly above normal.
In illustration of his views, M. Poncet
gives notes of seven cases, observed in
his own practice, where complications
were ascertained to have followed coitus.
Four of these patients had lesions of the
hand or finger, and all were doing well
up to the time of sexual indulgence,
which was quickly followed by pain and
swelling of the injured part in one case,
and in three others by inflammation of
the lymphatics, which went on to sup-
putation in two. In another case, chronic
tetanus was attributed to the disturbing
effects of coitus, and in yet
another the non-union of a fracture. In
the latter case, union took place when
the man was removed from his mistress,
who had been nursing him. In the
seventh case, pyaemia and death are re-
ferred to a similar cause. The patient
had undergone amputation of the thigh
for an injury, and was in the country
away from any known septic influences.
The wound was healthy and granulating,
when on the eighteenth day after the
operation, he had intercourse. Rigors
followed quickly and death occurred five
days later. A somewhat similar case is
mentioned by Ollier. Although these
cases are all surgical, M. Poncet also
refers to the adverse influence of sexual
excitement in some other diseases—notably diabetes and gout.—Obstet. Gazette.

EFFECTS OF SMOKING ON THE HEART.—
Cases of intermittent pulse have often
been observed, in which the cause was unquestionably the use of tobacco, the diffi-
culty disappearing in almost every instance where the habit was abandoned. The
Sanitary News, under the head of "Danger Signals," presents the following inter-
esting facts on this subject:

"Some years ago M. Decaisne drew at-
tention to the fact that tobacco-smok-
ing often causes an intermittent pulse.
Out of eighty-one great smokers examined,
twenty-three presented an intermittent
pulse, independent of any cardiac lesion.
This intermittency disappeared when the
habit of smoking was abandoned. He
also studied the effects of smoking on
children from nine to fifteen years of age,
and found that it undoubtedly caused pal-
pitation, intermittent pulse, and chloroan-
æmia. The children, furthermore, became
dull, lazy, and predisposed to alcoholic
drinks. Recently he reported to the societé
d' hygiene (Gazette Obstettricale) the re-
sults of his observations on the effects of
smoking on women. Since 1865 he has
met with and observed forty-three female
smokers. Most of them suffered from dis-
turbances of menstruation and digestion,
and eight presented very marked inter-
mittency of the pulse without any lesion
of the heart. He gave detailed accounts
of these eight cases, in which all treat-
ment directed against the intermittency
proved utterly useless, while the suppres-
sion of tobacco was invariably followed
by improvement and very often by com-
plete disappearance of the phenomenon."—
San Francisco Western Lancet.

PROSTATIC OBSTRUCTIONS.—Dr. Regi-
nald Harrison recently read a paper be-
fore the Medical Society of London, in
which he advocated the wisdom of early
treatment of prostatic obstruction. He be-
lieves that at least 33 per cent. of the men
who pass 55 years of age, sooner or later,
have enlargement of the prostate. He de-
preciated the idea of waiting until the pro-
state became so large as to interfere with
the passage of urine. He denied the gener-
ally taught idea that this gland is so very
sensitive and so resents mechanical inter-
fERENCE; it will bear as much manipulation
without resultant evil as any part of the
body. He uses gum-elastic instruments,
two to four inches longer in the stem than
usual, with an expanded portion an inch
from the tip, which was made to enter
the bladder. Thus the prostatic urethra
is subjected to stretching, both upon the
introduction and the withdrawal of the
instrument. If this dilation is not carried out
too rapidly no irritation will ensue. He
closed his remarks by urging, strongly, this
early treatment, which when properly and
carefully carried out, will do much to pre-
vent subsequent very serious trouble.—
Amer. Med. Digest.

CORPUS LUTEUM.—Before a recent
meeting of the Obstetrical Society of
London (Brit'ish Medical Journal), a paper
on the above subject was read. Two
cases were described. The first was that
of a prostitute, æt. 21, who died from
prussic acid poisoning. In her ovary
a fully ripe corpus luteum was found,
although she was neither pregnant nor
menstruating. The difference between
the corpus luteum of pregnancy and that
of menstruation was usually ascribed to
the increased amount of nourishment re-
ceived by the follicle in the pregnant
state. In this case he thought that pros-
titution was probably the cause of the in-
creased nutrition and development of the
follicle.

The second case was that of a woman,
æt. 41, who died from gangrene of a
uterine fibro-myoma. The ovary con-
tained a true corpus luteum, and in
other respects resembled the ovary of a
pregnant woman. In this case he thought
the increased determination of blood to
the part, in consequence of the fibroid,
was the explanation of the size of the
corpus luteum.

The president said that it was im-
portant to have the view confirmed that

a corpus luteum, having all the charac-
ters of that met with in pregnancy, oc-
curred in women who were neither preg-
nant nor menstruating. He had seen
such a corpus luteum in an aged woman,
who was believed to be salacious, and
he had dissected cases of pregnancy with
complete absence of corpus luteum.—New
England Medical Monthly.

USE OF CONDUM IN GONORRHOEA.—
Several years since, one of my patients,
suffering with gonorrhœa, complained to
me of the annoyance caused by the rags,
etc., worn around the glans penis to keep
his clothing free from the discharge. He
asked me if I could not recommend some
other mode of cleanliness that would not
be open to the objections that accompany
the tying of rags around the part. The
idea of using a condum immediately sug-
gested itself to me, and I advised its use.
At his next visit he expressed himself as
being very much pleased with the treat-
ment. Since that time I have frequently
prescribed the same thing for other
patients, much to their satisfaction. My
plan is to cover the glans with a thin
layer of disinfectant cotton, and then
draw the condum over it. By this means
undue pressure is avoided, perfect clean-
liness obtained, and the movements of
the limbs are not interfered with, as
would be the case with a cumbersome
bandage.—Dr. C. H. Chalkley, in Sou-
thern Clinic.

TO BE COpIEd INTO THE PRACTITIONER'S
Note-Book.—Inhalation of five to ten
drops of amyl nitrate will break up the
chill of malarial fever; so will the hypo-
dermic injection of one-sixth of a grain
of muriate of pilocarpine. It is said that
twenty drops of oil of turpentine will con-
trol the diarrhœa of typhoid fever. Two
to five drops of wine of ipecacuanha three
times a day will, in the majority of cases,
check the vomiting of pregnancy.—Inde-
pendent Practitioner.—Canada Lancet.

INFLAMMATION OF THE CIRCUM ANAL
GLANDS.—While operating for piles lately
at Soho Square Hospital, Mr. Reeve took
the opportunity of demonstrating to the
visitors present an affection of the cir-
cum-anal glands, which is sometimes mis-
taken for fistula. These glands become
the seat of inflammation, and get over-
distended. A probe introduced through
the small orifice shows that the cavity
burrows for about half an inch in various
directions. The best treatment is to slit
them up and then touch the exposed sur-
face with nitrate of silver. Curiously this
small source of irritation is not described
in any of the books on surgery.—New
Journal.

Dr. H. H. Curtis, of New York, in an
article in the Medical Record, recom-
mends a treatment formerly recommend-
ed by Galen for pulmonary hemorrhage.
He applies cords about the extremities to
lessen the amount of blood going to the
lungs, and finds that relief follows in
every case. The cords are to be gradu-
ally loosened after the bleeding has
ceased.—Northwestern Lancet.

Poisonous Bullets.—The Medical
Press and Circular says that M. Gros, of
Paris, with regard to the complaints
which were made of the use of poisoned
bullets, explains that the construction of
the modern breech-loading arms causes
the bullet to convey with it a portion of
the hydrocyanic acid which the explosion
of the powder has caused to be accumu-
lated in the barrel. Even if poisoning to
a mortal extent does not take place, it is
remarked that the healing of wounds is
materially retarded by this circumstance.

Medical News.

The medical faculty of McGill College,
Montreal, celebrated the opening of its
fiftieth session on the 4th and 5th of last
month.

The American Public Health Associa-
tion will hold its next annual meeting in
Detroit.

Dr. J. J. Woodward, of the U. S.
Army, has returned from Europe. Un-
fortunately, his health has not been im-
proved by the trip.

DEAD.—Prof. L. Concato, of Turin,
and Professor Hildebrandt of Königs-
berg.

Prof. Oliver Wendell Holmes has re-
signed his professorship of anatomy in
Harvard University, which he has held
for nearly half a century. The evening
of his life will be devoted to literature.

Dr. C. A. Owen reports a case in the
Lancet of strangulated femoral (right)
hernia in a female, eighty-five years of
age. The stricture was relieved by him
and the bowel returned into the abdomi-
nal cavity, after strangulation had ex-
isted for five days.

The many friends of Dr. E. W. Jenks
(formerly of Detroit, and now of Chicago),
throughout this vicinity no doubt will be
pleased to hear of the success that has
already attended his venture in estab-
lishing a private institution (Springbrook)
at Geneva, Illinois, for the treatment of
surgical diseases of women. Since its
opening, July 1st, 1882, applications for
treatment have been so numerous that
its immediate enlargement has become
necessary.

Atropin for Dribbling from the
Mouth.—Dr. G. F. Yeo says, in the
Lancet, that often, in cases of paralysis,
and sometimes in fracture of the skull,
dribbling from the mouth is a most dis-
tressing symptom; it saturates the pillow
and robs the poor patient of much needed
sleep. A little atropin injected under the
skin in the neighborhood of the gland
checks for hours the flow of saliva and
enables the sufferer to enjoy a quiet
sleep.—Medical and Surgical Reporter.

Treatment of Tape-Worm.—Dr. Ber-
enger-Feraud (Bulletin Générale de Thera-
peutique, translated in the Medical Times)
communicates the results of the various
kinds of treatment for the removal of the tape worm. Spirits of turpen-
tine, male fern, pumpkin seed, kooso, pomegranate root bark, and pelletierine tannate. This last he con-
siders the most powerful of all agents, as complete success was obtained in forty-
six per cent. of the cases. As soon as proof of the presence of the intruder is obtained, the patient is put upon milk and bread for the next two meals. On the next morning before rising an infusion of ten grammes of senna leaves in one hundred grammes of water sweetened with thirty grammes of syrup of orange peel is administered. An hour later the patient takes half the dose of pelletierine diffused in twice its weight of water. The patient should lie still with closed eyes to prevent nausea and vomiting. Half an hour later the rest of the drug is given. After another half hour thirty or forty grammes of castor oil are given. Should there be no stool an hour afterward purgative enemata are given. Success in this treatment appears to lie in the rapidity of the purgation.—Chicago Med. Review.

Therapeutics of Tetanus.—Dr. James R. Wallace furnishes in the Lancet sta-
tistics of tetanus in the Medical College Hospital at Calcutta, from which we note that after revising the notes in forty-six of the cases in which recovery took place, he fails to find one in which success can be attributed to any single remedy, or any individual plan of treatment, though in most of them chloral and cannabis indica were more largely used than other drugs. The practice in which surgical operations were performed for the relief of the sufferer, has been attended with most unfavorable results. In two cases the sciatic nerve was stretched for tetanus arising from wounds of the foot; in one instance the median was subjected to the same operation, for disease originating in a comminuted fracture of the thumb, and in neither of these cases did abatement of the spasms or other improvement in the patient's condition attend the procedure. Amputation of the hand in two cases, of the forearm in three, and of the leg in two, was resorted to without effect. And he concludes that if any drugs are to be relied on, favor is decidedly on the side of chloral, opium in the form of morphia, and opium smoking.—Medical and Surgical Reporter.

Novel Gynecological Practice.—Pessary in the Rectum.—Reported by Dr. H. L. Turney in the Nashville Medi-
cal and Surgical Journal:

On Friday night, August 25th, I got a note from a lady stating that on Monday, August 21st, her "physician" (who was a homœopath) had introduced a pessary to overcome a retroverted uterus and that she was suffering from it, and believed that it had fallen in among her bowels, and for me to send her word what to do. I sent her word to remove it at once and to be quiet until her physician arrived. After a few hours I was rang up again and informed that the lady desired me to visit her. When I entered her room she informed me that the pessary was not in the vagina, but that she believed that it was "in her bowels." I was incredulous as to the last, and told her to be quiet, and that I would find it, but I failed to find it in the vagina, but could trace its outlines very distinctly through the flabby posterior vaginal walls. I introduced my finger into the rectum where I found it "peacefully resting." Anointing and dilating the sphincter ani, I hooked the index and middle fingers in the link and with less than one-half the trouble I anticipated, delivered her per anum of a large size Hodge pessary.

Abscess of Brain from Disease of the Ear.—Mr. A. O. Holbecke (British Med-
ical Journal) before the Midland Medical Society, showed the left hemi-
sphere of the brain of a child aged eight years, exhibiting a large abscess cavity, from which about half a pint of the most offensive pus had escaped. On making the post mortem examination, a small round perforation in the petrous portion of the temporal bone was found, which communicated with the ear on the one
hand and the abscess cavity on the other. The dura mater was healthy. Thirteen weeks before death, the child received a blow on the ear, and complained of much pain at the time. Subsequently her health became impaired and a discharge of pus from the left ear appeared, the pain in the head becoming relieved. Several times the discharge disappeared, the pain in the head being always simultaneously increased. There was no paralysis. Convulsions had occasionally occurred. She was rational, and answered questions intelligently. Twelve hours before death the discharge from the ear ceased, and she at once became comatose and died.—American Medical Digest.

**The Positive Treatment of Gonorrhoea.**—A M. R. C. S. correspondent of the London Lancet gives the following account of a case of gonorrhoea observed by himself:

"Of course it is very wicked to confess that ever I had such an ailment, but truth compels me to say that, after seeing much practice at the Manchester Lock Hospital, and having duly passed my M. R. C. S. examination, and being actively engaged in practice, to my very great surprise one day I found myself (for the first time in my life) enjoying the promise of a smart attack of urethral inflammation. Now, whilst the prescribing of medicine and pocketing the reward of my industry (especially the latter), has constituted one of the chief enjoyments of my life during the last twenty years, I have to confess to an all but utter inability to swallow any of the nauseous compounds in which I daily dabble. You may fancy my exultant feelings in the prospect of having to face the stern reality of balsam, cubeb, etc. Of course I immediately consulted the authorities (I think we always do when matters so nearly come home), the result being that, all things considered, I came to the conclusion that the treatment recommended in "Dr.uit's Vade Mecum" was about the most sensible and practical treatment I could find, and one deserving honest trial. Of course, too, I was a bachelor, so had every opportunity of doing every justice to the two grains to the ounce of nitrite of silver injection; but as I sat for hours after its use nursing that weak solution, and the extreme and persistent pain it occasioned, and then shrieked out with agony when forced to micturate, I reluctantly was forced to the conclusion that Dr. Druitt never had this ailment, or if he had, had certainly written his book before trying the remedy he recommended. Afterwards when suffering from severe orchitis brought on by this injection, I "unanimously" came to the direct decision that he knew nothing at all about it. For two whole years I held courageously to a gleet discharge, set up entirely by this insane treatment; but eventually, to get rid of it at the cost of a persistently recurring irritability of the neck of the bladder (for which I hold this so-called "abortive treatment" entirely responsible), sulphate and chloride of zinc are all but equally painful, whilst such astringents as tannin, etc., in arresting too suddenly the discharge (which is but the product or result of the acute inflammation), are sure to be productive of as much harm as good. Now, as against this abortive treatment of this ailment I will tell your readers of a most positive cure of gonorrhoea, one at least which, based upon a large experience, I have never known to fail, and which possesses the advantage of being as palatable as most remedies which we are called upon to use in our every day experience of other ailments. Having, as I before asserted, a somewhat considerable practice in this direction, I get one pound of roughly ground cubeb (I grind my own, and so can rely upon its freshness); this I put into a 200 oz. or wide mouth bottle of commerce; to this I add 2 oz. of the iodide of potash, filling up my bottle with cold water, into the mouth of which I drop several large lumps of camphor, simply to make it keep. This I shake up two or three times a day for a few days, of course keeping it in a very cool place, afterwards pouring off the clear infusion, which I administer to my patients in regular consecutive doses."
SOCIETY PROCEEDINGS.

Meeting of the Detroit Medical and Library Association

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Dr. Jennings had some doubt as to the toleration of the larynx, to the catheter. He failed sometime ago in attempting to introduce it; yet he had not used Dr. Douglas' method, and only used a soft Nelaton's catheter, which might account for his failure.

Dr. Douglas: With regard to the tolerance of the larynx, permit me to say that I have been in the habit, for years, of introducing a sponge probang for the treatment of laryngeal troubles, with the most satisfactory results. I recently passed a No. 15 sponge probang in a small child with success. I think the sensitiveness of the larynx is much modified by disease.

Dr. Inglis was of the impression that it might be possible by this procedure to push the membrane, if loosened, back into the trachea and produce sudden death. He had recently had a case where one of the tonsils had sloughed away, and fallen back into trachea and caused immediate death.

At this time a patient of Dr. Douglas' came into the room, upon whom he exemplified his method of introducing a probang, satisfactorily to the members of the society.

BIGELOW'S OPERATION.

Dr. Walker exhibited two specimens of phosphatic vesical calculi, which he had removed by Bigelow's method. The first weighed 70 grains and was from a patient
aged 62 years, who had had vesical symptoms of six or eight months standing. Used lithotrite for six minutes and removed the debris through a No. 27 F. evacuating catheter. Time of operation, 35 minutes. The case made an excellent recovery, returning to his home in Canada the fourth day following the operation.

Case second came under the doctor's care through the kindness of Dr. Morgan, of Greenville, and Dr. Noyes, of Detroit.

Patient male, aged 57, had bladder trouble extending back for a period of four or five months, following an attack of renal colic; there had been other attacks of this kind, but no unpleasant symptoms followed.

The operation was performed September 9, assisted by Drs. Morgan and Noyes, in the presence of several medical gentlemen of Greenville.

Used a No. 25 F. evacuating tube. Time of operation 40 minutes, and weight of stone 45 grains.

This patient had some pain following the operation, with a slight increase of temperature the second day, but on the day following was able to be up and around, since which time a good recovery has taken place.

READING OF PAPERS.—DIPHTHERIA.

Dr. Douglas read an exceedingly interesting and instructive paper on diphtheria. He deemed the presentation of this subject as opportune, owing to the extreme prevalence and virulence of this disease at this time in our city, with the hope that the free discussion of the subject might elicit information that would tend to prevent and reduce the mortality among our children.

In this present epidemic there was, in his experience, great tendency to lung complications. In the last two months he had treated fifty cases occurring in the Bloody Run district. In 42 cases the membrane had formed above the epi-glottis and 7 occurring both above and below, and one entirely below.

His first observation was in a family of eight, including parents, all of whom contracted the disease. Two died, one aged six, and the other eleven years. The first one of six years suffered with the usual throat complications, membrane on tonsils, palate, and posterior nares, progressing favorably for four days, when laryngeal complications became pronounced. On the fifth day he became markedly cyanosed with great dyspnoea, and recession of chest walls. The little fellow was evidently suffocating and must shortly die if not relieved. He decided to remove the membrane if possible from the larynx, and in case of failure, to perform tracheotomy, passing a No. 10 gum catheter into the trachea, and rubbing the walls briskly to loosen the membrane. The first two efforts (performed at intervals of five minutes) failed, when the third was followed by a loose rattling noise in coughing, intense dyspnoea, and in a final fit of strangulation, a perfect cast of membrane was thrown up. The relief of all symptoms was immediate, and he fell asleep in five minutes. This occurred at 4 P.M., at 2 A.M. in a severe fit of coughing, another cast was thrown up, followed by instant relief. The next day at 4 P.M. was much the same, when use of the catheter removed a much larger piece than the day previous, after this, considerable pus was coughed up without much effort, all distressing symptoms having disappeared. He continued to improve until 3 days afterward when a sudden rise of temperature took place and he died 12 hours afterwards, evidently from blood poisoning.

The second boy had no laryngeal complications and died the fourth day from blood poisoning. Both cases were treated by quinine and iron internally, together with steam inhalations of lime. The doctor reported a number of other fatal cases similar in character to those already mentioned, using the catheter with decided temporary benefit in some of them.

He regarded the use of the catheter as preferable to tracheotomy, as tracheotomy is only indicated in cases demanding relief from suffocation, and this he considered much more satisfactorily obtained by the use of the catheter. His treat-
ment was principally supportive by means of quinine, iron, stimulants and nourishing food.

Locally he had used various remedies, such as the application of muriatic tincture of iron, with chlorate of potash, lime inhalations, and the fumes of sulphurous acid. The latter he had observed had given the best results, especially as to the early softening of the membrane, at the same time preventing the spread of the disease. This vapor was not injurious to healthy lungs. Ice he had found to be very greatful to the patient. Latterly he had used the sulphite of soda with apparent beneficial effect, but his experience had not been sufficient to warrant any statement as to the results.

He looked upon diphtheria as a constitutional poison.

Dr. Riky read a report as follows, of experiments that he had made regarding the power of certain solvents upon diphtheritic membrane that had been given him by Dr. Douglas for that purpose.

1st. Aqua calcis, entirely soluble, on being agitated slightly in test tube for three minutes.

2nd. Lactic acid, 30 per cent., nearly wholly soluble in five minutes.

3rd. Citric acid, grs. x, 3 i. Partially soluble, light mass separates, which floats.

4th. Pepsin with glycerine and HCl, very slowly soluble.

5th. Acetic acid dil. very slightly soluble.

6th. Sulphuric acid dilut. very slightly soluble.

7th. Hydrochloric acid dil., wholly insoluble, and is converted into a tough rubber-like mass, which is absolutely insoluble in lime water, or any other reagent tried.

All the reagents tried were kept at a temperature of 100° Fh.

Dr. Douglas thought the experiments of Dr. Riky would bear him out in the statement that the tough character of the membrane in many cases that he had seen was due to the application of hydrochloric acid, and for that reason he had abandoned its use.

Dr. Lyster said: I saw one case of diphtheria in consultation a few hours before death, where the membrane was in the trachea. I have been struck by the tenacity with which the membrane adhered to the tonsils, where tr. ferri chloridi was used. No doubt, it must be attributed to the toughening properties of hydrochloric acid. I think that the introduction of a catheter in place of tracheotomy is a great gain, as no physician meets that operation without a shudder. I have used lime water inhalations with success. In the earlier stages I give ice internally and externally. Ice pounded up, placed in a bag and applied to the throat covered by oiled silk. When the membrane has formed this treatment is of no use. Where there is a prevalence of diphtheria, as at present, some prophylactic measure should be adopted, children at the age, when they generally have diphtheria should receive quinine in tonic doses, evening and morning.

Dr. Inglis: My experience with tracheotomy has been particularly bad, and I will not hesitate to use Dr. Douglas’s method in my next case. I believe that diphtheria begins as a constitutional disease, a blood poison, nature tries to eliminate the poison in the pharynx. This leads to the formation of the false membrane and facilitates the development of the bacteria that are normally in the mouth. Bacteria grow better in a mushy soil than in a tough one. I use Monsel’s solution in the treatment of diphtheria, which has the same effect as the tincture of the chloride of iron, with very satisfactory results.

Dr. Douglas: I have not been so fortunate as Dr. Inglis. In some twenty cases, in which I used the hydrochloric acid, the result was not good and the membrane continued to spread.

Dr. Carstens believes, that diphtheria is both a local and a constitutional disease. We often see it commence with the symptoms of croup. According to how the disease enters the system, it will be either local or constitutional. I think that tincture of
iron and hydrochloric acid cures the membrane around the diseased spot and isolates the latter. In the later stages poultices, muriate of ammonia, tincture of iodine, ammon. mur. and glycerine are of benefit. I also saturate the system with quinia and use stimulants freely.

Dr. Jennings: I think that most of the cases reported by Dr. Douglas are cases of pharyngeal diphtheria, and my experience has been that most of those cases get well under any treatment. If we can prevent the secondary septicemia the case will get well. The septicemia is caused by the absorption of the decomposing material in the pharynx. I generally use the following powder:

B Alumini,
Sodae bicarb., illi 3 i.
Iodoformi, 3 i.

M.

I think that remedies in the form of gas, that will reach the seat of disease should be used. Dr. Lewis Smith has found that a 1 to 40 solution of hydrate of sodium, or potassium is far better in dissolving the membrane than any of the remedies mentioned by Dr. Riky.

Selectios.

Professional Responsibility in the Administration of Opium.—It is a matter of general observation that the number of persons addicted to the opium habit has very greatly increased in this country since the introduction of the hypodermic method into medical practice. The escape from pain is so easy by this method, and the disturbance of the stomach is so materially lessened, that the extent and frequency of the exhibition of morphia has been greatly multiplied. The proportionately large number of persons in every community who have acquired the opium habit is known only to physicians. In almost every case it will be found that the fascination came on under the hypodermic administration of morphia. In many instances the syringe has been left in the house by the family physician, and some member of the family instructed as to its use. Self-administration once instituted can rarely be controlled or discontinued. It is well known, too, that the estacy of morphia exhilaration is of a very refined order, and few persons can resist the charm developed by its frequent repetition. Physicians should have these facts in mind while managing those cases of disease and injury necessitating a prolonged exhibition of opium, and especially when using the hypodermic syringe.—Editorial in Louisville Med. News.

Jaborandi in Jaundice.—We recently had a most obstinate case of jaundice, in which the usual remedies proved unavailing. We finally prescribed 30-drop doses of fluid extract jaborandi, with a view of relieving the circulation of the presence of bile through the skin. The sweating was profuse and great relief was afforded. The liver gradually resumed its action, aided by cream-tartar, podophllin, extract taraxacum, etc. We attribute the starting of the function of the liver entirely to the action of the jaborandi.—The Southern Clinic.

Iodoform in Surgical Dressings.—The Medical Herald says: In no department of medicine is the influence of fashion more marked than in the various articles applied in the dressing and treatment of wounds. For a long time carabolic acid has held unquestioned sway, and in greater or less quantity has been the standard article for local application in the treatment of wounds, ulcers, etc. Salicylic acid, though recognized as possessing very superior antiseptic properties, has not met with general favor. The German surgeons are now extolling the merits of iodoform, and the suggestion is being very generally adopted in England and America. This article bids fair to win, for a time at least, the confidence and favor so long maintained by carabolic acid.

In venereal practice iodoform has been in general use for several years, as a local application in this department of practice it is without a peer. To avoid
the suspicion occasioned by its unconquerable odor, a Philadelphia doctor has the patient to bind up a finger with iodiform dressing and wear it while using the application upon the genitals.

Bacteria of Syphilis.—M. M. Martineau and Hamonic (L’Union Médicale) have found the bacteria of syphilis, and have succeeded in inoculating a pig with syphilis from the culture liquid. The bacteria are thus described, they are rod-shaped, of variable length, but not surpassing in length the diameter of a blood globule, formed of a clear matter, and contain no trace of a nucleus, envelope, nor granulations. They are grouped by twos, or are single, or are joined end to end and two by two, but between the conjoined bacteria there is a small clear space so that properly speaking they are not in contact. Some are joined so as to form more or less an open angle, and sometimes three by three. They offer divers movements around a central axis like a compass needle, some pirouette around a transverse axis, others around one of their extremities which appears fixed, others have an undulatory or serpent-like movement. Numerous other bacteria of varying sizes, forms, and movements were seen.

These bacteria above described were obtained by immersing an excised indurated chancre in a flask containing Pasteur’s culture fluid. The liquor lost its transparency in three hours, in six a small grey deposit had formed and in twenty-four hours the bacteria were found and inoculated into a young pig, in whose blood the next day were found analogous bacteria. A control experiment was made by inoculating a second pig with serum from an infecting chancre and four days after bacteria analogous to those of the first experiment were found in the blood, and shortly afterwards popular syphilides appeared, persisted for many days and finally disappeared two months after the experiment.—Canadian Journal of Medical Science.

A Curious Disease.—The Manufacturer and Builder describes a curious disease which is caused by the manufacture of bichromate of potash. It says:

The disease has a singular effect upon the nose, manifesting itself in a curious manner. A little hole is formed in the septum, or partition of the nose dividing the nostrils, and increases gradually until the partition entirely disappears, with the exception of its lower part, so that to a superficial observer there is nothing the matter with the nose, except a little outward depression. As soon as the partition is destroyed the process appears to stop there, neither the lungs, air tubes nor throat being in the least degree affected. Some workmen at the chrome factory in Russia, where the disease has been chiefly watched, have been employed for ten years, and remained unaffected, while with others the hole in the nose begins to be formed after one months’ work. But that the disease is something more than an individual peculiarity, is evident from the fact that an inspection of all the hands proved that more than fifty per cent. of the men had diseased noses. The early symptoms are a slight tickling of the part affected, followed by bleeding, but with no uncomfortable feelings, and in fact the destructive process is painless.

Periodical Vomiting.—Leyden reports in the Zeitschrift für clinische Medicin, vol. iv, 1882, a number of cases of periodical vomiting. Sometimes these occur in connection with various affections of the spinal cord, notably tabes dorsalis, and are then known as gastric crises. Other cases of periodical vomiting occur, not dependent upon spinal cord lesions yet often accompanied by marked nervous symptoms. These sometimes come on without apparent cause, sometimes they follow a slight indigestion, a cold, or some mental disturbance. The attacks last from a few hours to several days, and are marked by an irregular periodicity. The commencement is usually sudden. Extreme nausea and vomiting set in, to-
gether with severe pain in the epigastrium, and a number of other symptoms resembling migraine. The stomach is intolerant of all ingesta, or at most, will retain a little ice, champagne, or tea. After the cessation of the vomiting the patient feels well and enjoys a good appetite and normal digestion. Accompanying the attacks is observed a retraction of the abdomen, with obstinate constipation, which does not yield to purgatives or enemata. The urine is scanty and hig-

BROMIDE OF POTASSIUM IN DIABETES.—The Medical Times and Gazette says that a member of the Academie de Medicine recently read a paper on this subject. During the past six years he has treated fifteen cases. He ignored entirely the routine dietetic treatment, on the ground that the disease consists not in the presence of sugar in the urine, but in the disorder of the organism which produces the sugar in excess. He observed by chance that a diabetic patient whom he was treating for another disease, and who was taking a drachm daily of bromide of potassium, improved very much. He then made experiments on rabbits, by producing artificial diabetes. Four grains of the drug injected into the veins caused the sugar to disappear. He has ever since used this drug with good results in this disease. Alkalies, iron, arsenic and quinine, according to their several indications, form part of the general treatment as does also muscular exercise of all kinds.—Chicago Medical Review.

How to Demonstrate Tubercle Bacilli in the Sputum of Phthisical Patients.—Baumgarten recommends the following method as more convenient than that employed by Koch, and as equally efficacious. A portion of the sputum is dried on a cover-glass, and then treated with potash—one or two drops of a thirty-three per cent. solution of caustic potash added to a watch-glass of distilled water. The tubercle bacilli can then be readily seen with a magnifying power of four or five hundred diameters, from the enclosing detritus of tissue. In order to preclude the possibility of confounding the bacilli of tubercle with those of other species, the cover-glass may be raised and placed aside until the layer of fluid on its under surface is dry, and then passed two or three times through a gas flame, and then on it may be placed a drop of an ordinary watery solution of aniline violet or any other nucleus-tinting preparation of aniline. All the putrefaction bacilli appear under the microscope as an intense blue or brown (according to the testing agent and its strength) while the tubercle bacilli remain absolutely colorless, and can be seen with the same distinctness as in the ordinary potash preparation. The whole process does not occupy more than ten minutes.—Canada Med. and Surg. Journal.

The Last Thing in Incubation.—The Lancet is authority for the statement that M. Tarnier, of the Maternity Hospital, in Paris, has had constructed a box which is very similar to the incubators used for poultry. Into this he places all the weakly and sickly children.

This box is divided into two compartments, the lower one being used as a reservoir for hot water, while the infant is placed in the upper one, which is well stuffed at the sides and fitted with a sliding glass cover. The temperature is maintained at 86 degrees Fahrenheit, and M. Tarnier has found that by keeping infants in the incubator for a period varying from two days to six weeks, their vitality is enormously improved. He has made experiments upon five six-months' children, six seven-months, and thirteen eight-months'
children, and he has only lost two of them, whereas, according to his statement, three-fourths of them would have died but for this adventitious aid to vitality.

DIPHTHERIA.—Dr. Lolli, of Trieste, uses exclusively the following mixture in the treatment of diphtheria, and in sixty cases the mortality was less than two per cent, the malady having a duration of but eight or ten days, and being but rarely propagated to the mucous membrane of the respiratory organs:

R  Ferri sesquichlorid. gr. xv. to gr. xlv.
Acidi carbolici. pur., gr. xv. to gr. xlv.
Mel. rose, ⅓ i.
Aqua calcis., ⅓ xv.

The throat is swabbed with this mixture every half hour, adults using it as a gargle, and it is, besides, to be taken in tablespoon doses, diluted, every second hour. Of course tonics and very nourishing food form most important adjuncts to the treatment.—Journal Materia Medica.

BUBOES.—Dr. Pavee reviews in the Wien. Med. Woch. the literature on the treatment of buboes, and gives as the result of his investigations and his own experience in about 150 cases, that the best mode of treating is to paint the swelling twice a day with tr. iodi., and, if this does not prevent suppuration, to open the bubo freely and deeply, pass the finger into the wound along the undermining channels, and then fill the wound with iodoform. This plan gives the best results both as to completeness of cure and the time required. His experience does not corroborate the statement made by some that iodoform is an irritating dressing in veneral sores.—Canadian Jour. Med. Science.

The first resection of the pylorus in America was performed by Dr. F. W. Koehler, a homœopathist of Louisville, Ky., on Sept. 2, 1882. The patient, a woman, æt. 65 years, died five and a half hours after the operation.

Dr. Dosem, an Austin physician, was called on to attend old Uncle Mose, who drives a dray. "You have been gorging yourself with green watermelons for dinner," said the physician, feeling the patient's pulse. "How de mischief did yer find dat out—by feelin' my pulses?" "No, but by seeing the watermelon rinds under the bed." Said the old man, raising himself up in bed: "You am de knownist man in Austin. Heah, old 'oman, take dat ole harness from under de bed, or dis heah medici-nal gemman am gwine to treat me for eatin' a mule for dessert to settle my stomach. I aint touched a watermelon for a month."—Chicago Med. Review.

THE ARTICULATIONS.—The following ingenious arrangement of the names descriptive of the various articulations, is communicated to us by Dr. James L. Little, Professor of Surgery in the University of Vermont, and the Post-Graduate Medical School of New York:

Enarthrosis, bone to bone,
Femur, Acetabulum;
Ginglymus, the hinge I see,
Forwards, backwards swings the knee.
Arthrodia, near the end,
Glide along the foot and hand;
Synchondrosis, we allege,
Calls for costal cartilage;
Syndesmosis—ligament,
Binding bone to bone is meant.
Syssarcosis—lower jaw,
Flesh from ribs to scapula.
Suture, a stitch withal,
Coronal, lamdoid, sagittal.
Harmonia—T. pepperary,
Rhymes with supramaxillary.
Schindylesis—plowing done—
Vomer in the sphenoid bone.
Gomphosis sets all things right;
Tooth in socket pretty tight.
—Exchange.

A CASE OF ASCARIDES LUMBRICOIDES AND PERITONITIS—Is reported by Dr. J. T. Stewart, of Berry Station, Ky., in the Cincinnati Lancet and Clinic. The patient, a little girl eight years of age, had had symptoms indicating the presence of worms and had been given santonine.
When the doctor called on the fourth day of her illness, he was surprised to find her dying from diffused peritonitis. On post mortem examination a collection of worms, knotted together was found in the peritoneal cavity. A perforation was detected through which they had escaped. The doctor says: "I apprehend that the fatal issue in this case may be attributed to the intoxicating influence of this drug over the worms, exciting them to violent action, resulting in inflammatory softening of the intestinal tunics and subsequent communication between the intestine and peritoneum." It remains to be said, that before and after death worms escaped from the patient's mouth and nose.

TREATMENT OF BUBO.—The Revista de Ciencias Medicas gives the following account of a case of bubo treated according to an Italian method: The chancreoid at the end of several days had almost cicatrized, and the bubo presented fluctuation. The patient was placed in the dorsal decubitus, with the extremities semiflexed. The tumor was grasped at its base and pressure exercised. With a straight bistoury of narrow blade a puncture was practised at the highest point. The instrument being withdrawn and the pressure still kept up, the contents of the abscess were evacuated ad maximum. A solution of cupric sulphate (30 ctgrs. to 30 grammes) was then injected in sufficient quantity to cause the abscess to regain its primitive size. After two minutes the liquid was allowed to escape and a graduated compress applied. An inguinal bandage was adjusted to keep up moderate compressure. On the following day there was slight tumefaction without pain, and the edges of the incision had united. Four days later the small wound had cicatrized without pain or increase of volume. Compression was then suspended and the patient discharged.

—Med. Record.

THE PROGNOSIS OF NASAL CATARRH.—Dr. Rumbold, discussing this question, says (St. Louis Medical Journal): "To recapitulate: Up to the tenth year all patients will recover upon the observance of hygienic laws and with constitutional and medical treatment of the simplest kind. Those from about twelve to twenty years of age will require more thorough treatment, but every uncomplicated case can be cured in time. A little less than a majority of those patients from about the twenty-fifth to the thirty-fifth year can, by close attention to all the hygienic laws and careful non-irritating medical treatment, be cured, while the great majority of this class and all who are older, because of the permanency of the inflammatory action, and because of complication of other important organs, can be benefited only, and even this beneficial treatment must be made at each change of the season during life."—Medical Record.

CHRONIC CHILLS.—We have found the following to be a very reliable remedy in chronic chills:

B Sulph. cinchonidia.
Chenoidin, iii. 60.
Podophylin, grs. iii.
Ipecac pulv., grs. xxx.
Pulv. capsicum, grs. 80.

M. Make into pills.
Take one every three hours with water slightly acidulated with muriatic acid. We have not failed on a case using this.
—Atlanta Medical Journal.

CONSTIPATION IN FEMALES.—In a large majority of females troubled with constipation, the constriction of the sphincter ani muscles is the cause. Such constriction is caused by their failing to respond to the demands of nature, and by the delay when the act of defecation, if not impossible, is difficult and painful. Relief can be obtained by using suppository of belladonna at bedtime.

B Ext. belladonnæ, gr. ss.
Ft. Suppository used before breakfast, and B. calcined magnesia, 3 ss., in a lemonade. The belladonna will relax the muscles without causing any constitutional effect.—Martin's Chemists' and Druggists' Bulletin.
Detroit, 386 388. 387 386 388 383 assured explained Page.

This found the Clinical forceps. was made was nothing after the confinement. She had barely recovered from her confinement. She was thin in flesh, had a poor appetite, was quite nervous, and as the weather was quite warm, I concluded to postpone the operation, and sent her back to her country home to recuperate.

I explained to her that for the successful treatment of her case it was absolutely necessary that she should be in as good a physical condition as possible, and that her own home with its pure air, nourishing diet, the tonics which I prescribed, and syringing out the vagina freely three times per day were the requisites by which I expected to gain this condition. To compensate her for the disappointment she felt in not being operated upon at once, I assured her in as strong terms as I dare of the probable success that would attend an operation if she followed my directions, on her return in cool weather. She returned the first of October, very much improved. Her appetite was good and she had gained very materially in flesh. As you remember, on the examination we made, when she was ready for the operation, we found everything favorable, and success almost promised from her condition and the condition of the fistula. The sides of the opening

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Mrs. E., æt. 31, entered St. Mary's Hospital last July, complaining of an inability to retain her urine. Upon examination a vesico vaginal fistula was found just below the neck of the uterus. This fistula was about the size of a five cent piece, of oval shape, with the long axis from above downwards. The upper margin of the oval opening came up very close to the anterior lip of the uterus, which was enlarged and everted in consequence of a bilateral laceration of the cervix. She gave at that time the following history: She is the mother of seven children, with one pair of twins in that number. Up to the last confinement nothing unusual had occurred and she made a good recovery every time. With the last child the labor was very tedious, and after suffering thirty-six hours she was finally delivered by the use of the forceps.

Immediately after her confinement the fistula was discovered, and when she was sufficiently strong to stand the fatigue she was sent by her physician to St. Mary's Hospital for the purpose of having an operation performed for her relief. At the time of her first admission into the hospital she was in very poor health.

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were very easily brought together; there, were no cicatricial bands to be relieved, no phosphates to be removed, no granulation to be destroyed, no apparent complications—in short, except the nearness of the upper part of the oval to the everted anterior lip of the cervix uteri. In freshening the edges of the fistula it was necessary to encroach upon this lip of the uterus so as to make it form the upper boundary into which one of the sutures was passed. Before the sutures were twisted, simply by pressing them together, the bladder was distended by injection and not a drop of water escaped. The sutures were then sutured, a Skene’s catheter left in the bladder, and the patient was put to bed in the large ward of the hospital. Considerable vesical tenesmus made her uncomfortable the next day, when I removed the catheter, and left directions to draw her urine every four hours. Now standing the removal of the catheter, and the free use of opiates by suppository, the tenesmus continued, rendering her extremely uncomfortable. Quite a considerable quantity of blood escaped through the catheter, and clots of good large size were expelled through the urethra when the catheter was out, by the spasmodic contraction of the bladder.

In forty-eight hours the urine cleared up, and continued in this condition until the eighth day, when after an injection into the rectum previous to removing the sutures, the blood returned in the urine, and the tenesmus rendered her almost frantic. Ice water injections had no control over the hemorrhage and I was fearful of the result. The use of the catheter was then interdicted, and again after the passage of several clots the urine gradually cleared up, and on the eleventh day I removed with the assistance of some of you, the sutures, and found the fistula closed. The tenesmus in this case was unusually severe, and the free hemorrhage after the lapse of so many days was entirely unexpected. As I am quite positive from the care I took in paring the edges of the fistula that none of the vesical surface was touched. I can only account for this hemorrhage on the supposition that some granulations were broken down either in the urethra or on the vesical border of the fistula out of sight, by the retention or the passing in and out of the catheter. It is not at all unusual for these granulations to spring up around fistulas openings in the bladder, yet in all the cases I have seen, they are distinctly visible, and require removal before an operation is attempted. This case is a plain exhortation against the neglect of the use of forceps in protracted labor. If instead of waiting for thirty-six hours before using them, they had been applied one hour after the os was fully dilated, all the exhaustion attending severe uterine contraction, would have been avoided, and the sloughing out of the vesico-vaginal septum would never have occurred. These accidents at the present time, are comparatively rare, and they will become still more so with the more frequent use of the forceps. That these instruments produce irreparable injury in the hands of the ignorant is undoubtedly true, yet the same may be said of every other instrument, and of nearly every therapeutic agent that is used for the relief of suffering humanity. What they will do in the hands of the skillful operator is the only test to be applied to them, and the diminishing frequency of vesico-vaginal fistula is one of the ineffable proofs in this direction. In my opinion their use should not be restricted to the preservation of important tissues.

The agonizing pains of child birth, cry as loud for relief, as any of the other troubles with which poor humanity is afflicted, and he who can cut them short for one simple hour, is entitled to as much credit, though his skill was exerted successfully in the relief of any other pain. The skill necessary to a successful delivery of a woman by the use of forceps can only be acquired by a careful study of the mechanism of labor, and this implies not only a knowledge of the anatomy of the pelvis, and the fetal head, but of the perineum as well. That too little attention has been paid to this last factor in the problem of parturition.
is apparent from the numerous instances of laceration that we meet as the result of instrumental and natural delivery. That the forceps should be credited with all these mishaps I deny, for I honestly believe that when skillfully used, they can be made useful in preventing this trouble in a great many cases.

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Deformities and Diseases of Joints.

By H. O. Walker, M. D., Professor of Orthopedic Surgery, Genito-Urinary Diseases, and Clinical Surgery, in the Detroit Medical College.

LECTURE I.

GENTLEMEN: It may be of interest to you before entering upon the discussion of the pathology, causation and treatment of deformities and diseases of joints, to know something of the history of this important department of surgery. Hippocrates published a work upon "Articulations," in which he speaks of treatment of deformities, especially those of club-feet. Celsus also refers in his writings to the same subject, more particularly to the relief of hare lip.

Unfortunately the precepts of these old fathers in medicine were not followed up, and the treatment of these cases fell into the hands of "bone setters" and unprincipled quacks, and not a few flourish in our time. This state of affairs continued to exist until about the middle of last century when orthopedic surgery assumed a prominent part in the domain of surgery, due principally to the efforts of Andry, of Paris, who published a work upon the subject. Others soon followed in his wake, numbering many eminent surgeons (in their time) of France, Germany and England. Although several had suggested, and some had performed tenotomy, it was left for Stromeyer to first perform subcutaneous tenotomy in 1830 for the cure of club-feet.

In our country Dr. D. L. Rogers, of New York, first divided the tendo-achillis. Since that time orthopedy has made rapid advancement in this country, due very much to Drs. Sayre and Taylor, of New York; Bauer, of St. Louis, and many other surgeons.

Dr. Sayre stands pre-eminent as an orthopedic surgeon, and it is not saying too much when we assert that he has been the means of doing more for cripples than any other surgeon that ever lived.

Yet with all our knowledge in this particular department, we come very much short of perfection, and we have a great deal to yet to learn, therefore it will behoove you to garner as much as possible that we may present to you, so that you may be able to treat these cases with a certain degree of understanding and add still further to it the benefit of your future experience.

It will be my purpose to illustrate clinically as far as possible what I present to you here didactically. In studying deformities your knowledge gained from the study of articulations will be of especial value to you, yet we will take occasion to refresh your memory on that point as we progress.

By a deformity we mean a distortion of some part of the body, which may be congenital or acquired.

Congenital deformities may be simple distortions or malformations. The latter, however, are more properly classed under the head of monstrosities. A congenital deformity is one that exists at birth, such as club foot, hare lip, etc. An acquired deformity is one that occurs at any period of life, and may have for its origin a variety of causes, such as occur as the direct inflammation of a joint, due either to a traumatic or constitutional source. It may take place from extraneous causes, such as paralysis of muscles, cicatrices from loss of the soft parts by burns, etc.

Again we may have a deformity arise from the combination of the causes just mentioned. A knowledge of just how these occur is essential as to the manner of treatment, for each will require quite a different method.

The causes of congenital deformities are as yet conjectural, and all theories in that respect can only be
accepted as such, while acquired deformities are for the most part readily understood. The general line of treatment can be best illustrated when we discuss in detail the different deformities.

**CLUB FOOT.**

Of the congenital deformities club foot is the most frequent, technically designated *talipes*.

Unfortunately your works upon anatomy refer only to that of the adult foot. The changes that occur in the human foot from birth until eight years of age are probably more marked than any other part of the body.

By the foot we mean all that part of the lower extremity below the articulation of the tibia and fibula with the astragalus.

Looking at the bottom of a young child's foot, you will notice that it is flat, while that of the adult presents two arches; the long arch extending from the ball of the great toe to the heel, the short one being from side to side formed by the junction of the scaphoid, cuboid and cuneiform bones. The keystone of the long arch is the astragalus on which rest the weight of the body through the tibia and fibula.

It will therefore appear to you that this little foot must undergo considerable change before it becomes fully matured, a fact that governs us very materially in the treatment of these cases.

At birth, and for a considerable period afterwards, there is a natural tendency of the boot inwards. Do not mistake this for a deformity, for it is not, but a natural condition that will change as development goes on.

You can readily ascertain, if in doubt, by placing the soles of the feet in close proximity to heat, when, if a natural condition, the foot will be straightened, while it will not if it is a deformity.

Ossification of the bones of the foot at birth is very limited, mostly cartilaginous, and are easily misshapen by any pressure direct or otherwise; so that you can see that attempts early in these cases are attended with much better results than if begun when a greater degree of ossification has taken place.

Club-foot is not always congenital, for occasionally we meet with cases that occur after birth, and it is essential to know the difference between the two. In children with congenital club-foot, after commencing to walk, the muscles retain their general characteristics, while in non-congenital club-foot, the muscles become atrophied and contracted. In adults with club-foot, the line of demarcation of these two varieties is often perplexing, owing to the changes that occur after walking on the foot for a long time.

Congenital club foot is much more readily relieved than non-congenital, although the line of treatment in both is somewhat similar.

There are four varieties of club foot, namely, *talipes varus*, where the foot is turned inwards and the sole upwards; *talipes valgus*, flat foot, where the foot is turned out; *talipes equinus*, where there is marked extension of the foot with elevation of the heel; *talipes calcaneous*, where the foot is extremely flexed.

These varieties are frequently compounded, two forms existing in the same case.

[Continued.]

**Book Notices.**

*The Busy Physician's Visiting List, Clinical Aid and Daily Pocket Ledger.* George S. Davis, Publisher, Detroit. 1882. Price, $2.00.

This new visiting list will undoubtedly win the favor of the profession. It is an eminently useful little book, well filled with matter worth knowing. It is adapted to the wants of the busy practitioner and to those that are not busy it may last many years. Accordingly calendars are inserted for four years in advance. There are chapters on differential diagnosis, poisons and their antidotes, metric prescribing, etc. The daily charges and credits department is arranged, so that each account is virtually posted at any moment it is asked for. Thus it will be seen that this is a labor and money-saving little book that will repay the price expended for it.
Spasmodic Stricture of the Oesophagus.—At a recent meeting of the New York Medical and Surgical Society (New York Medical Journal and Obstetrical Review) Dr. Francis Delafield narrated a case as follows: The patient was an unmarried woman, 23 years of age. She saw her first on the 16th of February, 1882, when she stated that she had always enjoyed good health until eighteen months before. At that time she began to suffer from attacks of severe pain, which was referred to the region of the lower end of the oesophagus. These attacks occurred about once a week, lasted ten or fifteen minutes and had no relation to the taking of food. They sometimes occurred in the night, sometimes in the day. There were no other symptoms whatever. After three months she experienced difficulty in swallowing solids, and subsequently in swallowing liquids. At length she could take no solid food and liquids could be swallowed only at times. On some days she could swallow nothing whatever. She starved to a certain extent, but had no other symptoms. Menstruation continued regular, and there were no neurotic symptoms. Dr. Delafield was able to pass a large oesophageal tube into the stomach, and he therefore supposed the case was one of spasmodic stricture of the oesophagus, and at first attempted to treat it by passing the bougie every day, under which she seemed to improve for a time only. On some days she could swallow fluids, but oftener she could not, and as she gained nothing in weight she was taught how to introduce half a pint of milk into the stomach, through the stomach tube, to be repeated once a day. Besides, she was to try to eat regularly. She had done this since the 9th of March, and during all this time had been able to eat solid food at any time in the day, but it was her custom to eat an ordinary meal for breakfast and dinner, and to take the milk and cream, in the manner indicated, in the evening. From her normal weight of 125 pounds she had fallen to 99 pounds, but after adopting this plan she had gained 14 pounds. It was probable, however, that, like some cases of spasmodic stricture which had been reported, this one would continue for a long time.

Dr. F. R. Weir suggested that possibly the stricture might be overcome by overdistention, as in cases of stricture of the rectum or urethra. An oesophageal tube with a rubber bulb at the lower end, which could be distended with water, might be arranged for the purpose.

Dr. F. N. Otis remarked that a very slight amount of force would sometimes overcome spasmodic stricture of the urethra, and such might perhaps be the case with the oesophagus.

Dr. Delafield thought that in the so-called spasmodic stricture of the oesophagus there was no particular resistance to the passage of the bougie.—Med. and Surg. Reporter.

Traumatic Tetanus and Death from Vaccination.—Dr. Bates, of Columbia, reported a case of tetanus from vaccination, at the meeting of the South Carolina Medical Association (Medical News). Bsn. Jones, a mulatto, was vaccinated Feb. 9th, on the arm, with carefully-selected humanized virus. He was again seen March 8th, when he had ordinary symptoms of tetanus. Was examined next day by Drs. Talley and Howe. A most careful inquiry into the history of the case, and a searching examination of the body, revealed nothing to cause it except a small, healthy-looking, painless ulcer at the spot where vaccination had been performed a month before. The disease advanced and caused death in fifteen days, in spite of careful treatment.—Buffalo Med. and Surg. 7our.
**Clinical Thermometers.** — Dr. Edward R. Squibb published in the second number of the Ephemera an excellent article on Clinical Thermometers, which has hardly attracted the notice which it deserves. The clinical thermometer has always been supposed to be an instrument of precision, but this is not so, probably more than one medical man has found to his sorrow, when he has relied upon it in making his diagnosis. No doubt many can remember the time when they have been frightened at the high temperature registered, and have either ceased to put reliance in thermometric diagnosis, or have tested their thermometer and found it one, two, or even three degrees out of the way. A good instrument is very valuable, but, as Dr. Squibb says, a poor one is an abomination and a fraud. It is certainly odd that after so many years that they have been in daily use, that, as a rule, physicians have hardly suspected that a thermometer (at least a good-looking one) could testify falsely. Dr. Squibb tells us how to select a trustworthy instrument, and this without regard to its appearance or price, both of which are so deceptive. Errors may arise from imperfect tubes, or from careless construction, but the most imperfect source of error lies in the fact that for three year the glass continues to contract, so that the most carefully made thermometer may soon become useless, unless it has been properly "seasoned" before being graduated. This contraction of the glass continues for about six years, but the error for the last three is so small that it may be neglected. An old instrument, the error of which is known, is of great value, as it may be used to determine the errors in others. On thickness of the glass will depend the sensitiveness of the thermometer. If the glass is too thick, then it will register too slowly, and time will be lost; if too thin, it will be easily broken. Therefore, test your thermometer, and by experiment determine the shortest time that is required for it to attain its highest reading. This ought to be reached, on the average, in from six to eight minutes. See that the register does not shake down too easily, for many a thermometer has been destroyed by the rough shaking of an easily moved register. Get an instrument which can be read easily. Finally, slowly and carefully heat the thermometer in warm water until the column of mercury is within one or two degrees of the top. If, on cooling, the mercury is pushed down, there is too much air in the tube, and the instrument must be discarded. Do not buy a thermometer unless with it there be a certificate from either the Yale or Kew observatories stating the variations from the normal standard. The older the certificate the better. Even after every precaution, it is better to verify the correctness of the thermometer in daily use every few months.—San Francisco Western Lancet.

**Chloroform Water.**—Attention is drawn in the Medical News to this highly useful preparation of chloroform as mentioned in the Gazette des Hospitaux of March 25th. It is shown by Professors Laseque and RegnauId that the solubility of chloroform in water does not exceed nine per one thousand. The solution is obtained by pouring an excess of chloroform in a bottle three parts full of distilled water, shaking the mixture repeatedly, and then allowing the insoluble chloroform to deposit until complete transparency is obtained. The separation of the saturated solution is then made by decantation or by means of a siphon. This, for internal use, requires dilution. The aqua chloroformi of the British Pharmacopoeia has a nominal strength of one in two hundred. Various salts, as chlorate of potash, borate, bicarbonate and salicylate of sodium, may be dissolved in this water without undergoing any modification. Professors Laseque and RegnauId are of the opinion that chloroform water, either pure or diluted, will meet every need in the internal administration of this substance. It is well calculated to disguise the unpleasant taste of various medicines, as castor oil, etc. It may prove useful in certain affections of the mouth, gums, teeth, velum and pharynx, by its direct action on the
mucous membrane. It exerts a stimulant action on the stomach, but it acts differently according as it is taken before, during, or after a meal, and according to the lapse of time that has intervened between taking the meal and the absorption of the chloroform. It is a bad agent when given before a repast, but given after a meal, whether alone or combined with wine and sweetened, it increases the stimulant properties of the wine or produces like effects. It is of great value when administered to allay the manifold disturbances which supervene during the course of digestion. Its maximum therapeutic action is obtained three or four hours after the meal, when functional disturbances show themselves by yawning, distention, eructations, etc. But when the digestive disturbances are manifested by acute, lancenating pains of the stomach, palpitations of the heart, painful tympanitis, etc., the action of the chloroform water is injurious; this stage contra indicates all forms of stimulants. It is a remedy for the crisis, but does not render needless the proper treatment-in-chief. It is eminently suitable in painful digestion arising from dilatation of the stomach.—Chicago Medical Review.

**The Odor of Iodoform.**—Dr. S. S. Earp, of Indianapolis, Ind., says in the Cincinnati Lancet and Clinic: To discover a substance that would disguise the odor of iodoform and yet be synergistic, has been a subject that has given the busy practitioner much careful thought. Iodoform is a valuable remedy, yet I formerly came in contact with many patients who absolutely refused to use it on account of its disagreeable odor. I can testify to the efficacy of the combination of oil of eucalyptus and iodoform, published in Lancet and Clinic, Oct. 4, which came to hand this A. M. I have used a similar combination for a year past. I first presented the oil of eucalyptus for its therapeutic action only, and accidentally discovered that it disguises the disgusting odor of the drug. It was first suggested to me by one of Mr. Listers essays, in which he announced that as an antiseptic dressing the following was a valuable formula:

Paraffin wax, one and one-third parts.
Oil of Eucalyptus, one part.
Vaseline, two and two-thirds parts.

My results have been successful in nearly all instances where I have used iodoform locally, especially in case of syphilitic ulcers of tongue and tonsils, and indolent ulcers in general.

In patients suffering from chancroid, I first apply an escharotic, followed by a prescription containing oil of eucalyptus and iodoform, and in nearly all instances have had signal success. I prefer the following combination:

- Pulv. iodoform, 31.
- Oil eucalypt., 3i.
- Bismuthi subnit., 5 as.
- Zincii oxidi.
- Ung. petroli, 3.

M. Ft. guentum.

Sig. Apply locally to parts three or four times a day.

I have substituted acidi tannici for the oxide of zinc, yet it extracts the albumen from tissues so thoroughly that hardened cakes formed which are not only disagreeable, but retard the healing process.

**The Employment of Blisters in Children.**—Dr. Archambault, of the Hôpital des Enfants, in the Progrès Medical, says: I terminate here this dissertation by a declaration which is the expression of what a practice, now very long, has taught me. If I am still in doubt regarding the good effects which I have believed might be attributed to blisters under such rare circumstances, my conviction is absolutely final as to their mischievous influence in a great number of cases; and in a more concise manner I may say that I am not sure that I have ever seen them do any good, but that I am very certain that they have often done a great deal of harm. Never apply them then in children unless they are positively indicated, and especially take every precaution to prevent the accidents to which they may give rise.—Louisville Med. News.
The Cure of Saccharine Diabetes.—In a paper by Dr. G. Félizet, read before the Academy of Sciences, August 14, says the Journal d'Hygiène, the author claims to have discovered a remedy for a disease usually regarded as incurable—saccharine diabetes. The author states that he has succeeded in putting an end to glycosuria artificially produced in animals, and that the medicine that suppresses that artificial glycosuria will likewise cure diabetes in a few weeks or months. There exists, says he, a bond of union between artificial glycosuria, intermittent diabetes and confirmed diabetes, and that bond is irritation of the rachidian bulb. It is not, then, in masking the disease by submission to the severities of a regime exempt from bread, feculents, sugar, etc., that we succeed in curing it, but by tapping the very source of the production of sugar, that is to say, by suppressing the irritation of the bulb. Bromide of potassium, by the elective action of sedation that it exerts on the functions of the bulb, suppresses the effects of such irritation with a rapidity that is often surprising, and, in large and repeated doses, cures the diabetes.—Medical Gazette.

Medical News.

The Medical Herald in criticizing an article on the code of ethics of the American Medical Association (New York Medical Journal and Obstetrical Review), in which the writer attempts to ridicule the law that governs our profession and praises the New York code into the skies, speaks of its author, Dr. C. R. Agnew, as follows:

The writer of the article in the New York Journal is a sort of free booter in the profession, a much advertised, traveled individual, who cries out for liberty in his methods for, securing lucre, who brays loud about quackery, announcing that he cannot understand why the profession of orthodox medical men needs a special code of ethics to prevent intercommunication with those who may be in error.

All the world knows that Dr. C. R. Agnew travels and practices in provincial towns, according to previous announcements in newspapers.

About the first part of October, 1879, after having been shrewdly and very frequently advertised for the purpose, Dr. Agnew came to Louisville to attend professionally such persons as might wish to consult this great oculist and aurist, "the greatest hygienist in the world," as his newspaper announcement said. Dr. Agnew at the time denied any knowledge of the "press notices." They announced his intended visit, stated at what particular doctor's office he could be found on certain days, and at certain hours. He proceeded, on arriving here, to occupy the apartments on the days and at the hours named, and to pocket ten dollars in fees from each person thus deluded into the well-laid snare. What a wonder-derfully pure and saintly specimen of orthodoxy in scientific medicine, to be rushing into print as the champion of respectability and the expounder of those elevated and pure principles of ethics which all honorable, pure-minded, and high-toned members of the medical profession observe. As an act of common justice to a distinguished surgeon by the name of Agnew in Philadelphia, who was in consultation in the case of the late President Garfield we wish to say, the traveling New York doctor is an entirely different person.

Mr. J. T. Clover, F. R. C. S., the inventor of an exhausting detritus bottle and an anaesthetic inhaler that bears his name is dead.

The readers of the Clinic are reminded that the close of our first year is near at hand. We desire to thank you for your generous support and hope that you may see fit to continue it the coming year, and aid us still further by urging your neighbor to subscribe.

New subscribers will be furnished with the Clinic for the remainder of this year and 1883 for ONE DOLLAR.
Original Department.


By J. A. Wessinger, M. D., Howell, Mich.

Nerium Oleander enjoys a conspicuous place in the conservatory of nearly every home in the land, and, as an ornamental shrub, well it might; but while it is breathing out its pleasing properties, and contributing to the decoration of home, it should not be forgotten that with these properties are mingled others that are no less toxic in their effects. Nerium Oleander belongs to the Apocynaceae or Dogbane family, natural to the Levant, or countries on the shores of the Mediterranean sea, and the torrid zone. There are several species in this family, viz.: Allamanda cathartica, Nerium Oleander, Nerium odorum, Echites suaveolens, Forsteronia difformis, Vinca minor, Apocynum cannabinum, and Amsonia tabernamontana, etc. Of these, the following are more or less poisonous: Allamanda cathartica, Nerium oleander, Nerium odorum, Echites suaveolens, Apocynum cannabinum, and Amsonia tabernamontana. Nerium Oleander poisons most frequently, in this country, owing to its extensive cultivation. To illustrate the poisonous effects of this shrub, I append a short notice of a case that came under observation a short time since:

R. C., æt. 25, healthy, well developed, of regular habits in life, no history of any strumous tendencies. Patient comes with extensive eruption on lips, face, hands, neck and ears; large blebs are located on these parts, which, as the patient describes, first made their appearance as small spots of deep red color, then papules, and finally large blebs with large and profound inflammatory basis, accompanied with most intolerable itching, and upon irritation or friction, burning sensations. After many interrogations in regard to the cause of this condition, patient informed me that a short time since he was engaged in moving about some house plants, one of which was a large oleander, the leaves of which brushed several times across his face and hands; he also recollects of chewing one of the leaves. Patient has temp. 102°, anorexia, and quite severe muscular lameness.

Treatment: Antiseptics and tonics internally, with local application, as follows:

\[ ZnO \]
\[ CuSO_4 \]
\[ Sperm. \]
\[ O. ol. \]

M. Ft. et. ung. Sig. Apply night and morning.

Patient's recovery, although somewhat tedious, was complete.
THE DETROIT CLINIC.

As farther evidence upon the poisonous properties of Nerium oleander permit a quotation from the U. S. Dispensatory, p. 1564, which reads as follows:

"A notice of the oleander, so well known as an ornamental shrub of our conservatories, is introduced here mainly on account of its presumed poisonous properties. The peasantry in the south of France, where the plant grows wild, employ the powdered bark as a poison for rats, and death is said to have occurred from eating food roasted by the oleander wood. (Merat at Leus). The leaves boiled in lard or oil, yield an ointment which is said to be very efficacious, rubbed on the skin, against insects that infect the person. A case has been recently recorded where a man in Hindoostan swallowed somewhat more than an ounce of the juice of Nerium odorum, with the effect of producing the most violent narcotic symptoms, or stupor, stertorous breathing, and convulsions, followed by great prostration, with involuntary evacuations, from which, however, after two days of danger, he recovered under the use of emetics, followed by supporting treatment. (B. and F. Med. Chir. Rev., Am. ed., April, 1860, p. 387.) M. Latous has made a careful chemical examination of oleander, from which he obtained the following results:

1. The poisonous principle exists in the leaves, bark, and flowers, but most largely in the bark.

2. This principle is of a resinous nature, and not volatile, and is found more largely in the wild than in the cultivated plant.

3. The solubility of this resin in water is much facilitated by the alkaline salts, and hence it exists in the watery extract.

4. The distilled water of the bark and leaves possesses some activity, which it owes to a small portion of the resin carried over with the steam."

I have seen several cases of poisoning in children which, it was thought, could be traced to nothing except the sumach, which has a well-known reputation as a poisonous shrub, while the real cause is the oleander with which children are frequently brought in contact. As a great majority of the laity are ignorant in regard to the poisonous properties of this plant, it might be well that, as opportunity permits, we, the medical profession, inform them in regard to the toxic effects of oleander.

Astringents versus Solvents in the Local Treatment of Diphtheria.

Read before the Detroit Medical and Library Association by Dr. J. R. Jones, Leesville.

Admitting that lactic acid, lime water, chloral hydrate and other agents are capable of dissolving the diphtheritic exudate when detached from the living tissue, and in constant contact; it cannot be admitted by the writer that as ordinarily used and recommended in general practice, their use can be attended with very flattering results.

At best, when the exudate is still in contact with the living tissue the solvent is not all-powerful (some, when undiluted proving irritants).

To be efficacious this class of remedies requires frequency of application (almost continuous), and when a competent nurse or physician can personally attend to it, perhaps it may answer, but it generally happens that our worst cases are in families where it is impossible to obtain for the patient that intelligent attention.

Atomizers work nicely in medical text books, but in the sick room they fall short of expectations.

Young children are afraid of them, older ones soon tire of their use, and when worked by inexperienced persons but little of the spray reaches those regions where it is most required, unless as fluid collected on the dorsum of tongue and roof of mouth, and swallowed or spit out as it suits the taste of the child.

As a result we have the exudate spreading and accumulating faster than it is dissolved; a foul-smelling breath, and the chances of septic poisoning.
Of the astringents most in use are alum, tannin and the salts of iron, and, perhaps, most notably, the tincture of the perchloride.

In many cases the soreness and hyperœmia will be increased by the application of these remedies and the danger thereby increased.

There is a remedy in this class, however, which, as a pure astringent, stands par excellence, viz., Monsel's solution of the subsulphate of iron.

Applied directly to a diphtheritic patch it causes almost instantaneous firm coagulation of the exudate, and in many cases enables the patient to rid the throat of a large amount of the deposit at once. In nearly all cases it corrects the fetor, and the good results are more permanent than from any other single application known to the writer: one thorough application sufficing for hours.

It may act otherwise than as an astringent, but that is not the least of its advantages.

It is true that the tough mass or membrane into which the exudate is converted, becomes thereby entirely insoluble, but it is also inoffensive, and soon comes away, even if unassisted by the forceps, leaving a pale healthy surface in view.

The writer lays no claim whatever to originality in the use of this preparation, but from the most satisfactory evidence of its utility.

As an aid, not a specific, in the local treatment of this most formidable malady, he again brings it to the notice of the profession, and with the assertion and belief that more favorable results can be obtained by the judicious application of this typical non-irritating antiseptic astringent, in preventing the growth and effecting the removal of the false membrane, than from the solvents (so called) taken collectively.

The commercial preparation is frequently contaminated by the presence of free nitrons acid. Some care is required, therefore, to obtain an article answering to the requirements of the United States Dispensatory.

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Meeting of the Detroit Medical and Library Association, Nov. 20, 1882.

The President in the chair. The secretary being absent, the reading of the minutes of the previous meeting was dispensed with, and Dr. Hawes was appointed secretary pro tem.

DIPHTHERIA.

The discussion on diphtheria was continued.

Dr. Reynolds reported a case of diphtheria, which was conspicuous by enlargement of the tonsils and considerable exudation. The larynx became more and more involved, especially on the third day. He made the patient inhale moist air and when the dyspnœa increased in spite of the treatment, he had him taken to a cold room, which seemed to relieve him. The moist air seemed to irritate the larynx. Later on the disease extended to the trachea, but the breathing was not obstructed. Stimulants (milk, whisky, etc.) were given, but the child died on the fifth day, from syncope or paralysis of the nervous centers, perhaps the cardiac ganglia. That there is some diphtheritic germ, communicable from one individual to the other, is probable. The bad hygienic surroundings that had existed in the case just reported could be regarded as auxiliary causes of the disease.

Dr. Jennings: I operated on a little child a week ago Saturday, for diphtheritic croup, which has done well, up to the present time. Of another case on which tracheotomy was performed, I cannot say anything as yet, because the operation was made this afternoon. It is said, that the operation of tracheotomy is not curative, but that it only relieves existing symptoms. I think that is not so. In this disease there is a congestion of the blood vessels of the neck, facilitating the formation of false membrane. Tracheotomy relieves this and prevents the formation of the false membrane. In cases where I operated this seems to have been the result.
Dr. Stewart: I look upon diphtheria as being both a local and a constitutional disease. I have never been convinced, that diphtheria extends to the larynx. I believe it confined to the pharynx and esophagus and that it may spread throughout the alimentary canal. I have seen it in wounds, around the arms, etc., but have yet to see a case among over three hundred, that confirmed me of its extension to the larynx. I think the dyspnœa accompanying it is caused by a swelling around the rima glottides. In 1860, when I first saw the disease, we used cautery with nitrate of silver. This of course only made matters worse. Gargles of the tincture of iron and hydrochlorate of ammonia are useful, as is also quinine.

Dr. Inglis: Dr. Jones of Leesville has had in the past two years a great many cases of diphtheria. I met him the day after our last meeting and wanted him to come here to-night. Being unable to come, he sends this short article, which is at the disposal of the society.

The secretary then read the paper, which appears on another page of this journal.

Dr. Douglas: I was very much pleased to hear the remarks of various gentlemen to-night and at the last meeting on the features of a disease, which I had to recognize unfortunately in the late epidemic. I am inclined to think, that tracheotomy mitigates the disease, and agree with Dr. Jennings as to its result. I believe in a specific taint in diphtheria, whether it is a peculiar condition of the system at the time of the attack or a germ. I regret that we have no real curative agent for this disease. It is impossible to reach the seat of the disease, when the nares have become affected. We can apply medicine with an insufflator, but when it has gone on for some time, this cannot be used and then only the atomizer remains, which is unfortunately too often inefficient, as was remarked by a gentleman to-night. Since our last meeting I have turned my attention to another kind of treatment, taking as the basis of my experiments the solubility of the false membrane in alkalies. It occurred to me, that if the mouth were rendered alkaline, the disease could not exist. I tested different mouths with litmus paper, and found all of them to be acid. In cases in which I have employed the alkaline treatment, the result has been most satisfactory. Unfortunately, I have not had a sufficient number of cases to form a criterion for this treatment. I use the bicarbonate of sodium and combine quinine with it.

Dr. Inglis asked whether the doctor thought that quinine was absorbed with such an abundance of alkalies.

Dr. Douglas replied that there was no trouble in that direction, and that the quinine was assimilated readily.

Dr. Shurly said that he saw the sodium bicarbonate treatment thoroughly tested, when he was a student. Thinks that Dr. Moore, of Rochester, was the originator, but is not sure. It was employed in Rochester for over one year, but finally abandoned. It was then that he learned the value of the alkalies and he has used them ever since. He uses the bicarbonate of sodium spray and the following powders:

\[ \text{R} \text{ sodii bicarb.} \\
\text{Sulphuris } \frac{1}{4} \text{ ss.} \\
\text{R} \text{ sodii bicarb.} \\
\text{Aluminis } \frac{1}{4} \text{ ss.} \\
\text{Iodoformi } 3. \]

Has also employed the benzoates, even giving them hypodermically, and the acids, but without success. The sulpha-carbonate of sodium, which is a favorite remedy of his for scarlet fever, was administered without beneficial result. The trouble is, that we have so many varieties of the disease, from common sore throat to what may be justly called diphtheria. There is no specific remedy for this trouble. He had tried neurine, advocated by Dr. Koch, but found it useless. He often uses alum and sulphur, and thinks Dr. Douglas' method of burning sulphur early very commendable, and that it should be more extensively adopted.

Dr. Carstens: I would like to ask whether any member of the society has
ever known a patient to have diphtheria twice.

Dr. Inglis: I think that our homeopathic friends are inclined to enlarge matters very much, and call everything diphtheria, but that it is very difficult to draw the line of demarcation with precision. Nearly all cases of pharyngeal diphtheria, where we can reach the seat of disease get well, but when the nares become affected the case takes on a different aspect and generally ends in death.

Dr. Shurly: In answer to Dr. Carstens' question, I will say that I have seen three cases where diphtheria occurred the second time. I defy any person to define, either in the English, French or German language, between diphtheria and common sore throat. I think physicians are justified to diagnose membranous sore throat as diphtheria, and isolate the case when the last named disease prevails. No doubt diphtheria often spreads from carelessness in this respect, a case diagnosed as membranous sore throat afterward turning out to be diphtheria.

Dr. Carstens: I agree with Dr. Shurly as to the prophylaxis of the disease. We should give the benefit of the doubt to the community every time, and if we are to err, err on the safe side. The disease is often not affected by any remedy whatever. I believe in the application of a weak solution of the tincture of iodine.

Dr. Lyster reported several cases, in which balsam of copaiba was given with benefit to the patient and said that this remedy had been recommended by Dr. Morell Mackenzie, of London, and Dr. Beverly Robinson, of New York. Most of the cases that he had treated in the last two weeks had been obtained from mild cases that were allowed to go to school. He stated that he had been misrepresented by the daily press in regard to closing the public schools on account of diphtheria. He never had had an interview with Superintendent Sill, and did not favor the closing of the schools. While he would not favor the suspension of the public schools at present, he would think it well that parents prevent little children from attending school when diphtheria is prevailing in its neighborhood. He would urge the members to try the alkaline treatment, and said that the proper dose of bicarbonate of sodium was one-half a teaspoonful every hour.

The society then adjourned.

Correspondence.

Malaria in Skin Diseases—A Correction.

Some time since the following paragraph appeared in the Michigan Medical News, and has been widely copied in the medical journals of the country:

"A century ago John Hunter divided all skin diseases into three classes, one of which is cured by mercury and the iodides, a second by sulphur, and a third class which the devil himself can't cure. Dr. L. P. Yandell, who quotes Hunter as above, is given credit for a much less complex classification than even this. He attributes all skin eruptions to malaria. Quinine is a specific for malaria; ergo, quinine is a remedy for all skin eruptions.

Q. E. D."

I trust that my confèrès of the press will do me the kindness and the justice to publish the correction now given, as the matter is not only one of personal interest to the writer, but is of scientific interest to the profession. The subjoined extracts are from a supplement to a report read to the American Dermatological Association, September, 1877. A copy of this report will be gladly sent to any one desiring it:

"From the criticisms which have been made on my views, I find that I have not succeeded in making myself perfectly understood. What I have contended for, and what I have reiterated, is simply this: Malaria is the chief source of acute skin disease. Scrofula is the chief source of chronic skin disease. The more inveterate cases of skin disease are often due to the coexistence of these two things. The specific exanthems, of course, are not included here, but I contend that their progress and termination are
often largely influenced by the presence of malaria or struma. I do not claim that malaria and struma are the sole causes of the dermatoses. Indeed, many of the dermatoses may exist independently of malaria or struma, and most frequently some exciting cause is necessary to develop the cutaneous eruption. Among the exciting causes are irritants, injuries, insufficient or improper ingesta, vicissitudes of temperature, alcohol, dentition, menstruation, parturition, lactation, etc. The proofs of the truth of my views are, in the first place, that the diseases of the skin are cured more certainly and more quickly by the anti-malarial remedies on the one hand, and by the anti-strumous on the other, than can be done by any other line of therapeutics; and in the second place, that careful and painstaking investigation will, in the majority of dermatoses, make apparent the existence of the malaria or the struma, as the case may be.

"In conclusion, I desire to impress upon the reader that my views are not confined to the skin diseases. What produces disease here will produce it in all other organs of the body. What is true of dermatology is equally true of gynecology and ophthalmology and otology, and it is just as true of the diseases of all the other regions of the body."

Subsequent observation has confirmed my belief in the correctness of these views. LUNSFORD P. YANDELL.

**Book Notices.**


The new features of this popular Visiting List are, a new table of poisons and their antidotes; the metric system of weights and measures; pathological tables, showing the relations of the present and metric systems. The arrangement of this book is not surpassed by any work of the kind, and comes in any size to suit the wants of the physician.

**The Treatment of Syphilis with Subcutaneous Sublimate Injections.** By John V. Shoemaker, A. M., M. D., Physician to the American Hospital for Skin Diseases, etc. (From advance sheets of Transactions of the American Medical Association.) Philadelphia, Pa.

**The Oleates and Oleo-Palmilates in Skin Diseases.** By John V. Shoemaker, A. M., M. D., of Philadelphia, Pa., Physician-in-charge to the American Hospital for Skin Diseases, etc. (From advance sheets of Transactions of the Pennsylvania State Medical Society.)

**The Therapeutic Action of Potassium Chlorate.** By John V. Shoemaker, A. M., M. D., Philadelphia, Pa. (From advance sheets of Transactions of the American Medical Association.)

**The Female Perineum.** By T. G. Comstock, M. D., Master in Obstetrics of the University of Vienna. St. Louis, Mo. (Reprint from St. Louis Clinical Review.)

**Use of the Ecraseur for Curing Deep-Seated Fistula in Ano.** By J. M. F. Gaston, M. D., of Campinas, Brazil. (Reprint from American Journal of the Medical Sciences for July, 1881.)

**Selections.**

Dr. Weil, of Stuttgart, gives the following interesting results of the examination of 4,500 scholars in the public schools of that town. The children whose ears were examined were between the ages of 7 and 14 years—boys and girls:

1. The normal ear perceives at a distance of 20 to 25 centimetres an ordinary whisper when there is not too much noise in the vicinity.

2. The difficulties of hearing are of an extraordinary frequency in the primary schools (Volksschulen); 30 per cent. of the children had defective condition in one or both sides. The proportion of children who did not hear within the normal distance was much larger.

3. The children of well-to-do parents were much less subject to auditory troubles than the children of the poor—in St. Catharine's school the proportion was only 10 per cent. This school is only attended by the children of the rich.

4. The relative number of functional lesions of the hearing increases according to the ages of the scholars.
The schools of the country—judging from 400 examinations—are in much better condition in respect of the hearing than those of the cities.

The nature of the lesions was found to be as follows: In 2 per cent. there was perforation of tympanic membrane, with purulent otorrhea; in 13 per cent. there were serous accumulations, masking the membrane; in 5 per cent. there was a posterior fold masking the orifice.

The greater part of the affected children had never been submitted to treatment. Many of them were not even aware that they had any trouble in hearing. A certain number of them were considered by their teachers as "inattentive," and were sometimes punished accordingly. The author concludes by saying that in all cases of scholars who are considered by their teachers as inattentive, and so reported, the ears should be thoroughly examined by a competent person. The sin of many such children is only a defective condition of the organs of hearing.—Monatschr. f. Ohrenheilk. New England Medical Monthly.

PALPITATION OF THE HEART.—The British Medical Journal says: In the appendix to the British Army Medical Department Report, Dr. Veale has given a summary of the ascertained or most probable causes of palpitation in the cases he has examined. Of these, malarial fever ranks highest, followed by intermperance, heat of climate, marching on active service, exertion generally, excessive smoking, hardships on active service and several minor causes. He does not consider that the pressure of the valise or of the belts now occupies a prominent place, as it formerly did, although it may still contribute. He speaks very decidedly of the injurious effect of excessive smoking, although he hardly assigns it to as high a place among the causes as we should be inclined to give it, especially when combined with drinking. But it is a cause which would be extremely difficult to abate, though probably something might be done in the way of issuing less "villainous stuff" to the soldiers than they are in the habit of smoking. "The soldier loves his pipe, and—its value as a 'carebreaker' may be, and I dare say is, very great; much caution would therefore be needed in any attempt to curtail this luxury, but in the meantime it would certainly be good economy on the part of the Government to insist that such deleterious substance as the 'twist' or 'stick' tobacco should never be sold in canteens, or issued to the troops on board ship or in the field." If any one doubts the injurious influence of this tobacco in the heart's action, we recommend him to test it by taking the sphygmograph tracings of even an habitual smoker, before and after indulging in a pipe of it."—Medical and Surgical Reporter.

TREATMENT OF ECLAMPSIA.—Dr. C. Breuse (Arch. f. gyn. xix, p. 218), recommends, for the cure of eclampsia, a strong diaphoresis, produced by hot baths, followed by wrapping up in flannels. He has made use of the same, not only during delivery, but also during the last months of pregnancy, and with success. Pregnancy was in no case interrupted by it, but oedema and albumen in the urine disappeared totally. The baths were kept at a temperature of 40°-45° C. The duration of the bath was half an hour; the patients were kept wrapped up in blankets after the baths for two to three hours. The same cure was also employed in hydric pregnant women affected with albuminuria, and here also the result was such a favorable one, without ever interrupting the normal progress of pregnancy, that we may well recommend future trials of the same.—Med. and Surg. Reporter.

ON THE USE OF CARBONATE OF AMMONIA SACHETS FOR BRONCHITIS.—M. Meiseus having observed the good effects of the atmosphere of a stable on those suffering from pulmonary diseases, which are rightly attributed to the emanations of carbonate of ammonia, he thought that continued yet moderate respiration of this salt might be useful in other affections of the respiratory
organs. After a serious attack of bronchitis he decided on trying on himself the effects of carrying a little bag round his neck containing little pieces of carbonate of ammonia. From the first day the amelioration was felt, and the cough soon disappeared entirely, while often persons who suffered from chronic bronchitis also obtained relief. The use of little bags of carbonate of ammonia are intended to produce the same result as the air of a stable or a gasworks.—Medical Press. Cincinnati Clinic and Lancet.

Arsenic in Chorea.—Dr. E. C. Seguin says: My own experience is in substantial record with that of Radcliffe and of Begbie, in that I have almost never known arsenic to fail to cure chorea, and often very quickly. I have almost always given Fowler's solution by the stomach in doses ranging from 3 to 30 drops three times a day.

It is exhibited largely diluted with water, usually half a tumblerful or from 3 to 4 ounces (grs. 90 to 120), and given after food, although I am now inclined to think that the importance of this latter caution has been overestimated, and is not as great as is that of proper dilution.

TREATMENT FOR GOUT.—Dr. N. S. Davis, of Chicago, recommends forty drops of an equal mixture of the acetated tincture of opium and wine of colchicum seeds, to control acute paroxysms of gout. This dose may be repeated in an hour, if necessary. Ofentimes one or two doses will abort what threatens to be a very severe attack. When the paroxysm is under control the same remedies may be continued in smaller doses, three or four times daily, if any gout remains. We have used this remedy, and can add our endorsement to this distinguished recommendation.—Med. and Surg. Reporter.

E. Pluribus Unum.—A Chicago physician recently delivered a woman of a fine healthy baby. The mother was on her way from Boston to her home in St. Louis, when she was taken ill. In the form for return of births enforced by the board of vital statistics for Illinois, the physician is required to state who is the father of the child. This it appears was a puzzler, for both mother and physician, but the latter satisfied his conscientious scruples by filling in the blank with E. pluribus unum.—Canada Lancet.

Diarrhea Remedy.—Prof. Wm. Thomson, of the University of the city of New York, recommends the following as a remedy for diarrhea:

B Plumbi acetatis, gr. xvi.
Pulv. camphorae, gr. xij.
Pulv. opii, gr. iiij.
Bismuth. subcarb., gr. xij.
Ext. gentian, q. s.

Make into 12 pills. Dose, one pill every hour to three hours, according to severity of disease.—The Medical Summary.

Experiment shows that the false membrane of croup is quickly soluble in pepsin. It also dissolves in situ from the fauces by placing the powder freely on the tongue and in the pharynx. A solution may yet be found to reach it with like effect.—Medical Summary.

Medical News.

We have been forced to notice lately, that some of our contemporaries "glean" freely from our columns, without giving us due credit for matter so taken. Guilty parties will please read these lines carefully and place them in a conspicuous site in their office.

A law forbidding the sale and use of toy-pistols has been passed by the Vermont legislature.

"I am very sick, doctor, am I not?" "Well, ah—ah——" "O, go on, doctor—do let me know my condition! Only if you wish me to believe you implicitly——" "What then?" "Don't tell me the worst!"
Original Department.

Deformities and Diseases of Joints.

By H.O. Walker, M.D., Professor of Orthopedic Surgery, Genito-Urinary Diseases, and Clinical Surgery, is the Detroit Medical College.

(Continued from page 384.)

CLUB-FOOT.

As I have already told you, the causes of congenital deformities are somewhat conjectural, yet if I may be allowed to express an opinion, I should say that congenital talipes is dependent upon some irritation of the cerebro spinal centres. Some authorities are inclined to the opinion that malposition in utero has much to do with these deformities. In some instances we cannot doubt that heredity is the source, a fact that I have noticed in a number of families. Mothers frequently assert that the cause is due to some impression received while carrying the child.

TALIPES VARUS.

The most frequent of the different forms of club foot is talipes varus, which consists of abduction of the foot by the tibialis anticus, aided very frequently by a partial rotation of the foot by the tendo-achilles, and in some instances, I think, by the tendo-achilles entirely. This, however, might be considered as partaking of the varo-equinus variety, yet I have seen instances where the division of the tendo achilles has been sufficient for its relief. The degree of varus varies in different cases, and may be so aggravated in some cases that the inner part of the foot lies in contact with the internal malleolus. We must consider that the plantar fascia often plays an important part in these deformities, and not that the muscles are entirely at fault. When this, as all other forms of talipes, has been neglected, and walked upon for a considerable period, the deformity becomes greater, and the bones of the foot irretrievably misshaped, and nature forms cushions of fat and tissues, thereby enabling the part to better bear weight; the joints become more or less stiff, and distortion pervades the whole leg as far as the knee.

A dissection of one of these old deformities would doubtless prove interesting and puzzling. Bones, ligaments and muscles, all undergo a marked change, adapting themselves to the amount of deformity existing.

LECTURE II.

Treatment.—The first question that presents itself for our consideration, is, how soon shall we commence the treatment of these cases?

There can be only one answer to this interrogatory, and that is, commence at once. The rational treatment of club-foot should
begin at birth. Any delay in these cases only diminishes the chances of ultimate results when treatment is resorted to. This is true also of acquired talipes.

The method or methods of treatment to be employed will depend at what stage the deformity is seen, for it will be noticed at our clinics that it is of rare occurrence that these cases are presented to us until long after birth.

Club-foot can be treated, first, by manipulation; second, by apparatuses; third, by tenotomy, subcutaneous or open. It is rare, however, that club-foot will succumb to one of these methods alone, and possibly in some cases a combination of the three will be necessary.

In very old cases of club-foot, osteotomy and tarsotomy may be required to correct the deformity. You observe that I place first in order manipulation. I do so for the reason that it is an essential factor in all cases of club-foot, and the prime one in treatment begun at birth. The early treatment has been objected to on the ground that the skin of the child is too sensitive to bear such pressure as is necessary to keep the foot in place. This is true of many devices for that purpose, yet we have at our command a certain material to which this objection is not valid, namely, plaster of Paris, and just here it will not be out of place for me to enter somewhat into detail as to the manner of using this valuable aid to orthopedic surgery, as you will have frequent opportunities to observe its use during the course.

Surgeons differ in their methods of using the plaster of Paris, yet with the same object in view.

We consider the plaster bandages as the most convenient, prepared as follows: using any coarse me-shirt cloth for the incorporation of the plaster; cheese-cloth is preferable, cut in strips four inches wide and five yards long, with the plaster equably incorporated. These bandages are easily cut in two or even narrower, according to the case for which they are to be used. Bandages rolled in this way should be kept in air tight jars or tin cans, so as to prevent their becoming hydrated. Another item of importance is, that plaster of Paris should always be fresh, and that procured from modeling plaster shops is the best.

When you wish to use them, drop them into a warm saturated solution of alum until they become thoroughly wet, when the refuse water should be squeezed out.

[Continued.]

Translations.

[From the Centralblatt für Chirurgie. Translated by H. Erichsen, M. D., Detroit, Mich.]

Excision of the Syphilitic and Venereal Chancre.

W. M. Sacharewitch, (Wratch, 1882, No. 33) Altogether fifteen excisions were made, of these only seven cases can come into consideration; five cases of primary syphilitic induration and two soft chancreas. In two cases of the former it is alleged no constitutional symptoms of syphilis appeared after the excision, in the latter there was primary intention in one case and the process of healing was shortened considerably in others. Concluding from this the author advises the excision of the primary sore in all cases.

Asportazione Completa del Laringe.

G. Bendaudi (Raccogl. med., 1882, 20 Lugl.) Ruggi made the attempt to remove an exuberant polyvid proliferation with the galvano-cauterknife from the larynx of a boy, ten years of age. When the patient was chloroformed and placed in Rose's position, Ruggi divided the larynx longitudinally and began removing the growth, but decided finally in view of the the excessive bleeding from the neoplasm, to extirpate the entire larynx. This was done (without the loss of blood) with the galvano cautery from below upwards, till but the head was attached to the ligaments of the hyoid bone when one apparatus failed, the second galvano-cautery
did not work well and Ruggi was forced to ligate the two lateral ligaments. The edges of the oesophagus were sewed together with the skin, a simple tracheotomy tube introduced and a oesophageal sound a demerse. The wound healed in 28 days, with hardly any rise of temperature. Deglutition was unobstructed and the neck had a normal appearance.

The tumor consisted (Taruffi) in a mass of adenomatous papillomas.

Oil of Turpentine in Diphtheria.

P. Hampeln (St. Petersburger Med.-Woch., 1852, No. 20). The author publishes a case of pharyngeal diphtheria, in a child, two years of age, that was attacked with severe stenosis of the larynx on the seventh day of the disease. It received a teaspoonful of pure oleum terebinthinae and two days later a small teaspoonful of the same remedy, by which it was cured and relieved from a terrible dyspnea. At the same time the paralysis of the soft palate and the arytaeno epiglotticus disappeared and no albumen was found in the urine.

A Foreign Body in the Nasal Cavity.

S. Peresvetow: The patient, a boy, 11 years of age, complained of chronic catarrh, pain in the nose and fector from the same at times. Eight years ago, he placed a hazelnut in his nose, which was, according to his statement, removed by a barber. His disease dates from then.

P. observed an elevation (one inch high) in the left nasal cavity, which, when examined with the probe, felt like curios bone. With a forceps, he extracted one-half of the shell of a hazelnut, which was covered externally with a grain-like deposit of lime. Since this little operation all symptoms of disease disappeared entirely and the half of the nose operated upon was free from all obstruction.

Night—Blooming Cereus (Cactus Grandiflora) in Rheumatism.

By Harvey L. Byrd, A. M., M. D., Baltimore, Md., Professor of Obstetrics and Diseases of Women and Children, Baltimore Medical College.

DEAR DOCTOR,—With the little time at my disposal just now, I do not see how I could better comply with your request for a brief communication for the pages of your interesting journal than by a few statements confirmatory of my experience, and the verification by myself and one or two of my confreres, of a suggestion of the value of cactus grandiflora in the acute, as well as in the other stages of rheumatism, contained in a short article of mine in the Philadelphia Medical Times of August 26th, 1882. It is doubtless true that some practitioners at the present day, now that salicylic acid and the salicylates have come so much into vogue and do really act so satisfactorily and well in rheumatism in many cases, that they "regard the therapeutical armamentarium complete" for successfully combatting that disease. With such the presentation of a new candidate for professional favor, for the management of the protean troubles designated and recognized as rheumatic, or rheumatism, might appear like carrying coals to Newcastle, and therefore a work of supererogation; I shall venture to say to your readers, nevertheless, that the night-blooming cereus is a remedy of real value in almost every form of rheumatism, and so far as my experience with its action has gone, I think it cannot be substituted or supplimented, even, with advantage, in some cases of that disease at least, by any other article of materia medica with which I am familiar. It relieves the painful heart symptoms, so often present in rheumatic troubles, whether they should occur during an attack, or subsequent to the subsidence of the acute symptoms of the disease. I consider it also a factor of much
value in lessening the momentum of the circulation, and thereby exerting antipyretic action in the inflammatory form of the disease; and I feel convinced that its early administration in an attack of rheumatism, has a salutary influence in preventing the distressing heart troubles, so often a sequel of that disease. I do not pretend to say that it is preferable to the various forms of salicin, and the salicylates, so much and justly esteemed by the profession at the present time, but I do not hesitate to reiterate, in this place, that it is, judging from what I have been able to see of its action in rheumatism, within the past several weeks, a most important and valuable addition to the remedies now in use in that disease. In a brief letter like this a report could not be given of course, of the cases in which it has been employed, and I have been compelled by the same cause, to merely allude to the more salient effects observed in its clinical action. I employ the fluid extract of the cactus, as prepared by Messrs. Sharp & Dohme, of this city, in eight to fifteen drop. doses, pro re nata.


Book Notices.


Through the courtesy of the secretary, Dr. Thomas F. Wood, we are in possession of this report, that is valuable especially to the sanitarian. Much stress is laid on the use of quinine as a means to prevent fever. Directions are given how to exterminate and prevent small-pox and how to vaccinate successful. There are other matters of interest that show that the meeting of the Board of Health and the Medical Society at Concord last spring was successful in more than one way.


Selections.

Dr. Kaufman's Experience with Iodoform.—Zurich K. has treated all recent wounds with iodoform for some time, sprinkling a thin layer of pure powder on the surface of the wound, and then rubbing it in with his fingers. According to the nature of the wound, it was either closed by sutures after putting in a drainage tube, or the sutures were omitted and the wound left open. In both methods, Lister's dressing was used after a thin strip of iodoform gauze had been covered over the wound. The observations by the author show that this plan of dressing will secure a perfectly aseptic course in patients of all ages, and observations in almost any region of the body, provided that the iodoform can be brought in direct contact with the entire wounded surface. K. refuses to accept the theory that iodoform is a perfect and reliable antiseptic, as Boifat claims. On the contrary, he thinks it is deficient in antiseptic properties. The author concludes that since he has observed erysipelas in a number of instances after the use of this antiseptic, it should only be applied in milder cases of injury, while in all serious cases, and especially after operation, the reliable and exact "Lister" should be retained. After the injection of a solution of iodoform in pylorium in cases where there was a fungous condition of the wound, an exaggerated inflammatory process was invariably observed. In this connection nothing more is to be expected of iodoform than of any of the ordinary so-called remedies generally used; therefore, for the present, we should retain the place of removing the pathological products preferably combined with antiseptics (as near as it is practicable) as being the most reliable. According to K., the theory that iodoform acts specifically in all wounds, cannot be entertain'd at all.—Deutsch Med. Zitang. C. W. T.

The Health of Criminal Women.—Dr. E. M. Mosher contributes an inter-
estine article on this subject to the Boston Medical and Surgical Journal. His observations cover a period of four years, and were made from 1704 cases of illness occurring among women committed to the Massachusetts State Reformatory Prison. He divides the women into three classes: Class 1, offences against persons and property. Class 2, offences against chastity. Class 3, offences against public order. His conclusions are that:

1. Intemperance and unchastity are the two vices which fill our penal institutions with women.
2. The influence of these vices is detrimental to health of body, increasing its susceptibility to disease and lessening its recuperative power.
3. The diseases which follow as a direct result of these vices are syphilis, alcoholism, dyspepsia, rheumatism and general anemia.
4. Morbid conditions of body react upon the moral nature, increasing and perpetuating the tendency to criminality; hence the importance of careful medical supervision is a reformatory measure.
5. More ample provision should be made in all large cities for the isolation and thorough treatment of venereal patients of both sexes, either by the addition of special wards to the general hospitals or by the establishment of hospitals for this class.
6. The women who commit high crimes, that is, larceny, burglary, arson, manslaughter, etc., possess a more sensitive nervous organization than those who commit only offences against chastity and public order.—Med. and Surg. Reporter.

Bronchocele Cured by the Hypodermic Injection of Tincture Iodine.

—Dr. O. W. Shindel says in the Southern Medical Record, that the following case shows how rapidly and radically some cases of bronchocele may be cured by the injection of iodine into the substance of the gland without any bad results or discomfort to the patient.

Mr. H., a lawyer by profession, aged 40 years, formerly of Cumberland, but now of Baltimore City, came to me in June, 1879, with a bronchocele as large as a good sized fist, situated immediately over the trachea. The tumor occupied the isthmus of the thyroid gland more particularly, but also extended into either wing. There was goitre in the patient's family on the mother's side. The enlargement of the neck was first noticed about eighteen months previous to my seeing the case; it was increasing much more rapidly, he thought, of late. The patient complained of a constriction about the faucæ, oppression of the chest with difficult breathing and an impending sense of suffocation which was increased when he lay down. From the firmness of the tumor and its general feel it consisted merely of hypertrophied glandular tissue.

Previous to his coming under my care he had been treated by another physician, for some months, by internal and local medication, but without any perceptible benefit or diminution in the size of the tumor.

On the first day of July, 1879, I injected (with an ordinary hypodermic syringe) deep into the gland forty minims of tincture of iodine of the following strength: officinal tincture iodine, three parts; alcohol, one part. The operation did not cause him any discomfort or the slightest inconvenience. There was a sensation of warmth complained of in the gland for a few minutes, but this soon passed off and at the end of a half hour the patient walked to his home some distance from my office. On the 10th I repeated the operation with as much comfort. The tumor had diminished rapidly in size after each injection, and on the 3d day of August, a little more than one month from the first operation, I made the third and last injection, which entirely cured the patient.

I have frequently examined the case in the last two and a half years, and there only remains a small indurated nodule about the size of a bean, which can only be detected by carefully pinching up the tissues. In making the in-
jection I was careful to avoid any cutaneous veins, and after thrusting the needle in the required depth to withdraw it slightly so as to disengage its point from any of the deeper veins.

This case demonstrates the fact that a strong solution of iodine may be thrown with impunity into hypertrophied thyroid tissue, when the patient’s general health is good, without setting up any inflammatory action, and by this means curing that unsightly trouble commonly known as goitre when it resists local and internal medication. When the proper precautions are taken, and there is nothing in the patient’s condition to contraindicate this procedure, I deem it a perfectly safe and a rapid means of cure.

ANGINA PECTORIS.—DEATH.—Dr. J. M. Stevenson reports a somewhat interesting case of angina pectoris in the Pittsburgh Medical Journal. A man, aged 64, temperate and active, after being engaged in active work all morning, ate a full dinner. Immediately afterwards, with a cry of pain, he sank to the floor, struggling and insensible. Brandy and strong aromatic spirits of ammonium failed to elicit any evidence of their irritant properties. After using a variety of remedies, six drops of nitrite of amyl were poured upon a handkerchief and administered very cautiously, allowing an abundance of air. After a few inhalations the face became flushed, pulse increased in frequency and fullness, respiration became quicker, in ten minutes all struggling ceased, and in twenty minutes consciousness returned. Three days subsequently he had a similar attack which was relieved by the same means, but on the evening of this day he had another, and no one being present to administer the amyl, he died in five minutes. A post mortem was refused,—Medical and Surgical Reporter.

SMALL-POX IN BIRDS.—Dr. Hewson, of Philadelphia, claims that he has traced this disease to the English sparrows’ nests. The senior editor of the Pittsburgh Medical Journal has seen the eruption of small-pox among the poultry of a family he was attending for that disease in 1849. The disease was manifested principally upon the head and comb of the fowl, and the parts beneath the bill not covered with feathers. These parts were covered with pustules resembling those met with in the human subject, closing the eyes and swelling the head to double its former size. The disease appeared to be contagious and was quite fatal.—St. Louis Clinical Record.

QUININE IN SPASMODIC COLIC.—N. R. Derby, M. D., Bergen Point, N. J., in the Medical Record, says: Some months ago, being in Prof. Frank Hamilton’s office, and saying that I had not read his paper on “Strangulated Hernia,” he kindly handed me, not only that, but the one also on “Posture in Colic,” both of which I have read with great interest, and the reading of which has brought to a focus a half-formed resolution to send you a few lines upon this last subject. That resolve is now three years old. It has been held in abeyance only to make assurance doubly sure, and because I am not at all inclined to “rush into print.” I should still be silent if not fully convinced that the suggestion I shall make will be of benefit to some sufferer from this peculiarly distressing complaint. Never having satisfied myself as to the cause of colic I am fully prepared to accept Dr. Hamilton’s theory of its origin as very probable, and also the conclusion that sometimes posture will cure it.

Without going into its pathology at all, the affection to which I refer is on this wise: First, a sense of abdominal fullness, not amounting to uneasiness even. After some time, possibly an hour, a trace of uneasy feeling lasting for a few seconds —after an interval of quiet, longer or shorter, a dart of pain at some point in the abdomen, enough to call attention, and again an interval of quiet, succeeded in a few moments by another and severer evidence of coming trouble. This state of things, which has always seemed like an alternate spastin and relaxation, may continue for an hour, or hours, and is at last succeeded by a pain which is agon-
izing and continuous, just as if the intestines had been suddenly folded and gripped in the hands of a strong man, and were being wrung as a washerwoman wrings clothing. I speak of this matter from the standpoint of a life-long experience. From boyhood until three years ago I have had abundant opportunities of studying this trouble in all its phases. That and a constantly recurring severe headache have always been accustomed, but very unwelcome visitors—so much so as to interfere very materially with my business. It would be without good to enumerate the remedies tried for the colic during this long period; ranging through the list of cathartics, antispasmodics, emetics, aromatics, stimulants, injections, alkalies, mechanical applications, anodynes, sedatives, and finally chloroform, for none of them were at all reliable, except possibly morphine; but this was exceedingly objectionable, leaving always behind a nausea which lasted for days, and was about as distressing as the original difficulty.

About three years ago, having endured a severe headache for some days, I concluded to try a dose of quinine, with the hope that it might bring relief, as it had done occasionally before, but before reaching my office from a lengthy visit, decided symptoms of colic were developed. Immediately on arriving I took ten grains of quinine, hoping thus to give the headache its coup de-grace, and so be allowed a free and uninterrupted contest with the colic. A patient coming in, claimed my attention for perhaps half an hour, and when allowed again to think of myself, I was surprised to find that the pain had not increased.

This was such an unusual thing, and so contrary to years of experience, that I could hardly believe in it. I, desiring to know what would follow, sat down quietly to wait and watch. Soon there began to come a sense of languor and drowsiness, and a hope, amounting after a time to a certainty, that for once I had escaped some hours or days of suffering. The question very naturally came to me, had the quinine anything to do with this unusual ending? Believing that it had, I of course determined to try it again. In the next two attacks the quinine was taken early, and with entire success. Being now satisfied of its power to prevent an attack, if taken in the early stages, and desiring to know what it would do if left to a later period, I allowed the next attack to progress until it was well established and certain of being severe. Then the quinine was taken, and in half an hour the pain was gone, and nothing remained but a sense of ease and safety.

Since then, now three years, I have taken it myself, and given it to many patients during these attacks, with complete success.

Remembering with gratitude the kind services of my professional brethren during many occasions of this kind in early professional life, and how consoling their care and presence was in these hours of suffering and anxiety, I have always been careful to remain with these patients, sometimes at great inconvenience, until they were better. Now I send a capsule containing eight or ten grains of quinine, and pay no further attention, being quite sure that I have done for them the very best thing possible, and have thus been saved many a night of tedious and unsatisfactory service.

IMPORTANT FOR SMOKERS. — In the chemical laboratory of the Board of Health, in Bremen, Dr. Kissling (Deutsche Medizinal Zeit., Aug. 7, '82) has made investigations in regard to the danger of smoking cigars. It would lead us too far, were we to publish his careful experiments and analyses in detail, but we will give our readers the results of the same. As grave poisons he found carbonyx, sulphuric acid, picrolin bases and nicotin. The first three cannot come into consideration, as they are too volatile, and present in too small quantities. Regarding the nicotin, however, he found that a very small trace only is burned up by the smoke, but that the stump becomes the richer in this narcotic substance, the
larger the cigar is, the more the end is chewed, the shorter the stump gets, and the oftener the cigar is lit. Conclusion: to avoid all danger, smoke a cigar not too thick or long, don't chew the end, smoke only two-thirds of every cigar, and throw it away as relighting becomes necessary. Never smoke a cigar after it has once gone out. Cigarettes are the least injurious of all tobacco smoking.—*Med. and Surg. Reporter.*

**Petrified Corpses.**—Every corpse that is taken to the Paris morgue is now quickly converted into a block almost as hard as stone. This result is obtained by Carré's chemical refrigerator, which is capable of reducing the temperature of the conservatory, where each body is laid out on something closely resembling a camp bedstead in stone, to 15° below zero centigrade. At the back of this room is a row of stove-like compartments, in which the corpses are boxed up and frozen hard before being exposed to public view. As an illustration of the intense cold thus artificially secured, a Paris journalist, in describing a recent visit to the morgue, says that in opening one of the compartments the attendant took the precaution to wear a glove, lest "his hand should be burnt by contact with the cold iron." The corpse which was taken out of its receptacle had been there for nine hours. The doctor who accompanied the visitor struck the dead man on the breast with a stick, and the sound was just as if he had struck a stone.

**Egyptian Treatment of Syphilis.**—In the course of an article on "*Medical Notes of Travel in Egypt,*" by Dr. Josiah Williams, in the British Medical Journal, occurs the following: "The native treatment of syphilis in young girls is very primitive and very barbarous. Close to the town (Sonakin), in the Red Sea, is a little island, called originally Sana Gin, and from which the town takes its name. The girl is taken across to this island by six women; she is then laid naked on her back; on each arm and each leg sits a woman, another on her chest. The operator, another woman, who is provided with a sharp sea-shell, scrapes away in the vagina until she is satisfied that all diseased parts are removed, and then, utterly regardless of the shrieks of the girl, gets a handful of sand from the sea, and rubs that in. The disease is then supposed to be cured by this rather rough operation—*Canada Medical and Surgical Journal.*

**New Anaesthetics.**—Dr. V. Mering, at the recent meeting of German Naturalists and Physicians, reported his experiments with two new anaesthetics: diethylacetat and dimethylacetat. The former has a burning pungent taste, the latter a disagreeable taste and smell. Both produce narcosis very rapidly in frogs and rabbits. There is slowing of the heartbeat, and finally weakening of respiration. In inhalation they act much like chloroform. Mering gave the diethylacetat to some criminals and found that it acted very well, producing narcosis with no bad after-effects.—*Med. Record.*

**Medical News.**

There are 120 medical colleges in this country.

The University of Berlin has 215 professors.

It is said that the number of medical journals published in the city of Philadelphia falls but little short of the entire number published in the whole of England.—*Southern Medical Record.*

The Peoria Medical Monthly has the following interesting items: A colored woman aged 103 died recently on Long Island.—Of 78 graduates of Yale who died in 1881, the average age was 77 years. The oldest was 96.—Dr. Hauxhurst, of Battle Creek, Mich., was a disbeliever in vaccination. He died in Paris of small-pox. Enough said.
Original Department.

Two Cases of Tracheotomy.

By C. G. Jennings, M. D., Detroit.

CASE 1.—John McDonald, æt. nineteen months. During the night of November 8th he began to cough hoarsely and have attacks of difficult breathing. This passed off the next day but returned the following night. He was first seen on the morning of November 10th. He then coughed croupy, was aphonie and showed slight embarrassment to respiration. Temperature 99°; pulse slightly accelerated; no exudate visible in the throat; no swelling of the cervical glands. The dyspnoea again became great toward night, and by noon the next day the stenosis had so advanced, that other measures having failed to give relief, tracheotomy was decided upon. The treatment to this time had been the use of the steam atomizer with a solution of bicarbonate of soda ten to fifteen minutes out of every half hour; the administration of two grains of quinine every three or four hours; expectorant doses of syrup of ipecac continuously, and emetic doses when the breathing was very difficult.

At 3:30 o'clock P. M. the child was in the third stage of the disease. The paroxysms had ceased, the dyspnoea was continuous and great, and cyanosis was becoming marked. Assisted by Drs. Campanu and Miner, with the patient under chloroform, I opened the trachea above the thyroid isthmus, incising the cricoid cartilage and enough of the trachea to admit a small canula. There was no exudate below the opening, and the child breathed freely. The tube produced no irritation, and the little patient slept quietly for several hours after the operation. Nine o'clock P. M.—Temperature, 102°; pulse, 150; respiration, 30. Has coughed up a little bloody mucus.

November 12th.—Passed a very quiet night; coughed but little and no difficulty was experienced in keeping the tube clear. Temperature, 101°; pulse, 140; respiration, 36.

November 14th.—Last night he coughed up a membranous cast of the trachea one inch long. The canula was removed to wash the wound. The lower part of the wound was healed by first intention.

From this time the case went on favorably. No diphtheretic exudate appeared on the wound and no complications arose, except a very slight bronchitis on November 29th and 30th. For several days previous to this the larynx seemed free from exudate, but the permanent removal of the canula was delayed until December 3, twenty-two days after the operation, on account of collapse of the anterior wall of the trachea, which would take place at every deep inspiration. The tube could be left out for several hours if the
child breathed quietly, but it would have to be replaced immediately if he began to cry. This condition, as I showed in the report* of a previous case, is quite liable in very young children to delay the permanent removal of the canula.

At the present writing the external wound has not completely closed but it is healing rapidly. Vocalization is perfect.

Case 2.—Lillie G., æt. 7 years and 8 months. This patient was taken ill with pharyngeal diphtheria November 10th. The exudate extended over the tonsils, pharynx, uvula and arches of the soft palate. There was considerable swelling of the cervical glands and the constitutional symptoms were quite severe. On the 15th, when the pharyngeal disease was declining, she became hoarse and aphonie, and in a few hours the shrill cough and dyspnoea indicated the extension of the exudate into the larynx. The treatment for the pharyngeal disease was continued, and the steam atomizer with sodium bicarbonate used every half hour. For five days the symptoms of laryngeal stenosis continued with varying severity. Encouraging remissions would take place every morning, and once or twice complete relief followed the separation of large pieces of membrane. The nocturnal exacerbations were quite alarming at times, but were not sufficiently prolonged to demand operative interference. The child refused to take nourishment during this period and became quite weak and emaciated. The course of treatment pursued was the administration of two grains of quinine in syrup every four hours; expectorant, and at times emetic doses of ipecac; stimulants in moderate doses; tincture of the chloride of iron; and the use of the steam atomizer almost continuously with a solution of sodium bicarbonate alternating with a very weak solution of sodium hydurate. Two emetic doses of turpeth mineral were given one night when the breathing was very difficult, but no relief followed. The morning of the 20th did not bring the usual remission, and early in the afternoon it was decided that tracheotomy offered the only hope of prolonging the patient's life.

The condition of the patient was quite unpromising for the operation. A thin diphtheritic membrane still covered the pharynx, uvula and arches; the glandular swelling had not entirely subsided. The dyspnoea was great, the face pale and perspiring, lips dark and finger nails blue; great depression of the epigastrium at every inspiratory effort. Pulse 160 and very weak. The little patient was completely exhausted by her long struggle for air. The only circumstance which gave me a particle of hope for the operation was the fact that the diphtheritic process had reached its height and was rapidly declining. If we could avert the impending suffocation, and by the relief it would afford conserve the patient's strength for a few days, the larynx would throw off the obstructing membrane and a cure follow.

At 3:30 o'clock P. M., assisted by Drs. Campau and Miner, with the patient under chloroform, I performed a laryngo-tracheotomy, incising the cricoid membrane and cartilage, and two or three rings of the trachea. A teaspoonful or more of pus came through the opening and a large piece of membrane was removed with the forceps. After the trachea was cleansed and appeared perfectly free below the opening the canula was inserted and respiration went on easily. 10 o'clock P. M.: Temperature 102°, pulse 140, respiration 24.

November 21. Passed a very quiet night, sleeping most of the time. Is much stronger. Temperature 99°, pulse 100, respiration 24; takes some nourishment.

November 23. Removed the canula from the wound this morning. A large patch of diphtheritic exudate extends downwards from the lower end of the wound. She coughed through the wound almost a complete membranous cast of about three inches of the trachea.

November 25. The slight extension of the diphtheria mentioned in last note has quite prostrated the patient. She again

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*New York Medical Record, Oct. 1, 1881.
refuses nourishment. Pulse 150, very weak; temperature 100°. The exudate on wound has been kept covered with powdered iodoform and it now has disappeared. The larynx also is clearing up.

November 26. Found the larynx perfectly free this morning. Left the canula out and dressed the wound with a large pad of absorbent cotton and iodoform vaseline. Liquid food comes out through wound in attempts to swallow. Temperature normal, pulse 180. Patient is very weak. Ordered peptonized beef, elixir of calisaya, iron and strychnia, and sweet cream and brandy ad libitum.

For two days this state of alarming prostration continued. Then her appetite returned. She rapidly gained strength, and in a short time was convalescent. At this time the wound is not entirely healed, but is closing rapidly. She is still aphonie.

These two cases are of considerable interest, since recovery took place in both, when there was apparently but little to be hoped, on account of the tender age of the patient in the first case, and the ashenia in the second.

The operation on children under the age of two years, has not been very successful. With some operators it has been so uniformly fatal, that they consider this age a contra indication to the operation. The most complete statistics of tracheotomy in the United States are published by Dr. Wm. M. Martin, of Mobile, in Gaillard’s Medical Journal for January, 1880. He gives a table of 32 operations on infants under two years of age, with five cures and 27 deaths, a proportion of one cure to 6 2-5 cases. Dr. Geo. F. Shrady, in a recent number of the New York Medical Record, publishes a successful case at the age of 11 months. This would make the published statistics, including the writer’s case, show seven cures in 34 operations.

I have considered these cases to be diphtheritic croup. Although in the first case there were no constitutional symptoms manifest during the whole course of the disease, the epidemic in the neigh-}

borhood and a clear history of long exposure, leave no doubt in my mind that the disease was diphtheritic in its origin. I attended a sister of the child, who had diphtheria, a week or two before his attack, and he remained in the room with her during her entire illness. Four other children, who were sent away, escaped.

544 Jefferson avenue.

Nitroglycerine.

By P. S. Root, M. D., Monroe, Mich.

GLONOIN was discovered by Sobrero in 1847, and since which time, in its various combinations, has been largely manufactured, principally for blasting and submarine operations. For the latter use its property of detonating under water makes it especially valuable.

In medicine this substance has not figured very extensively, nor have the experimental investigations regarding its applicability to the treatment of diseases been sufficiently adequate to mark out its definite sphere in therapeutics. Soon after its discovery it had for a short time some reputation in a few functional diseases, but gradually fell into disuse; possibly for want of proper knowledge in reference to its exhibition and physiological action. It was, however, not long doomed to obscurity, being prominently placed before the profession as a remedy for angina pectoris by Dr. Wm. Murrell, of London [which gentleman I notice has a monograph on the subject mentioned], and to him probably is due the present spirit of investigation in this country.

As yet, not much is known relative to the physiological action of nitroglycerine, except that it is a powerful toxic agent, even in minute portions, and that its effect is mainly upon the nervous system. In animals poisoned by it, the brain has been found both pale and congested; the lungs engorged and the heart empty. According to Murrell* two drops of a one per cent. solution will in man produce flushing of the face, a rise of the pulse-rate and a decrease in the fullness of the

*National Dispensatory.
arteries. These effects to be subsequently followed by intense pallor and faintness. Sometimes I have obtained results like the above with less than a one drop dose, and then again no such symptoms where several drops were given to persons with cerebral hyperæmia. From what research has been made, and from the pathological conditions in the diseases in which it acts with benefit, we may safely accredit its action mainly to that system of nerves known as vaso-motor. Given to a healthy person its usual primary effect is a determination of blood to the periphery, said to be due to vaso-motor paralysis. In this we cannot be too positive, for, as yet, we do not know by what mechanism the toxicity of the arteriols is maintained — whether there are constrictor and dilator fibers; or if one set of fibers may not, under dissimilar conditions, produce both dilation and contraction. Certain we are, that in normality a state of arterial equilibriy exists, and that nitroglycerine interferes with such equilibrium. If we allow that there are two sets of fibers (dilator and constrictor) governing the calibre of vessels, we find a ready explanation of how anæmia or hyperæmia is produced, viz., by spasm of the one or the other sets. Here, then, it follows that glonoin may act by simply relaxing spasm where either condition obtains. This it probably does, possibly on the principle of action and reaction. Says Bartholow: "To every action there is an equal and opposite reaction;" to be understood that where a function is abnormally stimulated natural forces tend to restore the function or even carry the sedative action beyond normal equilibrium. If we glance at the diseases in which this remedy has an admitted usefulness we shall find at least a hypothetical substantiation of the above theory.

Take angina pectoris—this is a disease in which the exact pathological state is unknown; yet it seems quite likely that the coronary arteries are at fault—a condition of spasm existing whereby the nutrition of the heart is interfered with.

Dr. Hammond speaks highly of glonoin in migraine, especially in the angiospastic form; also certain forms of epilepsy—maladies generally regarded as due to arterial spasm. For the past year I have used nitroglycerine in several (supposed) cases of cerebral anæmia, hyperæmia and congestion with a sufficient amount of success to warrant its recommendation. We do not regard these conditions as diseases per se, but they are symptoms due to perverted nerve action and consequent unstable arterial equilibrium. Says Beard: "The whole set of modern science is indeed now in favor of the view that the waves of blood into the nerve-centres, or out of the nerve-centres move in obedience to nerve force." Again: "Anæmas, hyperæmas and congestions, and the opposite states are the resultants of the state of the nerves of cerebro-spinal and the vaso-motor systems." The two following cases will conclude the study of glonoin:

Case 1.—Mrs. J., æt. 36, married and has one child, general appearance good, consulted me about one year ago for an almost continuous headache which she said had resisted all manner of treatment. Patient's strength was fair, and there was no constitutional taint; appetite good; pain in head was diffused and worse when standing; there were snapping sounds in the ears and frequently faintness. The heart was easily excited; the pulse somewhat rapid; the conjunctiva and retina pale. In fact many other symptoms common to cerebral anæmia were present. Her condition had been thought to be due to malarial poisoning and the various antiperiodics well tried. These failing, a trip from home had been advised and taken, without, however, any alleviation. With this array of facts before me and in view of further consideration and as an experiment; I gave pills containing 1-100 grain of nitroglycerine, four to be taken daily. At her next call, rather to my surprise, she reported herself better than before in a long time. I according-


*Medical Record, Vol. xx, 1881, N. Y.

+Neurasthenia, second edition, 1888.
ly ordered a continuation of the pills, five daily. They were taken for three weeks, when all pain and head symptoms had disappeared; nor has there been a recurrence since.

Case 2.—E. L., æt. 28, a strong and well developed man, weighing 160 pounds, presented himself four months ago with the following history: Six years ago he was severely shocked by lightning, so much so that he was thrown down and remained stupid for some hours after. This accident was followed by severe cephalalgia which finally became nearly continuous, though not at all times so intense. An exacerbation would follow whenever excited or overworked. The headache was not limited to any particular region of the head; epistaxis was usually profuse, and numbness of one or both arms at the time of a paroxysm. With the above the following was elicited by examination: Heart's action full and regular (74 beats per minute); tongue clean; appetite good; no digestive trouble; no history of syphilis. Patient complained of his head feeling 'like a load,' of 'spots before his eyes and sounds in ears,' of a growing loss of memory. The conjunctiva was deeply congested and the retinal vessels seemingly enlarged; the pupils were contracted; sometimes difficulty in distinguishing objects. The face was not flushed, nor did the carotid vessels pulsate abnormally; his nights were wakeful and when the paroxysm was passing off the pain would be confined to the occipital region, due probably to surcharging of the lateral sinuses. The above with other symptoms common to cerebral congestion existed, and I accordingly gave my diagnosis as cerebral congestion due to vaso-motor derangement, resulting from the shock received six years previously. He informed me he had consulted no less than fourteen different physicians during the six years. From some he had gotten temporary benefit, from others none at all. I first prescribed forty grains of bromide of potash three times a day. This gave slight relief, but nothing satisfactory. I followed with full doses of ergotine in combination with small doses of morphia and cannabis indica, but with little or no better effects. Not exactly knowing what to do, I ordered one drop doses of nitro-glycerine four or five times daily. I did not see my patient again for several days, but when he came in he was very much improved, having very little pain in head, though the eyes were still red. I ordered him to continue the glonoin for two or three weeks, and at the expiration of that time all symptoms had vanished. Eyes were perfectly clear and there was no fullness of head. I now stopped the n.-g. and put him on pills of strychnia and conium, but he had only taken these pills one week when he returned with his old trouble, caused, he thought, by "taking cold." I returned to the n.-g. in pills of 1-50 gr. three times a day, when again his trouble speedily disappeared. He, however, still takes the above dose and has not had a single recurrence of the trouble.

In conclusion I will say I have found the remedy quite useful in many conditions similar to those above noted. I have used both the solution and the pills—the latter put up by P., D. & Co.—with good results. I am therefore compelled to believe that glonoin takes an unoccupied place in the treatment of many of our vague forms of nervous derangements.

Medical News.

Out of 216 candidates who appeared before the Army Examining Board for positions as assistant surgeons, 39 were found qualified, 51 were rejected, and 126 withdrew after partial examination.

The Medical Register states that by the will of the late Prof. Ballour, who was killed while attempting to climb a peak of the Alps during the past summer, about $5,000 was left to Dr. Michael Foster, for the encouragement of the study of physiology.

Buchanan, the famous bogus diploma vender, is abroad again. It is said that
he has gone to Europe to continue his business there.

It has been discovered that cholera morbus can be prevented by vaccination, the same as small-pox. Take a good-sized cucumber, sharpen it at the point, lay bare the stomach and pierce it until the seeds begin to flow from the cucumber; then poultice the wound on the inside with a glass of brandy, to which may be added a little peppermint. This is worth trying.

"I wouldn't be in Egypt," said Mrs. McGill, last week, "for all the wealth of Creosote." Seeing a look of astonishment in the face of her auditors, she added: "Creosote, you know, was an old Roman god, and everything he touched turned into gold."

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**Book Notices.**

**ON SLIGHT AILMENTS: THEIR NATURE AND TREATMENT.** By Lionel S. Beale, M. B., F. R. S., Fellow of the Royal College of Physicians; Professor of the Principles and Practice of Medicine in King's College, London, and Physician to King's College Hospital, etc., etc. Second edition, enlarged and illustrated.


The reader cannot fail, after a perusal of this work, to be impressed with the importance of giving greater attention to slight ailments, which the author has aptly denominated them. He has conclusively shown why attention should be given to slight departures from normal health, frequently simple and often exaggerated by the patient, but oftentimes the forerunner of more grave phenomena. He also shows how they may be successfully checked and modified. Although these lectures were delivered before a class of medical students, they will not come amiss for ready reference and food for thought by the busy practitioner.

The style of the author is clear, concise, forcible and remarkably entertaining to the reader.

This work is one of the new octavo series of standard medical books published by P. Blakiston, Son & Co., and they are to be congratulated upon its clear typographical appearance.

**ANNAUS OF ANATOMY AND SURGERY.**

With the December number closes the third year of this valuable journal. It is the only journal published in the English language, solely devoted to anatomy and surgery. Published monthly, it gives to its readers exhaustive articles, from some of the ablest surgeons in this country and Europe, which are worthy of preservation and reference.

The "Annals" first originated as the organ of the Anatomical and Surgical Society of Brooklyn, but in the future its editors hold themselves sponsors for anything that may appear in its columns.

For the coming year articles are promised from such men as Prof. Briggs, of Nashville; Keetley, of London, England; Andrews, of Chicago; Hunter McGuire, of Richmond, and many others. As this journal is eminently representative of American surgery, it should find its way to the library of all that are interested in this department.

The editors are Lewis S. Pilcher, M. D., and George R. Fowler, M. D., No. 4 Monroe street, Brooklyn, N. Y. Published monthly. Price, $2.00 per annum.

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**Abstracts.**

Mr. Arthur E. Barker, F. R. C. S., recommends the following simple operation for varicocele, in the London Lancet:

Having three cases of varicocele to operate on, last autumn, I dealt with them as follows: two on one day, the other five days later. The skin of the scrotum was thoroughly cleansed with a five per cent. carbolic lotion, as also all instruments and the surgeon's hands, no spray being used. The scrotum was then pinched up between finger and thumb in the usual way, so as to include the veins and exclude the vas deferens; it was then notched with a scalpel, and through the opening thus made a needle,
SELECTIONS.

The article of Dr. D. Graham on Massage in the October number of the Popular Science Monthly contains a quotation from Mr. Charles Nordhoff's book on the Sandwich Islands, describing a practice which he found prevalent among the natives under the name of "lomi-lomi." It is curious as being identical with massage as now practiced in civilized countries, and Mr. Nordhoff does not seem to have observed the parallel. Writing in 1873, he says:

"Wherever you stop for lunch or for the night, if there are native people near, you will be greatly refreshed by the application of what they call "lomi-lomi." Almost everywhere you will find some one skillful in this peculiar and, to tired muscles, delightful and refreshing treatment.

"To be lomi-lomied, you lie down on a mat, loosening your clothing, or undressing for the night if you prefer. The less clothing you have on the more perfectly the operation can be performed. To you thereupon comes a stout native, with soft fleshy hands, but a strong grip, and beginning with your head and working down slowly over the whole body, seizures and squeezes with a quite peculiar art every tired muscle, working and kneading with indefatigable patience until, in half an hour, whereas you were sore and weary and worn-out, you find yourself fresh, all soreness and weariness absolutely and entirely removed, and mind and body soothed to a healthful and refreshing sleep.

"The lomi-lomi is used not only by the natives, but among almost all the foreign residents; and not merely to procure relief from weariness consequent on over-exertion, but to cure headache, to relieve the aching of neuralgic or rheumatic pains, and by the luxurious as one of the pleasures of life. I have known it to relieve violent headache in a very short time. The old chiefs used to keep skillful lomi-lomi men and women in their retinues; and the late king, who was

bearing a medium-sized twisted ligature (previously soaked for about an hour in the same carbolic solution), was passed. The veins were then allowed to slip backwards, and the needle was made to carry the silk forwards again through the same puncture, but this time in front of the veins. The latter were thus, of course, included in the two loops of silk leaving the scrotum by the same aperture. The ends of these were now tied tightly over the veins about one-eighth of an inch apart. They were then cut short and allowed to slip into the scrotal tissues. Everything was in the meantime protected from any contamination by frequent wiping with a carbolized sponge. A little padding of salicylated wool was the only dressing.

The results need only be briefly alluded to. There was a very trifling swelling around the seat of ligature for a few days, together with slight tenderness on pressure, otherwise nothing was complained of in the first two cases. In the third, considerable pain was felt for a day or two, and there was a little more swelling and tenderness. But in none of the three cases was there the slightest threatening of suppuration. The first left the house in ten days, the second within a fortnight, the last on the fourteenth day. They were then walking about without any discomfort, except the third, who, having had a very large varicocele, still felt a good deal of dragging in the loin on returning to his work, which was very hard, and some neuralgic pain. These, however, passed off later, under the use of laxatives for obstinate constipation from which he suffered, though he continued to work for long hours as a grocer's assistant. I watched all these three cases for several months, the last until quite recently, about a year after operation, and now regard all danger of the ligatures coming away as quite over. The latter could be felt under the finger as small knots deep in the scrotum tissue, which appeared quite normal. Whether they will ever come away remains to be seen, but this is immaterial, as far as the patient is concerned, for they give no trouble now.
for some years too stout to take exercise
and yet a gross feeder, had himself lom-
lomied after every meal as a means of
helping his digestion.

"It is a device for relieving pain or
weariness which seems to have no in-
jurious reaction, and no drawback but
one—it is said to fatten the subjects of

The Treatment of Typhoid Fever
by Salicylic Acid.—At the Academie de
Medicine, M. Vulpian (British Medical
Journal) reported that, in the course of
an attempt to treat typhoid fever by the
internal administration of antiseptics, he
had found that salicylic acid was the
most useful in reducing the temperature
of typhoid patients. He gives as much
as six grammes (a drachm and a half) a
day, in small doses of twenty-five to
thirty centigrammes every half hour. In
some, particularly young patients, delirium
is produced, and in others albumenuria;
this latter symptom is, however, very
frequent in typhoid fever, and it more-
over disappears when the patient is able
to take seven grammes of salicylic acid a
day. Under this treatment the tempera-
ture decreases from 3° or 4° Cent. (54° to
72° Fahr.) in forty-eight hours. M. Vul-
pian does not, however, pretend that sali-
cylic acid does more than reduce the
temperature; it does not shorten the dura-
tion of the disease, nor lessen its mor-
tality. Of all patients, however, which
were treated in different ways, those
under the salicylic acid treatment im-
proved most rapidly. § By interrupting the
treatment, M. Vulpian ascertained that
the salicylic acid actually was the cause of
the lowering of the temperature, which
action was continued during convalescence
if the treatment were carried on.—San
Francisco Western Lancet.

Catarrhal Conditions—Insufflation
of Medicated Powders.—According to
Dr. D. H. Goodwillie, New York, the
following powders have been found most
useful:

Number I.
B Benzoici, j.
Morphia mur, gr. vi.
Bismuthi subnitrat.,
Potassii nitrat., iv. 3 ss.

Valuable for its sedative action. To be
used in hyperemic conditions with pain.
In the beginning of an attack of rhinitis
coat the mucous surface with it.

Number II.
B Aluminis, 3 j.
Acacie.
Bismuthi subnitrat.,
Potassii nitrat., iii 3 iv.

Useful where a strong astringent is in-
dicated. In case of hemorrhage from the
nose, remove all the clot and immediately
blow in this powder abundantly until the
bleeding ceases.

Number III.
B Iodoformi,
Camphore, iii 3 j.
Bismuthi subnitrat.,
Potassii nitrat., iii 3 ss.

A good antiseptic. To be used where
the discharges are fetid, or where ulcer-
tion is present, or an excessive amount
of granulations: The camphor masks the
odor of the iodoform. These powders,
when impalpable, and with the therapeutic
integrity of these drugs preserved, can be
more effectually applied to the nasal pas-
sage than spray, and their good effect is
certainly more prolonged. For the gen-
eral practitioner they are vastly more
convenient than sprays.—Arch. Med.—The
Southern Clinic.

Jaborandi in the Treatment of
Pleurisy.—Dr. Dufour (Journal de Medi-
cine de Paris) relates the case of a child
six years of age, suffering from double
pleurisy, in which excellent results were
obtained from the use of jaborandi. Sev-
eral blisters had been applied without re-
lief, and at the end of two weeks the
symptoms were so serious that it was
feared that the effusion would become
purulent. One drachm of jaborandi was
ordered to be given in infusion. The
half of this amount had hardly been taken
when the child broke out into a profuse
perspiration; but without ptyalism. Dr.
Dufour believes that pilocarpine always
causes salivation, while jaborandi produces
sweating alone. On the day after the ad-
ministration of the drug the effusion had
disappeared and respiration was normal.
The patient went on to a good recovery.
—Medical Record.
Original Department.

The Metric System and its Opponents.

By R. A. Witthaus, A. M., M. D., Professor of Chemistry and Toxicology in the Universities of Vermont and Buffalo, N. Y., and of Physiological Chemistry in the University of the City of New York.

I HAVE carefully considered the objections to the metric system advanced by Dr. Lorenzo Hale, M. D., in the Clinic of November 1, but have not been convinced, for reasons which I should have stated at an earlier date had not circumstances prevented.

Dr. Hale’s objections are, if I understand him correctly, the following: First, The metric system is of French origin. Second, It is not natural. Third, Its introduction would involve changes in the dimensions of screws, dies and machinery at great expense. Fourth, It is decimal. Fifth, It is not commensurate with other systems.

Considering these objections seriatim:

1. The Gallic descent of the metric system we cannot deny. But are not the weights to which the opponents of metric so tenaciously adhere of the same lineage? The aviditupos, dear to the heart of the Teutonic vender of garden stuff, betrays in its very name, its French origin; while the Troy weight, which no physician of any degree of “experience” would trouble himself to unlearn, owes its name to the fact that it was imported into England from the French city of Troyes.

2. That the metre is not a “natural” unit has been admitted. The claim that the “inch or thumb” is any more natural is, however, based upon rather insubstantial foundation. If the “thumb” is to be our “natural” unit of length, whose thumb shall it be, that of the society belle or that of the “horny-handed son of toil?”

But neither thumb nor inch is the true unit of British measures. The inch is “no dimension,” but simply the 1-36 of the true unit, the yard, which was “natural.”

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if nothing else, as "the first ell was established from the length of Henry the First's arm in 1101." A standard long since gone the way to dusty death, and than which the bar of platinum at the mint in Paris is certainly preferable on the score of stability.

The unit of British weights was also "natural" although scarcely capable of ready reproduction; for we find that "by 51 Henry III, St. 1, Ch. 6 (1266), an English penny, weighing 32 wheat corns from the middle of the ear, was made the standard weight."

If Sir John Herschell has stated, as is claimed by Dr. Lorenzo Hale, that the earth's polar axis contains exactly 500,000 British inches, we must, with all due deference to the opinions of that illustrious astronomer, believe that he had the same fondness for round numbers as is manifested by the doctor, when he asserts that "an avoirdupois ounce is a thousandth the weight of a British cubic foot of water." A statement probably made to avoid the use of the "ugly decimals" required to express the true weight of the cubic foot of water; which, if determined in air at 39° 9 Fahr., and at 30 inches barometric pressure is 998.271+ avoirdupois ounces; or, if determined in vacuo, 998.7903+ounces.

"A decimal system founded upon the British yard * * would at least be just as good," says Dr. Hale. Granted, so far as its intrinsic merits are concerned; but as such a system would be in no way better, upon what ground could we suggest its adoption by nations now using metric? None, other than its British origin, which I fear would have but little weight with thinking men.

If other nations failed to adopt our decimally divided yard, we would fail to obtain one of the prime advantages to be gained by the adoption of metric; i. e., the use of a common system of metrology among civilized men. Mr. Adams, whose opposition to metric has been quoted so frequently, nevertheless wrote with regard to it: "This system of common instruments to accomplish all the changes of social and friendly commerce will furnish the links of sympathy between inhabitants of the most distant regions; the metre will surround the world in use as well as in multiplied extension; and one language of weights and measures will be spoken from the equator to the poles."

How is the statement that "the French standard has been found wanting," supported by fact?

The yard and inch were fixed, after many variations, by 18 Henry VI chap. 16 in 1439, while the metre was first adopted by the French in 1792. To-day, notwithstanding this start of three and a half centuries in favor of the English units, the metre is used exclusively by about 400,000,000 people, while the British standards are nowhere used exclusively, and are only legal among about 100,000,000 of the earth's population. Which is the fitter to survive?

The opinion of all Englishmen is not that of Dr. Hale, else why is it that the metric and not the British system is the basis of metrology in the most important colony of the empire, British India? And how is it that the British standards commission, composed of Messrs. Airy (Astronomer Royal), Lord Colchester, Cave, Lefevre, Sabine, Sir Th. Graham (Master of the Mint), Miller (of the Bank of England), and Chisholm (Warden of the Standards) should have used the following words in their report of 1868: "Considering the information which has been laid before the commission, of the general adoption of the metric system of weights and measures in many countries, both in Europe and in other parts of the world; * * * of the progress of opinion in this country in favor of the metric system as a uniform international system of weights and measures; and of the increased use of the metric system in scientific researches, and in the practice of accurate chemistry and engineering construction; we are of the opinion that the time has now arrived when the law should provide, and facilities be afforded by the government, for the introduction and use of metric weights and measures in the United Kingdom."
5. The expense attending a transition to metric is the main or only argument in the various quotations in Dr. Hale's latest paper. The same objection holds equally good against any proposed improvement, and if it were valid we should find ourselves to day without railway, steamboat or telegraph. Even the change suggested by Drs. Hale, Coleman Sellers and others to "amend what we have," would be attended by almost as great expense as a transition to metric, and when accomplished, would still leave us under the same disadvantage of being obliged to translate the technical and scientific writings of all other nations into terms of our hybrid system. Are the American people to acknowledge, that they are deterred on the score of expense from adopting an improvement which has been made by so many other powers of less resources? Let us rather insert an appropriation to cover the expense in the next river and harbor bill.

4. Apart from the question as to whether or no a change from our present decimal system of notation to the duodenal or senidenal system would be advantageous, upon which Dr. Lorenzo Hale has not pronounced; his objections to decimals constitutes a plea in favor of vulgar fractions.

So long as 10 remains the base of our system of notation, a decimal system of metrology is preferable to any other, as I believe any fair-minded critic will infer from the following examples. I desire to know how much linear shelving I require to place six shelves in a certain space in my library. Using metric, I find the space to be 1.338 metres, and I therefore require 1.338x6=8.028 metres. Using feet and inches, I find the space to be 4 ft., 4 in. + ½ + ½ + 1-16; and I therefore require 8 + 2 + 1 = 11; 11x6 = 66; 66 + 16 = 4 2-16; 4x6 = 24; 24 + 4 = 28; 28 + 12 = 2 2-12; 24 + 2-26; or, collecting the tag ends of all this vulgarity, 26 ft., 4½ in.

Again, I wish to determine the interest at 7 per cent. for a year on £132, 5s. 9½d. Excluding decimals, the process is as follows: 9x4 = 36; 5x4 = 240; 132x960 = 126,720; 1 + 36 + 240 + 126,720 = 126,997; 126,997x7-100 = 8,889 79-100; 8,889 ¾ +960 = 0 249 ¾ -960; 249 ¾ + 45 = 9 ¾; after which the remainders are picked out and the result is found to be £9, 5s., 9 ¾ d.

Now let us suppose that the British mind was less imbued with vulgar fractions, and that a decimal system was in vogue in England, the equivalent of £132, 5s. 9½ d. would be decimally £132.269, and the desired interest would be obtained by the simple operation, 132.269 x 0.07 = 9.259.

5. Dr. Lorenzo Hale must find some other cause for the alleged "hostility of the French metric system" than the assertion that "this French decimal system is founded on a basis which has no commensurate relations with any other system anywhere in use," for the very simple reason that the said cause does not exist.

In Mr. F. W. Clark's tables of the weights, measures, and money of all nations, the values of 867 measures of length and of weights of different countries are given in terms of metric and of British units with decimal fractions where required. Of these (not considering English, French and American units) there are 56 whose values in British units are expressed in integral numbers, while the values of 244 are expressed integrally in metric. It would therefore appear that, in fact, metric has closer "commensurate relations" with other units than has the British system (if we may use the term to apply to a plentiful lack of system) in the proportion of 244 to 56.

If we conclude that to be "citizens of the world" offers no advantage, and that we prefer to augment rather than to demolish the Chinese wall of incongruous metrology wherewith we are hedged, by seeking to build up a new "system coming from the Anglo-Saxon race," we find ourselves immediately confronted with the difficulty of choosing from among our embarrasing wealth of units that on which we shall "continue to improve." (But how continue that which has not been begun?) Of the 78 different, and in great part disconnected "dimensions," whereby things are weighed and measured in the United States and Great Britain,
which shall we select for our culturing process?

Of course we must choose some pre-revolutionary unit, as no American or Englishman who respects himself will consent to support any measure which has crossed the Atlantic since the separation. All things considered, it would seem that the barley corn for length and the wheat grain "from the middle of the ear" for weight, have by far the best claims of mouldy respectability. Let us incontinently cultivate them!

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Medical Education—Preliminary.

By G. E. Richardson, M. D., Chatham, Ont.

In attempting to record a few thoughts upon the subject which heads this article, I shall not, perhaps, advance anything new, as many abler pens have for years been trying to elevate the standard of admission to our profession. But agitation has always been the forerunner of progress, and owing to the earnestness of many noble champions of higher medical education, some advancement has been made, especially within the past few years. Those who have been foremost in the fight have been pained to see the apathy exhibited, either from pecuniary or other considerations, of those who failed to unite with them and at once place the entrance to the medical profession upon the high literary and scientific platform where it ought to stand. When our profession becomes a unit, medical colleges will be compelled to raise their standard universally, or die for want of patronage. The day is, we trust, not far distant, when any college claiming to be respectable, must insist on a thorough preliminary fitness in those desiring to commence the study of medicine. The higher the average literary culture of a class in the first year, all things being equal, the higher will be the standard attained scientifically at the end of the course. Every teacher of medicine knows how much more readily and rapidly he can impart instruction to a class educationally prepared to receive it, than to one not so prepared. It is a most incongruous thing for a young man who can scarcely write his name or read any author intelligently, to attempt to cope with the most rapidly advancing and most comprehensive of all subjects, medicine. I do not wish to particularize, but I have heard many able lectures delivered with clearness. Fall flat upon the uncultured ears of many in a class, owing to their inability to understand. The medical profession ought to be a learned profession, and the degree of M. D. to imply, without question, the possession of a good literary and scientific education, outside of the purely technical. What this particular standard should be, is a question upon which there are different opinions. Some advocate nothing less than the qualification of B. A. or B. S., while others think that having passed the matriculation for either of these degrees is sufficient. At all events, a thorough knowledge of English in all its main branches, with a fair knowledge of Latin, should be insisted upon. One or both of the modern languages, French and German, should also be required. Every man professing to be a scholar should know one or two languages beside his own. Un homme qui sait quatre langues veut quatre hommes. Whether this be true or not, we know that our views are much enlarged, and we are never so bigoted or exclusive, after having become acquainted with the thoughts of writers in languages not our own. There are many other advantages derived from a familiarity with the modern languages which it is not necessary to mention here, as they are patent to all. Whatever the standard of matriculation it should not err on the side of leniency, let it be high enough. Every young medical man should go into practice with an education of a sufficiently high literary and scientific character to give him a standing irrespective of his profound knowledge of medicine and surgery. A medical man who can converse on no subject but that of his profession is not very entertaining company, and is at a great loss intellectually and if, added to this, he is not able to express himself intelligently even on medi-
cal subjects, we need not wonder at the covert sneer, at the expense of the member of the "learned profession." The day is past when it can safely be left to a man's own persevering industry to remedy the defects of early training. The best guarantee that a man will be a student always, is that he commence the study of medicine thoroughly prepared for that work. To learn to be a student sometimes requires more labor than to learn to be a "doctor," and that important lesson having been learned, the very habit, the enthusiasm for knowledge engendered, will carry him forward as he must go in order to keep pace with the ever increasing advance of knowledge. A high standard then of matriculation will not deter any man who has the courage, self denial and heroism to undertake and carry out the duties of the medical profession. The more highly cultured our graduated show themselves to be, the more speedily will they gain the ascendancy among a progressive people, over the quacks and charlatans who reap their greatest harvests from the illiterate and uncultured. I am well aware that a book worm or a walking encyclopaedia is not best suited to the practical duties of medicine, but an educated man is much more capable of culling, appropriating and applying with least loss of time, the useful knowledge which is found interspersed through works on medicine and surgery. It is time enough to study medicine when the foundation has been laid broad and deep, and when habits of observation and of careful thought have been firmly fixed.

This work of 740 pages is based upon the summary of statistics of 1205 cases, occurring in the out-door department and hospital proper of the University College Hospital from August, 1865, to December, 1869. These cases serve for the texts of the various uterine diseases, which are commented upon by the author and show that his book is based upon carefully made investigations and observations. Every disease of the vulva, vagina, uterus, etc., is taken up separately, its cause, diagnosis and symptoms spoken of and its treatment described. Frequent allusions are made to American gynecologists, although he gives his own countrymen the preference. The value of this book is conceded, and as it comes (although not up to date) from the pen of so able a gynecologist, it is worth a place in every physician's library.

As we have intimated on a previous occasion, the thanks of the medical profession are due Messrs. P. Blakiston, Son & Co., for placing works of value and usefulness within the reach of every practitioner of medicine in this country, be he ever so poor.

_Formal of Topical Medicaments in Use at the Throat and Lung Department of St. Mary's Hospital. Michigan._ Geo. S. Davis, Publisher.

This little brochure is issued by Dr. E. L. Shurly. Physician in Charge, Dr. J. W. Robertson, Associate, and Dr. S. G. Miner, Assistant and is designed chiefly for use by the alumni and students of Detroit Medical College, at the request of which it was published. It may be had from the publisher. Price, 25 cents.

_An Old System and a New Science._ By F. E. Stewart, Ph. G. M. D. Published by Geo. S. Davis, Detroit, Mich.

This monograph at first makes clear the difference between honest and legitimate pharmacy and the proprietary medicine business and then gives an account of the suit of Allen & Hanbury's, a drug house of London, against Parke, Davis & Co., of Detroit. It provides interesting reading matter and can be obtained on application from Mr. Geo. S. Davis, free of charge.
The Teaching of Practical Midwifery in the United States.

We are sorry to say that the very important study of normal and abnormal labor at the bedside is much, if not entirely neglected in this country. The American student of medicine derives almost all his knowledge of obstetrics from books, and is frightened out of his wits after graduation when the first case of midwifery occurs in his practice. Even our neighbors, the Canadians, demand that the student must have had at least six cases of childbirth, and he must have attended to them himself and not have been merely a looker on, before he can become a candidate for the medical doctorate.

Should it not bring the burning red of shame into our face to think that not a few, but hundreds of students are graduated in this country annually without having ever seen a case of labor?

This is well illustrated by the letter of a young medical man, now studying in Vienna, to the Philadelphia Medical News, as follows:

"I graduated without ever having examined a pregnant woman or seen a single delivery, and was licensed to go out and get experience at the expense of my earlier patients. But the first two weeks I was here (there are 10,000 births a year) I saw two craniotomies, several forceps cases, and numerous births, and in a month I have learned more of practical obstetrics than in a whole winter of didactic lectures. That is the system that drives men abroad who wish to have some experience before they practice."

Who is to blame for this? Certainly not the medical profession, but the aesthetic public. Seldom are the doors of women's hospitals and lying-in asylums open to medical students and we fear that many a year will pass before a change is effected.

Obituary.

Samuel White Thayer, A. M., M. D., LL. D.

Another pure soul has gone above the clouds. Professor Thayer, of the Medical Department of the University of Vermont, is among the dead. He was certainly the most prominent medical man in Vermont, esteemed by the public, loved by a large circle of friends, and adored by his pupils. The writer of this brief biography was among those who had the pleasure to listen to his last course of lectures on Hygiene, which he delivered in spite of old age and malady. Well he remembers the old gentleman with the kind expression in his face and the snow white hair as he told of his experiences in sanitary matters, and of his travels in all parts of the world. For he had not only seen Continental Europe and the British Isles, but also the burning sun of India and the pyramids and deserts of Africa. He was born on the 21st day of May, 1817, in Brantree, Vt., and after receiving a good preliminary education, took his degree of M. D. in 1838. In 1864 he was appointed Surgeon-General of Vermont, by Governor Smith, which office he filled to the satisfaction of all with the ability that was characteristic of him. In 1870, at the request of Governor Smith, Dr. Thayer went to Minnesota and organized a system of medical service for the employees of the Northern Pacific railroad, who were scattered through the state from Lake Superior to the Red River of the North. It was then that he was invited to take up his residence in the
SELECTIONS.

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Some Rare Incidents in Chronic Blenorrhoea of the Male Urethra.—The pathological anatomy of chronic blenorrhoea in the male urethra has been hitherto very deficient, and therefore the therapeutical means are also defective. This is very easily explained by the very rare occurrence of death in persons afflicted with chronic blenorrhoea. The two following cases in which autopsy was made, throw some light on the pathological conditions of this disease. In both cases there were excrescences on the surface of the urethra. These excrescences have been very seldom referred to, but Morgagni had already mentioned them in A. D. 1745; also Hunter, 1835. Rokitansky mentions them especially as growths, substituting the callosities of the urethra, which have sometimes a papillar structure and an appearance like condylomas. Birsh-Hirschfeld says that poly­pous excrescences are very rare in the male urethra, but more often found in that of females. The question whether these excrescences are true gonorrhceal warts, or whether they result from a so-called gonorrhceal abscess, is not yet solved, but the treatment would be acc­ordingly a very different one. Our first case was that of a laborer forty-nine years of age, who began to suffer from blenorrhoea urethrae eighteen months before his death, and who had also balanoposthitis and periurethritis, followed by formation of abscess, which was opened through the perineum. A bougie of two mm. passed the urethra. At first the flow of urine and pus was free through the opening of the abscess, but soon infil­tration of all the soft parts from the angu­lus penoscrotales down to the tuber ischii followed, with gangrene of these parts, from the effect of which the patient died. The autopsy showed a stricture of the urethra in the highest degree, hyper­trophy of the bladder, suppurrative cystitis, and gangrenous periurethral infil­tration. The urethra showed in the fossa scaphoidæ two elevated red spots two
cm. in diameter, and contrasting by their color with the surface of the scaphoid fossa and the post-scaphoidal region. The region about the caput gallinaginis was discolored. The surface was rough, the most part in suppuration, and near the orificium urethrae there were excrescences. The microscopical examination showed excrescences in the scaphoid fossa distinctly different from the normal papillæ. They consisted of hyaline granular substance, with some epithelium. On the surface of the post-scaphoid part there were about seventeen excrescences about 1 mm. high, of a fibrinous connective tissue, with cylindrical epithelium. The pars membranacea was filled with filiform excrescences, and here the mucous membrane looked like that of intestinal rugae. The excrescences were virtually another chaotic factus developed from his cheek. The person referred to was G. W. Lytle, a young man of twenty-four, residing at Connellsville, Pa. His only peculiarity was a deep scar on the left cheek. Dr. Pancoast then gave the class an account of the operation, of which there had been but three performed, one each in London, Paris, and Philadelphia, and which consisted in cutting apart two children who were congenitally attached. The operation was performed twenty-four years ago, by Prof. Joseph Pancoast, when the young man at the clinic was an infant of seven months. The child was born with an appendage growing from the left cheek, which was nothing else than an imperfectly developed infant, with hands, feet and trunk, but no head. The operation was performed at a clinic in Jefferson Medical College, and was witnessed by many of the prominent physicians of the city. The operation was fully described in the Medical and Surgical Reporter by Dr. R. J. Dunglison. It was considered bold surgery, but Dr. Pancoast was confident of its propriety, and accordingly performed it, with what success was shown by the presence of the patient himself, nearly a quarter of a century later. An interesting feature of the operation is its having been performed with the écraseur, then a new instrument, and the first of the kind ever used in America, and brought from Europe by the elder Pancoast. Upon dissection the monstrosity was found provided with heart and gastro-alimentary tract, as well as the organs already referred to. The case attracted considerable attention abroad, and at the request of the eminent English surgeon, Sir James Paget, a cast of the detached mass and a photograph of the child before the operation were furnished to the museum of St. Bartholomew's Hospital, London. Dr. Pancoast exhibited a copy of the daguerreotype sent to Sir James Paget, and said he would have a photograph of the young man taken after the interval which has now elapsed, and which testifies to the wisdom and success of the operation.—College and Clinical Record.
Acute Nasal Catarrh and the Importance of its Early Management.

By W. Cheatham, M. D., Lecturer on Diseases of Eye, Ear and Throat, University of Louisville; Visiting Eye, Ear and Throat Physician to Louisville City Hospital, Kentucky. Infirmary for Women and Children, and Masonic Widows and Orphans Home.

The horror (imagined) of acknowledging one has nasal catarrh causes many simple cases to pass into incurable. It is strange how the public view this subject. I don't think I would exaggerate should I say 90 per cent. of the people living in this climate suffer from nasal catarrh. It is both amusing and surprising to observe the stealth with which our fashionable women and men enter my office for fear some friend will observe them and learn of their trouble. They enter it more as if they were going into a shop with three balls hanging over the door. I am sure they will neither pawn their honor nor social standing by acknowledging they have nasal catarrh and attending to it in its earlier stages, but will save themselves many days of discomfort.

I wish in this paper to speak more of the disease in its acute form; its cure; the importance of early attention to "colds in the head," and prevention; shall incidentally refer to some local medication, as prescribed by some physicians, in the more chronic cases.

Of the symptoms of acute coryza, or acute nasal catarrh, I expect all of us have had practical illustrations. Who of us, after a sudden exposure to cold, a sudden suppression of perspiration from sitting in a draft after a violent exercise, or having worn thin soled shoes a damp day, or having been in a room where the air was saturated with foreign particles of some kind, or with fumes of some acid, have not had chilly sensations extending over the body, followed by some febrile action, with a feeling of fullness, dryness, heat and prickling sensations in the nose, lasting a few hours or more, and followed by a watery discharge from mucus membrane of nose? I feel assured most of my readers have painful remembrances of such a condition of things. This is the groundwork for many future attacks unless attended to, and finally a chronic, incurable case of nasal catarrh or naso-pharyngeal catarrh, with its complications, laryngitis, deafness, noises in the ears, etc. The first and several subsequent attacks may apparently disappear without any treatment. Such is not the case, however, as you will soon painfully realize. Each cold has left the mucus lining of the nose in a worse condition than it was previously, and also has multiplied the dangers of
relapse many fold. Just here is where attention is needed; just here is where it is neglected. I think it better to refer to prevention of this disease first.

There are many theories advanced as to what "a cold" is.

Rosenthal says: "The immediate effect of cold acting on the surface of the body is to excite contraction of the peripheral vessels by which the blood is driven from the surface in upon the internal organs, and acts there as an irritant, exciting inflammation."

That this is not true, inflammations of ocular conjunctiva, and of the nasal mucus membrane, of which I am now writing (acute coryza), prove. For here we have superficial tissues, not internal organs that are more often affected.

Steitz thinks it is the result of the interference of the nutritive changes of the part, these nutritive changes being the heat generation. If the cold does not entirely check the nutritive changes, a simple inflammation only results. If the heat production is checked entirely, death or gangrene of the part results.

There is a great difference in the effects of checking profuse perspiration, this difference depending upon the cause of the diaphoresis. Take a person who has by violent exercise, say rowing, running or working, brought on a profuse perspiration; here almost every organ of the body is brought into use, to repair nutritive changes and carry off the waste; one of the effects is an excitation of the sweat glands; stop this diaphoresis suddenly by a cold plunge, or a draft, serious consequences may result; here the heat generators (nutritive changes) were internal. Again let the heat generator be external, such as is a Turkish bath, the cold plunge or douche that follows, stops the perspiration, yet all the internal organs were at rest, and no serious result follows. So we see, of the many theories advanced in explanation of "taking cold," none give entire satisfaction. It depends upon the loss of animal heat; how this produces it is yet to be discovered.

We recognize usually three factors as necessary to the production of cold:

"Low temperature, air in motion, and moisture." How are we to prepare ourselves to combat the baneful effects of these three factors? The external surface of the body, the skin, is the portion upon which they act. To guard against this then, it must be properly protected, and kept in a normal condition. To protect it we depend upon clothing. Of this neither too much nor too little must be worn. Keep the body comfortable. In winter don't muffle up too much. Neck mufflers especially are very injurious. They excite usually profuse perspiration, and when removed, evaporation and consequent rapid reduction of temperature follows. Don't keep your rooms too warm, so as to make a hot house plant of yourself. Be careful to remove all wraps as soon as you enter the house; wraps that are difficult to remove and put on are extremely objectionable, for we often wear them in the house, whereas, if the wrap was easily cast off, we would be likely to throw it aside even if we were to remain only a minute or two.

Extreme care should be shown in selection of hose and underwear for winter. Get them all of as near texture as possible; wearing thick hose this week and thinner next results in harm.

Different underclothing should be worn night and day; that worn during the day should be removed and turned wrong side out to ventilate.

Too much cannot be said against the common habit of wetting children's hair every time it is combed. If, instead of water, bay rum or some other slight stimulant be used, no harm will result. I have seen hundreds of cases of nasal catarrh and deafness arise from wetting children's hair. Of course no treatment does good as long as the habit is kept up. It has also been my observation that it is much better to let children be out doors as much as possible; keep them dry.

The liability to catch cold can be greatly ameliorated by daily baths, in cool water followed by friction with rough towels, or hair mittens and strap; on getting up in the morning is the time.
The clothing should be removed and water as cool as can be borne (judge by the length of time it takes reaction to follow) used over the body with a sponge, then the rough towel or mitten and strap, (the latter for back and shoulders) to be used thoroughly, till the skin is aglow. When reaction comes slowly a small quantity of sea salt or common table salt can be added to the bath. This should be persisted in for months; it soon becomes a great pleasure. A great many colds are produced by removing shoes, and putting on slippers as soon as one enters the house; if the patient persists in wearing slippers, the evil may be partially corrected by cold foot baths, with after friction.

Phosphorized iron and cod-liver oil given when they can be borne by the stomach, or ammonia muriate gr. xx, with cinchona, greatly ameliorate the tendency to head colds.

Dr. Lennox Browne in his excellent work on Diseases of the Throat, gives us several formulæ for local application to combat this tendency. One of the best is as follows:

B. Acid carbolici, gr. ij.
   Iodini, gr. iij.
   Atropini, gr. ss.
   Vasaelli, j.

M.

Remove to nostrils twice a day with camels hair brush, and sniff back into throat.

Another to be given internally to arrest head colds is:

B. Ammonii chloridi, gr. xx.
   Tinct. opii, m.v.
   Decocti cinchonae fl., j.

To be taken three or four times a day. As an anti-catarrhal smelling salt, the following:

B. Acid carbolici, gr. xx.
   Ammonii carbonatis, j.
   Pulveris carbonis lequi, j.
   Olii lavandulae, m.xx.
   Tincturæ benzoini compositæ fl., ss.

M.

I use as often as any other local application in sub-acute nasal catarrh what is known as Dobell's solution, with slight modifications to suit individual cases. As a cleanser in chronic nasal catarrh it cannot be surpassed. The following is the formula:

B. Acidi carbolici, gr. j.
   Soda biborate, D. of.
   Soda bicarb., iij gr. ij.
   Glycerini, j.
   Aqua, j.

M.

Apply with spray or post-nasal syringe.

Suppose we have a severe cold, how is it to be corrected or its course abbreviated? Remembering the cause of "the cold" (the loss of animal heat) the reinstatement of what has been lost, is of course the first indication. If the abortive treatment be begun in the first or febrile stage, or even in the second stage, great and lasting good results.

What we wish to do is to produce a copious perspiration. The sweating itself is only an indication that our object has been attained. The supply of animal heat is our aim. The perspiration then is only a symptom; the earlier it can be produced the more the gravity of the cold is reduced. How can this be done?

A hot tea or lemonade at bedtime, with a hot foot bath, and, for an adult, ten grains Dover's powders, with warm covering, will soon produce diaphoresis. Should this fail, a hot air bath may be given in addition, by placing patient in a chair, enveloped in blankets touching the floor, and put under the chair a lighted alcohol lamp. Should much fever exist at the time, good results will follow the administration of quinine sulph. gr. x, at bedtime, in connection with the Dover's powder, to be followed by quinine gr. v in the morning. Objection is urged against this course of treatment, because it is thought one is more liable to catch cold on getting up in the morning; there is very little danger if the body is cooled slowly by removing a little of the bed covering at a time and remaining indoors several hours after dressing.

Other remedies, such as acetate of ammonia and tincture belladonna, are highly recommended to subdue acute coryza; chloroform at bed-time, till anaesthesia is produced, is highly recommended by Cohen. It is, I think, too dangerous to
recommend, and, besides, I am sure other remedies, already cited, much more simple and less dangerous, are equally efficacious. Steam locally, either medicated with chamomile or compound tincture benzoin, often gives immediate relief for some hours; it can then be repeated. Warm solutions of ammonia muriate gr. ij. to gr. v. to water 3 j.; or Dobell's solution with glycerine united, applied by means of atomizer or post-nasal syringe, are excellent. The solutions of ammonia, weak or medium in strength, are not at all painful, and do as much good if not more than the stronger ones. I think the use of the ammonia muriate saturated solution cannot be condemned too strongly. I have often seen irreparable damage come from its use. One case lately has come under my observation. Miss H., æt. 12, had had such a solution thrown post-nasally by means of a syringe. The pain and shock was intense. She was confined to her bed for several days afterwards. An abscess formed in superior fossa of right nare discharging through upper and inner corner of right orbit. It had no connection with frontal sinus. By enlarging opening and use of cotton tents and syringing, it was finally healed after several weeks' treatment, with some resulting deformity. This is one of the few cases in which I have seen bad results. I am sure such treatment often results in great harm.

Upon you, gentlemen, general practitioners, the responsibility of early and proper treatment more particularly falls. How many of you pay any attention to what is known as "a cold in the head." The usual advice is to let it alone; it will come all right. In ninety-five cases in a hundred it does not come all right unless treated properly. As I said in the first portion of this article it not only leaves the patient with slight catarrh, but also renders an early relapse most probable. To you, gentlemen, then, we must leave the proper early management of such cases, as we specialists scarcely ever see them in the acute stage.

In conclusion, I beg of you to consider a "cold in the head" as a more serious matter, and you will save suffering humanity many a pain and ache.

Louisville, Ky.

Valedictory.

WITH the present issue closes the first volume and the present form of existence of the CLINIC. Our publisher has purchased the Michigan Medical News and will combine the two journals under the name of The Medical Age, with the following editorial staff:

MANAGING EDITOR,
JOHN J. MULHERON.

ASSOCIATE EDITORS,
HENRY F. Lyster,
Theodore A. McGraw,
Daniel La Ferté,
Henry O. Walker.

For the first year, at least, the new journal will be issued twice a month, will contain 16 pp. in each issue, and its subscription price will be $1.00. It will be strictly independent in its editorial utterances as well as in its editorial supervision of contributions, the sole interest of its editors being in its success as an educational rather than as a financial venture. The latter is exclusively a matter of the publisher's, whose facilities are such as will ensure the success of The Medical Age in this regard.

We desire to cordially thank our friends for the support which they accorded the CLINIC. This support exceeded our most sanguine expectations and was satisfactory in the highest degree. We are convinced that in entering upon the new arrangement we are acting in the line of professional interests, and it is this conviction alone which has induced us to consent to the merging of the CLINIC. We solicit for The Medical Age a continuation of the support, so highly prized, which was enjoyed by its predecessor.

The publisher announces that unexpired subscriptions to the CLINIC will be filled by The Medical Age, and that subscribers who may object to this arrangement can have their unexpired subscription refunded on application.
Selections.

How to Make a Poultice.—The following paper, on a very important practical subject, is contributed to the October number of The Practitioner by its editor, Dr. T. Lauder Brunton:

At first sight the title of this paper may seem to many of our readers absurd, and the idea that medical men require any instruction in making a poultice preposterous, but we have been led to write it from seeing that many students and some practitioners do not distinguish between the proper methods of making a poultice for surgical and for medical use. Many, perhaps most, students spend a great part of their four years' curriculum in surgical study, and devote a comparatively small portion of it to medicine. This may partly be the reason why they do not learn the best ways of making poultices for the relief of internal pain; but another reason is, that in hospitals poultices are made in certain ways for the sake of cleanliness and economy, and these ways are not always the best possible for private patients, although they may be the best under the conditions which obtain in hospitals. Everyone knows the relief which a poultice affords when the finger is inflamed, and has noticed how the painful throbbing diminishes after its application. Most people have noticed also that dipping the finger in cold water has a similar action, and it seems strange to many that the opposite conditions of heat and cold should leave a similar effect. The reason, probably, is, that both heat and cold lessen the force of the impulse with which the blood is driven through the dilate arteries of the inflamed parts against the block which exists in the capillaries. Cold causes the afferent arteries to contract, and lessens the impact of the blood by diminishing the quantity sent to the inflamed part; a poultice lessens the impact by dilating the capillaries surrounding the seat of inflammation and affording a ready side outlet into the veins. In surgical cases we usually use the warmth and moisture of the poultice to act directly on the surface. We therefore make the poultice with crushed linseed, or with linseed meal and oil; spread it on some tow and apply it to the skin without anything intervening. But useful though this method may be for wounds, ulcers, and abscesses, it is not the best form of application in cases of inflammation of the thoracic and abdominal viscera, or where spasm is present without inflammation. In such cases we may, no doubt, do some good by applying the poultice to the surface exactly as in surgical diseases. We may draw off some of the blood to the surface; and we may also exercise a reflex action through the nerves upon the vessels of the inflamed organ below, but this will not be so great if we influence the surface only, as when we allow the heat to penetrate to the inflamed or irritated organs themselves. If we apply the poultice directly to the skin, it must be allowed to become tolerably cool before the patient can bear it, and thus half its advantage is lost. In order to relieve spasm, as in colic—intestinal; biliary, or renal; to relieve inflammation of the pleura, the lungs, the liver, or other organs, we want to apply the poultice as hot as possible, while we protect the skin from being scalded. In order to do this, a flannel bag should be prepared, a convenient size being twelve inches by eight; this should be closed at three edges and open at the fourth; one side of it should be about one inch or one and a half inch longer than the other; and it is convenient also to have four tapes attached at the points which form the corners when the bag is closed, in order to keep the poultice in position. Besides this, another strip of flannel should be prepared of the same breadth as the length of the bag, and long enough to wrap around it once or oftener. Crushed linseed, bowl, and spoon should then be got together and the spoon and bowl thoroughly heated by means of boiling water. The poultice should then be made with perfectly boiling water, and rather soft; as soon as it is ready it should be poured into the
THOMAS KEITH ON OVARIOTOMY.—It is never too late to notice the words of Thomas Keith on this subject. Especially are they of interest now. Since of late, discussion has been rife in certain journals as to whether he has abandoned the use of antiseptics in ovariotomies or not. This pamphlet contains his latest utter-

ances and they may be summarized as follows: During fourteen years prior to the use of antiseptics, the mortality in two hundred and thirty ovariotomies was nearly one in seven. In the year before the spray was used, in twenty-one cases, but one died. Of the entire number, only two had a temperature of 103°. Of the first eight cases, after using the spray, there were two deaths; then eighty successful cases. The spray solutions were weak. Then a five per cent. solution was used. Immediately it was noted that the temperature often rose above 103°, even to 107°. Finally he came to the conclusion that this rise was due to absorption of car-

bolic acid. Whilst using the spray, he had not drained as often as before. Lost a case from acute septicaemia. The next case, though very similar, recovered, the spray and drainage having been both used. Finally, four cases had haemorrhage from the kidneys; two of them died from pure carbolic poisoning. He was himself repeatedly ill from effects of poisoning, even to hemorrhage from the kidneys. So, after two years' faithful trial, he gave up the spray. He doubts if it is of any use whatever in ovariotomies. Since, he has had twenty-six cases without a death, without a temperature much above 100°. His present practice is to use sponges, usually disinfected by a one in twenty solution of carbolic acid, often only put in hot water. The ligatures are of silk for the pedicle, and deep sutures of horse-

hair for the superficial. The wound is carefully closed; is not looked at for a week, and then is generally healed. It is covered with carbolized gauze softened with glycerine, a layer of cotton-wool, a flannel bandage. Where there were extensive adhesions, and where the abdo-

men cannot be well cleansed, he drains. If there is not free drainage, he introduces syringe through tube, and sucks out. Drainage tube, in general, removed in forty-eight hours. Since substitution of ether for chloroform, he has had scarcely any prolonged vomiting. The patient is in bed for a fortnight, sitting up in a week or ten days. The incision should be as small as possible, always, however,
long enough to admit the hand. As to the time for operating, if the patient has a tumor, "if it is to come out, better have it out without loss of time." He taps a great deal; likes it. Only danger is from hemorrhage, and this is lessened by using a small needle. Exclusive of cysts of broad ligament, he has tapped perhaps a dozen small cysts, and cured by tapping. Adhesions come from imperfect tapping. He makes no injections into a cyst. Generally cauterizes the pedicle, though of late has been using silk ligatures a little. For the purpose of looking into the abdomen to see if all is clean, he uses a reflector and finds it invaluable. The question of removing fibroids is in the same condition ovariotomy was twenty years ago. The rapidly growing ones in young women should be removed. Fibrous cysts should be taken out as soon as possible. Fibroids growing by a pedicle from the fundus he never touches, because they don't kill. Internally ergot is of service. Has operated nine times, with eight recoveries. The one fatal case was due to carbolic poisoning. As for extirpation of the uterus for malignant disease, he has had no experience. You rarely see them in time, and if you do operate, the disease would return.—American Practitioner—The Canada Lancet.

A CASE OF COMPLETE INVERSION OF THE UTERUS.—Mr. Wherry (British Medical Journal): A woman was delivered of a healthy male child, born rather suddenly, and with a short, thick cord. She was given twenty minims of the fluid extract of ergot after delivery; a pain followed, and the inverting uterus, with the placenta adherent, protruded from the vagina. There was not much hemorrhage. The medical attendant detached the placenta and endeavored to replace the uterus by his hand, but he was obliged to desist owing to the great softness of the uterine walls and the collapsed condition of the patient. Two days later when called in, Mr. Wherry found the uterus completely inverted, and the patient, a thin, feeble, and small woman, with a roomy pelvis, in great pain. Ether was administered, but it was impossible, owing to the doughy softness of the fundus, to replace the uterus with the unaided hand. Accordingly, a large rubber drainage tube was blown up to about the size of an egg at one end and ligatured. The hand, in the form of a cone, was passed into the vagina, and the finger-tips pressed against the air-pad were in danger of lacerating the walls of the uterus. Half an hour's pressure, first with one hand and then with the other, against the most prominent part of the fundus at length reduced the uterus, leaving the dilated tube in the cavity. The string was then cut and the collapsed tube withdrawn. The replacement was gradual, and, as in the reduction of paraphimosis, was evidently effected by squeezing fluid out of the oedematous tissue of the uterus. The patient made an excellent recovery. Mr. Wherry remarks that, in recent and all chronic cases where the uterine walls were soft, he should strongly advocate the use of such an air-cushion as he described. This principle of treatment was first suggested by Dr. Tyler Smith, and Dr. Atthill had described his horror at finding his unprotected fingers go through the uterus into the peritoneal cavity. It makes a great difference whether the uterus has undergone involution. In chronic cases, with a small uterus, a good repositor, such as White's or Aveling's, can be used. The inversion was produced by a combination of causes: first, the birth of a child with a short cord pulling on a placenta adherent to the fundus; and second, the contractions artificially induced by the dose of ergot tending to expel the fundus and placenta.—Louisville Med. News.

PHILADELPHIA HOSPITALS—The superior skill of Philadelphia surgeons is attested in the following paragraph, which we extract from the Chicago Medical Review: "According to a local paper, a man who had been carried to a Philadelphia hospital while suffering from the effects of a severe contusion, was asked if he
had been treated kindly while there. 'Considering all things,' he answered, 'I have no right to complain. They amputated both my feet, removed my clavicle, cut off my right arm, trephined me, took out a piece of my inferior maxillary, sawed my left os innominatum in two, and were about to execute five or six ribs, when a fire broke out in the establishment, and the police got away with the rest of my body in safety.'"

This simple, and straightforward, and temperate statement of facts, carries conviction with it; but had it been made by any other than a Chicago man, we could scarcely have credited it. We have also learned that George Washington's hatchet and original cherry tree are now in possession of the victim, and will be sold cheap, for cash, for the benefit of his widow, should he die from the original contusion.—Medical Record.

PROPER WAY TO GIVE ACONITE.—In the London Medical Record, Dr. William Murrell makes some judicious observations on the correct plan for administering aconite so as to secure its most advantageous action. He observes that aconite does act best in small doses frequently repeated. Many practitioners get no good from aconite because they do not know how to use it. The dose of the tincture recommended in the British Pharmacopoeia—from 5 to 15 minims—is absurdly large, and no one with any regard for his patient's safety or his own reputation would ever think of giving it. The best way is to put half a drachm of the tincture in a four-ounce bottle of water, and tell the patient to take a teaspoonful of this every ten minutes for the first hour, and after this hourly for some hours. Even smaller doses may be given in the case of children. The great indication for the use of aconite is elevation of temperature; the clinical thermometer and aconite bottle should go hand in hand. If properly used, aconite is one of the most valuable and indispensable drugs in the Pharmacopoeia. — Kansas Medical Index—The Canada Lancet.

A BACILLUS OR A FAT-CRYSTAL.—At a meeting of the Pathological Society at the Charity Hospital, New Orleans, November 21st, an important microscopic demonstration was made by Dr. H. D. Schmidt, President of the society. Dr. Schmidt stated that beyond doubt the bacilli were fat-crystals. Dr. Schmidt succeeded in finding crystals, which were similar in appearance to bacilli discovered by Koch, and apparently the same. To determine their nature, Dr. Schmidt subjected the crystals to the action of boiling ether, when they disappeared, proving, as he claims, that they were not germs or organisms.—Med. Record.

PRESCRIBING PROPRIETARY MEDICINES. —Dr. C. A. Lindsley argues in the Therapeutic Gazette against the prescription of proprietary medicines: "It is demoralizing to the profession because it is ruinous to scientific nomenclature, and renders a classification of medicines utterly impossible. What will the next generation of medical men know about Lactopeptine? Maline? Vitalized-Phosphites? Celerina? Bromidia? Iodia? Petroleum Syrup? Soluble Phenole? Malto-coca? Hydroleine? Listerine? Caulocoreia? Viburnum Compound, and a more innumerable host of mixtures? These are all of ephemeral existence, having no vitality other than what they derive from the advertising pages of medical journals and the newspapers. They are for the most part the inventions of tradesmen, and in no sense represent the growth and progress of medical science."—Med. Record.

A NEW USE FOR SALICYLATE OF SODA. —Dr. Theo. M. Kendall writes to the Lancet that he derived most gratifying results in a case of severe chalk gout, from the use of a lotion of ten grains of salicylate of soda to the ounce. By its use chalky deposits in the ear were softened and in four days disappeared, leaving only a small scar.—Ibid.